

Training

THE FIRST responders - the community - must be encouraged and trained to cope with disasters, but this cannot be the responsibility of the Panafrican Centre. It lies with the people of the country who themselves have been trained and understand the importance of disaster preparedness and work for its prevention.

Disaster preparedness has almost no limits as disasters described by WHO are "occurrences that cause damage, ecological disruption, loss of human life, deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community".

Following the evaluation of 1989 activities, priority has been given to preparation of training materials for member countries such as: educational materials, documentation collection and distribution, network building between African Universities and specialized centres. Nevertheless the formal training has continued in the WHO Panafrican Centre for EPR. In 1990 focus has been on training in the Health Sector Management of Technological Disasters. Such focus is due to the fact that the incidence of pesticide poisoning is

disproportionately higher in developing countries than in the industrialized world. Insecticides account for the greatest proportion of pesticide use in developing countries; these are also the most toxic compounds. There are no reliable statistics. Poisoning cases in developing countries are vastly under-reported. In Sub-sahara Africa, pesticide donations make up an estimated 80% of all pesticide imports.

The human significance of a chemical disaster is measured by the number of people exposed to toxic levels of the substance and the health hazards at the various levels of exposure. The health effects are measured in short-term (acute) illness, mid-term recovery and rehabilitation or disability, and longer term (chronic) disorders or risk of incidence of latent disease (e.g.) cancer.

African Workshop on Health Sector Management in Technological Disasters

The workshop was held in Addis Ababa, Ethiopia from 26-30 November 1990 organized by the WHO Panafrican Centre for Emergency Preparedness and Response, the WHO Collaborating Centre for EPR FINNPREP, the International Programme on Chemical Safety (IPCS) and WHO Global Programme on Emergency Preparedness and Response.

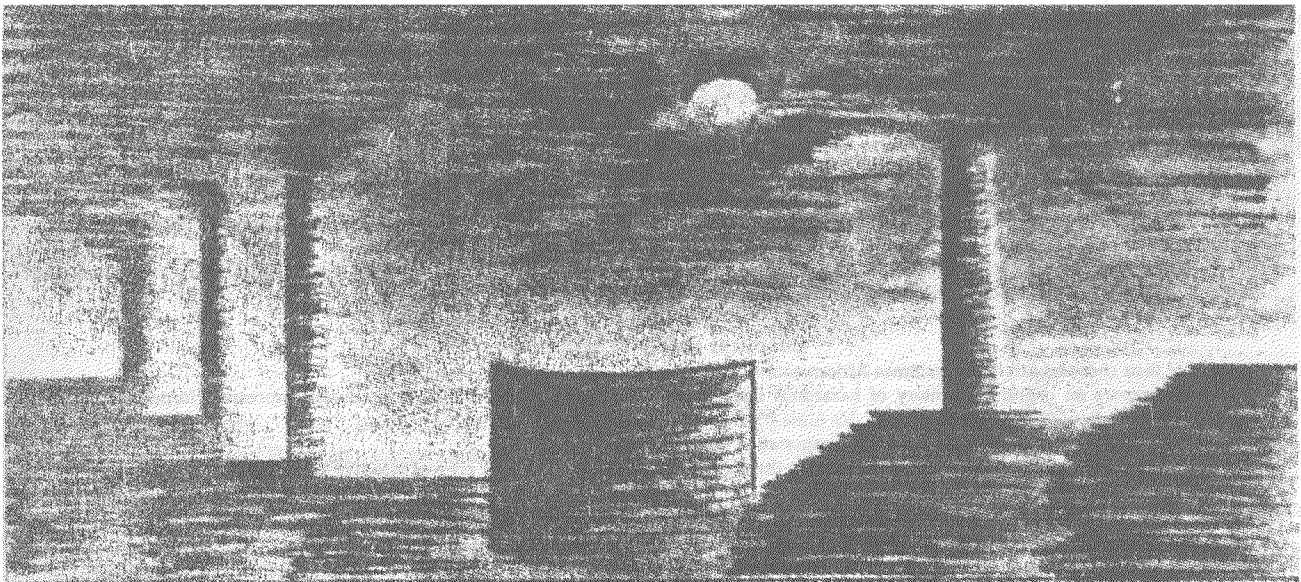
The purpose of the workshop was to examine the African situation in relation to chemical accidents/disasters. What are the typical hazards in Africa, how they can be identified and analyzed. What are the preventive and preparedness measures that

should be taken. How to carry out hazardous materials emergency planning in Africa. One specific topic was: needs to stockpile equipment and drugs to be used in response for chemical disasters.

The workshop facilitated a forum for discussion and exchange of experiences on environmental health hazards caused by technological disasters in developing countries. 26 participants attended primarily from African countries while 12 resource persons were invited from African and industrialized countries. This comprised a total of 20 different nationalities being present to deliberate for the week. Dr Calvani in his

opening address stressed the fact that the theme of the workshop had been carefully and purposefully chosen with the sincere hope that by catapulting the side-effects of the process of development and industrialization into the lime-light and helping countries to be prepared, we would be able to prevent the terrible tragedies resulting from technological accidents that have occurred elsewhere in the world. A total of thirty eight papers were presented and the proceedings of the workshop are being compiled.

Dr Getachew Tadesse, the Ethiopian Vice Minister of Health in his address to the opening session stressed the need for serious consideration of the hazards of the new technologies which are as yet not a major event in the African Member States. However, in view of the boom of development that is expected on the continent this would constitute a great threat to our people and our environment.



"Fatalism is no longer acceptable; it is time to bring the full force of scientific and technological advancement to reduce the human tragedy and economic loss from natural disasters." Dr Frank Press, Implementing the IDNDR

"This is the excellent floppery of the world. We make guilty of our disasters the sun, the moon and the stars, as if they were villains by necessity, fools by heavenly compulsion..."

King Lear, Shakespeare

The Concluding Recommendations of the African Workshop on Health Sector Management in Technological Disasters

General

- 1 Chemicals, both man-made and of natural origin, are being used everywhere in African countries, eg agriculture, cottage industry, mining and mineral processing and the domestic and commercial sector. The workshop considered that priority should be given to the development of safer technologies, rather than dealing with the consequences of hazardous technologies.

Findings of the Workshop

- 2 Recognizing the growing incidence of poisoning from exposure to these chemicals and the growing number of multiple fatalities. Recognizing further that many countries have established mechanisms to deal with natural disasters, few have the capabilities to respond to technological disasters.
- 3 The awareness of chemical safety and the risk of chemical accidents is generally lacking in African countries. Knowledge on diagnosis and patient management of victims of chemical accidents is often not part of the training of the medical community in African countries.
- 4 The causes of poisoning cases are often not known but hospitals in African countries are observing a growing number of such cases. There is a void in the international arrangements of the medical response to chemical emergencies and a lack of adequate mechanisms to allow rapid national action to assist in management of such emergencies.
- 5 In general there is a lack of research in Africa into problems, resulting from technology.
- 6 The increasing use of a growing variety of toxic chemicals and the increasing number of poisonings being observed in African countries calls on authorities to give immediate consideration to emergency preparedness and response to technological disasters.

Recommendations to Member States

- 7 All African countries are recommended to establish their own chemical safety programme as well as a national disaster preparedness and response programme.
- 8 It is recommended that each country ensure that chemical emergency preparedness and response is part of their chemical safety programme and their national disaster preparedness and response programme.

Chemical Safety Programme

- 9 As part of their chemical safety programmes African countries should:
 - (i) prepare an ongoing inventory of hazardous installations where toxic chemical may be produced, processed, formulated, stored, transported, used or disposed
 - (ii) establish a registration system for the importation of all chemicals
 - (iii) ensure through appropriate legislation that there are no deficiencies which will prevent effective surveillance.

Disaster Preparedness and Response Programmes

- 10 As part of their national disaster preparedness and response programmes African countries should:
 - (i) establish a coordination mechanism for chemical disasters, with a standing sub-committee of relevant agencies and authorities
 - (ii) designate a national institution responsible for chemical emergency response and a national focal point for cooperation with other countries in an emergency
 - (iii) the risk targets should be mapped and included with the local preparedness and response plans for cooperation in the event of the risk of major chemical accidents

Facilities for the Prevention and Treatment of Poisonings

- 11 It is recommended that each country establish a national poison information centre.

Education and Training

- 12 Training is essential at all levels in countries where chemical safety and emergency preparedness and response programmes are implemented.

Intersectoral Cooperation

- 13 Many different agencies and various professional bodies should be involved in the prevention, preparedness and response to chemical accidents.

Recommendations for International Cooperation

- 14 The workshop recommended to the WHO Regional Director for Africa to bring to the attention of the OAU Conference of African Ministers of Health the recommendations of the workshop with the view to adopting its implementation in the African member countries. Also its subsequent transmission to the OAU Council of Ministers and assembly.
- 15 The value is recognized of international cooperation in providing guidance to Member States in encouraging training and human resource development, in providing evaluated information and in establishing mechanisms for cooperative action to respond to major emergencies.

WHO, the Emergency Preparedness and Response Programme (EPR) and the International Programme on Chemical Safety (IPCS) are recommended to undertake the following activities:

- (i) prepare a guidance document on strengthening the capabilities of African countries for chemical emergency preparedness and response, for adoption by the African Regional Health Committee
- (ii) establish and strengthen intra- and inter-regional coordination mechanisms for chemical emergency response
- (iii) establish a roster of experts available to provide assistance to Member States on request at a time of a chemical emergency
- (iv) develop a training programme and organize courses for coordinating personnel working at Ministerial Poison Centres and other institutions responsible for chemical emergency response, particularly the health aspects of conducting simulated exercises.

Health Information System in Areas Affected by Health Emergencies Eritrea Autonomous Region, Ethiopia

There are clearly many constraints in attempting any comprehensive Health Information System in over populated areas affected by health emergencies. However, the need for such an approach remains. Surveillance elements, such as nutrition evaluation, outside the city of Asmara, included in the original project's plan of action were not feasible or likely to be accurate. Hence, the Regional Health Department (RHD) in Asmara and the WHO Panafrican Centre for EPR, have agreed that the strengthening of the Health Information System (HIS) in the Eritrea Region will be phased in according to local conditions.

The present approach to strengthening the HIS in Eritrea is mainly focused on teaching in computer use and training in computerization. Training has already begun in Addis Ababa for three personnel from the

RHD Asmara with an introduction to computers, word processing and dBase. This is a six weeks course which began in December '90. Upon the arrival of the computer equipment ordered for the programme in Asmara the personnel will receive further practical on the spot training in Asmara by a consultant from the WHO Panafrican Centre.

Close cooperation is continuing and developing between the Regional Health Department and the Central Statistics and Planning Office of the Ministry of Health in Addis Ababa, with the aim of coordinating the Regional Health Information System in Eritrea with the guidelines used at national level. Contact has also been made with the Italian Medical Team and UNICEF personnel working in Asmara. There is an agreement on the training component in modular form, involving both agencies.

Training in EPR for the Francophone African Countries

Negotiations are now ongoing with French, Canadian and the Belgian cooperation to make available, training and information services on EPR in the Centre Africain d'Etudes Supérieures en Gestion (CESAG) in Dakar.

CESAG is already cooperating with WHO in other health related training activities funded by CIDA. The negotiations are in their final stages as CIDA and the Belgian cooperation have already pledged their contribution. The activities suggested for the French speaking countries could therefore start at the beginning of 1991. All the documentation has already been transmitted to the Senegalese Ministry of Health for their clearance.

The course will focus on the most important aspects of health emergency preparedness, with the objective of "training a trainer". From the experience of the first course held in Addis Ababa in June 89, it is hoped that this course will reach even deeper levels in the understanding of emergency preparedness. Emphasis will be placed on assisting each country represented with the process of strengthening and/or establishing a coordinated body responsible in the event of disasters, and in encouraging a mechanism of dissemination of information. The principle of incorporating disaster contingency planning and prevention strategies into development programme planning will be included in the training course.

The goals of the course include:

- an open forum for national and international interaction on emergency preparedness
- planning and design in the event of national disasters
- practical experience in risk assessment
- organization of training courses

"Response to

...disasters in the world will improve only if the people themselves become involved in disaster preparedness programmes and disaster policy analysis thus having a say about protecting their own health. But involvement will not just happen."