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WHO/EMRO REGIONAL WORKSHOP
= ON
HEALTH ASPECTS OF EMERGENCY PREPAREDNESS
AND RELIEF IN COMMUNITY DISASTERS

REPORT

16 - 21 February 1985
Baghdad, Iraq

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REPORT OF WHO/EMRO REGIONAL WORKSHOP ON HEALTH ASPECTS
 OF EMERGENCY PREPAREDNESS AND RELIEF IN COMMUNITY DISASTERS

Baghdad, 16-21 February 1985

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I. Introduction

Within the WHO programme of training for disaster preparedness, a regional Workshop was held in the Eastern Mediterranean Region, in Baghdad from 16-21 February 1985, with the collaboration of the Government of Iraq. The theme was "Health aspects of emergency preparedness and relief in community disasters".

1. The objectives of the workshop were:

1.1 to transfer knowledge and promote exchange of information between health officials and other scientists or planners concerned regarding emergency preparedness for disasters and disaster relief coordination;

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1.2 to identify the health problems and managerial deficiencies following natural disasters and discuss technical solutions;

1.3 to provide elements for the establishment of national focal points for disaster relief coordination in the health sector;

1.4 to promote an appropriate approach to the management of disaster-related health problems based on the systematic assessment of needs and optimal use of local and other resources;

1.5 to plan and discuss promotional activities, e.g. courses, workshops, meetings, relevant to the participant's country.

Eleven participants from ten Member States of the WHO Eastern Mediterranean Region attended the workshop together with the representatives of the host government and WHO staff. The agenda, programme and list of participants are attached.

The workshop was officially opened and addressed by the Minister of Health. Messages were read from the Director-General of WHO and from the Director of the WHO Regional Office for the Eastern Mediterranean. Dr Felix Jurju was elected Chairman, Dr Altaf-ur-Rahman Vice-Chairman and Dr Olavi Elo Rapporteur.

2. The discussions relevant to the objectives and title of the workshop were focussed on the following topics:

- 2.1 Community public health problems in disasters;
- 2.2 Identification of needs and degree of community involvement in disasters;
- 2.3 Health aspects in disasters and their management;
- 2.4 Management of population displacement and its sequelae in disasters and disaster preparedness plans.

The workshop divided into two working groups and, in the light of the presentations of the participants, guest speakers and of the studies presented discussed the following:

- (i) Data and information needs;
- (ii) Increased risks to health in a disaster;
- (iii) Immediate and medium term health supplies and shelter;
- (iv) Disaster preparedness plans;
- (v) The role of the community.

11. Conclusions and recommendations

The following conclusions and recommendations were agreed upon.

3. General

3.1 Emphasis should be placed on disaster preparedness through community action and involvement within the primary health care system.

3.2 There is a need to develop the scientific aspects of disaster preparedness and management has to be planned within the normal development of the country, particularly in countries at risk from any type of disaster - natural, technological or man-made.

3.3 This approach is aimed at self-reliance of the country in disaster management, including the ability to seek any necessary external help based on sound information.

3.4 A common approach to all disaster situations is necessary to simplify planning and to facilitate prompt and adequate management of disaster situations through the normal infrastructure of the country and as much as possible within its available resources.

3.5 There is a general national disaster plan of which the health disaster element must be an integral part. Within these plans, management of health aspects must be the

responsibility of the health sector; the roles and responsibilities of the health sector have to be clearly defined as included in the conclusions and recommendations of this report.

3.6 An efficient and clearly defined management chain should exist in the health sector and coordinated communication within and between all sectors are of utmost importance in disaster situations.

3.7 Since the community is the focus of any action in disaster preparedness, the plan should define the role of the community in simple and clear terms, including information collection, communication, and community action, etc.

4. Community/basic elements for disaster preparedness programmes

4.1 Information

Information of general nature concerning the population at risk, its environment and service facilities, has to be complemented by specific information on all health related problems.

(a) Of particular importance in preparing for immediate response to a disaster is the information on local communities, through community profiles.

(b) This local information should be collected on simple forms by the local people on a routine basis, to be continued at the time of a disaster to facilitate prompt assessment of needs and evaluation of the action taken.

(c) Communicating information on local conditions to other levels and, in turn, receiving support by the local community, is a prerequisite for coordinated planning and coordinated action.

4.2 Epidemiology

(a) Identification of needs depends on the community profile as supplemented by other data.

(b) Standards and indicators should be established for organizing disaster management; changes in demography, deaths and injuries, water, food and shelter. Follow-up should be practical and simple to facilitate care of vulnerable groups and evaluation of the effectiveness of countermeasures.

(c) Epidemiology is essential to enable the community to develop standards and indicators for its action and should be based on all the relevant elements as contained in the community health profile.

(d) This approach will help indicate the interrelationship between types of disaster elements common to them; to identification of vulnerable groups; and assess the effectiveness of countermeasures.

4.3 Services

4.3.1 Based on the existing infrastructures, management of disaster situations concentrates on two levels: the immediate intervention at local community level which initially has to cope with the situations, supported by the central/regional level management and referral system. It is imperative to initiate the central level action immediately to enable it to respond rapidly and efficiently to the community's needs.

4.3.2 Although disaster situations may vary widely, the disease patterns do not differ greatly from the normal situation, except that:

- injuries and deaths will be high;
- health services facilities may be damaged;
- malnutrition problems may become major in some slow-developing disasters;

- in longer term displacements, with disruptions of water and sanitation, the potential of epidemics may arise, but even here the major communicable diseases to be feared are the diarrhoeas.

4.3.3 To counter the possible health hazards, the preventive measures should be based on the existing systems, through the primary health care approach.

4.3.4 Management of population displacement, in the immediate phase, must be based on locally-available measures; to be prepared as early as possible for additional supplies in such situations, standard drug kits, possibly food and shelter materials should be available from emergency stockpiles of government and from external sources;

The following are the elements which must be included to ensure that the health of the community is maintained:

4.3.5 Health services

- (a) Primary
- (b) Secondary

- Provision of first aid
- Triage/evacuation/ambulance
- Health facilities
- Supplies and equipment
- Maintenance of ongoing health services

4.3.6 Environmental

- (a) Sanitation)
- (b) Water)
- (c) Shelter) develop standards and/or guidelines
- (d) Psychological) similar to WHO drug standards
- (e) Sociological)

4.3.7 Communication systems and transportation

4.4 Public education

The community, especially in disaster prone areas, should be educated about the health problems of the risks involved:

- (a) This education should involve all the community, the public, the professionals, leaders and politicians in all sectors and at all levels.
- (b) The population should be made aware of what it can do itself individually or as a community, and what it can expect from the authorities and other assistance.
- (c) The media should be involved and should receive appropriate information so that they can help diffuse public education.
- (d) All known public education methods and channels should be utilized to promote the above-mentioned elements.

4.5 Training

- (a) Primary health care workers should be trained in tasks to be carried out in the case of a disaster. Periodic and updated training, including in-service training, should include simulation exercises.
- (b) Although the responsibility for training rests upon the local community, the health aspects are the responsibility of the health sector.

(c) Training programmes should be based on the conclusions and recommendations of this and other similar reports by WHO.

5. Specific recommendations

5.1 As established for standard drugs and emergency clinical equipment, WHO should advise the appropriate organizations in developing emergency standards for food, shelter and other health-related supplies.

5.2 Establishment of regional disaster advisers in WHO with mechanisms for support to countries in disaster preparedness and relief.

5.3 WHO should promote standard organizational models and data base for guidance to countries planning their own disaster management systems:

5.4 Member States should be encouraged to develop their own standard health kits based on the WHO Emergency Health Kit.

5.5 Member States should be encouraged to stock locally available foods of high nutrient value, such as dates, olives, raisins, etc., according to the produce of the country.

5.6 Workshops and training courses should be further developed by WHO on general disaster management and specific problems such as technological disasters, volcanoes, etc.

5.7 To ascertain their practicality of these recommendations should be applied on a trial basis in one of the most seriously-affected countries in the region.

5.8 Member States are encouraged to ensure that a focal point for disasters and their health aspects exists in the country.

WHO/EMRO REGIONAL WORKSHOP ON HEALTH ASPECTS OF
EMERGENCY PREPAREDNESS AND RELIEF IN COMMUNITY DISASTERS

Baghdad, 16-21 February 1985

AGENDA

1. Opening of the Workshop
2. Public health and community problems in disasters: An overview
3. Identification of needs and degree of community involvement in disasters
4. Learning from experience: Case studies
5. Health aspects in disasters and its management
7. Working group sessions for:
 - (a) Identification of basic components of disaster preparedness plans
 - (b) Development of guidelines for coordinated multisectoral activities for action
 - (c) Plan of operation
8. Coordination :
 - (a) International
 - (b) Regional
 - (c) National
9. Recommendations
10. Evaluation by participants
11. Closing ceremony.

WHO/EMRO REGIONAL WORKSHOP ON HEALTH ASPECTS OF
EMERGENCY PREPAREDNESS AND RELIEF IN COMMUNITY DISASTERSBaghdad, 16-21 February 1985PROGRAMMESaturday, 16 February

- 08.00 - 09.00 - Registration
- 09.00 - 09.30 - Opening session
- Inaugural address by H.E. The Minister of Health,
Dr Sadek Hamid Alwash
- Message from Dr Hussein A. Gezairy, Regional Director,
WHO Eastern Mediterranean Region
- Message by Dr S.W.A. Gunn, Responsible Officer, Emergency
Relief Operations, WHO/Geneva
- 09.30 - 10.00 - Coffee break
- 10.00 - 10.15 - Election of officers (Chairman, Vice-Chairman, Rapporteur)

Session I: Public health and community problems in disasters
(Chairman: Dr Felix Jurji)

- 10.15 - 11.15 - Community public health problems in disasters: An overview
(Dr Marc Parent)
- 11.15 - 11.30 - Discussion
- 11.30 - 12.30 - Communicable diseases) (Dr Felix Jurji)
Epidemiology)
- 12.30 - 13.00 - Refreshment break
- 13.00 - 14.00 - A community approach to disaster preparedness (Dr J. Jones)
- 14.00 - 14.30 - Discussion

Sunday, 17 February 1985

- 08.00 - 09.15 Session II: Identification of needs and degree of community
involvement in disasters (Chairman: Dr S.W.A. Gunn)
- Summary of previous session (Dr O. Elo, Rapporteur)
- Health
- Displacement (Dr O. Elo)
- Environmental (Mr M.A. Mullick)
- Communication, information and psychic aspects (Dr Zuhair Al Muktar)
- 09.15 - 09.45 - Questions and discussions
- 09.45 - 10.15 - Coffee break
- 10.15 - 11.45 Session III: Learning from experience: Case studies
- Earthquake (Dr M. Parent)
- Drought (Dr O. Elo)
- Flood (Dr Al-Hammami)
- 11.45 - 12.15 - Refreshment break
- 12.15 - 14.15 - Two working groups: 1. Data & information needed
2. Increased risks to health in a disaster
- 20.00 - 22.00 Dinner/reception by H.E. the Minister of Health

Monday, 18 February 1985

- 08.00 - 08.45 Session IV: Health aspects in disasters and its management
 (Chairman: Dr M.I. Al-Khawashky)
- Summary of previous session (Dr E. Elo, Rapporteur)
 - Plenary session: Presentations of working papers
- 08.45 - 09.30 - Communicable diseases and surveillance (Dr M.I. El-Amir)
- 09.30 - 10.00 - Coffee break
- 10.00 - 10.30 - Water and sanitation problems: An overview (Mr Khader Elias)
- 10.30 - 11.00 - Case study from Yemen earthquake: 1982 (Mr M.A. Mullick)
- Management of medical emergencies in disasters
- 11.00 - 11.30 - Emergency care on site of disaster (Dr Sabah Al-Jaber)
- 11.30 - 12.00 - Transportation of casualties in disasters (Dr Mudhaffar Habbouche)
- 12.00 - 12.30 - Refreshment break
- 12.30 - 14.30 - Evacuation and rescue operations (Dr Saif Kassim)
- Emergency preparedness at primary health care level (Dr J. Jones)
 - Hospital disaster preparedness (Dr M.I. Al-Khawashky)
 - Discussion

Tuesday, 19 February 1985

- 08.00 - 08.45 Session V: Management of mass population displacement and its sequelae
 in disasters (Chairman: Dr Kamal Mustafa)
- Summary of previous session (Dr O. Elo, Rapporteur)
 - Displacement (Dr O. Elo)
- 08.45 - 09.30 - Nutrition and drought (Dr Adel Aref)
- 09.30 - 10.00 - Coffee break
- 10.00 - 10.45 - Drugs and supplies (Dr S.W.A. Gunn)
- 10.45 - 12.00 - Presentations by participants
- 12.00 - 12.30 - Refreshment break
- 12.30 - 14.30 - Working session on above (2 working groups)
1. Immediate and long-term health supplies
 2. Immediate and long term shelter supplies

Wednesday, 20 February 1985

- 08.00 - 08.45 Session VI: Disaster preparedness plans
 (Chairman: Dr M. Parent)
- Summary of previous session (Dr O. Elo, Rapporteur)
 - Plenary session: reports of the working groups
- 08.45 - 09.30 - Basic components of disaster preparedness plans (Dr J. Jones)
- National, regional and international coordination and development
 development of guidelines for multisectoral activities for
 action (Dr S.W.A. Gunn)
- 09.30 - 10.00 - Coffee break
- 10.00 - 12.15 - Working sessions on above subjects
- 12.15 - 12.30 - Refreshment break for preparing report
- 12.30 - 14.30 - Plenary presentation and discussion of working groups' conclusions

Thursday, 21 February 1985

- 08.00 - 09.30 Session VII: Evaluation, conclusions and recommendations
 (Chairman: Dr S.W.A. Gunn and Dr Felix Jurji)
- Review of all the sessions and draft summary
 - Evaluation and analysis by participants
- 09.30 - 10.00 - Coffee break
- 10.00 - 10.30 - Discussion and conclusions
- 10.30 - 11.00 - Conclusions and recommendations finalized
- 12.00 - Closing ceremony

WHO/EMRO REGIONAL WORKSHOP ON HEALTH ASPECTS OF
EMERGENCY PREPAREDNESS AND RELIEF IN COMMUNITY DISASTERSBaghdad, 16-21 February 1985LIST OF PARTICIPANTSI. Country participants

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Ministry of Health
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Engineer Mohammed Ali Abdul Ameer
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Baghdad
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Dr Suleiman Al-Bedour
Orthopaedic Surgeon
Al Abashir Hospital
Amman
Jordan

Colonel Dr Altaf-ur-Rahman Khan
Director
Medical Services
Chief Commissionerate for Afghan
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Islamabad
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Dr Adel Mustafa Ramadan Yusuf
Chairman
Urology Department
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Riyad
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Dr Abdul Kadir Khalil Shire
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Dr Samir Ben Yahmed
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Director of Preventive Medicine

Dr Mudhaffar Habbouche
Ministry of Health

Mr Suhail G. Awsad
Ministry of Health

Dr Saif Kassem Amin
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M. Khader Elias
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Dr Adel Aref
Nutrition
Ministry of Health

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EMERGENCY PREPAREDNESS AND RELIEF IN COMMUNITY DISASTERS

Baghdad, 16-21 February 1985

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Mr Abdul Redha Abbas
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Ministry of Public Health
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Colonel Dr Altaf-ur-Rahman Khan
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