

THE REGIONAL PROGRAMME FOR EMERGENCY PREPAREDNESS

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1. PURPOSE

The purpose of this document is to summarize the Emergency Preparedness and Response (EPR) programme strategy and activities in the Eastern Mediterranean Region (EMR) and to give an initial estimation of the budget for the programme for the next six year period (1990-1995).

The document is meant to provide guidelines and to be a managerial handbook for the Eastern Mediterranean Regional Office (EMRO) and for the funding agencies, as well as for the WHO Collaborating Centres, to allow them all a common vision of the strategy of the programme and the planned activities. It will facilitate follow-up, control and evaluation of the programme by EMRO and the funding agencies.

The success of the programme can be evaluated by the number of Member States with national health emergency preparedness plans, and by the accuracy of the emergency response after a disaster. Other indicators for overall programme monitoring include: the number of training courses and workshops held, training materials produced, the number of consultants and temporary advisers recruited and the amount of funds disbursed.

2. INTRODUCTION AND SITUATION ANALYSIS

The Eastern Mediterranean Region is regarded as an area prone to disasters of both natural and man-made origin and of both sudden and gradual onset. Emergency preparedness activity is only beginning in this Region but the awareness of this problem in the health sector is growing in the Member States.

Within the last few years the general situation in many of the countries of the Region has been alarming. For example, large-scale losses, both human and economic, were reported from Sudan after the floods in August 1988, when the general situation in the country, already weakened by severe drought, still further deteriorated. The floods rendered two million people homeless in Khartoum and its surroundings. Drought has also caused serious consequences in Somalia during recent years; in April-July 1987 approximately 600 died and half a million were severely affected. Floods in Djibouti and Democratic Yemen in spring 1989 affected 150 000 and 260 000 people, respectively. Floods have occurred in Islamic Republic of Iran and earthquakes have also struck Republic of Afghanistan and Pakistan during recent years.

Man-made disasters have been a major cause of serious emergency situations in the Eastern Mediterranean Region in recent years and they have prevented any amelioration within the health sector. Wars, civil strife and riots in, Republic of Afghanistan, Islamic Republic of Iran, Iraq, Lebanon, Somalia and Sudan, as well as in the Occupied Territories, including the Palestinian population, have caused the deaths of thousands and injuries to even more. They have wrought havoc among health sector facilities as well as housing and basic community services, including power and water systems. Violence has also led to enormous refugee or displaced populations in Republic of Afghanistan, Islamic Republic of Iran, Lebanon, Pakistan, Somalia and Sudan.

Disasters do not only cause damage to the existing infrastructure but also, especially in developing countries, prevent any improvement in services and facilities and are detrimental to the economy of the whole country for a long period. Being adequately prepared to face an emergency of any kind therefore also means being able to continue development in the country with minimal disturbance.

The role of the health sector is of key importance for minimizing the deleterious effects of disasters upon the population. However, better results are achieved with adequate disaster-vulnerability-analysis and careful planning for emergency preparation. This means close cooperation with other sectors already in the preparedness phase, including prediction of emergencies based on different types of early-warning systems.

The Eighth General Programme of Work for the Eastern Mediterranean Region adopted by the Regional Committee in October 1986 demands that a Regional Programme for Emergency Preparedness be formulated to facilitate timely response to emergency situations. The recommendations of the Workshop on Disaster Preparedness and Health Relief Management, held in Hammamet, Tunisia, in November 1988, also include the formulation of a Regional EPR Programme.

By the end of 1988 two of the countries of the Region (Tunisia and Kuwait) had a national plan for emergency preparedness and response and six of the countries had plans for mass casualty management (Bahrain, Jordan, Kuwait, Qatar, Saudi Arabia and Tunisia). However, the larger and most disaster-prone countries of the Region still lack such plans. The type of disaster most probable in each country varies a great deal and a specific approach to the problem must be emphasized in each case. The low probability of natural disasters in some countries could be misleading and cause underestimation of the need for emergency preparedness planning in the health sector. Also, technological accidents are possible in the least developed countries, as elsewhere.

3. OBJECTIVES

3.1. General objectives

Increasing awareness of the need for emergency planning and preparedness activities is of primary importance, at both country and WHO level. At country level, EPR in the long run should be implemented in primary health services.

Developing self-reliance and responsibility for immediate action after casualties have been sustained, by supporting the establishment or strengthening of an emergency preparedness programme in the Ministry of Health in the Member States, is an essential aim of the programme for EMRO.

Targets are also to be set in terms of cooperation in the disaster-stricken country and between the different governmental and non-governmental relief agencies, so as to provide maximal aid to the victims of a disaster, whether it is of natural or man-made origin.

3.2. Specific objectives

EMRO's target is to support the Member States in formulating their national plans for the health aspect of emergency preparedness and management.

Designating a focal point in each country within the Ministry of Health for emergency affairs is important for rapid communication and cooperation.

Developing an emergency information data collection system to allow rapid access to disaster-specific information and to provide a means of information exchange between the countries and WHO, and also between the countries themselves, is essential.

National experts need to be trained in health relief management and a roster of Regional experts in EPR is to be developed and identified.

A Regional WHO Collaborating Centre is to be established.

A Regional emergency stock/store for use in disasters is also to be established.

4. COMPONENTS AND MAJOR ACTIVITIES

For practical purposes the programme is divided into ten different components; some overlapping is unavoidable, but this arrangement provides a clarified view of the programme as a whole. Great flexibility is allowed between the components, also in their budgetary aspect. Each component is represented here with its justification, objectives, and activities.

4.1. Overall programme management

4.1.1. *Justification*

The programme is multidimensional and complex, involving cooperation with many sectors and agencies; this justifies a distinct management and coordination component. The nature of the programme is technical and administrative apart from its political aspects.

4.1.2. *Objectives*

- To formulate and implement EPR strategies and policies in the Region according to the global programme.
- To plan and supervise all health emergency preparedness activities in the Region at country, intercountry and Regional levels in cooperation with other agencies, governmental or non-governmental, when necessary.
- To control and evaluate EPR activities in the health sector.

4.1.3. *Activities*

(a) Updating of Regional programme

The character of the programme demands rapid action when necessary and adaptation to the very sudden changes which sometimes occur in the needs for preparedness or management. This necessitates continuous follow-up of the programme and readiness to change or modify it so as to better adapt to changed priorities.

A plan of work for EMRO is to be prepared on an annual basis and revised when needed during the validity period. Accurate and timely response to the special demands of this programme are of prime importance.

(b) Monitoring and reporting

The financial Unit is responsible for book-keeping and accounting, as is general practice in EMRO. The flow of expenses will be monitored after an overlapping period of two years (1990-1991) by activity, component and also by country to provide the most effective utilization of the funds, both budgetary and extrabudgetary. Flexibility in the use of funds is to remain at a high level to allow adequate response to the needs of Member States.

(c) Coordination

Activities in this component include cooperation and coordination with other relief programmes and agencies, both within and outside the Region: of EMRO and HQ, with UNDRO, UNCHR, UNICEF, Red Cross-Red Crescent and other non-governmental agencies and donors. Particularly close contact will be sought with Regional donors including AGFUND, together with countries traditionally providing assistance in emergencies in the area, e.g. Canada, the EEC, Scandinavian countries and USA.

(d) Computerizing

Rapid response to emergencies will demand computerizing country emergency profiles and data-processing Regional emergency information. Demands for quick and reliable exchange of information in actual emergency situations will lead to a need for an electronic mailing system between the countries to be established within this programme period.

Providing updated information on training material will also need a computerized data-processing system.

Equipment for computer support is only partial and programmes for computer-based information processing are lacking as are communication facilities. However, computerizing will be started gradually during this six-year period.

(e) Staff training

WHO Representatives and other professionals involved in EPR play key roles in planning and management in actual disaster situations. Acquainting them with the programme will enhance fulfilment of the tasks involved in the programme.

Cooperation and coordination between all agencies in emergency relief operations will be in the first place the responsibility of personnel already present in the disaster-stricken country.

Systematic training of staff will be undertaken, both during WR briefing seminars and by regular country visits, with refreshment sessions already started during WR briefing in June 1989.

(f) New posts

New posts for EPR are needed to guarantee continuous and fluent operative capability and readiness in the Region. By the end of this six-year period the staff of the EPR Unit will consist of a full-time technical officer and a full-time secretary.

4.2. Support to national programmes

4.2.1. Justification

The EPR programme is young in this Region; in fact only two of the countries have an approved national EPR programme. The main priority is to develop national programmes in the Member States.

4.2.2. Objectives

- To provide necessary technical and material assistance to the countries in formulating their national EPR plans.
- To assist the countries in establishing or strengthening an EPR standing committee at the ministerial level in the health ministry.

4.2.3. Activities

(a) National programmes/plans

Technical advice and active support will be provided to the countries in developing their national programmes. Technical assistance is given both in the preparation phase and in developing guidelines adapted to country needs and to specific emergency situations. Assistance is provided also in evaluating the specific EPR needs of the country, including development of early warning systems to predict disasters.

Technical assistance could be in the form of country visits, recruiting a consultant, organizing a multidisciplinary country-level training course or workshop, or providing reference documents and other relevant material.

A national focal point for EPR will be designated and fixed for the health sector within the Ministry of Health in each country. This focal point will be the contact person in his/her own country for EPR.

Assistance will be provided in establishing or strengthening an Emergency Preparedness Unit/Office which would exist on a permanent basis, reporting to the official second-in-command to the Minister of Health and cooperating with other ministries. This unit should be responsible for coordination of health activities during times of emergency.

Developing curricula of health personnel will be supported and assisted in cooperation with health and education officials of the country concerned.

Cooperation between Member States in formulating their national-level programmes will be enhanced by arranging intercountry workshops.

(b) Country profiles

Together with national programmes, country-specific emergency profiles will be prepared and kept updated for health sector disaster information. Based on this information, a specific basic data collection mechanism will be established to allow subsequent dissemination of relevant emergency information to the Member States when needed.

4.3. Education and training

4.3.1. Justification

Manpower is the most important resource both in emergency situations and in preparedness, and developing the skills of national staff is crucial. Local knowledge and know-how, when achieved, will then be present immediately and can be used without any delay and without any adjusting to local conditions. This forms the first line of action when disaster strikes.

Continuous training with the aid of locally relevant teaching-learning material as a long-term process will lead to self-reliance in disasters and also provide a basis for Regional cooperation in emergencies, when needed.

4.3.2. Objectives

- To provide health officials of Member States with a common arena of training in disaster preparedness.
- To provide health and other officials involved in disaster preparedness at the Regional, national or institutional level with a source of reference and training materials as well as with scientific support in emergency preparedness.
- To provide support for education of the general public in disaster preparedness.

N.B. Special topics in this six-year period will be psychosocial aspects related to disasters, especially in the rehabilitation phase, and the International Decade for Natural Disaster Reduction.

4.3.3. Activities

(a) Teaching-learning Materials Clearinghouse

A reference library for emergency literature and data is to be established and continuously kept updated to provide information to Member States. This includes collecting relevant EPR data and information on references, both administrative and medical.

(b) Manuals and printed material

Modification and translation of WHO emergency booklets to meet needs in this area will be initiated. Publications on other Regionally important emergency topics will be produced in cooperation with WHO Collaborating Centres.

(c) Other teaching material

Production of audiovisual material in the form of series of slides and videofilms on Emergency Preparedness and Management will be initiated according to the needs of the countries, to be used at Regional and national level in EPR training. This is to be done in cooperation with the national focal points and the Collaborating Centres.

(d) Workshops and seminars

Intercountry workshops will be arranged on EPR for the national focal points and other key personnel together with Collaborating Centres and other emergency-oriented agencies. Training material based on these workshops will be published to be distributed to training institutes in Member States. Workshops on EPR will be targeted for focal points to allow exchange of intercountry experience and information on EPR. Assistance will be provided in arranging seminars at national level.

(e) Psychosocial aspects

Training material for health sector personnel to deal with psychological reactions and unexpected social situations in the event of a disaster, especially in the aftermath situation when such reactions can be expected, will be modified and produced for the Region. This subject will also be handled in training courses and workshops and be included in public education programmes at country level.

(f) International Decade for Natural Disaster Reduction

Special attention will be given to this topic during the Decade by arranging workshops and seminars. WHO training material on natural disaster reduction will be modified and distributed throughout the Region.

4.4. Mass casualty management

4.4.1. Justification

Mass casualty management and pre-disaster planning in hospitals and in other health institutions is the basis for successful national health emergency preparedness. Hospital disaster planning is encouraged in every country together with training for mass casualty accidents. In this component assistance and cooperation is sought between the countries of the Region, with some developed countries, and possibly with other organizations (e.g. Red Cross/Red Crescent).

4.4.2. Objectives

- To assist health services in developing self-reliance and the first line of action in disaster situations and to help health services to draw up their plans for emergency preparedness, both on-site in mass casualty situations and in hospitals by using their human and material resources in the most effective way.

4.4.3. Activities

Health services are encouraged to make their own mass casualty preparedness plans and technical assistance is provided. National authorities will be responsible for evaluating the development of the plans for single health service units.

Integration of health mass casualty management plans with emergency preparedness planning in other sectors (e.g. fire, police, transport services), is encouraged.

Intercountry cooperation is encouraged in preparedness planning. Exchange of experience and information in this component within the Region is also encouraged.

Technical cooperation in some special fields, such as hospital response to chemical accidents, planning for internal casualties in health facilities and on-site medical care, will be provided through consultants and short-term fellowship training in suitable institutions.

Some hospital disaster plans will be collected in EMRO for the EPR information library. Also, information on Regional experts and national key persons will be collected in EMRO for intercountry assistance.

Intercountry workshops will be planned for focal points and national key persons. Assistance for general workshops and training courses on mass casualty preparedness and training at national level will be provided.

EMRO/EPR staff will participate in scientific and medical congresses on emergency medicine and/or emergency management to benefit from recent research work and to seek cooperation with experts possibly available in disasters. Information on such congresses will be provided to national focal points.

A stock/store of emergency supplies is to be established within the Region for immediate use after a disaster. The use of the store is open to all Member States and its maintenance cost is to be divided among them. Access to the supplies is open to all the countries in an emergency situation. Users will replenish the supplies consumed.

This component will require short-term consultancy and possibly fellowships in addition to assistance to national workshops and training programmes.

4.5. Training of environmental health professionals

4.5.1. Justification

After a disaster has struck the few first days will pass with the main effort going into medical emergency relief. After these first days the changes caused by the disaster to the environment, leading to changes or modifications in the human surroundings, will start to have an effect on human life. In this later post-disaster phase, environmental health will become of main priority. Relief efforts for water supply, sanitation, needs for shelter and camp planning will then exceed efforts for immediate emergency medical care.

Vulnerability analysis and preparedness planning for these key functions in environmental health, in cooperation with other WHO programmes, are essentially important and must be emphasized at both Regional and national level.

The variety of problems includes: insect control and control of locust migrations, with the possible harmful effects of insecticides and also of herbicides widely used in this Region. Particular problem areas concern chemicals, especially petrochemicals transportation, and nuclear leakage or accident. Military use of chemical or biological weapons can test the Regional capability to deal with these emergencies. Access to safe water in disasters challenges environmental preparedness plans and cooperation between

different sectors. Prevention of epidemics, often due to poor environmental hygiene, and early detection of threatened outbreaks of diseases, are crucially important in the aftermath of a disaster.

4.5.2. Objectives

- To provide technical support to national emergency preparedness planning in the field of environmental health in cooperation with other WHO programmes (e.g. CEH, CWS, etc).
- To strengthen collaboration with the WHO Centre for Environmental Health Activities (CEHA) in Amman, Jordan, in preparedness and in evaluation of environmental health vulnerability.

4.5.3. Activities

- To provide technical assistance to Member States in cooperation with other relevant WHO programmes through short-term consultancies and fellowships as well as collaboration with CEHA.
- To contact national sanitary engineering and environmental health institutes for cooperation at national level.
- To assist in arrangement of Regional environmental emergency health workshops in cooperation with other programmes and the Collaborating Centres. To support national training courses together with other agencies.

4.6. Field assessment of health needs

4.6.1. Justification

In the immediate post-disaster phase, (a) getting adequate and sufficient information about the disaster-stricken area and (b) making reliable estimations of the losses in human life and lodging, and equipment still suitable for relief use, are extremely difficult operations and need special skills and training. Good assessment of the situation is the basis for all adequate response. Relevant estimation of the needs for relief supplies, medicines and other equipment is essential for timely response to disaster. Appropriate information in disaster situations is of primary importance for all relief operations. Developing and strengthening of communications and information exchange is encouraged at both national and regional levels to allow sufficient and rightly-timed response after a disaster.

Learning in actual disasters should produce a group of experts for future emergency preparedness, relief work and training. A Regional group of health disaster experts will be gathered and trained as a task force.

4.6.2. Objectives

- Participating in management and coordination of field operations in emergency relief.
- Special emphasis is given to strengthening of communications and information systems for better response to disasters. Methods of

assessment and evaluation will be improved. This will provide the relief decision-makers with better technical data in disasters and allow adequate and appropriate response in time.

- National and Regional experts will be selected and trained for disaster health relief work.
- Communications and information exchange with international agencies and donors will be strengthened under an emergency health coordinator in disasters.

4.6.3. Activities

Developing and strengthening exchange of emergency information will include evaluating and developing a simple disaster reporting system to be used and further developed in disaster situations. Assistance in this preparedness is given to countries.

Collecting and updating EPR information Regionally will include starting to develop electronic mailing systems for disaster preparedness and response use in the Region, as well as developing assessment and evaluation methods for emergency analysis and possible prediction.

A pool of emergency-oriented experts, both national and Regional, will be gathered and trained to give assistance in disasters. Their responsibility will be training of health personnel at national level for disaster preparedness and for on-site relief work. Regional institutions to provide assistance in emergencies will also be listed for early mobilization in disasters for both assessment and relief work, as well as to carry out scientific evaluation of disaster features.

Learning in actual disasters is organized in order to establish the group of Regional experts to be listed in EMRO.

Exchange of actual disaster experience is encouraged by collaborating with other regional offices, Collaborating Centres and some special scientific and medical institutions with interest in medical emergencies.

Assistance in rapid evaluation of the effects of the disaster is given, through consultancy or WHO staff members' activity.

4.7. Technological disasters

4.7.1. Justification

Man-made disasters are a major threat in the EMR; sound preparedness at all levels is therefore very important. These emergencies could be fire, explosions, chemical accidents on land or sea, nuclear accidents, hazards to dams or other structures; any such emergencies could result in great numbers of victims, possibly with special medical problems. However, rapid increase in urbanization will magnify the consequences of technological catastrophes, resulting in enormous losses. Rapid industrialization will add to the risk. These elements will challenge EPR programmes in a more serious and complex way than ever.

Special awareness and preparedness are needed for technological hazards although the general health emergency preparedness planning will, to a great

extent, respond to all kinds of disasters, both of natural and man-made origin. The national focal point and health relief coordinator will be provided with access to special information and expertise needed in technological disasters. A Regional system of speedy access to and exchange of information will be developed in cooperation with the Collaborating Centres and other specific institutions.

4.7.2. Objectives

- Increasing awareness of technological emergencies in the Member States and providing support to them in special preparedness for such disasters including public health implications and education of the public.
- Strengthening Regional cooperation in this field by enhancing information exchange, including information on the effects of chemical compounds, and possibilities for achieving field experience in disasters.
- Facilitating cooperation with Collaborating Centres and special institutions.

4.7.3. Activities

Assistance and support will be provided in analysing the risks of technological disasters occurring in Member States. Activities aimed at greater chemical safety will be supported.

Technological disasters will be included in national programmes, giving special emphasis to problematics in preparedness, according to the needs of countries.

Cooperation with Collaborating Centres and other relevant institutions has already started in this component and Regional workshops have been arranged on this topic. An emergency manual will be published in cooperation with Collaborating Centres.

Access to information systems incorporating knowledge of the effects of chemical compounds on man and the environment and cooperation with experts in this field must be sought and strengthened so as to ensure a rapid information source in case of a chemical hazard. Intercountry cooperation in this field is encouraged.

4.8. Refugees and displaced people

4.8.1. Justification

Displacement of large populations from their homes to temporary settlements often results in an enormous task for the existing health services. Usually, a special health service system with trained health workers is needed for such populations. These people sometimes lack the normal primary health facilities which may have been left intact in the original regions, if they ever existed. These conditions will encourage epidemics, often accelerated by poor planning of settlements with inadequate water supply and sanitation and lack of appropriate shelter.

The great variety of international agencies offering support to these people often lacks sound coordination and cooperation, both between themselves

and with local authorities. In refugee questions UNCHR and other specialized agencies take the responsibility for health services, WHO offering its assistance. Special attention should be paid to displaced persons who often fall into a gap in the health services, being neither locals nor registered refugees. In this field close cooperation with other agencies is especially necessary.

4.8.2. Objectives

- Assisting in identifying the health problems and needs of refugees and displaced people and contributing to improvement of primary health care delivery for these populations.
- Providing technical assistance in training health personnel for refugee/displaced populations. To assist in improving the health managerial skills of national workers, as well as those of international agencies and local and expatriate volunteers.
- Providing the countries of the Region with appropriate information on health problems related to this field.

4.8.3. Activities

Assisting in evaluation of specific health problems and health activities required in displaced/refugee populations through consultancy.

Assisting in development of national bodies for management in refugee situations.

Coordinating international agencies and donors with national health authorities.

Providing resources for training of PHC workers among refugee/displaced populations. Assisting in arranging seminars and workshops on special refugee/displaced population problems in cooperation with other agencies.

Encouraging rehabilitation planning and activities among refugee populations.

Collection of data and information on refugee problems in order to produce training material, as well as modification of WHO training material for use in this Region, will be initiated.

4.9. Cooperation with other regions

4.9.1. Justification

EPR activities have succeeded in other regions, especially in the American Region where a sophisticated level has been reached. Cooperation within WHO will provide EMRO with valuable experience from other regions. Exchange of experience in disasters would obviously enlarge the expertise available for all parties concerned.

4.9.2. Objectives

- Benefiting from experience within the EPR field gathered from countries outside EMR.

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- Cooperating and collaborating within WHO in establishing or strengthening Regional and national health EPR programmes.

4.9.3. Activities

Requesting consultant services on some special topics, such as building up national and Regional expertise groups.

Seeking collaboration in modification and translation of PAHO Emergency Health Manuals for appropriate use in EMR, and in other training and public education material.

Exchanging of EPR information through visits by EMRO EPR staff and national focal points to other regional offices or places of ongoing disasters in other regions.

Participating in interregional and global meetings so as to benefit from innovations and new ideas and guidelines in the field of emergency problematics.

4.10. Cooperation with Collaborating Centres

4.10.1. Justification

WHO Collaborating Centres will provide important and necessary assistance regarding many of the above-described components. Collaboration with them will allow the fulfilment of the above-mentioned tasks in the other components of this programme.

4.10.2. Objectives

- Increasing and strengthening cooperation with the different Collaborating Centres and seeking possibilities to widen the subjects of collaboration.
- Establishing a new Collaborating Centre within EMR.

4.10.3. Activities

Producing training and public education material and modifying existing EPR material for this Region.

Arranging workshops, training courses and seminars in close cooperation with the Collaborating Centres on subjects of major importance for the Member States, as mentioned in the above components.

An Arabic-speaking WHO Collaborating Centre with special interest in problems specific to this Region is to be established within the Region.

Collaboration in collecting and analysing disaster-related medical data and in evaluating such data. Research/studies should be carried out in disaster situations.

5. CONCLUSIONS

Emergency Preparedness and Response (EPR) is a complex and multisectoral programme requiring continuous cooperation with other WHO programmes as well

as with governmental and non-governmental agencies providing assistance in emergencies. Coordination of relief activities will be of major importance to EMRO, enabling it to provide the funding agencies with sufficient and appropriate information on EPR activities.

Allocation of funds for EPR purposes should be taken into account during the Joint Programme Review Missions in EMR countries. The Regional Office should enhance its activities in seeking funding for programme needs as the nature of the programme may lead to sudden changes in planned activities.

EMRO will have a great task during this six-year period in evaluating and, when needed, quickly changing its own EPR programme policy according to possible shifts in priorities. Great flexibility is to be allowed within the programme and a rapid evaluation strategy must be maintained to make timely reorientation possible.

An equally great effort is needed in supporting Member States in establishing and strengthening their national EPR programmes.

The continuous effort of Member States and EMRO in collaboration with other organizations supported by the funding agencies will aim at adequate and timely response to disasters and allow rapid and proper rehabilitation after disasters, reducing losses to a minimum in the Eastern Mediterranean Region, a Region vulnerable to various kinds of disasters and not yet ready to combat them with full capacity.

6. EPR PROPOSED PLAN OF ACTION FOR 1990-1995

Activity	1990-95	1990-91	1992-93	1994-95
Consultants, (total) months (by component:)	40	15	14	11
1. Overall Programme Management	--			
2. National programmes	12.5	6	4.5	2
3. Education and training	11.5	3	4	4.5
4. Mass casualty management	3.5	1	2	0.5
5. Environmental	1	--	--	1
6. Field assessment	6	2	2	2
7. Technological	1.5	1	0.5	--
8. Refugees	4	2	1	1

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Activity	1990-95	1990-91	1992-93	1994-95
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Workshops, (average two per year), per component:

1. Overall programme management

2. National programmes	3	1	1	1
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3. Education and training

3.3.5. Psychosocial	2	--	1	1
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3.3.6. IDNDR	1	1	--	--
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4. Mass casualty management	2	1	1	--
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5. Environmental	1	--	--	1
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7. Technological	2	1	1	--
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8. Refugees	1	--	--	1
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Training courses, national, in different countries, with different topics
(average 2 per year):

3. Education and training	12	4	4	4
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