

Epidemiology, Preparedness and Response in Emergencies: Results of a WHO Global Survey

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HEADLINES

- Definitions
- Objectives
- Methodology
- Expected Outcomes
- Summary of Results
- Beneficiaries

Definitions (I)

Disaster: is a term describing an **event** which can easily be defined spatially and geographically; implies interaction of an **external stressor** with a **human community** and it carries the implicit concept of non-manageability.

Definitions (II)

Emergency: is a term describing a **state**. It is a managerial term, demanding decision and follow-up in terms of **extra-ordinary measures**. A "**state of emergency**" demands to "be declared " or imposed by somebody in authority, who, at a certain moment, will also lift it. Conceptually, it relates best to **Response**. Examples of emergencies include: famines, earthquakes, tsunamis, political conflicts associated with internal displacement, etc.

Definitions (III)

Biological hazards are processes of organic origin or those conveyed by biological vectors, including exposure to pathogenic micro-organisms, toxins and bioactive substances, which may cause the loss of life or injury, property damage, socio- economic disruption or environmental degradation

Definitions (IV)

Technological hazards are dangers originating from technological or industrial accidents, dangerous procedures, infrastructure failures or certain human activities, which may cause the loss of life or injury, property damage, socio-economic disruption or environmental degradation

Social hazards are social processes or phenomena that may constitute a damaging event.

Definitions (V)

Emergency preparedness is defined as: **activities and measures taken in advance** to ensure effective response to the impact of hazards (biological, technological, social, conflicts), including the issuance of timely and effective **warnings** and the temporary **evacuation** of people and property from threatened locations

Definitions (VI)

Emergency Response is defined as: provision of **assistance or intervention** during or immediately after a disaster to meet the life preservation and basic subsistence needs of those people affected. It can be of an **immediate, short-term, or protracted duration**

Definitions (VII)

- **Simulation exercises** are tools for monitoring and evaluating parts of emergency preparedness programs involving response to the simulation of real events
- **Human resources in emergencies and disasters** include personnel responsible for back-up reception, who have specific technical and human skills. These may include: emergency coordinators, emergency medical technicians, physicians / nurses / social workers specially trained for EPR



Objectives of the EPR Survey

- Establishment of an EPR baseline (**situation analysis**).
- Assessment of EPR **intra and inter-sectoral collaboration**.
- Identification of EPR **best practices and case-studies**
- Providing a convincing basis for directing **fund raising and financial support**.
- Building a **technical resources database** which could provide the necessary guidance for improving the state of preparedness at national, community and organizational levels

Methodology

Study design

This study is considered a situation analysis and assessment of the current status of national health sector capacities for emergency preparedness & response. Hence, it followed an **observational cross-sectional approach** (no intervention or experimentation involved)

Study process (I): Steps

- Designing a **data collection tool**, and its user-friendly **instruction manual**
- **Validating** the questionnaire (pilot study, 6 member states, excluded from analysis)
- Conducting **data collection**: 10 member states per WHO region (6 regions)
- **Processing** data (review for completeness and accuracy, entry, 10 % checking, analysis)
- **Interpreting results and report writing**
- **Sharing** them with the scientific community

Study process (II): Data collection tool

Section A—Personal details:

Name of respondent, title, organization, address, telephone, fax and email address.

Section B—Emergency preparedness & response background

Experience of the respondent / country viz-a-viz situations resulting in emergencies as to time, location and position / capacity of respondent then.

Section C—Assessment of emergency preparedness & response preparedness

Policy & legislations; institutional arrangements; vulnerability assessment; health sector plan; training & education; monitoring & evaluation; international cooperation & partnerships; non-governmental organizations; and human resources

Study Process (III): Instruction Manual

An instruction manual was designed to facilitate completion of the data collection tool and answer frequently asked questions, by providing necessary information on:

- Rationale
- Specific objectives
- Criteria for selection of participating countries
- Criteria for potential respondents
- Definitions and explanations of terms used in the tool
- References which could be used as background material.

Study Process (IV): Sample Selection

For the purposes of this global survey, a participating member state had to fulfill one / more of the following criteria:

- Prior or current **experience with hazards** (biological, technological, social) resulting in emergencies
- **Vulnerability** (low preparedness for EPR)
- Risk of potential **hazards** resulting in emergencies
- Presence of a **focal point** for EPR / EHA
- Currently **receiving relief funds** for EPR from international agencies

Study Process (V): Criteria for Respondents

A respondent to the questionnaire was either:

- **A focal point for emergency preparedness & response within the MOH (best choice)**
- A senior MOH official designated for EPR (in addition to his/her original post)
- A senior MOH official trained for EPR
- A senior MOH official interested in EPR

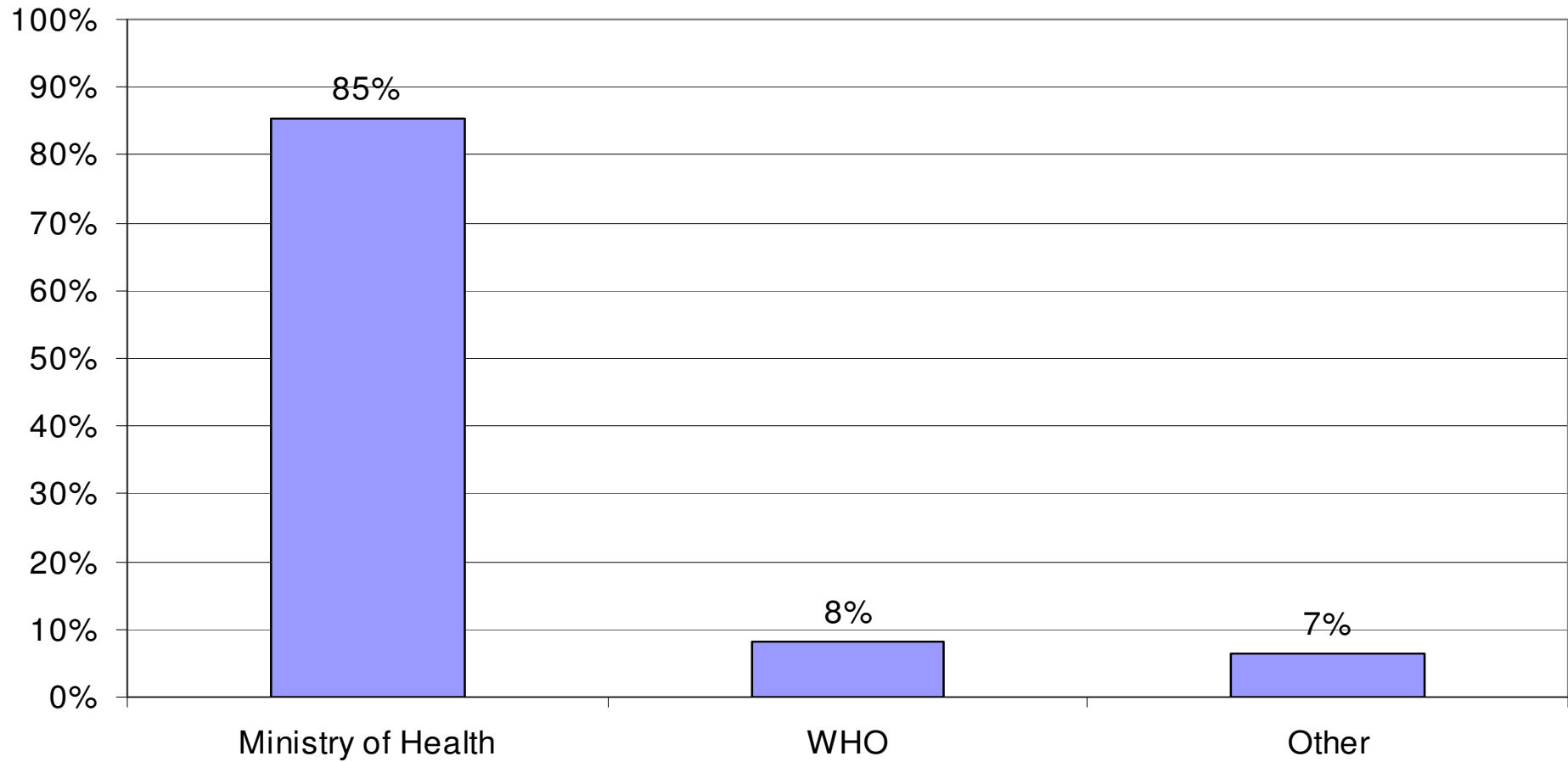


RESULTS

- Experience with Emergencies
- Policies, Institutional Arrangements, EPR Committees
- EPR Programmes
- International Cooperation & Partnerships
- Human Resources for EPR

Figure A.3

National Health Sector EPR Assessment Global Survey Affiliations of Respondents



Experience with Emergencies

- The majority (92%) of countries that responded to the questionnaire have experienced an emergency or disaster in the last 5 years. These included:
 - Natural hazards (98 %)
 - Social hazards (73 %)
 - Technological hazards (47 %)
- These results suggest a need to adopt an 'all hazards' approach to national health EPR policies and programmes.

Figure B.3

National Health Sector EPR Assessment Global Survey Reported Hazard Exposures

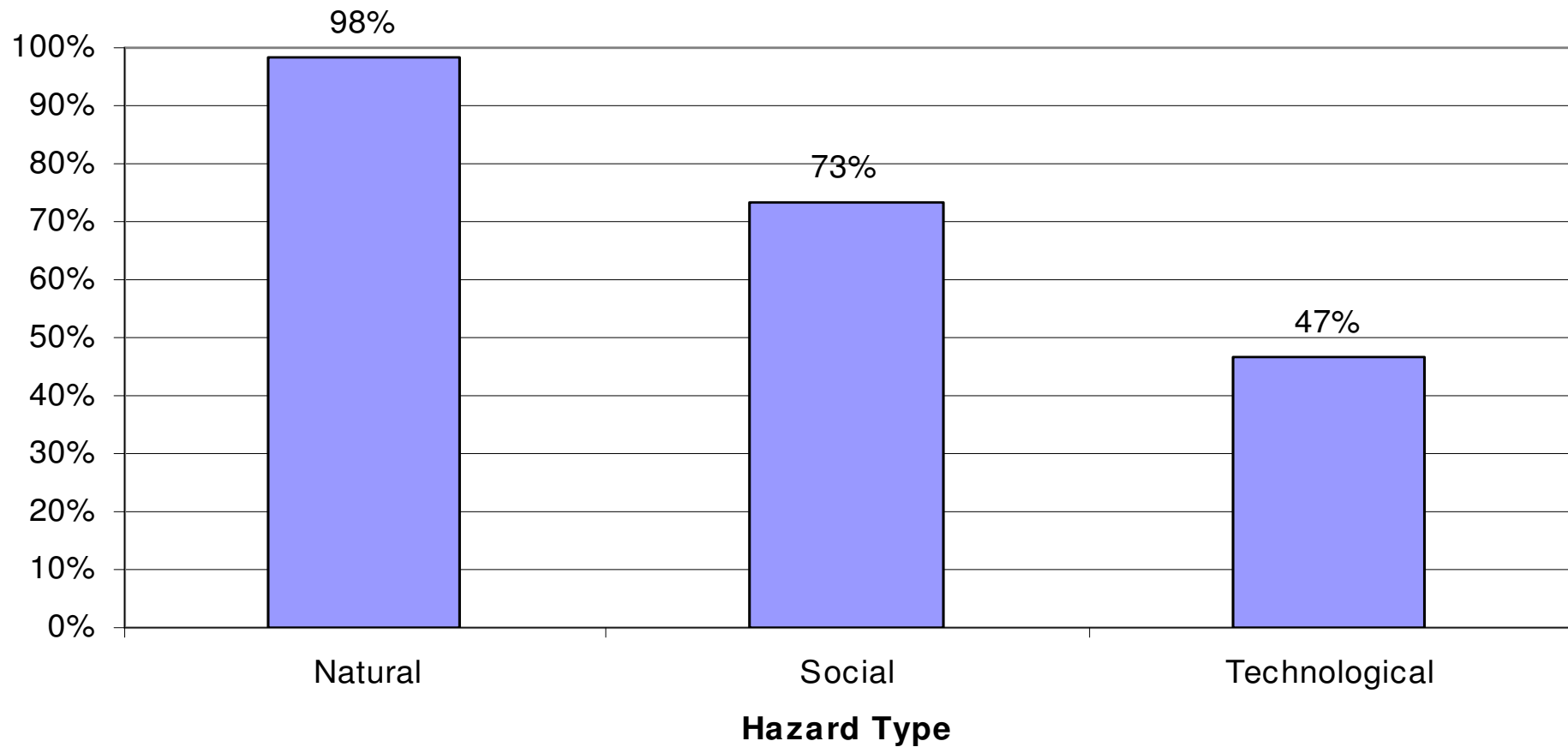


Figure B.3b

National Health Sector EPR Assessment Global Survey Reported Social Hazard Exposures, by WHO Region

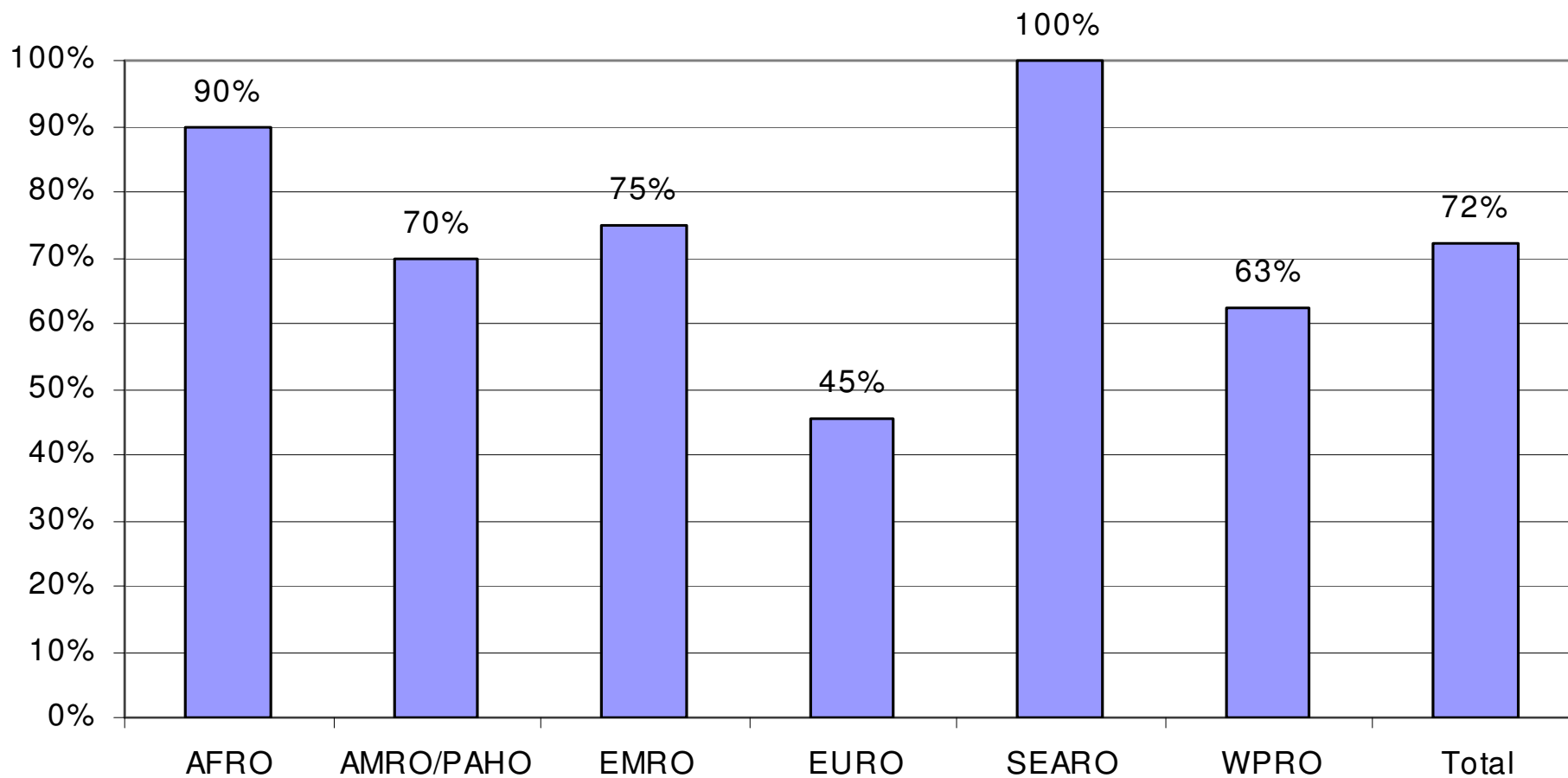
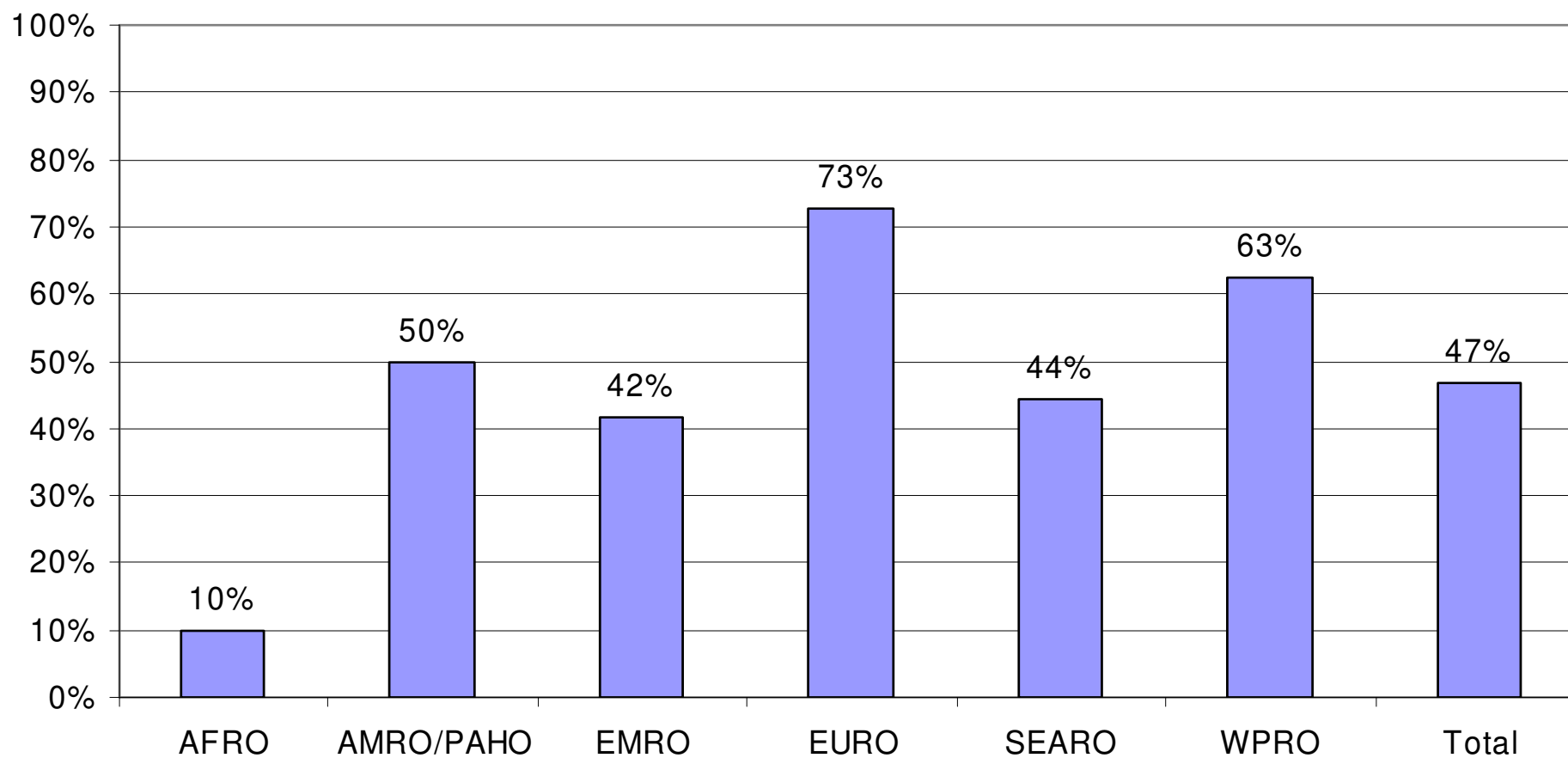


Figure B.3c

National Health Sector EPR Assessment Global Survey Reported Technological Hazard Exposures, by WHO Region



National Health Sector EPR Assessment Global Survey Reported MOH Arrangements for EPR

Figure 2.0

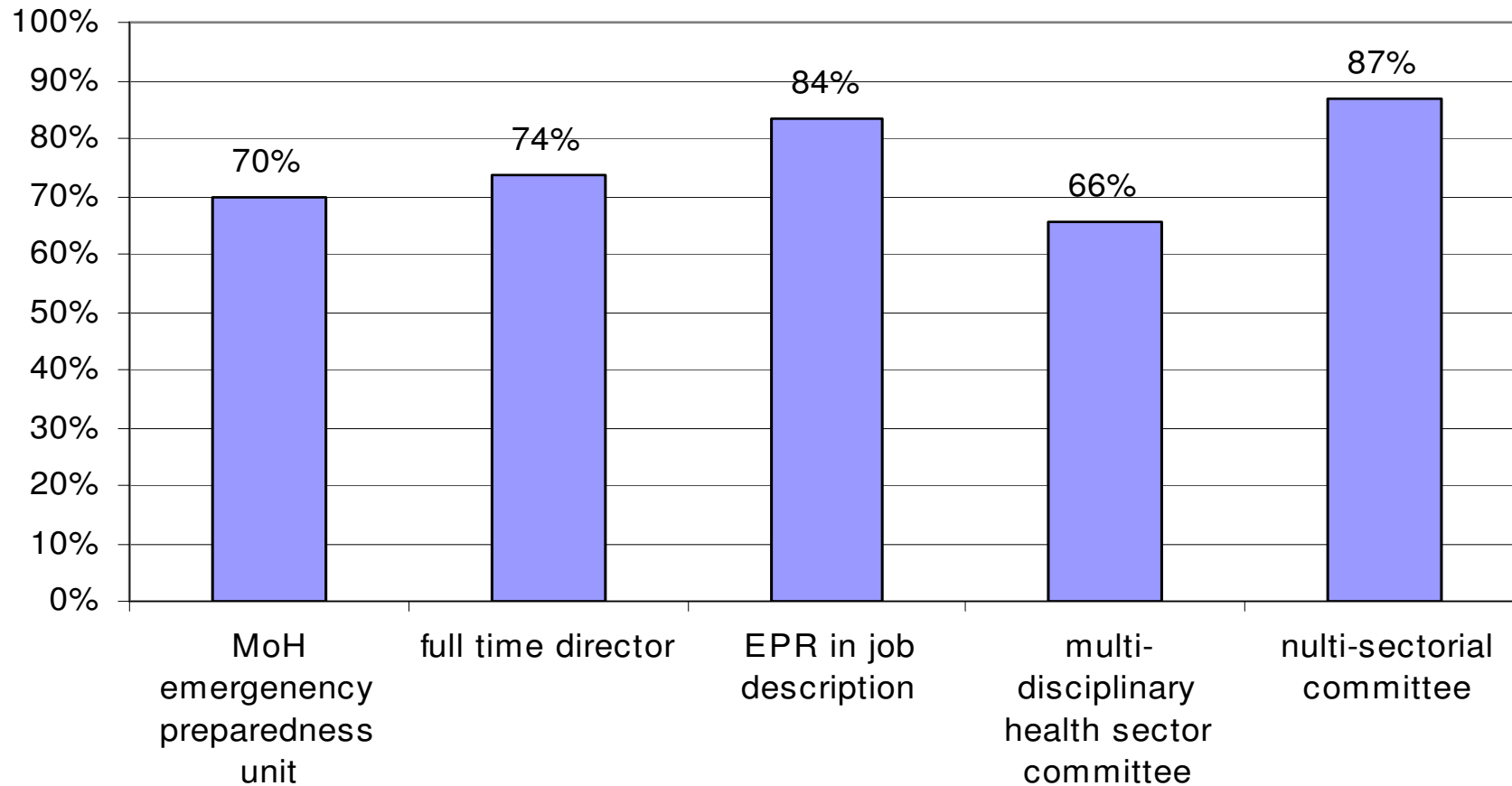
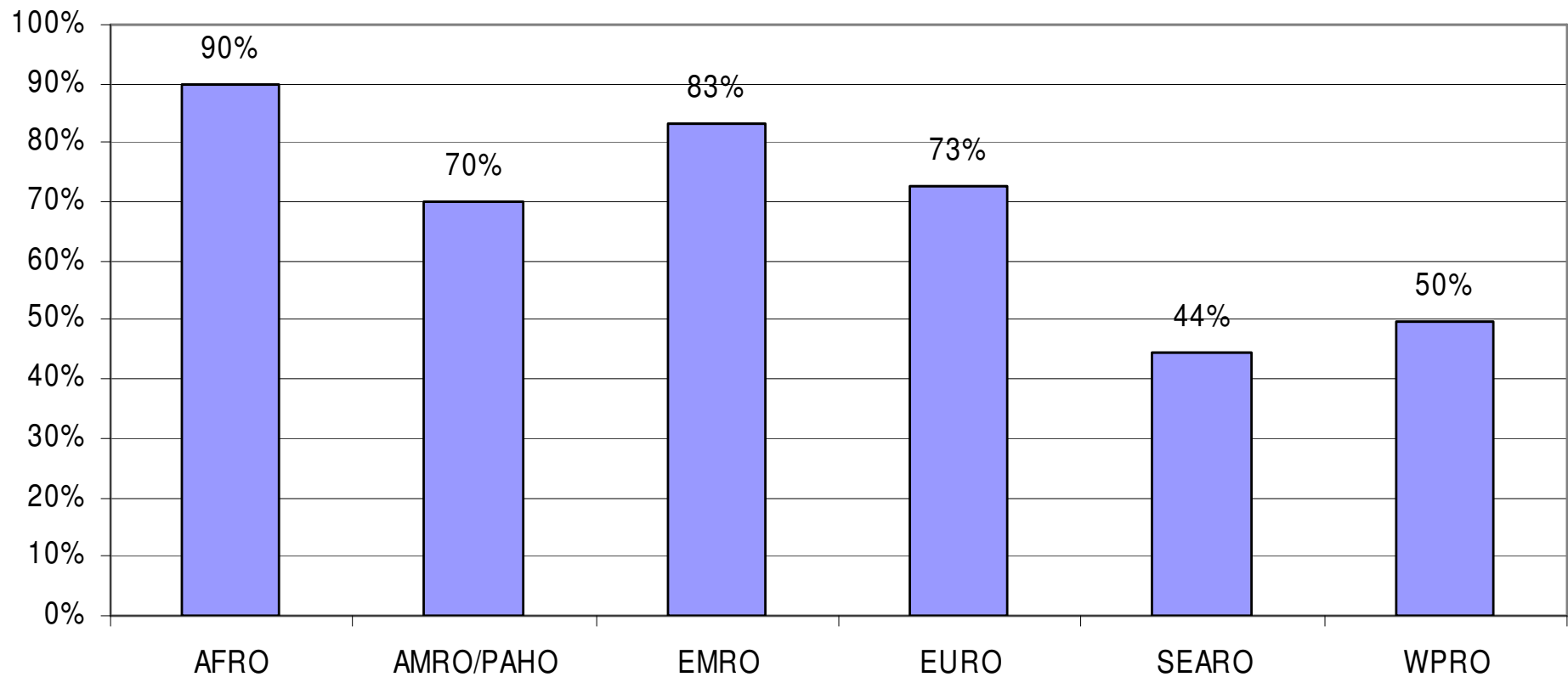


Figure 2.2

National Health Sector EPR Assessment Global Survey Reported Presence of an EPR unit in the MOH, by WHO Region



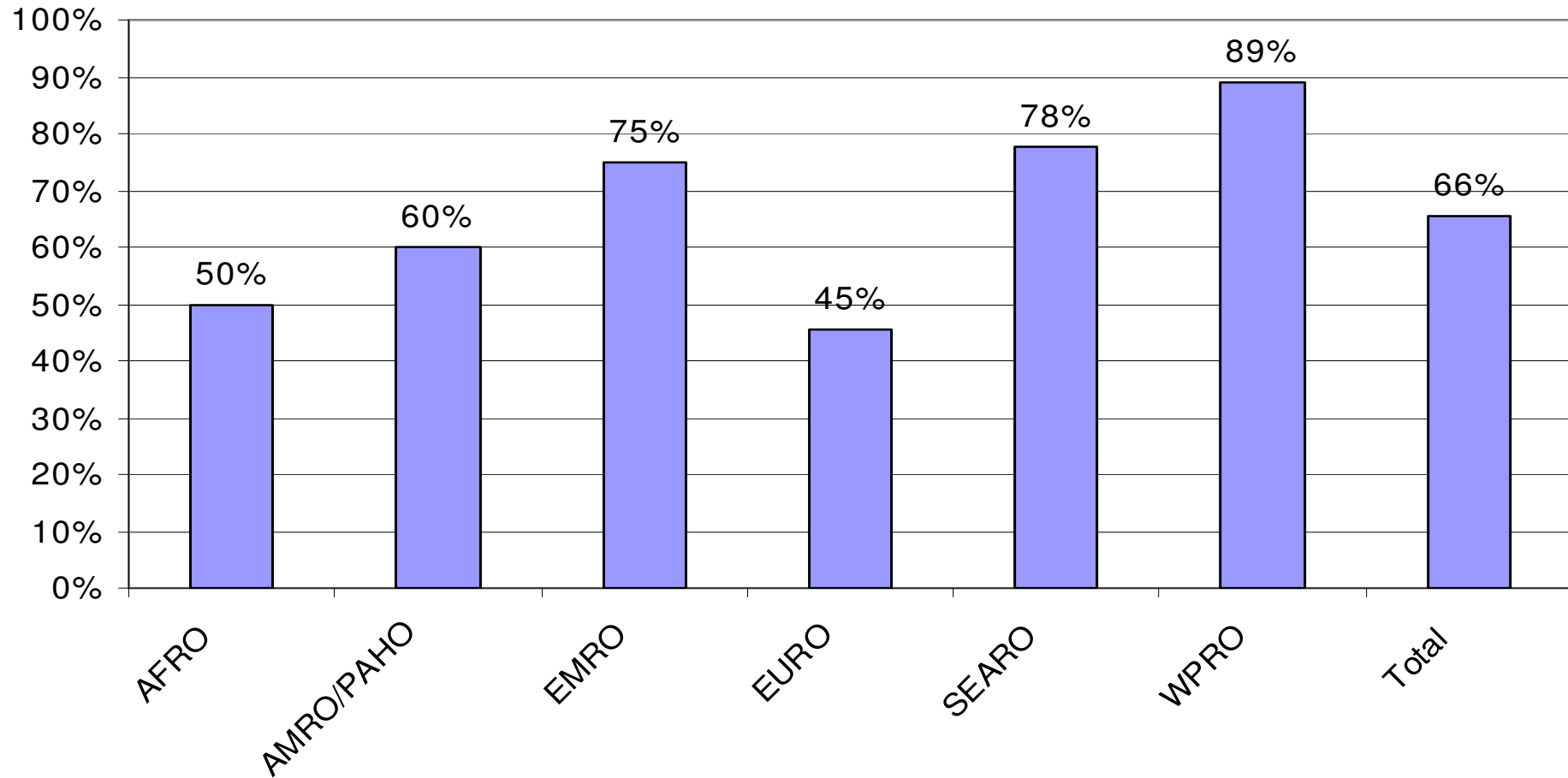
EPR Policies & Arrangements

- The majority of countries (85%) reported the existence of a national EPR policy, two-thirds of countries reported policy on health sector EPR programmes at the national and provincial levels, and two-thirds reported policy on health sector EPR plans.
- The great majority (89%) of respondents reported the presence of a multi-sectoral committee (health, others) and 66% of respondents reported multi-disciplinary health sector EPR committees. Clearly more effort is required to form and maintain these committees.

MOH Multi-disciplinary Committee

Figure 2.5

National Health Sector EPR Assessment Global Survey
Reported Presence of Multi-Disciplinary Committee, by WHO Region



Multisectoral Committee (including non-health)

Figure 2.6

National Health Sector EPR Assessment Global Survey
Reported Presence of Multi-Sectoral Committee, by WHO Region

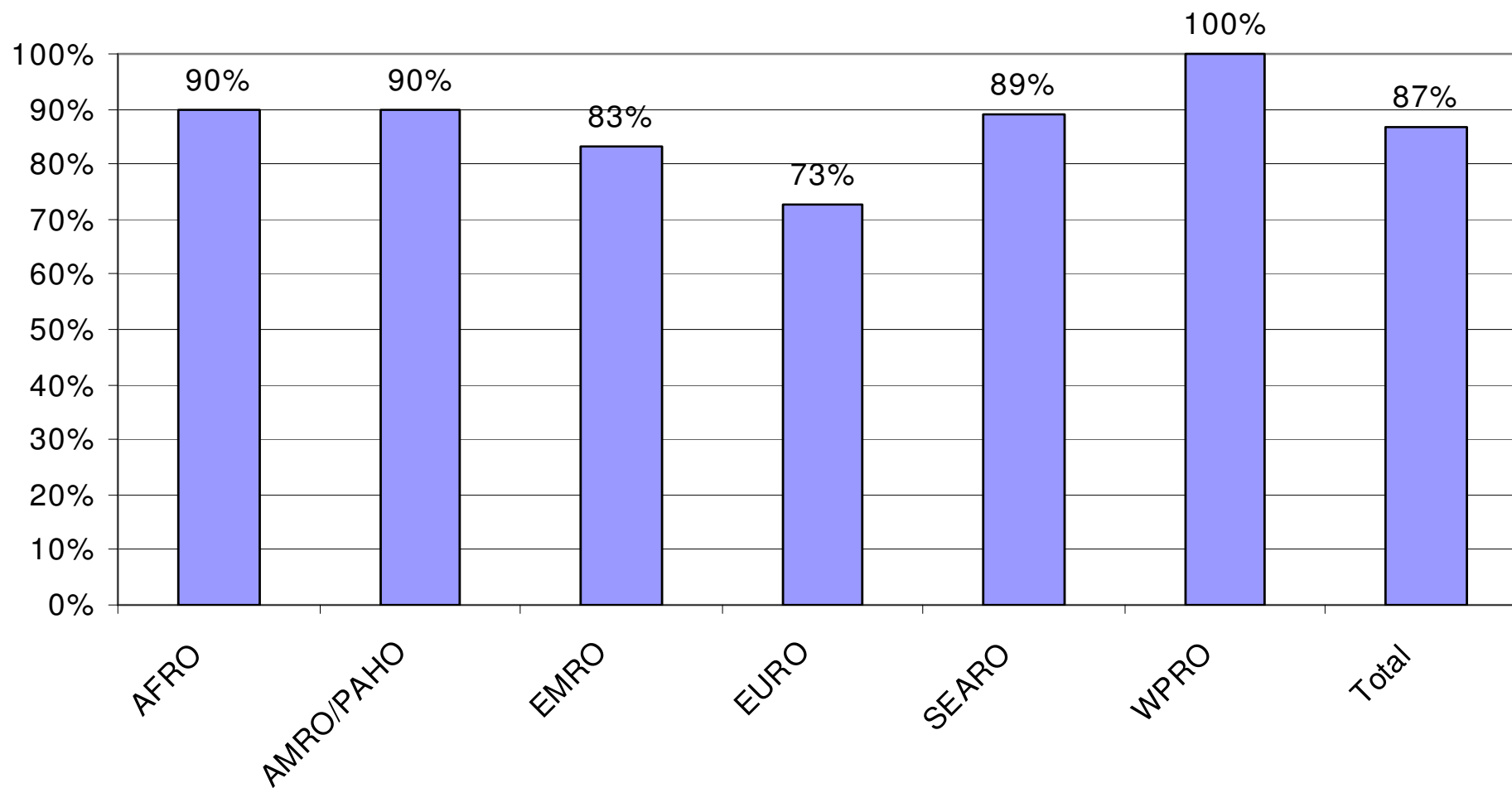


Figure 2.8a

National Health Sector EPR Assessment Global Survey Reported Types of EPR Programs and Projects

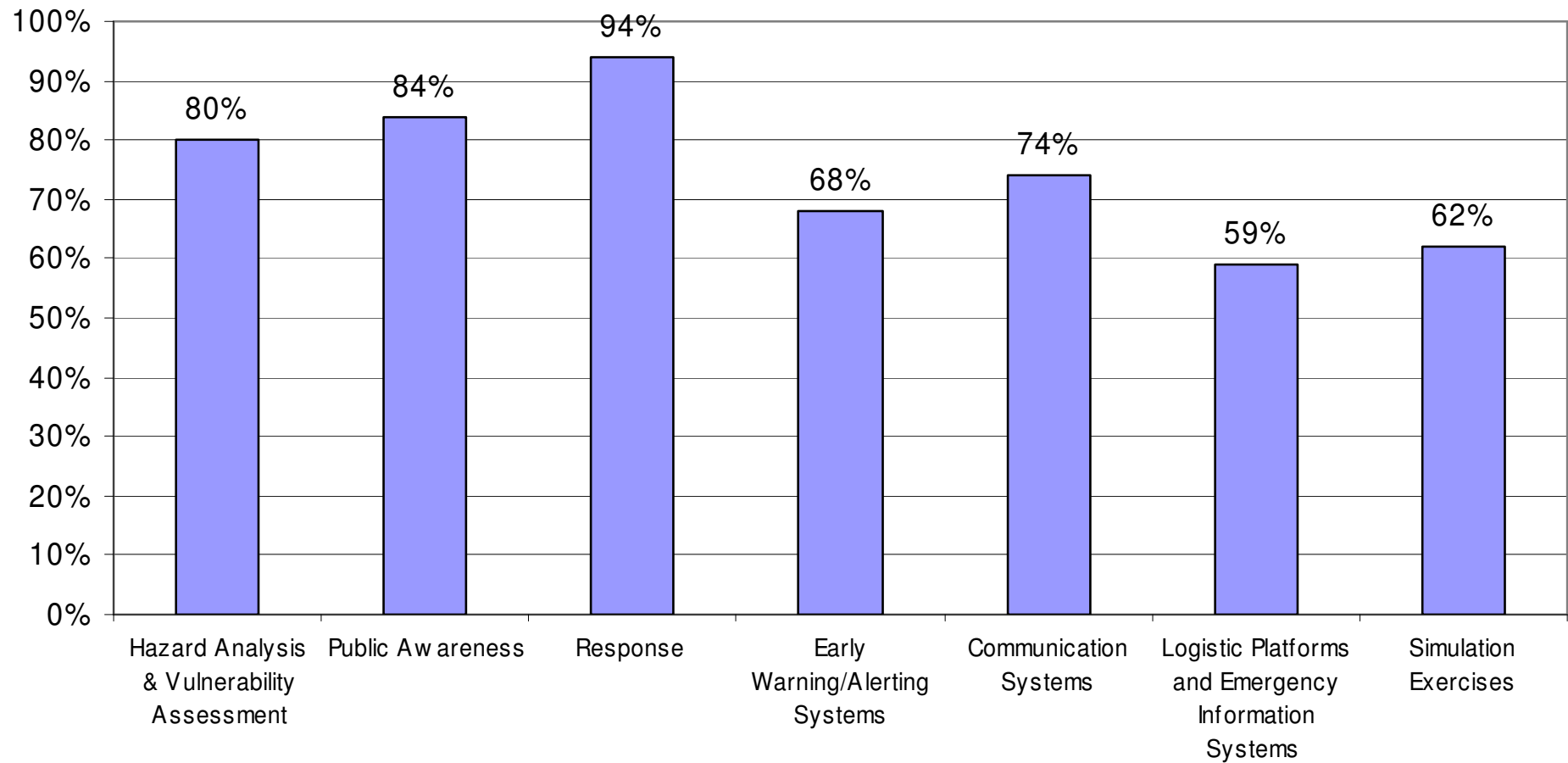


Figure 2.8.7

National Health Sector EPR Assessment Global Survey Reported Simulation Exercises, by WHO Region

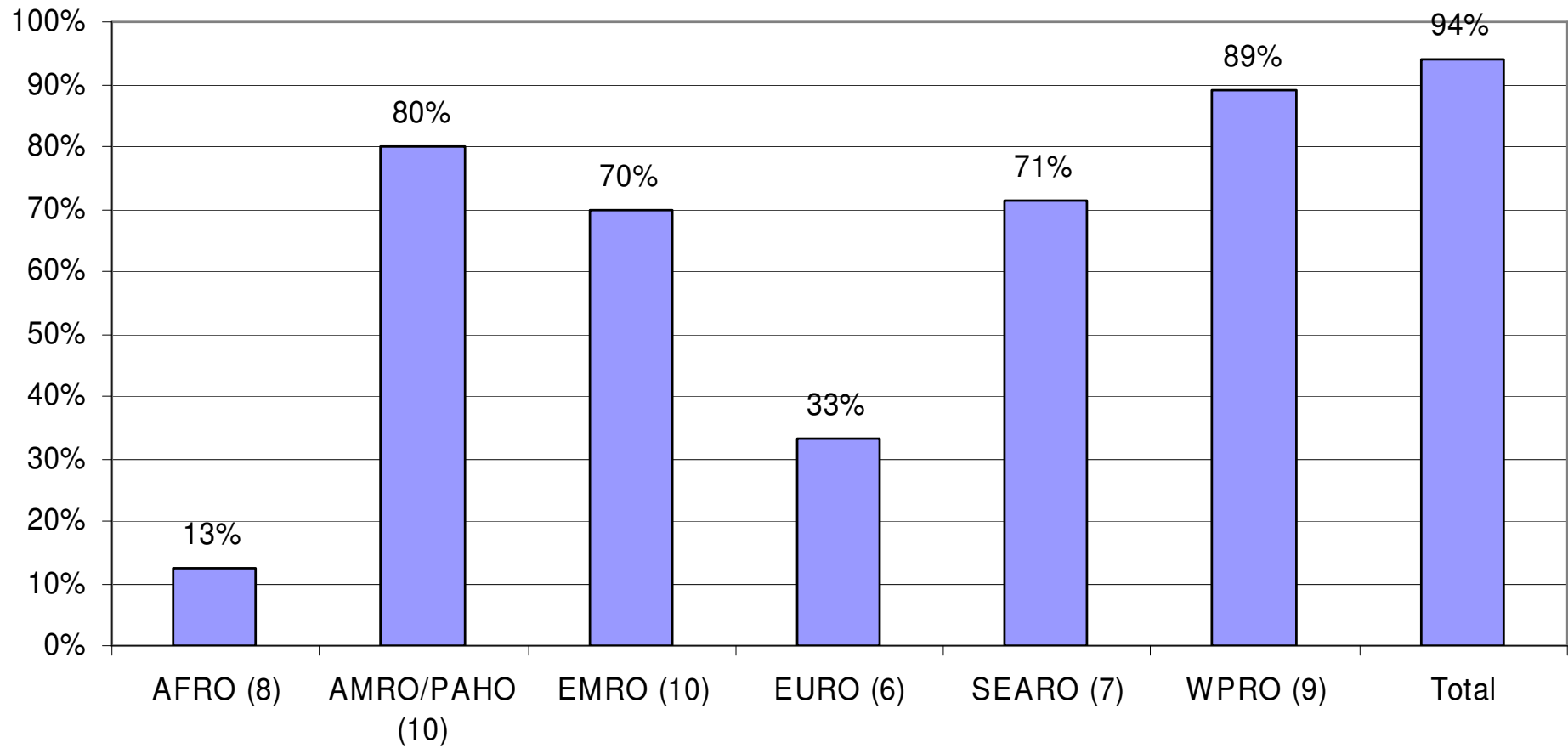


Figure 3.4

National Health Sector EPR Assessment Global Survey Reported Presence of Hazard Maps at National Level, by WHO Region

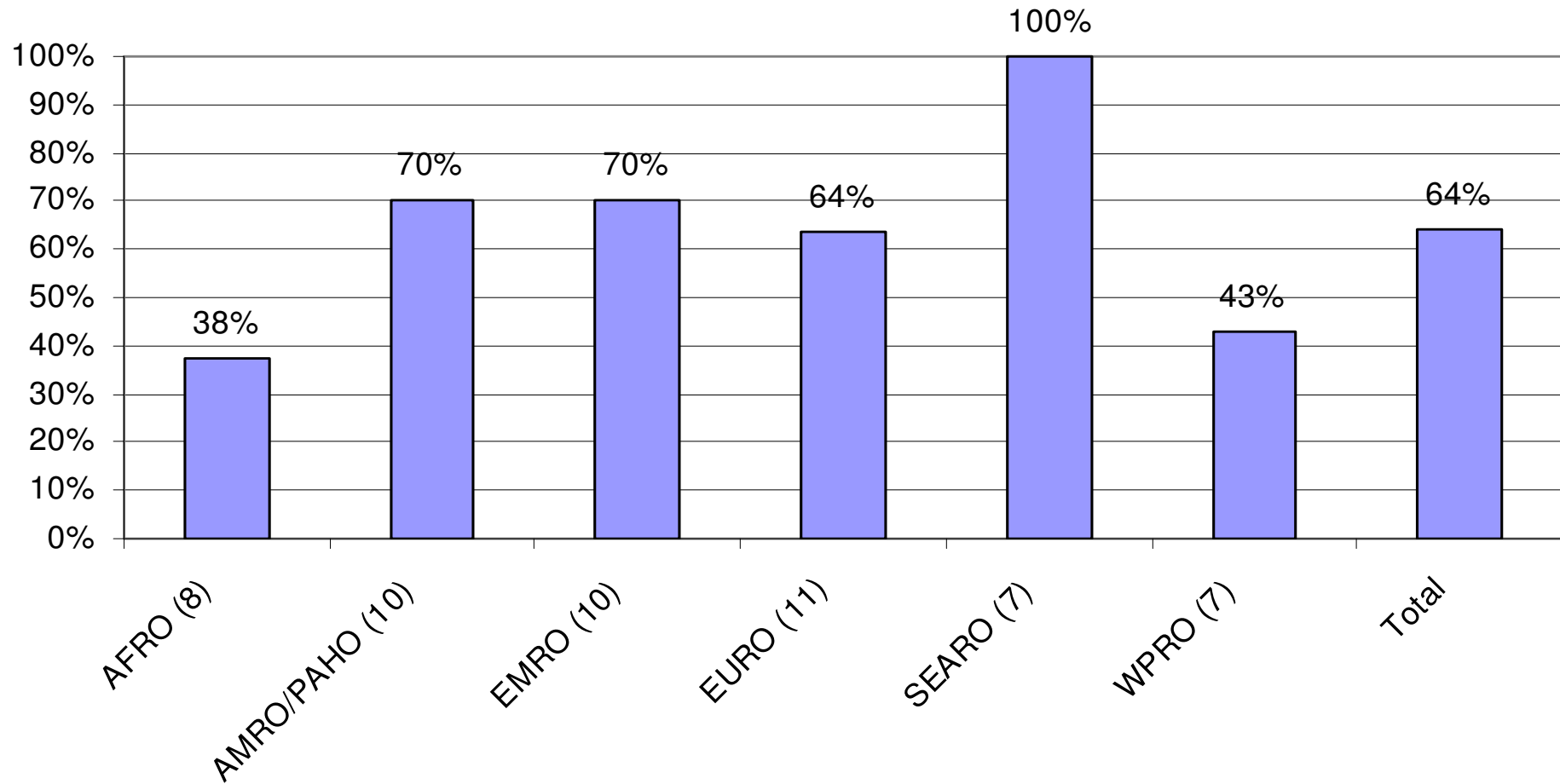
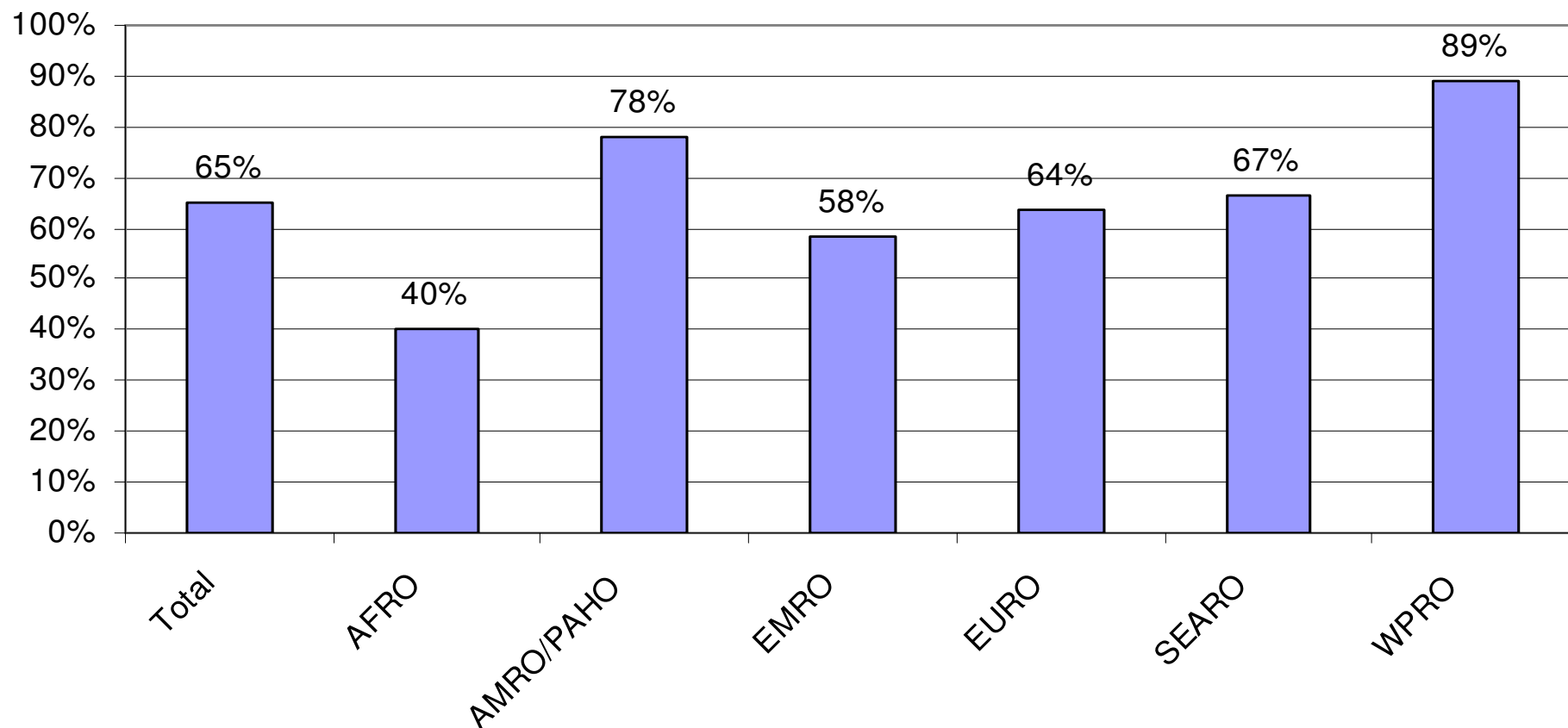


Figure 4.1

National Health Sector EPR Assessment Global Survey Reported EPR Plan Development



EPR Programmes (II)

- Only 59% of countries surveyed reported the existence of training courses, while 63% of countries reported the presence of guidelines in health EPR.
- Just above half countries surveyed (52 %) reported conducting simulation exercises over the last 12 months. Less than half (44%) reported using audits to assess the effectiveness of EPR programmes, while 56% reported using methods for capturing lessons learnt.

National Health Sector EPR Assessment Global Survey
Reported Presence of Training Courses, by WHO Region

Figure 5.3

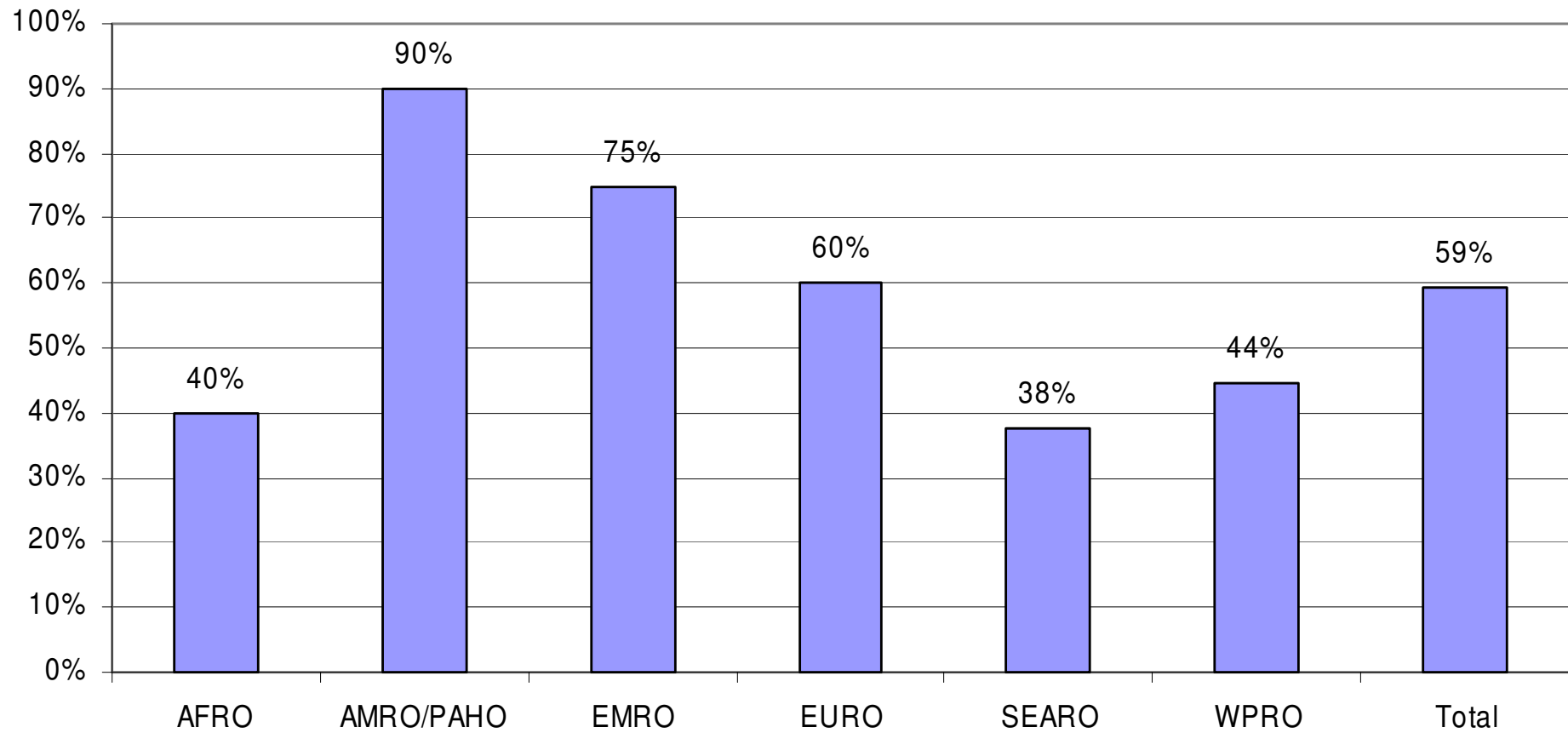
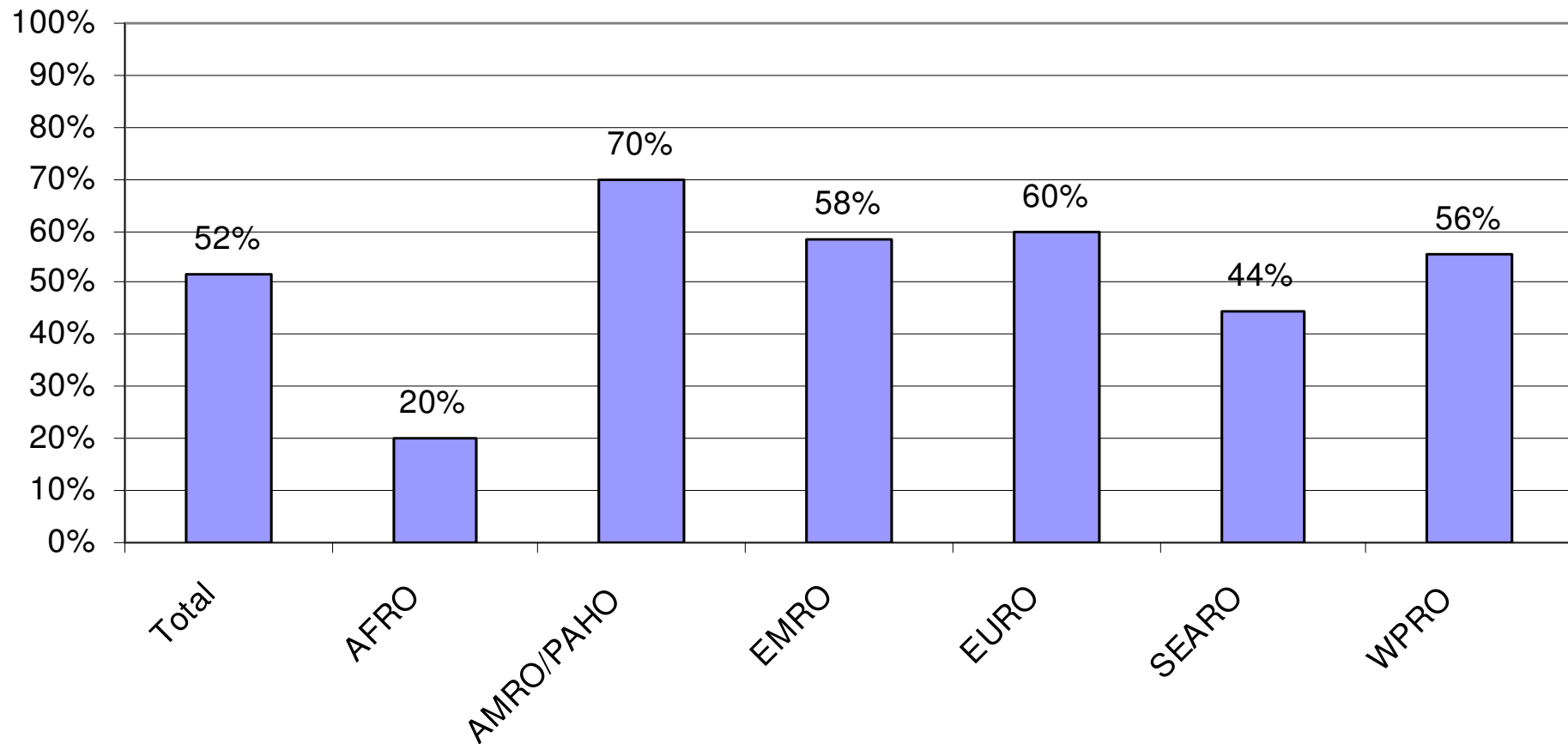


Figure 6.1

National Health Sector EPR Assessment Global Survey Conducted Simulation Exercises during Past 12 months



International Cooperation & Partnerships

Reported EPR-related activities with NGO involvement included: emergency response; training and education; and raising public awareness. **Red Cross** (national, international, ICRC, IFRC), **Red Crescent** and **Medicine Sans Frontiers (MSF)** were reported to provide most such cooperation

Figure 8.1

National Health Sector EPR Assessment Global Survey NGOs Involvement in EPR

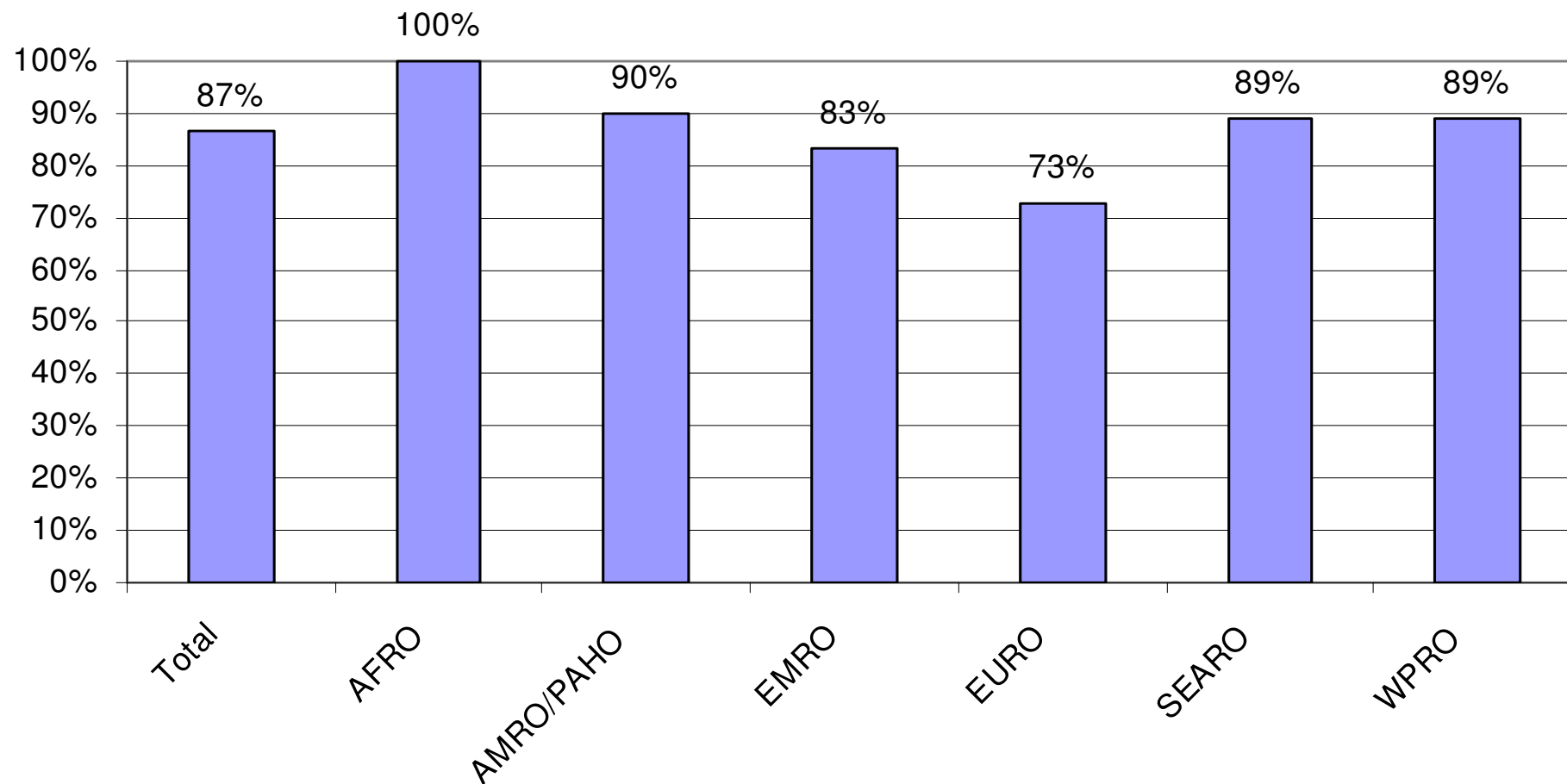
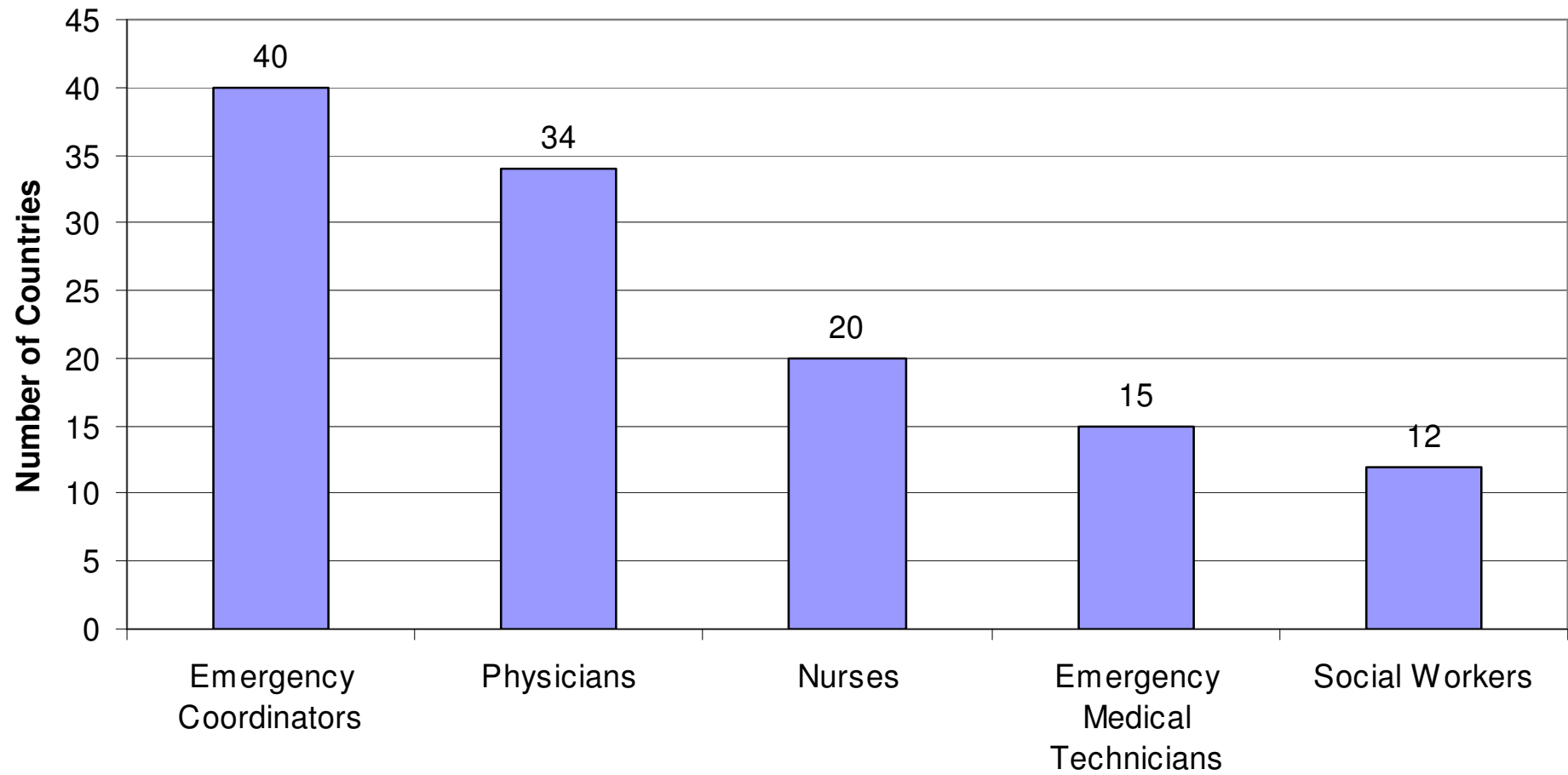


Figure 9.0

National Health Sector EPR Assessment Global Survey Needs Reported Human Resources in Emergencies





Beneficiaries

- Different sectors involved in EPR
- National ministries of health
- Funding agencies
- UN Agencies: e.g. WHO, UNDP, WFP, UNICEF, World Bank, others
- WHO Partners
- NGOs working in EPR

Recommendations I: For Government Decision-Makers

- Use an 'all hazards' approach to EPR
- Include the health sector in EPR policy development
- Support ministries of health in recruiting and training EPR specialists
- Ensure the health sector is represented on multi-sectoral EPR committees
- Develop hazard analysis and vulnerability assessments in cooperation with the health sector, or provide existing assessments to the health sector
- Extend existing public awareness programmes, communication and early warning and alerting systems to the health sector
- Assist ministries of health to develop and finance national, multi-disciplinary health EPR plans, and link these to national multi-sectoral EPR plans
- Encourage the health care sector in the conduct of training needs analyses, the development and use of competency standards and the conduct of training courses
- Encourage and assist the health care sector in the conduct of simulation exercises, audits and methods for capturing lessons learned from previous emergencies within the country and those that have happened elsewhere

Recommendations II: For National Health Authorities

- Use an 'all hazards' approach to health EPR programmes, and develop **hazard-specific programmes** as required under the 'all hazards' umbrella
- Develop national health **EPR policies** to guide related programmes
- Seek active **representation on multi-sectoral EPR committees** and form and maintain multi-disciplinary health sector EPR committees
- Develop **hazard analysis and vulnerability assessments** in cooperation with existing multi-sectoral and multidisciplinary committees
- **Adapt existing public awareness programmes**, communication and early warning and alerting systems to the health sector, or plan the development of them
- Develop national, multi-disciplinary **health EPR plans** and link these to the corresponding national multi-sectoral plans
- Work with other sectors to conduct **training needs analyses, develop competency standards, conduct national training courses**, and investigate their participation in public health pre-deployment courses
- Conduct **simulation exercises, audits and methods for capturing lessons learned** from emergencies
- Develop, or translate and adapt, existing **best practice guidelines** and case studies

Recommendations III: For Funding Agencies

It is recommended that funding agencies and partners give higher **priority to and provide more **financial support** for emergency preparedness and risk reduction activities.**

Recommendations IV: For WHO

- **Further elaborate** the nature of health emergency preparedness policy in its guidance documents
- Advocate and provide **technical support** to countries in the development of national health EPR policies and plans
- Encourage countries to seek **health sector representation on multi-sectoral EPR committees** and form and maintain such **multi-disciplinary health sector committees**
- Assist with **training needs analysis**, the development of **competency standards and the conduct of training courses**
- Facilitate participation in **pre-deployment training** activities and courses
- Promote the conduct of **simulation exercises, audits and methods for capturing lessons learnt from emergencies**
- Develop the means for the global sharing of **best practice guidelines and case studies**.

Full-Text Link

WHO Website, Health Action in Crises:

[http://www.who.int/hac/about/
Global_survey_inside.pdf](http://www.who.int/hac/about/Global_survey_inside.pdf)

Acknowledgement

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- Preliminary Results
- Beneficiaries



Thanks for your kind attention