NATURAL DISASTERS AND OTHER EMERGENCIES

60. The meeting discussed disaster and emergency preparedness in the light of relevant section of the Secretariat's introductory paper (see p.53). This pointed out that the effects of natural disasters on island developing and other specially disadvantaged countries were often severe. The response to emergencies tended to fall below the already limited capacity of such countries to deal with them, because of inadequate planning, lack of coordination of resources and paucity of properly-tabulated information on essential measures relating to health.

61. The patterns of some disasters, such as hurricanes and floods, were sufficiently predictable for required emergency measures to be anticipated, however. Contingency arrangements could be made for obtaining supplies of vaccines, drugs and equipment; sources in the region of various categories of skilled personnel could be identified; and help available from international agencies could be ascertained. The sequence of emergency action and arrangements for coordination could also be decided on in advance.

Discussion

62. It was noted that, for the island countries, hurricanes/ cyclones and tidal waves were not an uncommon occurrence, they often necessitated the evacuation of the population and their effects could be long-lasting. Earthquakes, volcanic eruptions, cholera epidemics, drought, flooding and air disasters were other emergencies quoted.

63. It was agreed that each country should have a standing inter-departmental committee responsible for ensuring a high state of disaster preparedness. Each country should have a disaster plan which should be regularly reviewed and where necessary up-dated, and in which health arrangements should be clearly set out. The local health authorities should be involved in drawing up this plan, particularly as much of the management role in a disaster was at the local level.

64. The allocation of responsibility was emphasised as a vital element in any disaster plan. It should be made clear who was in charge, who should mobilise resources, who should coordinate services. Attention should be given to the availability of food, shelter, blankets - all immediate requirements - and supplies of vaccines and other necessary drugs. The maintenance or repair of communications was another important requirement. A booklet laying down disaster procedures was desirable.

65. Participants emphasised the important role of the doctor in a disaster. Psychologically accustomed to emergencies, the doctor could keep emotion under control and play a leading role in stimulating and taking action.

66. It was agreed that, however well-prepared, no small state could cope with a substantial disaster unaided. Outside help was always needed and regional cooperation was an essential way of providing this.

67. It was noted that disaster preparedness had already been under regional consideration in the Caribbean and that countries of the region were used to helping one another when disaster struck. The meeting considered that regional arrangements to cope with disasters should be regarded as a continuing responsibility and clearly determined and made known to people at local level. The regional role was seen as a coordinating role, providing an overview of action required - in relation to essential supplies, communications, refugees and key personnel, for example. It was suggested that a regional booklet setting out regional arrangements and procedures might be prepared, if necessary with outside assistance.

68. Coordination of external aid when disasters occurred was also seen as an important requirement. Timely assistance by friendly governments had often proved crucial for dealing with the immediate consequences of disasters. A multiplicity of donor agencies often came to be involved, however, and donor competition occurred, resulting in politically-motivated pressure to accept aid without sufficient consideration of the local capacity to absorb it. Disaster-striken small states needed protection against "do-gooding chaos". This was seen as a matter particularly suited to regional consideration, the important point being to determine in advance who was responsible for coordination and what preparatory organisation was required.

Conclusions

69. The meeting agreed on the following conclusions.

National

(a) Each small country should have a disaster plan, which should be regularly reviewed by a standing inter-departmental committee responsible for disaster preparedness.

(b) The allocation of responsibility is a vital element in such a plan, which should also deal with arrangements for food, shelter, blankets, supplies of vaccines, communications, etc. Procedures and arrangements should be set out clearly in a manual or booklet.

Regional

(c) Disaster preparedness should also be a continuing regional responsibility, and regional groups of countries should examine what arrangements for regional collaboration to cope with disasters should be made and consider issuing a regional booklet setting these out.

(d) In this connection, coordination of external assistance is required. It should be determined in advance who is responsible for this and what organisation is required.

Commonwealth Secretariat

(e) The Commonwealth Secretariat and other agencies should, on request, assist governments and regional organisations with the development of a high level of disaster preparedness.

Note: Attention is drawn to the paper on Disaster preparedness presented to the 1975 meeting of Commonwealth representatives in Geneva prior to the World Health Assembly, and printed on pp. 21-28 of the official record of that meeting. An article on Emergency care in natural disasters, published in "WHO Chronicle" Vol. 34, No. 3 (March 1980), is also relevant.