

Effective communication in emergencies

The importance of inter-agency collaboration during the Japan disasters

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One year has now passed since Japan suffered a nearly unimaginable triple catastrophe: an earthquake and a tsunami, followed by a nuclear disaster at the Fukushima Daiichi nuclear power plant, which caused the release of radioactive isotopes into the atmosphere on 11 March 2011.

We now know and can be thankful that although the accident at Fukushima was an industrial disaster, it was not a public health disaster with worldwide consequences. To date, no radiation injuries have been reported as a result of the accident. The limited

nature of the event was a result of the resilience and resourcefulness of the Japanese people, in addition to the early response actions of many national and local agencies, working together.

This complex event demanded a multi-hazard, multi-agency collaborative response. A wide range of concerns quickly emerged: about radiation exposure, the safety of food and water, environmental consequences and the prospect of infectious diseases. People in Japan, surrounding Asian countries, Pacific Island countries, and eventually the entire global community needed

advice quickly about those matters and many others, including urgent issues of daily living, such as evacuation, relocation, trade and travel, maternal health and breastfeeding, and mental health. Effective communication was necessary to inform decision-making, prevent risky actions, allay fears and promote healthy behaviour.

As the directing and coordinating authority on international health work within the United Nations system, the World Health Organization (WHO) is the lead agency for global public health issues. To carry out its work with maximum



Photo: Giovanni Verlini / IAEA

MAY 2011:
International Atomic Energy Agency (IAEA) inspectors visit the Fukushima nuclear power plant.

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effectiveness, WHO is organized into a three-level, decentralized structure: its Headquarters are in Geneva, Switzerland, and there are six regional offices and 149 country offices. This decentralized structure, along with WHO's 194 Member States, constitutes a powerful tool for managing public health emergencies.

RESPONDING TO THE FUKUSHIMA DISASTER

Japan belongs to the WHO Western Pacific Regional Office (WPRO) in Manila, Philippines. Therefore, WPRO led WHO's response to the Fukushima disaster,

assisted by WHO Headquarters and the WHO Centre for Health Development (WHO Kobe Centre), which was established after the Kobe earthquake in 1995. Situation reports, public health advice and technical support were provided to Member States and the international community through these offices.

Coordinated efforts were facilitated by the activation of a powerful legal instrument, the International Health Regulations (2005), which was negotiated by WHO Member States and came into force in 2007. The IHR is an internationally agreed framework for reporting,

assessing and responding to public health events of international concern. In the case of a radiation emergency (whether intentional, natural or accidental), the IHR reinforce capacities for monitoring public health risk. In the Fukushima event, the IHR mechanism was activated immediately upon notification of its occurrence. This initial notification from Japan to WPRO, through Japan's IHR National Focal Point, started the critical process of information sharing and ongoing situation monitoring. Japan shared a great deal of information through the IHR network; in turn, WHO communicated this information to all Member States in the region.

PROVIDING PUBLIC HEALTH ADVICE

Issuing situation reports is a standard disaster response practice for WHO. During the Fukushima event, demand for frequent updates was extremely high. Because of the nature of the emergency and the volume of demand, WPRO issued an early first situation report despite an understandable lack of clarity in the first few hours of the event. Access to information in English was limited, so WHO established a system for accessing information in Japanese. This provided a much needed, more comprehensive view of the situation. Japan also welcomed a WHO field mission to the affected area so that we could provide more accurate situation reports in a timely manner. WHO was then able to conduct public health risk assessments and provide public health advice.

Our work was not conducted in isolation. WHO collaborated with a number of partners, including the Preparatory Commission for the Comprehensive Nuclear-Test-Ban Treaty Organization (CTBTO) to share information and exchange views on a range of issues. As a member of the Inter-Agency Committee for Response to Nuclear Emergencies (IACRNE), WHO worked closely with the International

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Atomic Energy Agency (IAEA), the World Meteorological Organization, the Food and Agriculture Organization, the United Nations Scientific Committee on the Effects of Atomic Radiation, the International Civil Aviation Organization, the International Maritime Organization and the European Commission.

In the Joint Radiation Emergency Management Plan of the International Organizations, WHO is responsible for: public health risk assessment and response; biological and clinical dosimetry; emergency medical response, including the diagnosis and treatment of radiation injuries; long-term medical follow-up; mitigation of mental health impact; and food safety. In this emergency, WHO relied on its specialized networks, such as the Radiation Emergency Medical Preparedness and Assistance Network, the International Food Safety Authorities Network and collaborating centres.

CTBTO DATA ESSENTIAL FOR WHO'S WORK

Timely, accurate data are always critical for an effective response. Monitoring data and analysis reports, including information from radionuclide stations and about any potential radioactive spread, were provided to IAEA and WHO by the CTBTO. These data were absolutely essential for WHO's work. These data allowed us to properly assess the constantly changing situation and to tailor public health guidance accordingly.

As we are all aware, the accident has reignited a worldwide debate

about the safety of nuclear energy. The experience in Japan proved the efficacy of public health measures that should be applied for immediate protection after a nuclear accident. Other challenges will require long-term public health commitment, such as the mental health impact of this triple disaster. WHO continues to work with the Government of Japan to monitor the situation, with emphasis on the health impact of the disaster. It is laudable that this impact has been largely restricted to Japan, owing in large part to effective response measures.

Responding to a nuclear event like the Fukushima Daiichi nuclear power plant accident highlights the importance of accurate data, as supplied by the CTBTO. Further, coordination between WHO, other UN agencies, and our many partners and stakeholders, in close collaboration with the affected country, is essential. Lessons learned from the 2011 Great East Japan earthquake and tsunami disaster will certainly contribute to our capacity to respond to such complex situations.

BIOGRAPHICAL NOTE

MARGARET CHAN

has been the Director-General of the World Health Organization (WHO) since November 2006. Prior to this, she held several senior positions within WHO after joining the organization in 2003 as Director of the Department for Protection of the Human Environment.

From 1994 to 2003, Dr Chan served as Director of Health of Hong Kong during which time she introduced new services to prevent the spread of disease and promote better health as well as initiatives to improve communicable disease surveillance and response.