# IFMSA Policy Statement

# Disaster and Emergency Management

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We, the International Federation of Medical Student Association (IFMSA) recognize that progress has been made in disaster and emergency management since the implementation of the Hyogo Framework for Action. However we stress that the number of individuals affected and financial losses attributable to disasters continue to increase and that this needs to be addressed. (14)

Issues such acclimate change, increasing instability and the continual growth and movement of populations continue to challenge societal resilience. Comprehensive disaster risk reduction is the only way to prevent the erosion of decades of social development.

The IFMSA reaffirms its calls for greater emergency prevention, preparedness response and recovery efforts from medical students, healthcare professionals, the health sector, governments, non- governmental organizations and international organizations. It is essential that we unite our

Humanitarian efforts at all levels – local, national, and international – to prevent and prepare our societies for emergencies.

## Introduction

An "emergency" is defined as a sudden occurrence demanding immediate action that may be due to epidemics, natural disasters, technological catastrophes, conflict or to other man-made causes. (1).

A "disaster" is defined as a serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources. (2)

An event that imbalances a community's ability for health provision but that remains within the capabilities of that community to respond to is an emergency. the fundamental goal of every agency involved in disaster management is to develop resilient communities that are not overwhelmed by emergencies, regardless of the cause.

Scientific evidence suggests that the rising incidence of natural disasters such as floods, droughts, heat waves and cyclones are caused by climate change. Their incidence is expected to increase even more as the world warms further in the coming decades (9). Unfortunately, emergencies tend to disproportionately affect vulnerable populations including the poor, children, women, the elderly, disabled, and displaced populations (13), directly contributing to existing health inequities (10). They

also affect the world's most vulnerable developing regions; for example over the last decade an

individual living in the Asia-Pacific region was 3.2 times more likely to be affected by a disaster than an individual in Africa and 67 times more likely than an individual in Europe. In the period 2002-2011the number of deaths in the Asia-Pacific region was four times higher than in the previous decade (1992-2001). (15)

Disasters are unforeseen and no country is immune Disaster Risk Reduction is an essential investment. Preparation for a hazard is essential for reducing the impact on a society. Disasters are essentially public health matter and therefore healthcare professionals have a pivotal role in strengthening preparedness for disasters and protecting victims of disasters (1).

## Main text

The IFMSA believes that:

- In accordance to human rights principles, humanitarian assistance and healthcare should be offered to victims of disasters without discrimination and irrespective of political ideology, religion, sex, gender identity, ethnicity, nationality, sexual orientation and other factors (11);
- Disasters are unique environments that test professionals to the limit of their abilities,;
- Creative collaboration is required to develop/implement appropriate knowledge exchange and disaster response management platforms for medical students;
- Participation 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 improves understanding of the underlying challenges inherent to disaster management while improving skills;
- Advocacy 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;
- To work with other stakeholders and actors on interdisciplinary platforms and events to improve for disaster risk management
- Engagement in community-based initiatives raises disaster awareness and enhances the preparedness of communities for disasters and emergency management;
- Participation in training activities that impart knowledge and skills towards preparedness for disastersand health emergency management, both their medical and public health dimensions;
- To continue to develop regional events for training and increase disaster awareness and response.
- We should harness technology such as social media and mobile phones to enhance disaster awareness and response.

The IFMSA also calls on medical schools to:
- Equip medical students with the necessary knowledge and skills to take comprehensive and active participation in the full spectrum of Disaster Risk Management - prevention, preparation, response and recovery ;
- Incorporate disaster medicine and health emergency management into the medical curricula, balancing the biomedical and public health dimensions;
- Provide avenues for students to engage in volunteer work, advocacy and research into disaster medicine and health emergency management;
- Develop the leaders of tomorrow who will continue to work for disaster preparedness and response as students, physicians and leaders of their communities.
- Ensure that medical students are able to recognize hazards, assess vulnerability and lead

efforts to address both of these

The IFMSA calls on the health sector to:

- Adopt community-based health approaches in disaster preparedness and health emergency management.
- 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.
- Assure that health is well implemented and addressed cross-sectionally within national and international disaster risk management plans;
- Provide training for 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 centers;

The IFMSA calls upon governments, non-governmental organizations and international organizations to:

- Collaborate and coordinate disaster response from all sectors,, 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, preparation, response, and rehabilitation;
- Provide up-to-date information pertaining to disasters, their determinants, and their health impact;
- Ensure that aid for disaster-struck communities,, is sufficient, evidence informed, and culturally-appropriate;
- 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 emergencies affect the most vulnerable populations such as youth, women, disabled and the poor disproportionately and that tackling health inequity is an integral party of disaster preparedness and prevention (9).
- Use coordinated and centralized systems for coordinating disaster relief efforts and dissemination of resources;  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.

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