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Management in Emergencies*Guennady V. Kipor.; S.F. Goncharov*

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The aim of this study was to analyze international and different national institutions that manage the provision of humanitarian activities in emergencies. The terminology and characteristics of the emergency management structure in Russia and CIS countries were studied.

The World Health Organization Division of Emergency Humanitarian Action (WHO/EHA), the main international body that specified priorities, defined mechanisms for determination of their level of international management and their development in different regions through the system of regional divisions and network of collaborating centres. Priorities were determined to develop the system of international interaction and partnership. Specific management mechanisms are defined by:

- 1) The level of preparedness of a country/region;
- 2) The degree of control by the Public Health Ministry;
- 3) The development of relations between international humanitarian organizations;
- 4) Sufficient financing;
- 5) Coordination status of all the institutions of humanitarian medical relief provision in emergencies; and
- 6) The specific nature of the emergency in a country/region.

Coordination mechanisms in the management of the WHO/EHA that touched upon horizontal links of division and its relations with collaborating centres were considered. Thus, in general, the management of an emergency system coordinating process under WHO auspices reflects the policy and the strategy of emergency activities.

- 1) Development of proposals, programs, and plans of interstate policy in the field of Disaster Medicine;
- 2) Coordination and control over the system of interaction and mutual assistance of Disaster Medicine Services of CIS countries in emergency situations;
- 3) Coordination of the work of ministries, departments, institutions, and organizations on the fulfillment of the "Program of coordination of actions on emergency prevention and health relief operations in the territory of CIS countries" and the "Plan of interaction and mutual assistance of Disaster Medicine Services of CIS countries in emergencies."

Keywords: assistance, coordination, mutual; coordination and control; Coordination Council; field activities; disasters; management; terminology

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Humanitarian Relief Experts (HUREX) in Japan*Norifumi Ninomiya, MD; Masaki Kaneda, MD;**Naruo Uehara, MD; Yasubide Nakamura, MD;**Osamu Kunii, MD; Tatsue Yamazaki, Nrs.;**Mariko Ohara, Nrs.; Kenji Nishizawa;**Yasubiro Yamamoto, MD*

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Humanitarian Relief Experts (HUREX) is the roster system for personnel of humanitarian teams that the Government of Japan organizes and sends upon requests from international humanitarian organizations. The team will be engaged in medical activities in acute and transitory phases of complex emergencies. The team is to be on the spot within 45 to 60 days from the eruption of a crisis. An assessment mission is sent before the HUREX team is dispatched. The standard duration of the activities is three months.

The registration for HUREX began in April 1998. The initial size of the roster will be approximately 80 experts, comprised of trained medical experts and logisticians. The secretariat of HUREX is in the Prime Minister's Office of International Peace Cooperation Headquarters of Japan.

Keywords: emergencies, complex; experts, humanitarian; humanitarian relief; Japan; logisticians; phases; relief; teams

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Disaster Situation in the Western Pacific Region - from the Most Disaster Prone Area*Shigeki Asahi, MD, PhD; Arturo M. Pesigan;**Lilia M. Reyes*

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The natural disasters in the 36 member-states by the World Health Organization (WHO), Western Pacific region were reviewed and areas since 1990. A total of 127 major natural disasters have been reported in the United Nation's situation reports; these comprise 23% of the 561 natural disasters reported worldwide. The number of dead and missing total 41,530, with and additional 434,706 injured, 6,151,609 left homeless. The estimated economic loss is US\$55.3 billion.

The most common natural disasters in the region were: typhoons/cyclones, 58; floods, 31; and earthquakes, 16. The most disaster-prone countries in the region were: the Philippines, 38; China, 26; and Vietnam, 17.

Emergency Preparedness especially in health and medical aspects should be strengthened further as well as appropriate medical response. Disaster characteristics and bottleneck problems and what we have done since 1990 are discussed.

Keywords: deaths; disasters, natural; cyclones; earthquakes; economic loss; floods; homeless; incidence; injured; missing; Western Pacific Region; typhoons; World Health Organization (WHO)