

Emergency Preparedness and Disaster Risk Reduction (DRR)



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Definition

Emergency preparedness:

- Actions taken in anticipation of an emergency to facilitate rapid, effective and appropriate response to the situation.

WHY DRR

- Minimizing impacts of disasters in health sector
- Maximizing readiness to respond



1\$ Spent saves 7 \$ in Recovery

Why

Health sector

What do we need

We need disaster resilient health facilities and health workers to save lives during disasters.

We need skilled national level capacity.

We need partners

Pakistan background

- **EARTHQUAKE:** Earthquake can be defined as the shaking of earth caused by waves moving on and below the earth's surface and causing: surface faulting, tremors vibration, liquefaction, landslides, aftershocks



MAIN CAUSES OF MORTALITY AND MORBIDITY

- Earthquakes cause high mortality resulting from trauma, asphyxia, dust inhalation (acute respiratory distress), or exposure to the environment (i.e. hypothermia).
- Surgical needs are important the first weeks. The broad pattern of injury is likely to be a mass of injured with minor cuts and bruises, a smaller group suffering from simple fractures, and a minority with serious multiple fractures or internal injuries and crush syndrome requiring surgery and other intensive treatment.
- Burns and electroshocks are also observed.

- FORESEEABLE NEEDS
- Pending an assessment, needs can be anticipated such as: search and rescue, emergency medical assistance including the management of crush syndrome, and managing homeless population.
- DON'T FORGET
- Survival in entrapment rarely lasts longer than 48 hours: 85-95% of persons rescued alive from collapsed buildings are rescued in the first 24-48 hours after the earthquake.
- The demand for health services is concentrated within the first 24 hours after the event. Most injured people appear at medical facilities during the first three to five days after which consultation patterns return almost to normal.

- Patients may appear in two waves. First, come the casualties from the immediate area around the medical facility followed by a second wave of referred cases as relief gets organised in more distant areas. Victims of secondary hazards (post-earthquakes aftershocks and fires) may arrive at a later stage.
- This has evident implications on the type of assistance which can be timely and efficient. Camp/field hospitals and rescue teams usually arrive too late to have a life-saving impact.

Mitigation measures against earthquakes include:

- Long term management of economic and urban development of seismic areas;
- Earthquake-proof building codes and by-laws;
- Incentives, control and enforcement mechanisms;
- Earthquake-proof lifeline systems (including hospitals, etc);
- Strong public capacities for search and rescue and mass casualty management;
- Public awareness on earthquake risks, public education and drills.

Strategic Direction

- Build on existing inter-agency mechanisms and **strategic partnerships**
- Develop **guidelines, standards**
- Collect, share and promote '**best practices**'
- **Build National Capacity**

'implementation of DRR'

- Developing best practices
- Health sector risk assessment
- National planning and national policy
- Working with partners
- Building capacity
- Mobilizing/allocating resources

- Disasters, including the flood in Pakistan, was a wake-up call for countries who do not have emergency preparedness systems in place.
- As a result, it is important to build a culture of risk reduction and emergency preparedness.

It is important to:

- Enhance national level capacity to support countries in developing and implementing health-related emergency preparedness programmes to respond to critical health needs during crises.
- Support in assessing risks and analysing vulnerabilities.

Thanks