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WHO collaborating centres

The Fiftieth World Health Assembly,

Recognizing that in order to exert global health leadership in the twenty-first century in the current budgetary context the Organization must make every effort to create the broadest possible network of “partners for health” in order to make full use of all the skills available at country and regional levels; and to seek new resources and make optimum use of them in order to fulfil its tasks in the twenty-first century within the framework of the new strategy for health for all;

Aware that the collaborating centres represent a source of expertise that deserves to be better utilized and promoted;

Thanking the Director-General for the work accomplished in coordinating the network of collaborating centres at present in existence,

1. URGES Member States:

- (1) to support and develop national centres of expertise so that they may meet the criteria to become a WHO collaborating centre;
- (2) to inform WHO of the existence of these centres of expertise;

2. REQUESTS the Director-General:

- (1) to strengthen the cooperation between WHO and its collaborating centres in priority areas;
- (2) to undertake a situation analysis concerning the existing networks of collaborating centres:
 - (a) to prepare a review of designations and terminations since resolution WHA33.20 and submit it to the Executive Board in January 1998,
 - (b) to review the definition of the functions of the collaborating centres and the procedure for their designation and redesignation;
 - (c) to explore the arrangements between WHO and the collaborating centres, including the option of working through contracts;
 - (d) to review the procedures for and frequency of evaluation of these centres with a view to their redesignation or termination.

- (3) to take steps to promote and encourage the emergence of a larger number of collaborating centres in the countries concerned by WHO's priorities and to foster capacity-building programmes in these centres;
- (4) to explore organizational mechanisms within WHO at headquarters and regional level and the various possibilities of funding to ensure the best support for and coordination of the network of centres;
- (5) to report on his findings and recommendations to the 101st session of the Executive Board in January 1998.

Eighth plenary meeting, 12 May 1997
A50/VR/8

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Disasters Preparedness.

WHO Collaborating Center duties

The duties as WHO Collaborating Center for Disaster Preparedness are:
Support the WHO Programs and policies at global and regional level;
Assist the elaboration of plans for environmental disasters;
Develop methodology and training promotion for the technological disasters prevention, with monitoring drills and audiovisual material;
Institutional support in response to chemical accidents;
Publish teaching material for chemical emergency response; and
Institutional support in response to chemical accidents;

Work Plan of Activities

In order to accomplish with the CC duties a lot of work was realized, according with the work plan:

Production of slides and audio visual teaching material for chemical accidents preparedness;
Production of guidelines for emergency plans;
Course; Preparedness of health services for chemical accident response;
Internet participation with CETESB Collaborating Center Home Page; and
Visits to Latin America countries and meetings with the authorities involved in chemical accidents for planning cooperation activities.

Activities

The following activities were developed during the last years:
Publication about the coordination of actions in the response to chemical accidents.
This teaching material was used in emergency response drill courses for the people involved in the transportation of chemical products;
Participation as a professor of the Regional Course for planing, prevention and response for chemical accidents in the Latin American and the Caribbean Region, that was held in Costa Rica , November 1993;
Report for the PED about the situation related the preparedness for chemical accidents, in some of the South America countries;
Participation as lecturer in the Regional Seminar on Preparedness for chemical emergencies and disasters that was held in Mexico City- Mexico, October 1996;
Participation as a coordinator with PAHO, Civil Defense Police of the So Paulo State and other institutions in the 1st. Latin America Disasters Management Forum, at SENAC, São Paulo, Brazil, October 1997;
Participation in the in the 1st Meeting of PAHO/WHO Collaborating Centers in Brasilia, Brazil, November 1997;
Participation in a meeting(at SENAC) with Dr. Jorge Grande , USAID/OFDA for Argentina, Brazil, Chile and Uruguay Representative for discussion and elaboration of slides in chemical accidents;
Participation with CIQUIME in the 2nd Latin American Conference on Chemical Accidents. Buenos Aires, Argentina, November 1997; and
Technical paper about the PAHO/WHO/PED activities to be published in 1998 by FIOCRUZ/ Minister of Health, Brazil.

1. BACKGROUND

The role of WHO in emergency and humanitarian action is to support and enable national and international agencies working in emergencies, and in post-crisis transitions to apply the best health practices. This technical normative function covers the areas of disaster prevention, emergency preparedness, assessment, response, recovery and finally, evaluation of the impact of humanitarian health assistance.

In recent years, the growing number of natural and man-made disasters throughout the world has challenged WHO to expand this role, and to make optimal use of the expertise and resources that are available for disaster prevention and health emergency management.

The strategy of the WHO Division of Emergency and Humanitarian Action (EHA) is hinged on the principles of partnership, coordination and collaboration. The stronger involvement of the Organization in this domain demands renewed efforts so that the energy, knowledge and resources of all partners are combined in a coordinated approach to keep pace with the growing challenges and responsibilities. In order to achieve greater coherence in agencies' approaches to assist countries to tackle public health aspects of emergencies, WHO/EHA has expanded its range of partnerships. Since 1996, nine new Collaborating Centres for emergency and humanitarian action have been designated.

The WHO/EHA collaborating network includes now a total number of fifteen centres, representing a wide range of expertise, that covers the various components of health emergency management, and that have essential contributions to make in supporting and strengthening the capacities of member countries in preparedness and response.

Resolution WHA50.2 of the Fiftieth World Health Assembly of May 1997 requested the Director-General, inter alia, to undertake a situation analysis of the entire network of WHO Collaborating Centres and to strengthen their cooperation with the Organization in priority areas.

Several meetings of WHO Collaborating Centres for Emergency and Humanitarian Action were conducted between 1985 and 1998, at the regional level, which proved to be appropriate instruments for initiating and coordinating joint activities.

Thus, in line with resolution WHA50.2 and based on regional experience, WHO/EHA resolved to hold a global meeting of its Collaborating Centres, in order to streamline the institutional framework and the mechanisms for a more effective partnership, and to bring the Collaborating Centre's capabilities to bear upon related priority areas of work for the period 1998-99, such as:

- the production of manuals and training
- information systems and networking

- coordinated research and production of guidelines for improved health relief in emergencies.

The organization of this meeting has been made possible through partial funding from a project supported by the UK/Department for International Development and the United Nations (UN), entitled "Guidance on Good Public Health Practice in Emergencies".

2. OPENING SESSION

Professor S.F. Goncharov, Director of the All Russian Centre for Disaster Medicine "Zaschita" of the Russian Federation was elected Chairman of the meeting, Dr S.W.A. Gunn, Director of the Mediterranean Club for Burns and Fire Disasters, Italy as Vice-Chairman and Professor Debaraty Guha-Sapir, Director of the Centre for Research on the Epidemiology of Disasters (CRED) as Rapporteur.

The agenda of the meeting and the list of participants are attached in annex I and II respectively

The meeting was opened by Professor S.F. Goncharov. The participants were then welcomed by Dr J -P. Menu, Chief, Development and Coordination WHO/EHA, Mr V.I. Malishev, Vice-Governor of St. Petersburg, Dr S.V. Trifonov, Representative of the Russian Government, Mr A. I. Efremov, Representative of EMERCOM of Russia and Professor Y.L. Shevtchenko, Chief of the Military Medical Academy of St. Petersburg

3. SUMMARY OF PRESENTATIONS BY WHO AND COLLABORATING CENTRES

After thanking the local hosts, Dr Gunn presented the scope and purpose of the meeting. The Collaborating Centres were invited to focus on the areas of research, information and training, and to elaborate on how to strengthen their partnership with WHO/EHA and between themselves.

On behalf of Director EHA, Dr Menu presented the Division, its mission statement, core functions, structure and activities, and the responsibilities of its various units. The Collaborating Centres are an important part of the WHO/EHA strategy. Today, the Division has 15 Collaborating Centres. Their expertise ranges from preparedness planning to civil-military cooperation for humanitarian assistance. Looking at their plans of work, 10 Centres appear to be involved in training, eight in information-clearing, six in producing guidelines, 11 in research, while five provide technical consultancies and nine work at developing preparedness plans.

Dr Fernicola presented the CETESB Centre of São Paulo. CETESB is a state agency and works in the field of prevention, preparedness and response against environmental - especially chemical - hazards. As a Collaborating Centre, CETESB coordinates its

activities with the Regional Office for the Americas/Pan American Sanitary Bureau (AMRO/PAHO). Activities include risk-analysis, planning, training, research, public counselling and technical assistance in Brazil and elsewhere in the Americas. CETESB also deals with standardization of terminology, production of guidelines and teaching materials. The Centre has its own home-page on Internet.

Professor Nath presented the All India Institute of Hygiene and Public Health, New Delhi. The Institute is one of the national centres for emergency preparedness and response in East and North-East India. It collects and disseminates information on disasters and preparedness programmes, elaborates training methods and materials and runs training programmes. The Institute also provides technical assistance in risk-mapping, preparedness planning, need assessment and management. There are plans to decentralize training, and to strengthen community education and research.

Professor Guha-Sapir gave an overview of CRED, Brussels. CRED is an academic institute of the Catholic University, Louvain. CRED works on the health and socio-economic aspects of major emergencies. Fresh attention is being given to human resources development and management. Activities include training, country planning, operational research, communications/information and need assessment. CRED runs several emergency-related databases and maintains a library of 11,000 titles, cross-referenced and computerized. As a newly designated WHO/EHA Collaborating Centre, CRED foresees to concentrate on information systems, research, training activities, and technical services.

Professor Nemitz described the Centre for "Préparation aux situations d'urgence" located in the Department of Emergency Medicine of the University Hospital of Amiens. The main objective of the Centre is to prepare health services for emergency response through the provision of education information and expert networking. The Centre's main fields of activity are medical emergency care, education, training in emergency and disaster medicine and research. The Centre plans to organize a diploma course on medical rescue, to provide expertise, and to disseminate research results and knowledge.

Dr Florez-Trujillo presented the Centre for Emergency Preparedness and Disaster Relief of the University of Antioquia, Medellin. The Centre promotes university-level education and research for emergency management. Thus, the Centre furthers the integration of the discipline in academic curricula, supports teaching, provides technical assistance to universities in the area of disasters and emergencies, circulates information about relevant courses, and produces training and educational material. In 1998, assistance to universities will be strengthened through a web-page, and the feasibility of electronic distance learning will be further explored, to be used by universities at undergraduate level.

Professor Goncharov and Dr Kipor presented the All-Russian Centre for Disaster Medicine "Zaschita", Moscow. "Zaschita" is a top institution of the All Russian Disaster Medicine Services (ARDMS), which is a public health system integrated in

the Russian Emergency Services. ARDMS includes 89 regional centres, 1,067 regular and about 7,800 irregular units coordinated by regional headquarters. It is headed by the Russian Minister of Health, and is managed by the Federal Inter-departmental Commission. Emergency health management in the Commonwealth of Independent States (CIS) is the responsibility of the Coordination Council of Disaster Medicine Problems. "Zaschita" functions as an All-Russian and Euro-Asian coordinating centre. As such, it provides services for emergency management, training, research and information in Russia and CIS countries. On-site medical care is one important function of "Zaschita", and can be offered to any country in need.

Professor Gunn presented the Centre for Prevention and Treatment of Burns and Fire Disasters, of Palermo. The Centre promotes high standards of burn care and works in the field of prevention, treatment and rehabilitation of burns. Activities include health education, training of specialists, collaborating with industry for preventing fires, explosions, toxic spills and pollution, and research. The Centre also produces guidelines and manuals for the field, and computerized materials for distant learning and consultation. Professor Gunn informed the participants that an International Association of Humanitarian Medicine has been established. He invited those interested to join.

Dr Rogers reported on the Centre of Excellence in Disaster Management and Humanitarian Assistance, Hawaii. The Centre's mandate is to facilitate civil-military operations and cooperation, through integrated training, research, information management and operational readiness. The Centre has a full-time staff of 17 persons, and a worldwide network of 120 additional experts. It collaborates with many universities and with Centres for Disease Control and Prevention (CDC), Atlanta, and has trained 4,000 individuals from 26 nations in 60 events. The Centre also runs the Pacific Disaster Management Information Network, which produces distance-education and other materials on CD-ROM, hosts electronic discussions, provides software development and supports customized information brokering. The Centre is assisting the Health Intelligence Network for Contingency Planning (HINAP) of WHO/EHA and is developing a web-site to disseminate information on Collaborating Centres.

Mrs Musset presented the Fondation Mérieux, of Lyon. The Foundation is a leading institution in the field of sera and vaccines. Its activities cover the areas of epidemiology, immunology, public health, and emergent diseases. The Foundation supports countries and international organizations in organizing training and scientific meetings, and information management for international health and humanitarian health activity. Through Bioforce, the Foundation trains 100 specialists every year in logistics for nongovernmental organizations (NGOs) involved in humanitarian action. In Lyon, the Foundation has created a European Centre to prepare doctors and paramedicals for humanitarian interventions. The Fondation Mérieux has recently been designated as a WHO/EHA Collaborating Centre for Humanitarian Health Advocacy.

Dr Boroschek reported on the Centre for Disaster Mitigation in Health Facilities, based at the Faculty of Physics and Mathematics of the University of Chile, in Santiago. The

Centre specializes in disaster mitigation in health facilities and water systems. The Centre develops methods and procedures for vulnerability assessment. It prepares guidelines and manuals, conducts research, and disseminates information. It prepares training materials and organizes courses. It provides technical consultancies and maintains a web-page with access to inter-linked library systems, and a roster of experts. The Centre suffers from financial constraints. Like other centres in developing countries, it needs assistance in resource mobilization and support to develop international links and activities.

Dr Blount reported on the Centre for Emergency Preparedness and Humanitarian Action based at CDC/Atlanta. The Centre develops public health prevention and preparedness programmes and contingency plans. The Centre offers technical assistance in emergencies: rapid health assessment, development of information systems, epidemic control, surveillance and programme evaluation. Training, one of the Centre's most important functions, has been provided to many different countries, institutions and organizations. Research focuses on two areas: early detection of public health emergencies and higher quality of emergency response. The Centre has well established partnerships with the UN, Government Agencies and NGOs, and is developing with WHO/EHA the HINAP project. A new activity in the Centre's agenda is emergency preparedness and response to the spread of new or altered pathogens

4. DISCUSSIONS

The discussion on the role of the Collaborating Centres in emergency health management opened by taking a systemic view. Research (or assessment) will look at a problem, e.g. an emergency situation, dissect it in terms of hazard(s), of factors of vulnerability and of gaps occurring between the capacities and the expectations (i.e. the needs) of the affected community. This will identify the remedial actions, and produce guidelines on scientific and operational criteria and the best practice for their implementation. For purposes of capacity building, general guidelines will have to be adapted to specific audiences and circumstances, elaborated (e.g. translated) and diffused in terms of a) training materials and methods and b) manuals that suit specific institutions and functions

Through this process, research provides inputs to operations. In the course or in the aftermath of operations, programme evaluation will lead to new or readjusted guidelines, - either directly or by stimulating more research - and the cycle will continue. Only information networks connecting all concerned can ensure that the system is a) activated by operational bodies, e.g. WHO regional or country offices, according to their needs, b) focused on priority problems and c) cost-effective in all its components.

Looking at the system as a whole, all WHO/EHA Collaborating Centres seem well placed to provide WHO with services at least in the components of research/assessment, training, evaluation and information networks.

4.1 Strengthening mechanisms of collaboration

Two working groups were organized in order to discuss collaborating mechanisms, accomplishments and shortfalls and make proposals for improvements in collaboration. The following is a summary of the major points discussed and recommendations made.

- 1) The prerequisites for effective networking of the Collaborating Centres are an organizational framework for coordination and monitoring as well as exchange of information.
- 2) A WHO document, giving the status of the Collaborating Centres and outlining their relationships with WHO, was circulated during the meeting. On their side, the participants shared the concern, expressed during the meeting of AMRO/PAHO Collaborating Centres in February 1998 in Dominica, that the work plans for the Collaborating Centres tend to be too comprehensive and therefore difficult to monitor. There was consensus and emphasis on the need for each Centre to readjust its work plans with greater focus on concrete global, regional and country priorities.
- 3) WHO offices need to have information on what services each of the Centres can provide. Also, for purposes of long-term capacity building or contingency planning for rapid field deployment, they need to know on what terms these services are available.

This information is not widely available to WHO offices. Ideally, WHO offices should have easy access to information on the profile and work plans of each Centre. The profile should, inter-alia, include the following data.

- skills inventory
- training calendar and conditions of access to courses, etc.
- area and type of research work
- experts' roster including biodata, CVs and terms of availability
- financial and administrative requirements for institutional collaboration
- Terms of Reference of current agreement with WHO/EHA.

A directory of Collaborating Centres, containing these and other essential data, would be an important networking instrument. A web-page seems to be the ideal tool for having this information available and updated. It was suggested that WHO/EHA - possibly through its HINAP programme - act as Gate Keeper for the in-coming information, and then diffuse it among WHO offices and other operational partners within and outside the UN system. The Collaborating Centre for Humanitarian Civil-Military Cooperation in Hawaii offered to develop a web-site open to all Collaborating Centres and to draft technical standards for its use.

The Collaborating Centres participating in the meeting complained that they did not know enough about each other. By maintaining an easy channel of communication between the Centres, the web-page would also contribute to make

the system more cost-effective, by enhancing each Centre's comparative advantages, facilitating cross-fertilization of ideas, mutual consultation, collaboration and coordination, and avoiding duplication of activities.

It is worth remarking that the need for greater information and enhanced communications had also been one of the major conclusions of the PAHO Collaborating Centres' Meeting in February 1998.

- 4) Some of the Centres, e.g. the universities, do not see themselves as properly suited for rapid response deployment. Nonetheless, participants felt it appropriate that WHO uses the services of the Collaborating Centre in this context. The humanitarian value of providing immediate support to the affected communities is self-evident. Furthermore, the Collaborating Centres may have an interest in a) being present in a high-visibility environment and b) in collecting direct experience for their own institutional growth.
- 5) Funding is a major concern to the Centres. There seems to be a degree of confusion between payment of services rendered, and funding of costs that the Centres see as related to their "collaborating functions" (i.e. travel for conferences, etc). WHO regulations on Collaborating Centres seem to be quite explicit in excluding any sort of payment in the line of 'Retainer Fee' (see document on Collaborating Centres)

As a matter of fact.

- when WHO/EHA needs services for research, preparation of manuals, country risk assessment, etc, the Collaborating Centres can be paid under a specific allotment and on the basis of specific agreements, such as Agreements for Performance of Work, etc.
- When WHO/EHA needs the services of Collaborating Centres for rapid response missions, funds can be mobilized by Director EHA through the Emergency Revolving Fund.
- When the Collaborating Centres develop projects that they feel deserve WHO funding, they should address their request to headquarters (HQ), on the basis of a specific proposal, copied to the relevant Regional Office

The Collaborating Centres do contribute to their region's health development, and it is WHO's mandate to strengthen the capacity of Member States. In this respect, Centres from less developed countries may qualify for WHO institutional assistance, irrespective of their working relationships with EHA. This type of assistance would fall under the responsibility of the WHO Regional Office concerned

On the other hand:

- once they have information on the services available, regional and country offices can consider contracting the Centres' services through their own budgets, as indicated above;
- even in the case of direct negotiations between EHA/HQ and the Collaborating Centres, the awareness and early involvement of the regional offices can greatly facilitate the process, e.g. the deployment of teams for rapid health assessment.

All in all, it would be in everybody's interest that contacts and links between Collaborating Centres and WHO regional offices be strengthened. EHA has a role to play in this, and the report of the St. Petersburg meeting can be an appropriate tool for this.

- 6) The need for the standardization of health emergency management terminology was stressed. It was recognized that the "Zaschita" Centre and the Centre for Prevention and Treatment of Burns and Fire Disasters have independently produced glossaries, and the participants endorsed the recommendations of the PAHO meeting that WHO/EHA Collaborating Centres participate in international efforts in this direction.

Nonetheless, it was reminded that a Draft Glossary had been already published by the United Nations Department for Humanitarian Affairs (currently the Office for Coordination and Humanitarian Assistance) in 1992, to which WHO/EHA contributed and that various other initiatives in this area are underway in various regions, seemingly unaware of each other. Once again, a greater exchange of information and coordination is called for.

The two Centres mentioned above took it upon themselves to study the issue further and make recommendations to WHO/EHA.

Recommendations

1. WHO rules governing the relationships with Collaborating Centres should be developed into a precise technical/administrative framework that facilitates coordinating and monitoring the Centres' activities and their networking.
2. The Collaborating Centres should review their work plans and make them more concrete and more clearly orientated to WHO/EHA priorities.
3. WHO/EHA should share with regional and country offices the information available on its Collaborating Centres and facilitate direct working relationships between them.
4. WHO/EHA should initiate the preparation of the Directory of WHO Collaborating

Centres for emergency and humanitarian action. The Directory should be updated bi-annually. The Collaborating Centre for Humanitarian Civil-Military Cooperation in Hawaii can assist in this direction, by developing a web-site accessible to all Collaborating Centres

5. WHO/EHA should consult and work with WHO regional offices at mobilizing external resources in order to ease the economic constraints of the Collaborating Centres cited in developing countries.
6. WHO/EHA should take a coordinating role in the elaboration of a new emergency management glossary. The Centre for Prevention and Treatment of Burns and Fire Disaster (Dr S.W.A. Gunn) and the Centre for Emergency and Disaster Medicine Management (Prof S. Goncharov) will assist WHO/EHA in this area.
7. More research and discussion are needed on the role of WHO/EHA Collaborating Centres in emergency response activities

4.2 Research and Guidelines

Major issues discussed

The group first discussed whether to limit their work to complex emergencies or to consider research in general on all emergencies. While acknowledging that WHO/EHA priorities for research focus on complex emergencies, it was felt that, in order to take full advantage of the Collaborating Centres' range of expertise, natural disasters and man-made emergencies such as chemical spills should also be considered.

The discussions focused on areas of research, types of outputs and methods. Priority research areas were felt to be disaster medicine and preparedness, i.e. management issues, the public health burden of disasters (epidemiology, surveillance methods) and public health action. Outputs could be guidelines, journal articles, manuals or electronically disseminated information.

By profiling and risk-mapping, research in disaster medicine could contribute to forecasting the health consequences of an event and the number of people likely to be affected. Requirements in manpower and resources should be estimated, and evacuation systems worked out. This would mainly involve compiling and making available existing information: who and what is available, what needs can be foreseen? Can they be met with available means? If not, are there mechanisms and structures that can be reinforced? How? (See also HINAP).

Research could also contribute to improving standards of medical care and public health emergency action in different settings: on-site, hospital, specialized institutions. A specific example was cited regarding vaccination in emergency settings: should a population be vaccinated against typhoid fever during an epidemic in an emergency situation?

WHO and the Collaborating Centres should define their respective roles in partnership for research. WHO can identify priorities, function as a clearing house, and facilitate the

dissemination of results WHO can be pivotal in the identification of funding agencies and establishing links among potential research partners WHO could give guidance on ethical issues and assist with training on how to conduct research in emergencies. The Centres could suggest areas of interest to WHO within the field of their expertise.

It would be helpful for WHO to have a precise profile of the expertise of the different Centres Specialization in a well defined area could be of great value WHO could then suggest preferential areas for research to be conducted, and assist in obtaining funds for specific activities through donor sensitization Dissemination of findings endorsed by WHO is of equal importance in conducting new research.

Adapting and updating a dictionary of disaster/emergency terminology, with appropriate translation terms, would make it possible to translate existing documents, manuals and guidelines into other languages, rather than duplicating research.

Recommendations

1. Use existing guidelines where possible. adapt, translate, revise
2. Guidelines/research on preparedness should look at advance planning (assess potential extent and impact of disasters and methods for stockpiling, management). Who and what is available, what needs can be foreseen? Can they be met with available means? If not, are mechanisms and structures set up to call in reinforcement
3. Possible research areas for emergency response are.
 - standards for medical care in different settings: on site, hospital, specialized institution
 - criteria for referral
 - public health action (e.g. immunization policy, criteria for decision making)
 - public health burden of emergencies and disasters (surveillance, economic analysis, modelling)
4. A precise profile of the expertise of each Collaborating Centre would be helpful for WHO Specialization in a well-defined area would make it easier to suggest topics for research to be conducted. While WHO cannot offer direct funding of activities, the Organization could assist Collaborating Centres through sensitization of donors for particular areas of work.
5. WHO and the Collaborating Centres should determine their respective roles in a partnership for research. WHO could identify priorities, function as a clearing house, and facilitate dissemination. WHO could be pivotal in the identification of funding agencies and establishing links among potential research partners. WHO could give guidance on ethical issues and assist with training on how to conduct research in emergencies. The Centres could suggest areas of interest to WHO within the field of their expertise
6. WHO should support wide dissemination of research output by a variety of means e.g.

guidelines and manuals, peer-reviewed journals, e-mail subscriber lists and Internet.

4.3 Health Information System

Major issues discussed

1. The group looked into the major information needs in emergency management, e.g. preparedness, hazard and vulnerability analysis for risk assessment, training needs, anticipation of types of health problems useful for preparedness/readiness and background health information for better contingency planning. As far as response is concerned, the priority remains rapid need assessment, which - at least in terms of comparison - would be facilitated by background health information on the pre-emergency situation. After the disaster, information can be provided through long-term research.
2. Another point discussed was how to improve access by all Collaborating Centres to Internet databases and electronic communications.
3. The working group identified the need for better communication among the Collaborating Centres and other parties who might be interested in requesting their services. The work of individual Collaborating Centres is not well known to other Collaborating Centres and other institutions/organizations and even less to the public.
4. Another point discussed was how Collaborating Centres could be facilitated in retrieving disaster-relevant information. In this context, it was observed that CRED has extensive databases on worldwide disaster history (1900 to present), country profiles and plans for a civil conflicts database. CRED also has an extensive collection of disaster library holdings in its documentation centre.
5. It was observed that the network of Collaborating Centres can provide an excellent vehicle for field staff and others to obtain rapid expert advice from a variety of institutions around the world including other Collaborating Centres.
6. One query raised was how to facilitate direct posting of disaster-relevant information to emergency web-sites that would be easily accessible by all the Collaborating Centres.
7. Discussing the global interconnection of all WHO/EHA Collaborating Centres, the issue of a web-site and the integrated e-mail discussion group planned by the Centre in Hawaii was raised. For instance, requests for technical assistance could be channelled via electronic means to the appropriate Collaborating Centre with expertise in that particular area.
8. Possible cooperative projects and linkages were also discussed.
9. Lastly, information systems, which serve as a decision-support tool for managing response to disasters, complex emergencies and transitions ("data for action" or "data

for decision-making") were also discussed.

Proposed Collaborative Lines of Work for 1998-99

1. The WHO Collaborating Centre in Hawaii is to develop a web-site to link all WHO Collaborating Centres for Emergencies and an integrated e-mail discussion group and to draft technical standards and editorial guidelines for their use.
2. The Hawaii Centre offers its technical expertise in information systems management to other Collaborating Centres on a consultative basis (e.g. advice on web-site design).
3. CRED offers to serve as reference point for other Collaborating Centres who can access its databases and documentation centre described above.
4. The group recommended that WHO/EHA Collaborating Centres participate in the meeting of global disaster documentation centres that is proposed to take place in 1998.
5. Information and communications technology focal points should be identified in all Collaborating Centres.
6. Collaborating Centres should serve as a source of background information that is relevant to WHO/EHA's health database on refugees (HINAP) and internally displaced persons (IDPs).
7. The group recommended that a survey be conducted on the computer/internet capabilities of each WHO/EHA Collaborating Centre.
8. The working group also recommended that the Collaborating Centres conduct a survey on priority information needs, during and after disasters.

4.4 Training and manuals Major issues discussed

1. The working group brought together a fair range of capacities and training experience: hospital preparedness (Santiago), chemical hazards (Sao Paulo), vaccinology (Lyon), mass casualty management (Moscow), epidemiology (Louvain), public health (Antioquia)
2. As far as training is concerned, there was consensus that emergency management is a growing industry. On one side, hazards and vulnerabilities (e.g. population, income gaps and assets at-risk) increase. On the other hand, people's awareness and expectations increase as well as the political and financial interests involved in prevention and relief. Can emergency management remain a discipline apart, or shouldn't we rather strive for realistic management, i.e. ensure that the risks and the potential for emergencies get due consideration in the mainstream of training for management?

- 2.1. Emergency Management Training must widen its audience, and become a routine

element of all professional education. This mainstreaming can in fact be best ensured by universities, that represent also the best guarantee of continuity of human capacity building. The AMRO/PAHO experience in this field, which started in 1988 with a special inter-country meeting, can be taken as exemplary. Recently, the University of Antioquia has started an online survey on opportunities for university training that links with other initiatives in which EHA is involved too

- 2.2. Having emergency health training accepted in an academic context will be facilitated by defining its place in the body of nursing and medical sciences. The Collaborating Centres can contribute to this exercise and give it credibility thanks to their academic standing. Comparing notes on the systematization of the discipline can be the first step towards joint curriculum development. For instance, the PanAfrican Emergency Training Centre (replaced in 1997 by the Emergency Health Training Project for Africa) structures its training in four sections. The first deals with overviews: definitions, approaches, health in emergencies, etc. The second covers functions and systems information, planning, international relief, etc. The third is specific: food emergencies, complex emergencies and civil emergencies. These three sections can be administered through workshops, but experience has shown that they need the support of a fourth one. This includes a range of general and specific topics (e.g. from nutrition to search and rescue techniques) that can either be a) required as trainees' background before their selection or b) integrated with the above, i.e. through short courses.
- 2.3. It was observed, however, that focusing on universities engenders the risk of losing sight of other needs. Training - for both disaster prevention and emergency management - is needed also and possibly most in non-academic settings: for communities and for service providers; for state and private sectors, for field operators, programme managers, experts and policy-makers. This type of training must be adapted to local situations and audiences, and calls for close linkages with operations, information systems and research. The question was raised whether the Collaborating Centres could provide services in this context. While some Centres felt that their working language may limit their range of action, others (CRED, Fondation Mérieux, and the University of Santiago at least) felt that they had the capacities to assist also at international level.
- 2.4. A final observation of the group was that there are vast capacity gaps between regions and countries. The countries that provide the biggest share of services for emergency relief also detain a degree of monopoly on training, only shared with international organizations. Indigenous capacities must be developed in the poorest (and most vulnerable) countries and regions. Here too, universities have a major role to play, at least in the long term. WHO should assist from the WHO regional offices. The WHO Regional Office for the Eastern Mediterranean and the WHO Regional Office for Europe agreed, and contributed an interesting point on the need for continuous training also for EHA regional focal points.

3. The discussion on manuals dealt essentially with the differences between these and

guidelines. There was consensus that guidelines are meant to deal with principles, whereas manuals deal with procedures adapted to the operator, the institution and the situation at hand: what to do and how to do it, if ... For instance, one guideline is "water for human consumption must always be safe"; a manual will deal with "how to provide safe water given the circumstances". Manuals are tools for self-teaching.

Manuals can address. a) actions, e.g. triage or rapid assessment, b) situations, e.g. immunizations for IDPs, and c) levels, e.g. emergency management at district or community levels. The experience of the manual for emergency health management in Mozambique (1990) was briefly discussed. First, a core team was set up with the Ministry of Health (MoH) and WHO staff, that established liaisons with MoH technical sections for specific assistance. The team looked at the situation, the needs and the actors. Scenarios were outlined and audiences were identified. Priorities were defined according to a) the IDPs' vital needs and b) MoH strategies and guidelines. This represented the "What to Do", and constituted the body of the Manual. Then came advising on "How to Do It", and this constituted the technical annexes. The process took a total of six months and produced in fact two manuals: one for Community Workers, the other for District Health Management Teams.

Proposed Lines of Collaboration

- 1 WHO/EHA and Collaborating Centres can work together at
 - curriculum development for training in emergency health management
 - promoting on-going university training by collecting and circulating the information on the courses available
 - fostering and assisting new university training by providing plans and syllabi, materials, access to documentation and trainers' time
 - facilitating inter-university collaboration
 - assisting universities in resource mobilization for training.
2. Joint curriculum development and other forms of direct collaboration will be greatly facilitated if the Collaborating Centres exchange information on their respective skills and experiences. Essential data should include the following
 - curriculum
 - calendar
 - language
 - formats
 - credits
 - costs
- 3 Likewise, by providing information on expertise and activities to WHO Regional Offices, directly or through HQ, Collaborating Centres can establish new working relationships on the basis of:
 - hosting regional trainees in their courses

- providing services to training at regional level
- assisting the development of regional academic capacities in emergency health management.

The results and recommendations of group work was discussed on the plenary session
Participants supported findings and group recommendations

5. CONCLUSIONS

The results and recommendations of the group were discussed and adopted in a final plenary session.

There was consensus that the meeting had offered a forum for a useful exchange of information, and that it had helped outline mechanisms and priority areas for more effective collaboration.

WHO/EHA Collaborating Centres reflect a variety of structures and mandates. The type of work that the Centres undertake and their funding mechanisms are equally varied. These differences in institutions, expertises and procedures pose as many challenges, if WHO/EHA is to take full advantage of the Centres' services for the development and implementation of effective emergency health programmes.

The work ahead requires addressing a number of issues in terms of mechanisms and methods.

The consensus among the Centres is to come together with WHO/EHA in a loose network. Appropriate mechanisms should be established for planning, coordinating, monitoring and evaluating the activities of this network.

Of course, a key pre-condition for the Collaborating Centres to contribute to WHO/EHA activities is that their work plans reflect the Division's priorities. The Centres plan of work should be closely linked to WHO/EHA programmes and projects to maximize their impact.

It is understood that the status of a Collaborating Centre, *per se*, does not imply any financial obligation on the part of WHO. Nonetheless it is also evident that possibilities for WHO assistance in capacity building must be explored for some prospective centres that are playing important roles at national and regional levels.

WHO/EHA will analyze the main findings of the meeting, elaborate appropriate mechanisms and try to address the major concerns and suggestions of the participating Centres.

The time and place of a second meeting of WHO/EHA Collaborating Centres should be defined in consultation between WHO/HQ, regional offices and the Collaborating Centres.