NATURAL DISASTERS:
Protecting the Public’s Health
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Two decades have passed since the Pan American Health Organization published the first edition of these guidelines. In the intervening years, disaster prevention, mitigation, and preparedness has evolved in important ways. Clearly, it was time for us to revisit this publication.

Twenty years ago, disaster management was simply left to a few dedicated professionals. Roles were clear: rescue workers rushed to help victims and certain agencies stepped in to provide temporary shelter and food. And society at large, a while after the impact, erased the disaster from its memory—until the next one came to wreak new destruction.

Unfortunately, disasters in the Americas and throughout the world have provided ample opportunities to test the policies and recommendations set out nearly twenty years ago. Over time, the approach has changed.

Today, the management of humanitarian assistance involves many more and different players, and disasters are recognized as public health priorities in which the health system plays a significant role. Today, prevention, mitigation, and preparedness are part of the vocabulary of disaster administrators in national and international organizations and, more importantly, they are used to advance the cause of disaster reduction. Today, society’s involvement in disasters both precedes the impact and remains alive long after. Finally, the interrelationship between human development and disasters is better understood today—how disasters can permanently damage a country’s economy, but, at the same time, how the path toward development may put a country at greater risk to the destructive consequences of natural disasters.

We are pleased to offer these updated guidelines. They include all the principles and recommendations that have withstood the test of time and new concepts and understanding gleaned along the way. May they strengthen disaster prevention, mitigation, and preparedness in our countries. May they save lives.

George A.O. Alleyne
Director
INTRODUCTION

This publication echoes the 1981 *Emergency Health Management after Natural Disaster* (Scientific Publication No. 407), but it is a whole new book, with a fresh organization and much new content. It sketches the role the health sector plays in reducing the impact of disasters and describes how it can carry it out.

These guidelines aim at presenting a framework that an administrator can rely on to make effective decisions in managing the health sector’s activities to reduce the consequences of disasters. It does not pretend to cover every contingency. In fact, some of the suggested procedures may need to be adapted to fill some local needs. We hope that this book will help to develop manuals that can be tailored to local conditions.

The book’s 14 chapters and 4 technical annexes describe the general effects of disasters on health, highlighting myths and realities. Although every disaster is unique, there are common features that can be used to improve the management of humanitarian assistance in health and the use of available resources.

Chapter 2 is one of the main innovations. It summarizes how the health sector must structure itself and work with other sectors to cope with disasters. The chapter covers the health sector’s activities for reducing the consequences of disasters that affect response, preparedness, and mitigation phases, pointing out where these are interdependent.

Chapter 3 deals with disaster preparedness—its multisectoral nature and its specific application in the health sector. It sets forth guidelines for preparing health sector plans, means of coordination, and special technical programs that cover every aspect of normal operations before a disaster hits.

Chapter 4 also includes new material. It deals with the disaster mitigation activities that the health sector must promote and put in place. Mitigation measures are designed to reduce the vulnerability to disasters in health establishments (including drinking water and sewerage systems) and to reduce the magnitude of the disaster’s effects. Mitigation activities complement preparedness and response activities.

Chapter 5 deals with the response to disasters, as well as its coordination and the evaluation of health needs. Chapters 6 through 11, and Chapter 14, retain the organization of the 1981 guidelines, but they have been updated. Chapter 12, dealing with humanitarian supplies, and Chapter 13, dealing with humanitarian assistance also have been revised in-depth.

Finally, two of the four annexes—the one dealing with the management of supplies and the one dealing with the national mitigation program—are entirely new; the remaining two have been updated.

This book is aimed primarily at health sector professionals who participate in disaster preparedness, response, and mitigation. The intersectoral perspective is now so essential, however, that anyone interested in disaster reduction will find here a useful primer. Public health students and professors also can rely on this book as a manual for formal or informal courses.
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