

GLOBAL BLUEPRINTS FOR CHANGE

First Edition--Prepared in Conjunction with the International Workshop on Disaster Reduction convened on August 19-22, 2001

The Global Blueprints for Change contain guidance for working together to improve the capability to identify indicators of physical, social, enterprise, and environmental vulnerabilities throughout the world and to select and implement realistic solutions to reduce them towards acceptable levels.

Theme A: LIVING WITH NATURAL AND TECHNOLOGICAL HAZARDS

Topic A.8: Reducing the impact of natural and Technological Disasters on Public Health

"Recommendations for Global Activities to Improve Regional Capacity to Deliver Public Health Services After Earthquake Disasters"

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DISCLAIMER: This manuscript was prepared as a contribution to the first edition of the Global Blueprints for Change and for use in conjunction with the International Workshop on Disaster Reduction convened on 19-22 August 2001 in Reston, VA. The manuscript is a "work in progress" and has not been edited for policy and for conformity with the other Blueprints.

RECOMMENDATIONS FOR GLOBAL ACTIVITIES TO IMPROVE REGIONAL CAPACITY TO DELIVER PUBLIC HEALTH SERVICES AFTER EARTHQUAKE DISASTERS

Leonid Roshal¹ and Elena Tivadze

Based on our personal experiences in rendering medical care after earthquake disasters in many countries, we recommend thoughtful consideration of the following actions and processes.

International level

1. The creation of a harmonious international system for rendering medical care to victims, including children, in cases of natural and technological disasters and wars.
2. The United Nations should assign the managing functions of rendering medical care in cases of natural and technological disasters to the World Health Organization (WHO).
3. The WHO should coordinate all aspects of international medical care, including individual doctors, crews or mobile hospitals in disaster zones.
4. The WHO should organize special international courses for training medical doctors and nurses, increasing the capacity for rendering medical care in cases of disasters in different regions of the World and should issue a special license for them.
5. The WHO should co-ordinate and control the operation of all non-governmental organizations, rendering medical help at sites of natural and technological disasters, including the International Committee of the Red Cross, International Federation of the Red Cross and Red Crescent Societies and UNICEF.
6. The WHO should organize international exchange of experience of those involved on problems of preparedness for possible disasters, operation of medical centres during disasters, at pre-hospital, as well as at hospital stages, psychological help and organization of the system of rehabilitation.
7. The WHO should work out protocols on diagnostics and treatment of basic pathologies, usually observed at natural and technological disasters, including peculiarities of rendering assistance to children.
8. International seminars and Congresses should be conducted on the detailed study of the inadequacies that were discovered during the organization of medical aid for past earthquake disasters in Mexico (Mexico-City), Armenia (Leninakan), Egypt (Cairo), Russia (Sakhalin, Neftegorsk), Japan (Kobe), Turkey (Izmit, Istanbul), India (Buhj) and work out realistic, improved, and comprehensive guidelines for implementation before, during, and after future disasters. .

Regional level

We offer the following examples for consideration for adoption and implementation in all regions of the world.

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1. **PROPOSAL TO JAPANESE GOVERNMENT** ((These guidelines were proposed to the Japanese Government after the Kobe earthquake and published in the central Japanese newspapers.)

The goal: To organize the provision of timely and effective medical aid to the population of Japan after disasters

- 1.1. To form a united committee
- 1.2. To organize 2-3 mobile hospitals
- 1.3. To include specialists in resuscitation in search and rescue teams
- 1.4. To centralize the storage of water, medical preparations and independent energy sources organized at basic hospitals able to maintain continuous work in subterranean operating theatres.
- 1.5. Group training of the population as a way to facilitate provision of first aid to each other, when needed.
- 1.6. Concentration of children in specialized departments

2. PROPOSAL TO CREATE AN UNITED WORLD SYSTEM

The goal is to create a system comprised of centers to offer medical aid in case of natural and/or technological disasters

3. PROPOSAL TO ORGANIZE AN INTGERNATIONAL PEDIATRIC TEAM

The goal is to have the capacity to work in an autonomous way to give specialized aid to children in disasters. The TEAM would work under the aegis of the UN and have the right to arrive at the site of disasters with or without an invitation of the government of the stricken country.”

4. PROPOSALS BY DR. ROSHAL AND DR. LUIS JORGE PEWREZ (PAHO)

- A. Development of advanced programs aimed at organization of medical aid and rehabilitation in case of natural and technological disasters in various disaster prone regions all over the world.
- B. Development of programs aimed at organization of medical aid to children in case of natural and technological disasters.
- C. .Establishment of Centers of Excellence for Education on **Critical Care of Children after Disasters.**

4. WORLD FORUM ON “CHILDREN IN COMPLEX EMERGENCIES”

I also have good news: we are planning to organize in Moscow in April 2003 the World Forum “Children in Complex Emergencies” About 1000 delegates from many countries of the World will hopefully take part in the Forum. We shall discuss legal, social, psychological and medical problems of the children victimized in the result of natural and technological

disasters, wars, terrorist acts, car accidents, homeless kids and kids who have become victims of the brutality of grow-ups.