

Build Capacity

Developing systems and training in context and need : An evolving process

Background

In general, the issues affecting the public health workforce are the same for the health workforce in health emergencies given that emergency preparedness and response is integral to their public health function:

- Imbalance in distribution and skills mix;
- Lack of training and opportunities for training-
- Most training courses focus on the response phase; limited training opportunities exist for preparedness and no reported course for the recovery phase or the whole spectrum of risk management;
- Standards for training are largely absent;
- Quick turnover of staff in the emergency management area;
- Poor working conditions especially at sub-national level; and migration of health workers.

At national/provincial/state level (MOH) sometimes there is no formal programme for preparedness & response and usually a lack of coordination is experienced across various sectors.

Clear identification of roles across the different health professionals, standard terms of reference, and competency models have also not been well established in MOHs and line agencies of countries.

Clear identification of roles for emergency risk management among different health professionals, terms of reference and competency models are needed



How the PHEMAP programme impacted on response ?

The case of the PHEMAP graduate from Ampara General Hospital, Ampara, Sri Lanka

Tsunami was a concept known to a few people in the Region, but the process of dealing with such a disaster was largely unknown. In December 2004, the tsunami killed 12 500 people in Ampara district. Ampara General Hospital was the tertiary care institution in all of Sri Lanka that managed the highest number of tsunami victims.

Based on the concepts introduced during the "Public Health and Emergency Management in Asia and Pacific" (PHEMAP) course conducted by WHO-SEARO (through its Emergency and Humanitarian Action programme) together with WHO WPRO and the Asian Disaster Preparedness Center; a graduate of this course held three workshops in Ampara General Hospital for medical consultants, medical officers, nurses, paramedics and minor employees. The course increased the participants understanding of the natural and man-made disasters, disaster management and its cycle, community participation, triage, pre-hospital casualty management and accident/emergency (A/E) care.

The following results emerged:

- Internal and external triage for disaster management
- Opening of disaster management command centre
- Opening of new accident and emergency treatment unit
- Training of the community in dealing with disasters

Impact

As a result of the preparedness measures, when the tsunami struck on 26 December 2004, the Ampara General Hospital staff were well aware of what their duties were. A total of 1 015 patients were admitted to the hospital immediately after the tsunami. More than 4 000 patients received treatment from the outpatient department. Of these, only 17 died in the aftermath of the tsunami.

Due to the preparedness measures put in place in advance, the hospital was well able to manage any scale of disasters, including the 2004 tsunami.





PHEMAP: Regional approaches to National Applications an example for an approach

In 2001, the Asian Disaster Preparedness Center (ADPC) in Thailand was approached by the WHO Regional Offices for South-East Asia (SEARO) and the Western Pacific (WPRO) to organize and deliver a course on public health and emergencies for Member States of the two Regions. The programme is called Public Health and Emergency Management in Asia and the Pacific (PHEMAP). Within this framework, courses will be offered at inter-regional level for senior MoH staff and, at national level for local MoH

staff. Since then, the course has had regular offerings for the past 10 years. The curriculum also has gone through several revisions and one is ongoing at present.

Since then there have been 122 graduates from the various SEAR countries.

With the inter-regional course as the framework course for improving skills of staff responsible for emergencies in the health sector, other training programmes are designed out of this. WHO has supported national PHEMAP courses. WHO-SEARO has assisted in adapting the courses and also partly



in the delivery. In countries WHO partners with academic and national institutes to further adapt, develop and deliver the course.

In the South-East Asia Region, two countries are developing a national PHEMAP course, these are Bhutan and Sri Lanka. In Sri Lanka there have been 125 graduates since the national course began in 2006 with five offerings since. The graduates have been involved in the post-conflict response and feedback provided confirmed that the course has been very useful in their work.

For Bhutan the first national PHEMAP course was conducted in November 2011 with 32 graduates from the various districts of Bhutan. The graduates are all involved in further implementation of the contingency plans for the health sector and the next steps for preparedness.

At present India is reviewing the course and embarking on adapting it and implementing it through identified institutes in the country.

Other training initiatives and needs

Since humanitarian reform was instituted in 2005, WHO also started a training programme for health cluster coordinators. This training was conducted in the Region in November 2010 in order for people in the Region to have easier access to the training programme. Thirteen participants attended from SEAR countries to orient themselves with the process and roles of health cluster coordinators.

As training needs and competencies for emergency risk management of human resources for health are evolving and need to be designed according to systems of countries, newer ways of upgrading skills and systems should be thought of and put in place. WHO, in the South-East Asia Region, together with other partners will be looking at various ways of capacity development in the coming years.