



**SEA PR 1510**

## **Building community resilience saves lives during disasters: WHO**

**Dhaka, Bangladesh 27 September 2010:** Disasters often exacerbate health and social inequities and set back communities for years. Those hardest hit are always the most vulnerable – the poor, women, children, the disabled and the elderly. In the effort to reduce the impact of disasters, the World Health Organization is working with governments and nongovernmental organizations to build community resilience by strengthening grassroots health institutions and increasing collaboration between various social sectors.

“Every crisis tests the capacity of the local health system to address needs in an emergency. In the first week of an emergency, with only limited outside help generally available, the response from the community determines the outcome”, said Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia. “Empowering communities to help themselves during disasters through training, and by establishing resilient health services at the community level can save many lives”, he said. WHO is working with Member States to strengthen communities to prepare and respond to disasters better.

A primary health care (PHC) approach which puts communities at the core of disaster preparedness and ensures equity in health is of particular relevance to WHO’s South-East Asia Region. Between 1998 and 2008, 61.6% of global deaths due to disasters occurred in the 11 countries of the Region.

Past experiences have proven the effectiveness of the PHC approach in emergencies. Following the 2004 tsunami, Thailand’s village health volunteers provided support to the affected people before external assistance arrived. In Bangladesh some 32 000 village volunteers form the backbone of the early warning and evacuation programme. In West Sumatra, Indonesia, disaster preparedness drills by various local government and community-based organizations saved lives when a major earthquake struck in September 2009.

The success of the PHC approach can be attributed to the fact that it is inclusive and participatory, as well as reflective of the culture and context of the people. It encourages the use of appropriate technologies. It also focuses on self-care, including improving the knowledge and communication skills of community-based health workforce, as a key preparedness strategy. The cost of increasingly frequent natural disasters argues for more investment in primary health care.

WHO is working with Member States on policies that focus on preparedness rather than response, and that involve the community. It is also working to improve health system capacity through increased numbers of community-based workers and volunteers. Other challenges include the need to strengthen surveillance and response systems at the local level.

Upholding the fundamental right to health is also critical in an emergency, and WHO is working with partners to ensure that humanitarian health action does not discriminate between people based on their ethnicity, race or beliefs.

WHO is urging Member States to revitalize the traditional resilience of the community in the face of adversity by revitalizing primary health care in emergencies.

**What:** Regional Meeting on Primary Health Care (PHC) Approach in Emergencies

**When:** 28-30 September 2010

**Where:** Dhaka, Bangladesh

For more information visit: <http://www.searo.who.int/eha>

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