

Report on the

**Consultation on health disaster
preparedness, mitigation and response in the
Eastern Mediterranean Region**

Damascus, Syrian Arab Republic
1–4 December 2003



World Health Organization
Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

The WHO Regional Office for the Eastern Mediterranean (EMRO) held a consultation on health disaster preparedness, mitigation and response in the Eastern Mediterranean Region in Damascus, Syrian Arab Republic, on 1–4 December 2003. The objectives of the meeting were to define regional/country vulnerability and needs for disaster mitigation; build consensus on all aspects of a 5-year draft regional strategy for disaster preparedness; and provide guidance for the formulation of a 5-year preparedness mitigation, prevention and response workplan.

The consultation was attended by representatives from 11 countries of the Region: Afghanistan, Egypt, Jordan, Islamic Republic of Iran, Iraq, Morocco, Pakistan, Sudan, Syrian Arab Republic, Tunisia and Republic of Yemen. Active participation from UN agencies (UNICEF, UNDP and ISDR), the European Union and the International Federation of Red Cross/Red Crescent Societies enriched the debates and promoted an interagency and intersectoral approach to this important topic.

The meeting was formally opened by H.E. Dr Mohamed E. Chatty, Minister of Health, Syrian Arab Republic, who welcomed the participants and expressed the firm commitment of his country to improving the attention given to victims of disasters and large emergencies. He challenged all organizations to task, urging WHO and other international agencies to be clear on what they could and could not do, and then to do what they could in a consistent and predictable manner.

Dr Abdullah Assa'edi, Assistant Regional Director, delivered a message on behalf of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, who stressed that the regional strategy to be discussed by participants must be reasonable, practical, adaptable and implementable.

Mr Altaf Musani, Technical Officer, Emergency and Humanitarian Action, WHO/EMRO, provided the background and objectives of the consultation. He drew attention to the fact that the 49th Session of the Regional Committee for the Eastern Mediterranean in 2002 had noted concern over the growing vulnerability and insecurity in the Region and passed a resolution (EM/RC49/R.7) urging all Member States to build up their national capacity for emergency preparedness and disaster reduction/mitigation and response. During the consultation the draft regional strategy would be distributed to all participants. The discussions of and agreements reached by participants would be used in the revision and finalization of the regional strategy.

The meeting programme and list of participants are included as Annexes 1 and 2. Annex 3 comprises a list, agreed by participants, of areas of responsibility for disaster units in ministries of health. Participants also identified a list of priorities and expectations for WHO in this area, attached as Annex 4.

2. SUMMARY OF PRESENTATIONS

2.1 International agencies

Under the chairmanship of David Nabarro (WHO), Fidel Font Sierra (IFRC), Haris Sanahuja (ISDR), Jacqueline Peters (UNICEF) and Altaf Musani (WHO) presented the perspectives of their respective organizations. The panel presentations stressed the wide variety of strengths and capabilities of these organizations in supporting countries to reduce the vulnerability of their populations to the negative health impacts of disasters. The willingness of the agencies to work together in support of a regional health strategy for disaster risk management reflected a shift from response to a culture of disaster preparedness and mitigation.

2.2 Member States

The national presentations offered a stimulating overview of the broad range of activities for disaster preparedness, mitigation, response and recovery. Many different approaches had been used to address a varying scope of hazards and emergency situations in Member States, and some countries had considerable experience. Among the lessons learned from the presentations is the need to establish a mechanism for further exchange of information and achievements among countries of the Region. Participants also stressed the need to follow up and monitor country progress in this area.

The session outlined certain shortcomings that need to be addressed further at national and regional levels, such as the development of a common conceptual framework (including globally accepted terminology and a shared set of basic management principles). The approach of considering the risk as the interaction between hazard, vulnerability and coping capacity has been widely accepted. Additional follow-up meetings will be required to fully internalize the concepts and translate them into a culture of prevention (measures to control the occurrence of hazard), mitigation (reduction of vulnerability) and preparedness (improving the coping or response capacity).

The most common source of misunderstanding results from the use of the terms “emergency”, “emergency situation”, “disaster” and “crisis”. In particular, indiscriminate use of the term “emergency” (as in emergency preparedness) as a substitute for “disaster” has led to wrongly perceiving the discipline of disaster risk management as a mere function or extension of the emergency medical services. In turn, this has led to the common belief that disaster medicine as promoted in some countries is about the management of health in disasters. Regarding the most appropriate term, participants suggested that a single unified term be consistently used throughout all documents, including the strategic plan.

3. SUMMARY OF GROUP SESSIONS

3.1 Risks and vulnerability at regional level

Disasters affect health in many ways, including immediate injuries and loss of lives (mass casualties), risk of communicable diseases, interruption of services, deterioration of sanitation and environmental health, psychological trauma and lack of food and water. However, disasters are only one of the many health problems faced by countries. In general, HIV, traffic accidents and attention to medical or surgical emergencies are recognized as priorities of a higher order compared to disasters. Specialized programmes to control those major problems are already in place in ministries of health, WHO and other international agencies. Duplicating these efforts by a programme/unit dedicated to disasters would be counterproductive.

Although many of the above priorities cannot be adequately addressed by the health sector alone, that does not preclude the need for ministries of health to mitigate and prepare for those extraordinary events requiring special assistance from outside the affected community—that is, disasters.

Based on these premises, the participants adopted the classification scheme proposed in the draft strategic plan, i.e. natural disasters, technological disasters (chemical or nuclear events accidental or intended), mass casualties (from transport accidents or any other cause not listed above) of an extraordinary magnitude and complex disasters (conflicts or wars).

The risk management approach can also be applied to disasters of more limited geographical extent, slow-onset events and epidemics (naturally occurring or deliberate) resulting in situations requiring extraordinary measures and external assistance.

3.2 Management of knowledge: data and information

Knowledge management is critical to reduction of the risk resulting from disasters. The current situation is characterized by excessive amounts of misleading data and a scarcity of reliable information. Accurate information is needed both before disasters (to document the magnitude of the risk and justify the investment in prevention and preparedness) and after the disaster (to assess and report on the damage and needs).

Current daily information systems must be strengthened and adjusted to provide the additional information required before and after disasters. The development of distinct systems exclusively for disaster management is not justified. The Regional Office needs to promote the establishment of regional and national databases on disasters and their health consequences to permit adequate advocacy and monitoring of national efforts. This will require the development of simple standardized indicators.

3.3 Awareness and advocacy

Due to the lack of time, the distinction between the terms advocacy and awareness was not conclusively debated, although all participants recognized the importance of both activities, which are complementary and not interchangeable. The participants did agree that a sustainable effort must be made to sensitize decision-makers and high-level officials to promote the concepts of disaster preparedness and mitigation. The health sector has a comparative advantage for promoting human and humanitarian rights due to its proximity to the vulnerable segments of the society. Individual countries should determine how far the Ministry of Health should involve itself in this aspect of advocacy.

Participants agreed that raising the level of awareness is a process rather than a one-time activity. The strategic approach as well as the type of activities must be specific for each target audience (policy-makers, community health workers, etc.). In brief, the health sector has an important role to play in promoting awareness in disaster reduction and must contribute to the efforts of other sectors in this process although it is not its primary responsibility.

3.4 Capacity building

National capacity must be strengthened for the whole range of disaster management, from mitigation to response and recovery. Too often the focus is put almost exclusively on response and relief. The main area that requires decisive political commitment is the establishment of a permanent disaster programme/unit within the Ministry of Health that is specially dedicated to disaster reduction and risk management. The main reasons for having such a specific programme/unit are to enhance sustainability of activities and to ensure sufficient authority, specific skills and competence to efficiently manage and promote the necessary activities and to be a credible partner to cooperate with the other sectors and agencies. The programme/unit should tap into civil society, in particular making optimal use of the contributions of volunteers and community-based initiatives.

Its functions would cover upgrading the knowledge and skills of the staff of most of the various categories of the health sector, promoting the elaboration of a health sector policy on prevention, mitigation, preparedness and response, developing the intersectoral cooperation, entering the planning process at various levels, and promoting decentralization to strengthen the local response capacity.

The participants reviewed and amended a regional model of terms of reference (functions) for this programme/unit (Annex 3). Whether the structure would be an independent unit or a programme located in one of the technical departments of the Ministry of Health requires further debate. The participants agreed that the goal is to have a specific disaster unit with functions and resources distinct from those allocated to other priorities such as, for instance, emergency medical services. A minimum starting point is the designation of a full-time programme/unit manager dedicated to that programme only and with appropriate authority. Remarkable results have been achieved by developing countries with very modest human and financial resources.

The disaster unit must as much as possible cooperate with the existing services of the Ministry of Health by strengthening them rather than creating parallel structures. Some aspects require further clarification, such as the level of functioning of the disaster unit. For example, decisions must be made about whether the unit will be restricted to strategic level or extend to the tactical level or even the operational level. The ideal mix must be determined, as well as the safeguards to be respected.

Training should complement the effort towards a disaster preparedness, mitigation and response strategy. As noted by many experts, the most critical need is for improvement of managerial skills necessary for dealing with preparedness, mitigation and, to a lesser extent, for dealing with the response to disasters.

Many participants made an urgent appeal for developing a regional training course for policy-making and management of health activities in disaster risk management (from prevention to response), rather than sending professionals abroad to attend international courses, which are not always adapted to the national needs in the Region.

4. CONCLUSIONS

The participants, representing some countries of the WHO Eastern Mediterranean Region and various agencies/organizations, concurred about the need for concrete and operational mechanisms to follow up the conclusions of the meeting. The conclusions reached by consensus may be summarized in the following four key points.

1. A disaster risk management approach must be used. Disasters must be addressed by the health sector as a process ranging from mitigation (aiming to reduce the vulnerability before the impact) to preparedness (strengthening both the central and local coping capacity), response (provision of comprehensive and need-based services to reduce morbidity, mortality and disabilities) and rehabilitation.
2. Disaster risk management requires dedicated resources. Although there are many pressing health problems of higher priority, countries cannot afford not to dedicate professional staff and modest resources specifically to disaster risk management. The formal strengthening or establishment of a disaster programme/unit is urgently needed.
3. Disaster risk management is a core function of the Ministry of Health: Reducing vulnerability is not merely an issue of mass casualty management. Functional areas of responsibilities of the ministry of health include promotional activities, development of norms, training, coordination of risk management activities in the health sector and mobilization of health response.
4. Disaster mitigation and preparedness requires close coordination and collaboration within the health sector. It is a responsibility of all technical disciplines. Collaboration with other sectors and institutions is also a prerequisite for success. Reducing vulnerability and preparing for response cannot be effective without the support from

civil protection/defence, other key ministries and governmental agencies, national Red Cross/Red Crescent societies and other partners.

Participants expressed the need for a broader regional meeting including health representatives of countries of the Region together with their counterparts from civil protection/defence and national Red Cross/Red Crescent societies. A list of other expectations and priorities identified by the participants is attached as Annex 4. The draft regional WHO strategy will be revised and finalized taking into account the discussions and directions proposed by Member States and regional agencies during the consultation.

Annex 1

PROGRAMME

Monday, 1 December 2003

- 8.30 – 9.30 Opening session
Address by H.E. Dr Mohamed Eyad Chatty, Minister of Health, Syrian Arab Republic
Message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, delivered by Dr Abdullah Assa'edi, Assistant Regional Director, WHO/EMRO
- 10.00 – 10.15 Setting the ground rules for this technical consultation –overview/Altaf Musani
- 10.15 – 13.45 Panel presentations: A global and regional overview of disaster reduction followed by discussions/Chair – David Nabarro
- Proposed panellists:
ISDR – Haris Sanahuja
IFRC – Hossam ElSharkawi
UNICEF – Jacqueline Peters
WHO – Altaf Musani
- 13.45 – 15.45 Country perspectives/overview – the last 3–5 years of disasters: preparedness, mitigation, response, lessons learned (10 minute presentations followed by discussions)/Chair – Abdullah Assa'edi

Tuesday, 2 December 2003

- 8.30 – 9.00 Rationale of developing a 5 year strategy for disaster reduction – method and outcome
- 9.00 – 14.00 Defining working groups and assigning tasks based on strategy elements:
1. Demonstrating/illustrating vulnerability to natural, technological and complex emergencies – country and regional experiences and needs
2. Data and information network/management
- 14.00 – 17.00 Presentation of elements 1 and 2
Discussion

Wednesday, 3 December 2003

- 8.30 – 8.45 Review of Day 2
- 8.45 – 11.00 Continued group work addressing elements:
 3. Awareness and advocacy for emergencies
 4. Technical cooperation (universities, UN agencies, organizations,
 NGOs, etc.)
- 11.00 – 14.00 Presentation of elements 3 and 4
 Discussion
- 14.00 – 15.15 Continued group work addressing element:
 5. Capacity building (institutional strengthening and training) – hardware
 and software
- 15.15 – 16.30 Presentation of element 5
- 16.30 – 17.00 Review and wrap up

Thursday, 4 December 2003

- 9.30 – 11.00 Presentation of the draft strategy workplan/document
 Discussion
- 11.00 – 12.00 Final conclusion and recommendations – the way forward
 Discussion

Annex 2

LIST OF PARTICIPANTS

AFGHANISTAN

Dr Abdullah Salam
Director of Emergency Department
Ministry of Public Health
Kabul

EGYPT

Dr El Sayed Abdel Hafez
Director
Hospital Management
Ministry of Health and Population
Cairo

IRAQ

Dr Iman Mohamad Amin
Director of Emergency Programme
Ministry of Health
Baghdad

Dr Boushara Zaydan Khalaf
Ministry of Health
Baghdad

ISLAMIC REPUBLIC OF IRAN

Dr Mohamad Javad Dast-Amouz
Environmental and Occupational Health Department
Ministry of Health and Medical Education
Teheran

Dr Victoria Kianpour Atabaki
Environmental and Occupational Health Department
Ministry of Health and Medical Education
Teheran

JORDAN

Dr Khaled Daood
Director
Emergency Department
Ministry of Health
Amman

MOROCCO

Dr Mohamad Hamouiyi
Head of Division of Emergency Aid
Director of Hospital and Ambulatory Care
Ministry of Health
Rabat

PAKISTAN

Dr A. Sohil Sahibzada
National Coordinator
WHO Collaborative Emergency Preparedness
Federal Ministry of Health
Islamabad

SUDAN

Dr Isam Mohamed Abdallah
Director General of International Health
Federal Ministry of Health
Khartoum

Dr Sheikh Idris El Sayed
Federal Ministry of Health
Khartoum

SYRIAN ARAB REPUBLIC

Dr Motaz Al Attasi
Syrian Arab Red Crescent Society
Damascus

Dr Abdel Kader Anka
Director of Emergency
Ministry of Health
Damascus

TUNISIA

Dr Hisham Abdel Salam
Director
Technical Unit
Ministry of Public Health
Tunisia

REPUBLIC OF YEMEN

Dr Ali Ahmad Sariyah
Health Emergency Preparedness
Ministry of Public Health and Population
Sana'a

International Organizations

European Commission Humanitarian Aid Office (ECHO)

Robert Watkins
Head
Regional Office for the Middle East

International Federation of Red Cross and Red Crescent Societies (IFRC)

Hossam K El Sharkawi
Regional Health Delegate

Fidel Font Sierra

Senior Health Officer, MENA and the Americas
Maternal and Child Health Care

United Nations Children's Fund (UNICEF)

Jacqueline Peters
Humanitarian Response officer
Regional Office for Middle East and North Africa

United Nations International Strategy for Disaster Reduction (UN/ISDR)

Haris Sanahuja

WHO Headquarters

Dr David Nabarro, Representative of the Director-General, Health Action in Crises
Dr Maurizio Barbeschi, Scientist, Communicable Diseases Surveillance
Dr Rayana Bu-Hakah, Desk Officer, Health Action in Crises

WHO Secretariat

Dr Abdullah Assa'edi, Assistant Regional Director, WHO/EMRO
Dr Fouad Mujalled, WHO Representative, Syrian Arab Republic
Dr Guido Sabatinelli, WHO Representative, Sudan
Dr Dorjgochoo Tsogzolmaa, Technical Officer, WHO/Afghanistan
Dr Saqer Salem, Technology Transfer Adviser, WHO/Jordan
Dr Assai Ardakani, Medical Officer, WHO/Pakistan
Dr Claude de Ville de Goyet, WHO Consultant, WHO/EMRO
Dr Juan Diaz, Temporary Adviser, WHO/EMRO
Dr Marcel Dubouloz, Temporary Adviser, WHO/EMRO
Dr Debarati Guha-Sapir, Temporary Adviser, WHO/EMRO
Mr Altaf Musani, Technical Officer, WHO/EMRO
Ms May El Sariakousy, Senior Administrative Assistant, WHO/EMRO
Ms Jihan Askar, Secretary, WHO/EMRO

Annex 3

**FUNCTIONAL AREAS OF RESPONSIBILITY
OF A DISASTER REDUCTION PROGRAMME/UNIT
IN THE MINISTRY OF HEALTH**

Promotion

- Promoting the adoption of legislation, policies and projects by other public or private sectors to reduce the risks to health and to facilitate the task of the Ministry of Health
- Promoting the inclusion of disaster reduction measures/activities into development activities of other programs/divisions of the ministry of health and the health sector
- Promoting the use of the latest scientific knowledge regarding disaster risk management
- Public education through mass media (television, radio and newspapers) and health educators in collaboration with other sectors

Development of norms

- Construction and maintenance norms and standards to mitigate the impact of conflicts or natural disasters on the health facilities in consultation with the relevant ministries
- Norms for contingency planning, simulation exercises and other preparedness measures in the health sector in consultation with the relevant ministries
- Standardization and validation of existing plans (for instance, hospital disaster plans)
- Monitoring and evaluating mitigation and preparedness activities in order to incorporate lessons learned into existing norms and standards
- Providing lists of essential drugs and supplies for emergencies
- Assisting in the development of protocols for telecommunication (internet, radio...)

Training

- Assessment of current needs and offer in training for disaster preparedness, mitigation and response in the health sector
- In-service training of health personal (from prevention to response) with special focus on managerial issues
- Inclusion of disaster management in the curriculum of pre and post graduate schools in health related sciences

- Preparation of training material for presentation of health related topics in training of other sectors (planning, engineering, foreign affairs...)

Coordination - liaison with other agencies

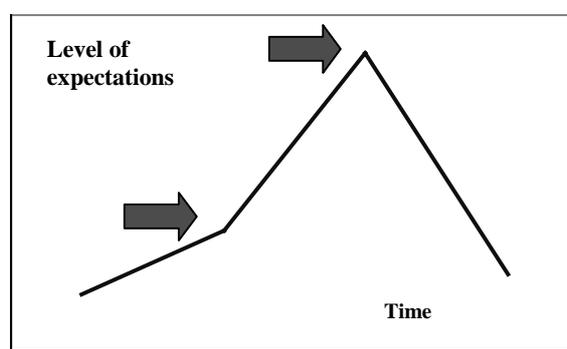
- Coordination within the health sector and with civil protection, civil defence or other agencies with multisectoral responsibility
- Coordination with disaster focal point, unit or commission in other sectors (Congress or Parliament, foreign affairs, public works, private sector...)
- Coordination and collaboration with disaster programmes/units in health sectors of the neighbouring countries, as permitted by circumstances
- Liaison with humanitarian organizations at national or international level (bilateral, UN agencies, Red Cross and Red Crescent societies and NGOs...)

Mobilization of the health response in case of disaster

- Assisting in the mobilization, operational coordination and support to the health response in case of natural, technological or man-made disasters
- Assessment of needs and active dissemination of this information through holding meetings and developing web sites
- Mobilization of financial resources, formulation of projects and quality control for response and rehabilitation

Annex 4**EXPECTATIONS AND PRIORITIES****Managing our expectations – the way forward**

As a part of the conclusion of the technical consultation, participants were asked to address their expectations of WHO to ensure this initiative/programme is sustainable in the Region and at country level. An illustration was presented to the participants which stressed that as a result of this consultation the level of expectations have been considerably raised and WHO's role and responsibility (with support from regional/global agencies/organizations) is to meet this challenge (capacity building for countries in disaster preparedness and response). The figure below represents the level of expectations raised as a result of the discussions from the technical consultation. The arrows illustrate that the level of expectations from Member States and agencies to develop regional and national capacity for disaster preparedness and response is significant. WHO should ensure that these expectations are met. The challenge is to prevent the decline of interest, commitment and expectations over time. The table below reflects the general consensus and priority of key issues and expectations raised as a conclusion of the technical consultation.



Key issues and expectations raised by participants	Priority
This is a development process that takes time (5 years is a measurable time-frame); share ownership and accountability; maintain momentum; work together	+++++++
Countries to embark on a planning process for disaster reduction and risk management	++
Agencies/organizations to ensure strategic and organized approach of disaster preparedness and response (DPR) for national capacity building	++++
Agencies and organizations at all levels to establish clear mechanisms of coordination and collaboration (also roles and responsibilities)	++
Enhance telecommunications during a disaster	
Collectively raise the issue of disaster preparedness and response to the highest level (Regional Director, Ministers of Health, etc.); increase awareness and advocacy	++

Ministries of health to make links with other line ministries and organizations at country level (national societies and civil defence/protection)	+++
Respective ministries of health in the Region to establish and/or enhance unit/programme of disaster preparedness and response with a focal points	++++
Develop key policies at country level (who does what, lines/roles)	
WHO to develop standards/guidelines for needs assessment, monitoring, etc.	+
Follow up future regional meetings with all countries in the Region	+
Build partnerships at regional and country level, ensure links with UNDP	++++++
Develop hospital plans and address chemical accidents	
WHO to establish a product base which involves service and support to clients (MOH)	++
WHO to build internal capacity and take lead role in health DPR	++
Circle of WHO–MOH, (you ask, we provide); MOH can review and revise JPRM for 2004–2005	++
WHO to provide technical support Ministry of Health DPR focal points	++
Share experiences from countries of the Region (what works and what doesn't); capture lessons learned; conduct evaluation and monitoring	++
Establish centre for information dissemination and management (database, etc); essential information must filter down to community level	+++++++
“Training is key”; build a cadre of skilled individuals at country and regional level; evaluate of training needs at country level	+++++++
Translate training and other materials into local languages	++
Share information for awareness and advocacy; “push and pull” theory with WHO network for more awareness and advocacy about DPR, develop promotional materials on health and DPR and provide information for policy-makers and decision-makers	+++++++
Bring on board the donor community from the start	++