Preparedness for Health Emergencies

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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/EP programmes
• 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)

*working definitions at Nov 2011*
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.

* working definitions at Nov 2011
National and International response to Crisis

– Local and National agencies are the first responders in most disasters. This is particularly true in natural disasters.
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/EP in 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 for 127 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