

14. Emergencies and Disasters

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In focus at WPR RC65

The Regional Committee is requested to consider for endorsement the draft Western Pacific Regional Framework for Action for Disaster Risk Management for Health (from page 7 of [WPR/RC65/9](#) as [corrected](#)). The framework focuses on all phases of the disaster risk management for health (DRM-H) cycle: prevention, preparedness, response and recovery in order to prevent and mitigate risks associated with disasters. It builds on the WHA resolution [WHA64.10](#) (from page 41) calling on Member States to strengthen disaster risk management for health (DRM-H) programmes as part of their national and subnational health systems

Background

The Western Pacific Region is prone to health security threats, including emergencies and disasters associated with natural hazards, such as typhoons, earthquakes, tsunamis and floods, resulting in enormous loss of life and serious health, social and economic consequences.

In response to World Health Assembly resolution WHA64.10 calling on Member States to strengthen disaster risk management for health (DRM-H) programmes as part of their national and subnational health systems, as well as the expressed need for urgent actions to enhance DRM-H in the Western Pacific Region, a draft Western Pacific Regional Framework for Action for Disaster Risk Management for Health (Annex 1) has been developed based on a consultation process. The framework focuses on all phases of the DRM-H cycle: prevention, preparedness, response and recovery in order to prevent and mitigate risks associated with disasters.

PHM Comment

PHM congratulates the Secretariat and the various experts who have contributed to the development of the draft Western Pacific Regional Framework for Action for Disaster Risk Management for Health. It is comprehensive and practical.

We note the reference to resources under Section 6.4. This discussion does not convey the urgency of ensuring that adequate resources (finance, people, supplies and logistics) are available when needed. This is certainly not the case in the Secretariat of WHO.

According to the [final report of 2012-2013 Programme budget](#), income on Emergencies and Disasters for the WPR was USD6.7 million, USD1.8 million less than was allocated for the biennium - a 26.9% decline in what was allocated.

The issue here appears to be the lack of assessed contributions for this item - at USD1.1 million represents only 12.9% of the money that was allocated. The rest was secured from voluntary contributions.

WHO reports that it did not meet the objective RER 05.001.WP01: Establishment and implementation of national health emergency risk management plans and WHO readiness plans (p66).

A series of unexpected and unprecedented emergency situations in the Region prevented full achievement of this expected result. The sequence of these disasters required WHO to focus its full attention on emergency response and recovery operations, leaving relatively little time for national capacity-building efforts. Limited resource allocation in disaster risk management for health at both national and international levels was a major constraint to the development and implementation of national health emergency risk management plans and WHO's readiness plans.

It is worth noting that USD22.5 million of the allocated VCs were not spent in the 12/13 biennium.

The Ebola disaster now unfolding in West Africa underlines the damage being done to global public health through the continuing donor chokehold over WHO. PHM urges Member States to commit to lifting the freeze on assessed contributions and to untie earmarked donations.

Notes from WP RC65 Debate