



## **Mohammed Mahmoud Mahfouz**

Chairman  
Public Services Committee  
of the Shoura Assembly  
Egypt

Professor Mohammed Mahmoud Mahfouz is Chairman of the Public Services Committee of the Egyptian Shoura (Senate) Assembly. As Committee Chairman, he has recently been at the forefront of a process to draft a new policy for emergency management.

Professor Mahfouz also serves as Vice Chairman of the Medical Research Council of the Egyptian Academy of Science and Technology, Chairman of the Medical Education Committee of the Supreme Council of Universities, and Chairman of the Egyptian Society of Radiology and Nuclear Medicine.

He is a member of the board of the Cairo University, Faculty of Medicine, Emeritus Professor of Radiation Oncology and Nuclear Medicine at Cairo University, and has served as a board member of the Faculty of Medicine for several other Egyptian universities. He is a board member of the Egyptian Atomic Energy Establishment and Nuclear Energy Establishment.

Former Minister of Health of Egypt, Professor Mahfouz also served as Chairman of the Egyptian Red Crescent Society. He has received several awards, including the French "Chevalier de la Légion d'Honneur" and has chaired several cultural societies in Egypt.

In 1993, he served as national coordinator for the first international conference in Egypt on disaster preparedness, in collaboration with the World Health Organization and the International Civil Defence Organization. Professor Mahfouz received his medical degrees and subsequent specializations in Cairo and London.

## Coping with Disasters: A Culture in Egypt

*Egypt has millennia of experience and community traditions to cope with disasters. Coordinating government action on emergency management, however, is a task which requires political commitment and patience. In the wake of the 1992 Cairo earthquake, Egyptian government officials have been working to improve disaster prevention and preparedness. Inter-ministerial, "horizontal" cooperation among different government ministries is underway. Ministries are also looking to better integrate emergency management activities within their own sector.*

**E**gypt is a country which has been subject to a wide range of natural and man-made disasters. The country's 57 million people live in about 5% of the country's total surface of one million square meters. 95% of the country is arid and uninhabitable.

Even thousands of years ago, Egyptians were vulnerable to calamities. To cope with natural and man-made disasters — such as flash floods from the Nile River, drought from the Sahara Desert, conflicts and other catastrophes — Egyptians developed community traditions. As far back as the pre-monolithic period (7000-2000 BC), Egyptians offered non-human sacrifices to prevent disasters. As in other cultures, community traditions to cope with disasters were tied to religion. Both during and after that period, they perceived disasters as "acts of God." Egyptian communities, however, also adopted rational approaches based on teamwork to control disasters. For example, they identified safe settlement areas for communities and for important cultural buildings such as the pyramids.

The advent of spectacular development of science and technology during the 20th century brought a new dimension to what humankind can do to cope with disasters. With the emergence of new approaches and methods to deal with various disasters, the world has realized that disasters can be managed.

Egypt's approach began to shift half a century ago. As a result of World War II and the 1948 war, a civil defence concept was introduced, which was referred to as "mobilizing the country for war." After the peace treaty of 1979, that concept was modified to encompass management of crises and natural disasters, in order to "confront emergencies in times of war and peace."

The legislation, however, did not go far enough in addressing human and institutional behaviour problems associated with disasters.

The earthquake of October 1992 showed the weaknesses of disaster management in Egypt. The country did not have an established strategy and contingency plan for emergency management. There were few tested mechanisms for intersectoral, horizontal coordination in predisaster time, no overall coordination mechanisms at national and provincial levels, and no clearly defined roles and responsibilities among all partners involved. Disaster relief services were marked by competition and confusion among public entities, NGOs and

other partners, instead of complementarity and cohesiveness. International assistance added to the confusion.

## ■ Investing in the future

On the basis of lessons learned following the 1992 earthquake, many steps were taken to correct the weaknesses in disaster coping mechanisms. The following key messages were addressed:

- Emergency management should be an integral part of the development of the community at risk.
- Emergency management must be a full partnership among all the community components, be they public, private, voluntary or the population in general.
- Mechanisms for mobilization, coordination and control have to be established through a careful, participatory process

The key players (health, social welfare, the interior and defence ministries, the research academy and the Red Crescent Society) agreed on two basic principles. that a well thought-out master plan addressing disaster prevention, mitigation and preparedness was needed; and that this plan

could be produced only through strong cooperation among all concerned ministries. The planners knew this would take time and patience, and they were willing to give those.

On the basis of this master plan they were to draft functional plans to be carried out by each service (health, social welfare, interior, public works, etc.) These functional plans would be integral parts of the main plan.

The aim of this strategy was to eliminate the proliferation of uncoordinated plans produced by each sector, i.e. health, research and civil defence.

## ■ Achievements to date

A thorough report entitled "About a National Plan to Combat Natural and Man-Made Disasters" was adopted by the Shoura council" (Senate).

A national intersectoral conference was organized in November 1993. It was co-sponsored by the World Health Organization (WHO) and the International Civil Defence Organization (ICDO). Relevant ministry officials, academics, and NGO representatives participated. The conference produced a document entitled "National Policy and Strategy for Emergency Management in Egypt" which was later endorsed by the Government. It also reached consensus on the issue of the Civil

Historical Evolution — Counter-Disaster Community Behaviour	
Reaction	Historical era
Instinctive reaction	<i>Prehistoric</i>
No human sacrifice, instinctive reaction, choice of safe settlement areas	<i>B.C. Ancient Egyptian Civilization</i>
Human sacrifice + instinctive reaction	<i>B.C. from Ashorian Civilization to Aztec &amp; Maya Civilization</i>
Spiritual dependence (fatalism) and later rational reaction	<i>Judaism, Christianity, Islam</i>

Protection Organization as the overall coordinating agency for emergency preparedness and response in Egypt.

Various committees are now working on the basis of this established emergency management policy to develop related emergency management tools

While doing the above, Egyptians came to realize that they are engaged in a real planning process very similar to what they do when developing socioeconomic plans. This interactive planning process has led to more than a written plan drafted in simple and precise terms

It has contributed to a better understanding of the roles and of various partners, strong emergency networks and greater public awareness

#### ■ Role of the health sector

Among traditional areas of responsibility in emergency management, the health sector has the most sensitive

responsibility during disasters — caring for people mentally and physically. Hence, the health sector has had a key role in the process of Egypt's development of its disaster management policy and strategy. While it participated in the overall planning process, it also has had the specific role of developing the health functional emergency plan

The various health disciplines (nutrition, emergency medical services, environmental health, etc.), the private sector (clinics, ambulances) and voluntary organizations (Red Crescent Society) are all involved in the development of this functional emergency plan. This illustrates the fact that public authorities are not the only players in emergency preparedness and response

While the Ministry of Health is the lead agency for health-related functions, it deals with other partners in planning for health emergency preparedness and response. In Egypt, health sector partners include:

- the Red Crescent Society (the main NGO in the country)
- other NGOs

Conceptual Milestones - Disaster Management in Egypt		
Year	Achievements	Concept
1911	Egyptian Red Crescent Society (Italian invasion of Libya)	Sociopolitical mobilization of NGO activity
1939/48	Department of Civil Defence	Mobilization of the country during World War II and Arab-Israeli conflicts
1979	Modification of the Civil Defence Act after Egypt/Israel Treaty (Ministry of Interior)	Emergency management for natural and man-made disasters
1993	National plan to combat man-made and natural disasters in Egypt/Shoura Assembly Report	Involvement of constitutional and legislative bodies
1993	National intersectoral conference on disaster management (co-sponsors: World Health Organization, International Civil Defence Organization)	National policy and strategy for emergency management in Egypt