IFMSA Policy Statement

on Disasters and Emergencies

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Summary
In recognition of the wide array of extreme natural disasters that have affected the world in recent years, we, the 61st General Assembly of the International Federation of Medical Student Association (IFMSA), call for greater disaster and emergency preparedness and response from medical students, healthcare professionals, the health sector, governments, non-governmental organizations and international organizations.

Cyclones, earthquakes, tsunamis, floods, droughts, chemical spills and radiological incidents can cause significant mortality, morbidity and financial loss and are invariably huge potential public health problems. Furthermore, due to climate change, the incidence and magnitude of natural disasters are expected to increase. It is essential that we unite our humanitarian efforts at all levels – local, national, and international – to prepare our societies for disasters and better manage emergencies in the future.

Introduction

A "disaster" is defined as an occurrence where normal conditions of existence are disrupted and the level of suffering exceeds the capacity of the hazard-affected community to respond to it.

On the other hand, an "emergency" is defined as a state in which normal procedures are suspended and extraordinary measures are taken in order to avert the impact of a hazard on the community. Authorities should be prepared to effectively respond to an emergency. If not properly managed, some emergencies can become disasters (1).

Disasters and emergencies are inevitably linked to loss of casualty, infrastructure and financial resources. In 2008, natural disasters claimed 235,816 lives (5). In 2011, disasters cost the world a record $380 billion dollars (6). Infectious disease epidemics are often part of the aftermath of a disaster due to overcrowding, and lack of sanitation, safe water and food, and access to healthcare. For example, after the 2010 earthquake, a series of cholera epidemics stole more than 7,000 lives in Haiti. Disasters often also lead to problems in mental health such as depression, survivor guilt, and post-traumatic distress syndrome (7).

Scientific evidence suggests that the rising incidence of natural disasters such as floods, droughts, heat waves and cyclones are caused by climate change, and their incidence is expected to increase even more as the world warms further in the coming decades (8). Unfortunately, emergencies tend to disproportionately affect the poor, children, women, the elderly, and other marginalized sectors of society, hence aggravating existing health inequities (9). They also afflict the world’s developing regions; for example, the Asia-Pacific region is most likely to be affected by natural disasters accounting for 50% of recorded disasters and 82% of their mortality (10).

Disasters and emergencies often evoke international humanitarian response. Whilst these occurrences may be unpredictable and unpreventable most of the time, society’s preparedness for disaster and reaction to an emergency are crucial in determining the severity of their impact on human societies. Disasters and emergencies are essentially public health problems, and can therefore be prevented or at least mitigated to a significant degree. Hence, healthcare professionals have a pivotal role in strengthening preparedness systems and protecting victims of disasters during their aftermath (11).

The International Federation of Medical Students’ Associations (IFMSA) has been witness to myriad disasters and emergencies that have occurred for the past six decades. Especially in the Asia-Pacific region, IFMSA conducts an annual Asian Collaborative Training on Infectious Disease Outbreaks, Natural Disasters, and Refugee Management (ACTION) for seven years now (12). As the largest organization of medical students in the world, we recognize the importance of enhancing our efforts to better prepare our societies for disasters at all levels – local, national, and international.

**IFMSA’s Stance**

The IFMSA believes that:

- In accordance to human rights principles, humanitarian assistance and health care should be offered to victims of disasters without discrimination and irrespective of political ideology, religion, sex, gender, ethnicity, nationality and other factors (13).
The IFMSA calls on **medical students** to:
- Participate in training activities that impart knowledge and skills on disaster preparedness and health emergency management, both their medical and public health dimensions;
- Participate as medical volunteers in national or regional disaster response efforts such as provision of care (including psychosocial support), resource mobilization (such as fundraising activities), and community rehabilitation;
- Engage in community-based initiatives that raise disaster awareness and enhance the capacity of communities for disaster preparedness and emergency management;
- Actively advocate to political leaders for the creation of comprehensive disaster risk reduction and management plans and systems at all levels – local, national, regional, and international, and;
- Harness technology such social media and mobile phones to enhance disaster awareness and response.

The IFMSA also calls on the following sectors to **medical schools** to:
- Incorporate disaster medicine and health emergency management into the medical curricula, balancing the biomedical and public health dimensions, and;
- Provide avenues for students to engage in volunteer work, advocacy and research in disaster medicine and health emergency management.

The IFMSA calls on **the health sector** to:
- Provide training of medical students and other healthcare professionals in disaster medicine and health emergency management;
- Develop plans for emergency preparedness of health facilities such as hospitals and primary health centres;
- Provide systemic and reliable public health information during emergencies in order to allow closer monitoring of activities, coordination of efforts and comprehensive and timely assessment of outcomes, and;
- Adopt community-based health approaches in disaster preparedness and health emergency management.

The IFMSA calls upon **governments, non-governmental organizations and international organizations** to:
- Collaborate and coordinate disaster response from all sectors, with governments at the helm, to ensure appropriate use of available but limited resources and collective efforts in disaster management;
- Adopt comprehensive disaster preparedness and response plans and programs that are inclusive and sustainable, covering the different stages of disaster management – risk reduction, preparedness, response, and rehabilitation;
• Provide up-to-date information pertaining to disasters, their determinants, and their health impact;
• Ensure that aid for disaster-struck communities, whether coming from local or foreign sources, is sufficient, scientifically-sound, and culturally-appropriate;
• Use coordinated and centralized systems for coordinating disaster relief efforts and dissemination of resources;
• Build capacity among local leaders from all sectors for effective disaster response and health emergency management;
• Invest in research and development of knowledge, methods, and technologies that are useful in addressing disasters and emergencies, and;
• Recognize that disasters and emergency affect the most vulnerable populations disproportionately and that tackling health inequity is an integral party of disaster preparedness and prevention (9).

Furthermore, the IFMSA calls upon local and international media to:
• Uphold their role in faithfully and objectively reporting disasters worldwide in order to mobilize action in both local and the larger international community.

References