Emergency Preparedness, Mitigation and Response
The EMRO Perspective

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SOME FACTS ABOUT THE EASTERN MEDITERRANEAN REGION (EMRO)
Framework

- Three groups – health, performance & expenditure.
  - *Higher tier* (Group 1) – advanced socioeconomic development supported by high income;
  - *Middle tier* (Group 2) – middle-income with extensive public health service delivery infrastructure but resource constraints;
  - *Lower tier* (Group 3) – major financial constraints and political instability

- Challenges and gaps, and priorities and options for the three tiers of countries and by the six building blocks

- Health systems versus public health programs and emergencies
Overview of population health in the region:

A. Key Outcomes

Table 1. Trends in key health outcomes in Easter Mediterranean Region, 1990–2010*

<table>
<thead>
<tr>
<th>Health status indicator</th>
<th>Higher tier countries</th>
<th>Middle tier countries</th>
<th>Lower tier countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (years)†</td>
<td>72.6 74.1 75.0</td>
<td>69.2 71.2 73.4</td>
<td>52.8 56.6 60.2</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100 000 live births)‡</td>
<td>24 18 17</td>
<td>115 79 63</td>
<td>750 625 360</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)§</td>
<td>21.5 – 9.5</td>
<td>45.5 – 22</td>
<td>126.5 – 97</td>
</tr>
<tr>
<td>Under five mortality rate (per 1000 live births)§</td>
<td>17.5 – 8.5</td>
<td>36.5 – 19</td>
<td>95.5 – 71.5</td>
</tr>
<tr>
<td>Total fertility rate**</td>
<td>5.2 3.9 2.2</td>
<td>5.6 3.7 2.9</td>
<td>6.6 6.3 6.0</td>
</tr>
<tr>
<td>Contraceptive prevalence rate (%)**</td>
<td>– 31.5 36</td>
<td>28 55.5 53</td>
<td>6 12.5 21.5</td>
</tr>
</tbody>
</table>

* Values are medians
– Information not available
Overview of population health in the region:  
C. Mortality rates (per 100,000 population)

<table>
<thead>
<tr>
<th>Global burden of disease: mortality by main causes</th>
<th>Higher tier</th>
<th>Middle tier</th>
<th>Lower tier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>%</td>
<td>Rate</td>
</tr>
<tr>
<td>Communicable, maternal, perinatal and nutritional conditions</td>
<td>42.9</td>
<td>12.6</td>
<td>84.4</td>
</tr>
<tr>
<td>Noncommunicable diseases</td>
<td>245</td>
<td>72.2</td>
<td>392</td>
</tr>
<tr>
<td>Injuries</td>
<td>51.5</td>
<td>15.2</td>
<td>67.8</td>
</tr>
<tr>
<td>Total</td>
<td>339.4</td>
<td>100.0</td>
<td>544.2</td>
</tr>
</tbody>
</table>

Source: WHO global burden of disease death estimates 2008
Major Emergencies and crisis often affect the health well beyond the immediate risk of disease death and injuries well beyond the emergency.

Health Infrastructure might be destroyed and unable to provide the needed assistance.

There are new health challenges associated with the long term psychological consequences.
Health systems as a platform for public health programmes and emergencies

- Health systems can play a critical role in
  - Better preparedness and effective management of emergencies and disasters.
  - During recovery and reconstruction following, the phase of emergency response in the event of disasters.
WHO Principles

- all-hazard approach
- the multidisciplinary (intrasectoral) approach
- multisectoral approach
- comprehensive approach
Different crises invariably result in similar problems and response requiring similar systems and types of capacity.

- information management, resource management, maintaining effective communication strategies

- WHO promotes a generic, all-hazard approach, actively discouraging the establishment of vertical planning mechanisms
The multidisciplinary (intrasectoral) approach

- Health systems are defined as comprising all the organizations, institutions and resources that are devoted to producing action aimed principally at improving, maintaining or restoring health (public and private initiatives, (NGOs) and international agencies),

- WHO encourages transparency and interoperability in the planning process, and promotes the involvement of all disciplines and levels of the health system to ensure a coordinated and effective response
Health sector plans also need to be linked to and interfaced with national disaster preparedness and response plans to avoid confusion, prevent duplication of effort and make the best use of resources.

This is important not only during a crisis but also as part of prevention, reduction and mitigation strategies.

However, multisectoral planning continues to be a challenge in many countries as governmental departments often prefer to develop their own individual plans, in parallel with other key partners.
The economic consequences of a crisis can be enormous and risk reduction, prevention and mitigation are increasingly becoming priority areas that need to be taken into consideration when planning national crises preparedness, mitigation and response.

WHO encourages Member States to develop and implement strategies for the different aspects of crises preparedness planning, bearing in mind that they are not separate entities but overlap with each other in scope and timeframe.
• Assessing and monitoring baseline information on the status of risk reduction and emergency preparedness in the health sector at regional and country levels.

• Institutionalizing risk reduction and emergency preparedness programmes in ministries of health and establishing an effective all-hazard/whole-health programme for this purpose
- Encouraging and supporting community-based risk reduction and emergency preparedness programmes

- Improving knowledge and skills in risk reduction and emergency preparedness and response in the health sector.
• Multi-disciplinary: take account of the contributions of many disciplines in health and other fields required to manage the risks to health.

• All-hazard: address risks of emergencies from all sources, including natural, technological, biological and societal hazards.

• Risk management: adopt a risk management approach, with a focus on proactive measure to manage risk, including risk assessment, prevention, and preparedness and associated functions such as policy development, communication, monitoring and evaluation, and capacity development.

Integrated into disaster response, recovery and rehabilitation by strengthening communities, institutions and systems to reduce future risks.
What is risk?

A function of the hazards to which a community is exposed by the level of the local preparedness or capacity of the community at risk.

**Risk** is proportional **Hazard X Vulnerability** Capacity.
Factors Affecting “Risks”
Several resolutions such as the one accepted during the 2005 World Health Assembly (WHA 58.1) 

“(4) to formulate, on the basis of risk mapping, national emergency-preparedness plans that give due attention to public health, including health infrastructure, and to the roles of the health sector in crises, in order to improve the effectiveness of responses to crises and of contributions to the recovery of health systems;”
Opportunity for geography and GIS

... to be used as a neutral platform for the integration of data coming from different sources to:

- assess, analyze and map vulnerabilities and risks
- contribute to ensuring the continuity of the decision making process during the different phases of the emergency cycle
SAFE HOSPITALS

World Disaster Reduction Campaign 2008-09: Hospitals Safe From Disasters
Hospitals: Why are they also disaster casualties?

- Chronically weak health systems
- Under-investment in health
- Poor facility location, design and construction
- No emergency plan
- Staff are not trained
Six essential actions to make hospitals safe

1. Adopt national policies and programmes for safe hospitals
2. Design and build resilient hospitals
3. Assess the safety of your hospital
4. Plan for emergency response
5. Protect and train health workers for emergencies
6. Protect equipment, medicine and supplies
Lessons learned: 1985 Mexico earthquake

1985

- Five hospitals collapsed and 22 suffered major damage, 6000 beds lost.
- 561 people died at Juarez Hospital alone.

Today

- More than 500 people are trained to use the PAHO Hospital Safety Index, which has been applied to more than 100 facilities across the country.
- Index lets authorities determine which facilities are "safe" and which must be improved.
**Proposed action**

- A global thematic platform for health risk reduction to bring health and other sectors together

- Health represented on all regional and national platforms for disaster risk reduction

- Continued investment in safe hospitals at facility, national and global levels, with priority to assessments of hospital safety

- Investment in research and evidence base to inform decisions and action

- 10-20 percent of humanitarian funding to disaster risk reduction
Conclusions

- A well-performing HS play a major role in promoting population and personal health in times of stability as well as emergencies.

- Addressing inequities in health in EMR calls for strengthening national HS to provide universal access, while ensuring social and financial health protection.

- Options presented will need to be further tailored to specific needs of each tier countries to make a difference to the performance of national HS.
Save lives. Make hospitals safe in emergencies

Thank you.
References


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WHO (2012): Health system strengthening in the Eastern Mediterranean Region: Where we are and the way forward, Division of Health system development, Consultation on HSS in EMR, Cairo- Egypt, 20-21 Jun 2012

GOI-UNDP DRM Programme (2002-2008) Guidelines for Hospital Emergency Preparedness Planning,