

# PUBLIC HEALTH EMERGENCY MANAGEMENT COURSE EXPLORES SHIFTS FROM RESPONSE TO PREPAREDNESS; NEW STANDARDS SET

## Interest Story

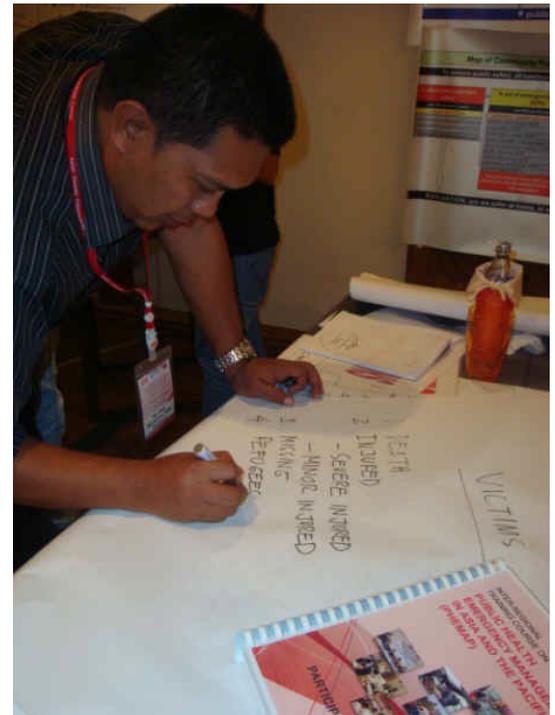
18 February 2013

**BANGKOK, Thailand** – Management level staff in the health sectors of seven countries gathered at the 11th Public Health Emergency Management in Asia and the Pacific (PHEMAP-11) Inter-Regional Training Course in Bangkok this month. The workshop takes place over two weeks and aims to teach and consolidate managerial skills for Health Emergency Managers by enhancing the knowledge, skills and attitudes of health human resources at national, sub-national and community levels through a range of training activities.

“The regional PHEMAP course gives public health emergency managers proficiency in a range of methods, tools and processes that will enable them to fulfil their roles in emergency management,” Prof. Dr. Krasae Chanawongse, Executive Director, ADPC stated.

The integration of risk management-based health emergency management strategies with sustainable development and risk reduction activities in health and other sectors is emphasized, giving a well-rounded view of what can be expected from the health sector in the face of an emergency.

Participants of the course analyzed emerging issues that will impact disaster risk management (DRM); from climate change, to the spread of disease, to urbanization and beyond; and then how to strengthen plans for DRM in their countries and communities.



**Mr. Dwi Mazanova**, Head of Guidance and Evaluation Section, Sub-directorate of MATRA Health, DG of Disease Control and Environmental Health, Ministry of Health, Indonesia

## Improving public health in emergencies through participatory learning

“ Participants worked in groups to assess their own leadership styles, to brainstorm effective ways to promote public health in their countries, made connections with other participants and looked at various examples of public health policies, learning to develop their own policies for disaster situations, ”

Ms. Janette Lauza-Ugsang, Project Manager, ADPC explained.

PHEMAP has operated for 12 years and the program has since been evaluated thrice. Dr. Marilyn Go, Head of Emergency Preparedness Health Management Staff, Department of Health in the Philippines, who was involved in reworking the curriculum after the most recent evaluation, spoke of the development of the course from being mainly technical to strengthening managerial skills and operationalizing systems.



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## Health risk and emergency management, 'essential'

Course Director Dr. Marcel Dubouloz spoke of the recent major shift in the conception of disaster management, "Until now, we have focused on managing the response [to a disaster]; managing the resources, and to some extent the coordination of the stakeholders. Now there's a new approach – Health Risk and Emergency Management. This is a completely different way of looking at things. It includes preparedness and mitigation as well as response. We want to train the participants [at the conference] to think of health risks, to shift from a reactive response to proactively managing health risks. This should have a major impact".

Dr. Nu Nu Kyi of Myanmar Ministry of Health testified that PHEMAP systems are "essential"; "in my country nowadays we are faced with many kind of disaster, and we have to plan for more operational systems [...] this training is very important to us [...] coordination and collaboration between facilitators needs improvement."



**Mr. Gyembo Dorji**, District Health Officer, Ministry of Health, Bhutan

## Participants share experiences and lessons learned

Often limited resources available are available post-disaster; and sometimes, a hospital does not have enough medical supplies for everyday situations, yet alone stockpiles for use in the case of an emergency. However, it is not only the limited supplies, but also a lack of efficiency with resources that are available.

"We have seen in many countries that the mortality due to loss of services [in the long term] is higher than those who have been killed by the disaster itself," Dr. Dubouloz commented. "We were not assessing or monitoring mortality over months and years, and we thought we were doing well, but [now we know that] this is only the tip of the iceberg"

"We're gaining so much knowledge from other countries here. They have had so many experiences that our valuable for us to learn from," Dr. Nu Nu explained.

## A changing curriculum, for a changing region

"PHEMAP curriculum can constantly adapt and change to the changing needs of participants," Dr. Rodger Doran, an author of the initial PHEMAP curriculum and facilitator commented.

The outcomes of this conference, will feed back into the course's development and work towards maximizing the course's effectiveness.

"We need more programs like PHEMAP. Everyday we are faced with more disasters and casualties, and we have to save people's lives," Dr. Nu Nu commented



PHEMAP-11 participants and facilitators together with the ADPC Executive Director, **Prof. Dr. Krasae Chanawongse** (center)