Preparedness for Health Emergencies

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November 15 2013

Golden Rule

Risk is proportional to **Hazard** x **Vulnerability** / **Level of Preparedness**

WHO supportive Role in emergencies

- building national capacity in risk reduction and emergency preparedness,

- reducing the adverse public health consequences for communities in terms of mortality, morbidity, disability and damage to health care delivery services

Priority areas of work

- Assessing and monitoring baseline information on the status of RR/EP

- Institutionalizing RR/EPprogrammes

- Establishing an effective all-hazard/whole-health programme

- Encouraging and supporting community-based RR/EP programmes

- Improving knowledge and skills in RR/EP and response in the health sector.

WHO Strategy :
"All-Hazard / Whole-Health" approach

- **Multi-agency**
- **Multi-sectoral**
- **Multi-disciplinary**
- **All-hazard**
- **Risk management**
- **Risk reduction integration**

Structure of new WHO/Geneva department

1) Technical/Operational functions:

- intelligence, information & evaluation

- policy, best practice & monitoring

- surge & crisis support

2) Core Programme functions:

- advocacy & resource mobilization

- management of financial & human resources

New Structure

- 5 depts replaced with 1

- Reduces HQ staff >50%

Health Action in Crisis

Three departments:

– Emergency Preparedness & Capacity Building,

– Emergency Response Operations,

– Recovery and Transition

WHO Core Commitments in Emergencies

Purpose: *to define what WHO will always do in:*

- countries with acute emergencies
  (mortality reduction focus)

- countries with protracted emergencies
  (mortality/morbidity; basic needs/predictable service)

- **all other countries
  (disaster risk reduction/preparedness)**

WHO Performance Standards in Emergencies

Purpose: *to measure WHO performance & enhance accountability:*

- **Acute Response:** repurpose CO *(12 hrs)*; event verification/risk assessment *(24 hrs - 48 hrs)*; surge *(72 hrs)*; initial appeal *(72 hrs)*; full sector response strategy/plan *(w/i 7 days)*.

- **Risk reduction/Preparedness:** identify major threats, risks, vulnerabilities, capacities *(annually)*; preparedness plan & programme *(annual)*; simulation *(biannual)*, etc.

* working definitions at Nov 2011

WHO Criteria for Grading Emergencies

Purpose: *to assess rapidly WHO Country Office capacity based on scale, urgency, complexity & reputational risk of each emergency:*
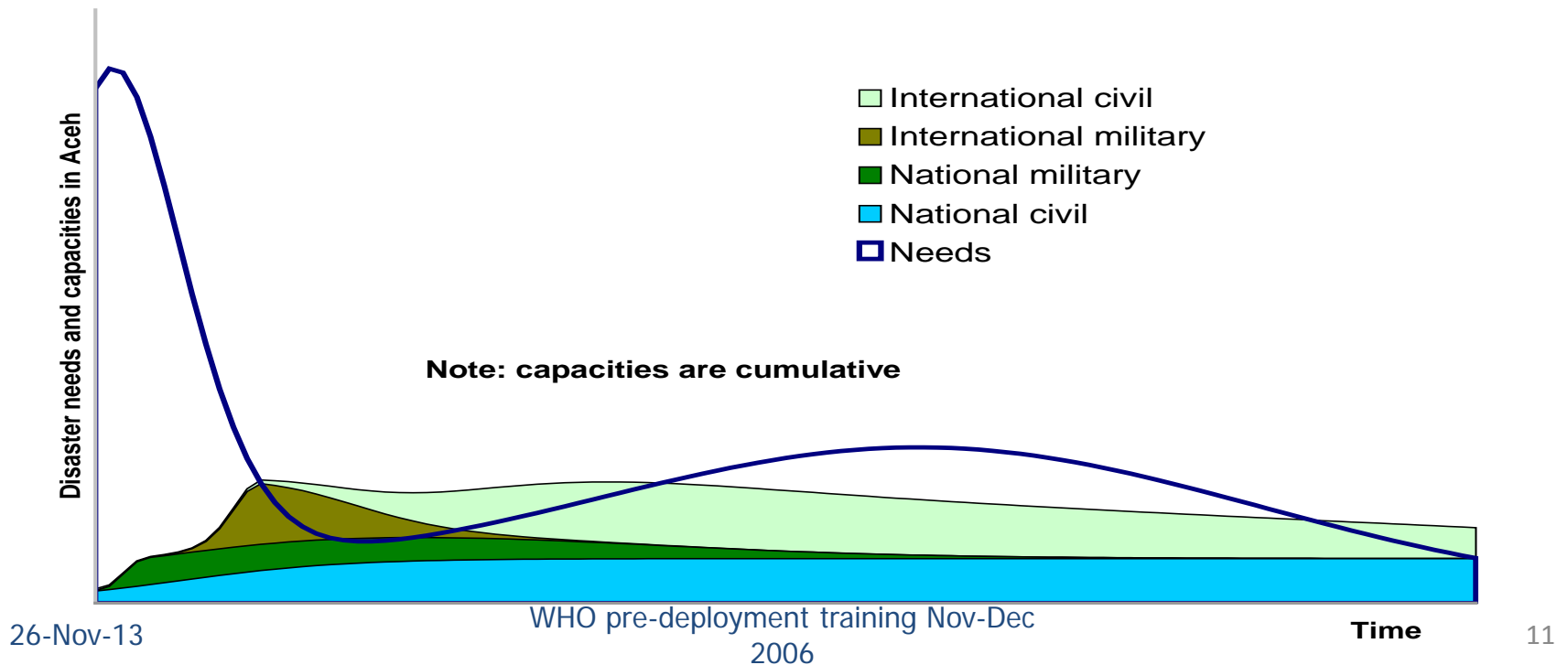
Grade 1: managed mainly with available in-country resources.

Grade 2: requires substantial Regional Office assist/resources.

Grade 3: requests substantive WHO/HQ assistance/resources.

National and International response to Crisis

– Local and National agencies are the first responders in most disasters. This is particularly true in natural disasters.

Note: capacities are cumulative

Legend:
- International civil
- International military
- National military
- National civil
- Needs

Y-axis: Disaster needs and capacities in Aceh

X-axis: Time

WHO pre-deployment training Nov-Dec 2006

Preparedness: Ideal state

☐ Environmental surveys
☐ Laboratory
☐ Quarantine stations
☐ Hospitals
☐ Clinicians
☐ Public
☐ Media
☐ Law enforcement

☐ Business
☐ First responders
☐ Veterinary
☐ International
☐ Border countries
☐ Schools
☐ Imports
☐ Pharmacy records
☐ Vital records
☐ Immigration
☐ Army, defense

WHO support for RR/EPin Lebanon

- Partnership with MOPH and with private sector

- Continuous support

- Leverage to development of the Health system and its capacity to manage Crisis

Preparedness in health sector

- **Started** in **2006** with the recovery phase after July war

- **Expanded** in **2007** after the Al Bared crisis

- **Accelerated** by the Influenza Pandemic in **2009**

- **Leveraged** by the IHR requirements starting **2009**

- **Intensified** by the Syrian Crisis starting **2011**

So what was done so far?

Emergency Operations unit

- Emergency Operations Unit based at RHGH
- coordinating closely with HRC, the LA and (LRC)
- advanced ITC equipments (satellite connections).
- A core team of RHGUH trained staff
- A standard casualty reporting form

Data base on all PHC centers

- All PHC centers (totaling 920 across the country) were assessed in terms of functionality and types of services provided in 2006-2007.

- Updated GIS data base 2012 is available at the MOPH

Data base on Qda doctors

- An updated list of qada doctors with their contact details is available at the MOPH and all PHC network centers and hospitals across the country.

- List is displayed on the MOPH website

Data base on all private hospitals

- All private hospitals operating in the country were surveyed in 2009, with information regarding physical premises, ownership, human resources, types of services/departments, medical equipments, and ISO qualifications.

- Data updated in 2012

- The updated data base 2012 on GIS is available at the MOPH

Data base on medical doctors

- A national study on medical demographics available at the MOPH and Order of physicians in 2009

- An update and transfer into electronic format of the data concerning Licensed Human resources for health at the MOPH data base(2005 and on)

Assessment of Public hospitals laboratories capacities

- A baseline assessment of the capacity of public hospitals laboratories in diagnosing outbreaks and identifying health hazards in 2010.

- The CPHL is currently being rebuilt

- The BGUH laboratory is designated by WHO as reference lab for Measles monitoring and as national reference lab for Influenza monitoring

Management of medications and supplies :

☐ The central Drug warehouse was reinforced

     - a Temperature Monitoring System

     -a Logistics and Supply System

     - a new reporting system to monitor and validate the drugs distribution.

☐ five decentralized warehouses

☐ the Essential Drug List updated in 2010

☐ Chronic medications stocks for 3 months

Training human resources

- ***Principles of Health Emergency Preparedness and Management***, 26 mid career level multidisciplinary experts

- ***Reproductive Health* (RH)** in emergency for around 1200 PHC and hospital health workers

- ***Mental Health*** in emergencies for around 500 HCW

- Integration of **mhGap** in PHC

Training human resources

☐ *Principle of Hospital Contingency planning* for around 500 staff from public and private hospitals

☐ *Principles of Contingency planning at PHC* level for around 600 staff

☐ *Principles of Infection control* for around 600 hospital staff

☐ *Pandemic Influenza preparedness and control* for around 600 hospital staff

☐ a fellowship on **ECP** in Japan for a MOPH staff

☐ *Hospital Safety Index* for around 500 staff

☐ *Hazards management* for around 350 health and related staff

Production of guidelines

- *A Health Emergency toolkit* providing recommendations and guidance

- *Avian Influenza* and A *H1 N1 novel influenza* Contingency, Preparedness and Management plan for pandemic and for pandemic

- a *Mental Health* guide book and training module are available

Surveillance of diseases

- the MOPH **surveillance unit additional staff** both centrally and at Mohafaza level

- Four **regional observatories** in : Bekaa (Zahleh), North (Tripoli), South (Saida), and Nabatieh

- ministerial decrees with **SOPs** for reporting infectious diseases, mandatory preparedness at hospital level etc.....

EWARS

- An Early Warning Response and Alert System (EWARS) at **MOPH, LA, ISF and private sector**

- IT and logistics to **PHC**

- IT and Logistics for **schools**

- **PPE** (level C and level D)

- **Antidotes** for chemical hazards

Environmental health

☐ training on Principles on Water Quality Monitoring for127 MOPH inspectors

☐ 6 portable water-testing laboratories

☐ 10 Citroen Berlingo vehicles (Nabatieh, Marjayoun, Saida, Tyre, Hermel, Zahleh, Shouf, Halba, Tripoli, and Kesserouan.)

☐ the water quality specifications revised with LIBNOR.

☐ a training on HCWM for the private and public sector and the Army hospitals

☐ recommendations for insect and rodent control spraying campaigns

Which is most likely to improve public health readiness?

Additional public health resources

Public awareness and dialogue

Physician education, participation and involvement at the local level

Leadership at the local level

Other

In emergencies……

" *THE FUNCTION OF PROTECTING AND DEVELOPING HEALTH MUST RANK EVEN ABOVE THAT OF RESTORING IT WHEN IT IS IMPAIRED.*"

~ Hippocrates