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**Putting it together:
Stronger Public Health Capacity within
Disaster Management Systems
May 6th 2005**

We have broad agreement on ways to develop public health capacity within disaster management systems. This will result in less suffering and death when disasters strike. There are twelve elements:

- 1) **National Capacity for risk management and vulnerability reduction:** Participants from national governments confirmed that they are ready to be better prepared for major disasters and that they want to strengthen their own capacity to address health issues in disaster risk management and vulnerability reduction. It seems likely that many representatives of national governments will commit to such enhancements at the forthcoming World Health Assembly in May 2005, as a key part of their national development strategies. Levels of financial commitment to disaster response are increasing: however, such funding should also be available to support the building of national capacity for the health elements of disaster preparedness and vulnerability reduction.
- 2) **Information for post-disaster needs assessments and programme management:** Participants indicated the advantage of undertaking prompt assessments of people's health situations and needs when a disaster strikes. The assessment techniques should be well prepared and tested in advance, take advantage of pre-existing data, be based on universally available GIS data, and use standardized multi-stage methodologies. They must yield population-based information (expressed as rates and not as absolute numbers). Duplicate assessments waste time and frustrate disaster-affected communities. This means that a consolidated multisectoral needs assessment should be conducted for a specific population as soon as possible after the event. Further data collection will be needed over many years - particularly among vulnerable populations - to enable proper planning and management of support and assistance to track evolving health needs and access to services: data should be disaggregated by location and gender. WHO is working with NGOs, the Red Cross, other UN systems agencies and the IOM to develop standardized health assessment tools.
- 3) **Best Public Health Practice in Vulnerability Reduction and Disaster Response:** Participants called for up-dated and evidence-based guidance, and well-functioning professional networks, to help improve responses to specific problems faced by crisis-affected populations - including
 - psychological reactions to threats and losses and mental ill health,

- gender equity and the particular health and nutritional threats (including threats to reproductive health) faced by women
- food, nutrition and health care needs of children,
- standard approaches for identifying dead victims and the management of dead bodies, and
- ways to involve volunteer health workers and manage in-kind donations during disaster response.

WHO should revise materials and support the availability of appropriate professional support within these areas during the next 6 months.

4) **The need for benchmarks, standards and codes of practice:** National authorities, the Red Cross and Red Crescent Movement, NGOs, other UN agencies and should be helped, by WHO, to agree benchmarks, standards and codes of practice for the health aspects of disaster preparedness and response, as well as for supporting post-disaster recovery. They should also seek better mechanisms for national authorities to ensure better adherence to these standards.

5) **Management and co-ordination of disaster responses:** Governments of disaster-prone countries have indicated that they seek the UN system's authoritative support with responding to (and, at times, directing and controlling) offers of people, equipment and materials made available through external assistance - with WHO serving as the health arm of the UN system. This is vital when numerous external groups commit to offering assistance, creating major challenges for the planning and phasing of external inputs. When external assistance reaches a disaster-affected country, it should be managed through a participatory structure that involves representatives from both the recipient and donor communities. This is particularly relevant for actions in the health sector where needs can change quickly over time, and the cost of handling inappropriate assistance (people, equipment and materials) is very great indeed.

6) **Supply systems, communications and logistics:** Effective supply systems and logistics are key to efficient disaster: adequate logistic support must be made available so that health sector disaster response assistance - whether in-country or international is self-sufficient. It is unacceptable for assistance at the time of an acute disaster to impose burdens on affected communities (or on personnel in the front line who are trying to provide assistance. Excessive supervisory visits should also be discouraged.

7) **The key role of voluntary bodies in preparedness and response:** Voluntary bodies make a major contribution to health aspects of emergency response efforts: professionals from the Red Cross and Red Crescent Movement, as well as well-functioning NGOs, should be at the centre of, and not marginal to, preparedness and response efforts. Co-ordination among NGOs and other groups should be time-efficient and result in the needs-based deployment of available resources. WHO should work with the NGOs to agree more efficient and effective means for health co-ordination.

8) **Donors and donorship:** Participants sincerely appreciate the active role of public and private donations in permitting a prompt and comprehensive response to the recent earthquake and tsunami disaster. They acknowledged the continued efforts

by governments and private individuals to find more effective means to relieve suffering, save lives, promote recovery and support reconstruction. . However, principles of good donorship are relevant. This includes the requirement for timely, sustained, appropriate and flexible funding that can be applied to emerging needs - including the many disasters and crises that are unable to command international attention. .

9) **The potential contribution of Government Military forces and the Commercial Private Sector:** Members of both these groups are frequently involved in the health aspects of national disaster responses, alongside local and national government, civil society and NGOs. There are concerns about their ability to operate within accepted humanitarian principles and to ensure the integrity of humanitarian space. Indeed, these are valid concerns, hence the need for careful work to enable different groups to understand each others' motives (and fears), and to agree the procedures through which they can work together. These may include joint efforts under agreed memoranda of understanding. Ways of working together may well be more constrained when military forces and private sector groups are supporting disaster preparedness and response on foreign soil. Participants called for these issues to be explicitly addressed. This could best be undertaken within the context of the already existing civil-military and public-private liaison mechanisms as well as innovative means at national - and community - levels.

10) **Persons working within local, national and international media:** Journalists and broadcasters are key partners in helping to shape the policy agenda for disaster preparedness and response and to disseminate key public health messages: WHO should institutionalize more effective relations with key media groups to enable them to appreciate health issues during disasters and to help demystify myths that hinder national and international response efforts.

11) **Accountability and ethics:** all health humanitarian actors need to become fully transparent in terms of the responsibilities they accept, the accountability principles that they apply, the extent to which they encourage participation of affected communities and the professional ethics that they adopt. These should include a commitment to honest evaluations of their own performance (a characteristic demonstrated by many conference participants from national governments).

12) **Developing capacity for disaster preparedness:** All these considerations imply that local communities must be enabled to develop cross-sectoral capacity for vulnerability reduction and effective disaster responses, and to receive financial and technical backing to do so.

A commitment to act: Participants agreed on the need not just to observe and then analyze past events, but to learn and apply the results of the analysis as quickly as possible. What are the opportunities for learning and application?

- The results of this conference will be debated by delegates at the World Health Assembly in 10 days time: they will influence undertakings by both Member States and the WHO Secretariat.

- WHO is committed to take account of the results of this conference as it continues to support professionals working for vulnerability reduction and disaster preparedness, disaster relief and recovery, not only in communities affected by the December 2004 Tsunami, but in all communities which are threatened by, and at risk of, disasters and crises.
- Participants will be encouraged to act on what they have seen and heard during the conference, and - within the next six months - to inform the Secretariat on what they have found useful in their regular work.
- The organizers of this conference will - within six months - report to participants on ways in which the outcomes of this conference are being taken into account at both national and international levels - particularly in the areas where specific action has been urgently requested.
