MINISTERIAL ROUND TABLE: RESPONDING TO HEALTH ASPECTS OF DISASTERS

This document presents a range of issues concerning the health aspects of disasters that the ministerial round table at the fifty-sixth session of the Regional Committee may choose to discuss.
1. **INTRODUCTION**

The Western Pacific Region each year suffers a greater number of natural disasters than any other WHO region. The December 2004 tsunami impacted Malaysia, but the brunt of the damage occurred in several Member States in the South-East Asia Region. Over the past year, the Western Pacific Region faced a number of serious emergencies: floods in China, the Philippines and Viet Nam; typhoon Suda in the Federated States of Micronesia; cyclones Rananim in China and Percy in Cook Islands; a fatal gas leak in Chongqing, China; and earthquakes in Niigata prefecture, Japan.

Globally, one in five WHO Member States experiences a humanitarian crisis every year, leaving local systems overwhelmed, damaged or disrupted. More than 40 million people live in crisis conditions, and hundreds of millions face humanitarian crises every year. Furthermore, nearly half the 50 or more countries and areas currently affected by crises lag far behind in attaining the Development Goals of the United Nation's Millennium Declaration. In 16 of these countries, the mortality rate of children under 5 years of age has increased over the past 10 years.¹

Recent disasters, such as the December 2004 tsunami, were met by the best of humanitarian efforts. Member States made significant contributions to the tsunami response, not only with donations but also by dispatching health teams and serving as crucial logistics hubs that ensured the timely delivery of medical supplies. Efforts have also been made to strengthen the capacity in the local health centers for preparedness and response through the development of a Minimum Package of Activities (MPA). During the 2004 Conference and General Assembly of the Alliance for Healthy Cities, several nominations were received for exemplary community-based initiatives of urban centres in emergency preparedness planning. The Public Health and Emergency Management for Asia and the Pacific (PHEMAP) training programme has now even expanded to the national level, with the financial and technical support of various ministries of health.

The four main challenges face the Western Pacific Region:

- strengthening preparedness for recurring natural hazards and the increasing number of technological hazards that have led to emergencies or disasters in vulnerable and inadequately prepared communities;

- strengthening institutional capacity for emergency management in the health sector for effective and appropriate emergency support;

¹ Document EB115/6.
• collaboration among partner agencies to optimize the use of limited resources and to coordinate collective efforts in emergency management; and

• provision of systematic and reliable public health information on emergencies that will make it possible to measure their impact and develop sound policies.

2. OBJECTIVE

The ministerial round table is a forum that encourages the sharing of information and ideas on how Member States can further improve preparedness and response to disasters.

3. DISCUSSION POINTS

3.1 Risk reduction

The World Conference on Disaster Reduction held in Kobe, Japan, in January 2005 strongly recommended that countries integrate risk reduction into development policies and planning at all levels of government, including poverty reduction strategies and multisectoral policies and plans. It also recommended an integration of disaster risk reduction planning into the health sector; the building of all new hospitals with a level of resilience that allows them to function in disasters; and the reinforcement of existing health facilities, particularly those providing primary health care, so that they can survive disasters.²

How can we ensure that hospitals, health facilities and health systems remain intact after a disaster? How do we ensure that health facility planning emphasizes the concept of resilience of facilities to disasters?

What risk reduction mechanisms are in place to ensure that health facilities remain functional in the event of a disaster?

3.2 Preparedness

Preparedness depends on national strategies and plans for risk reduction, as well as health sector disaster preparedness. National disaster plans need constant review and updating. National guidelines and technical information help provide guidance for response and operational activities, but

policy support also is needed and a national health office focal point is essential to coordinate and ensure the implementation of health emergency management activities.

To what extent have Member States reviewed and revised national plans? Are these plans integrated with national disaster preparedness plans? Is there an office in the ministry of health dedicated to health emergency management? What kind of support is needed to further strengthen the national health sector emergency focal point office?

3.3 Capacity-building

Human resources are key to any effort to build health sector capacity for emergency response. Health workers from a variety of fields will be needed to ensure effective emergency preparedness and response.

To what extent have concepts on health emergency management and risk management been integrated in the national human resource development activities? Have national training programmes produced an adequate complement of skilled health personnel to respond to health emergencies?

3.4 Response mechanisms

The December 2004 tsunami tested national response capacity in several countries. It also tested mechanisms for the international mobilization of health teams and donations. Logistics management was extremely difficult given the overwhelming demand for essential medicines, supplies and equipment.

What facilitative arrangements, including travel and training for foreign health care volunteers, can be put in place to allow immediate support to be provided to other Member States during emergencies?

How can coordination and collaborative mechanisms with national and international agencies be further strengthened?

3.5 Monitoring and evaluation

For preparedness and response, various plans have been developed and must be evaluated over time.

How do we ensure the effectiveness of such activities? How do we ensure quality? What monitoring system can be set up to ensure that implementation is on track?
4. CONDUCT OF THE MINISTERIAL ROUND TABLE

Ministers attending the session, or their representatives, may participate in the round table discussions. Each Member State is invited to nominate one participant.