SUDAN'S NATIONAL POLICY FOR EMERGENCY MANAGEMENT IN THE HEALTH SECTOR

November 2006
# List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>DG</td>
<td>Director General</td>
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<td>DGIH</td>
<td>Directorate General of International Health</td>
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<td>EHA</td>
<td>Emergency and Humanitarian Action</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>FMOH</td>
<td>Federal Ministry of Health</td>
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<td>HAC</td>
<td>Humanitarian Aid Commission</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>SMOH</td>
<td>State Ministry of Health</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
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<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<td>WFP</td>
<td>World Food Program</td>
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<td>WHO</td>
<td>World Health Organization</td>
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MAP OF SUDAN

Area (Km²) | 2,500,000
Population | 35,600,000
Capital | Khartoum
Currency | Sudanese Dinar

1 Year 2000 estimate of the Central Bureau of Statistics
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EXECUTIVE SUMMARY

OBJECTIVES

A. Main Objectives

To formulate a national policy for the health sector and other related sectors to be used for emergency management in Sudan.

B. Specific Objectives

- To define the policy of the health sector in emergency management throughout Sudan. It is to be adopted by all regions of the country.
- To decrease risks by reducing the vulnerabilities of communities (prevention and mitigation measures).
- To build the capacity of health systems to address health needs (preparedness), and by provision of prompt and efficient emergency response (response) once the emergency has occurred.
- To be considered as guidance on emergency management in the health field. It highlights the broad directions that should be followed, concepts to be established and adopted, as well as necessary resources that need to be made available.
- To strengthen links between partners agencies and stakeholders in responding to emergencies and disasters in the country.

- This document aims at highlighting policy options for the health sector and other related sectors to be used for emergency management in Sudan. Future policy issues related to emergency management are discussed in detail and policy directions are suggested.
- This document is to define the policy of the health sector in emergency management throughout Sudan. It is to be adopted by all regions of the country.
- A public health approach to emergency management, which is encouraged by this policy, aims to decrease risks by reducing the vulnerabilities of communities (prevention and mitigation measures), building the capacity of health systems to address health needs (preparedness), and by provision of prompt and efficient emergency response (response) once the emergency has occurred.
- This policy is to be considered as guidance on emergency management in the health field. It highlights the broad directions that should be followed, concepts to be established and adopted, as well as necessary resources that need to be made available.
- This policy is to be distributed to all ministries of health, all EHA directors, and to all relevant ministries and organizations that deal with health-related aspects of emergency management. The document is to be revised at least every two years by the emergency technical committee. Major changes to the policy should then be circulated to the partners and endorsed.
INTRODUCTION

Background

Emergencies have a major impact on the living conditions, economic performance and environmental assets and services of affected countries or regions; an impact that may be irreversible in many instances, especially when the emergency is of such a magnitude as to be considered a disaster. In industrialized countries, disasters cause massive damage in terms of assets and capital, while losses of human life are limited due to the availability of effective early warning and evacuation systems, as well as better urban planning and the application of strict building codes and standards. In developing countries, on the other hand, fatalities are usually higher owing to the lack, or inadequacy, of forecast and evacuation programs. Although capital losses might be smaller in absolute terms, when compared to those in developed countries, their relative weight and overall impact tend to be very significant, even affecting community and economic sustainability.

Disasters occur frequently around the world, and their incidence and intensity seem to be increasing in recent years. They can lead to widespread loss of life, directly and indirectly (primarily or secondarily), affect large segments of the population and cause significant environmental damage and large-scale economic and social harm. Whether disasters are essentially natural or man-made in origin, their consequences derive from a combination of human action and interaction with nature’s cycles or systems. In the health sector, the effects of disasters are not confined to mortality and morbidity directly caused by disaster, but the damage to the health sector's infrastructure and the direct effects on the health professionals render the health services jeopardized and nonfunctioning, or functioning below the optimal level, at the time of the great need for this type of services.

Disasters affect all sectors of the region:

- They can cause an unexpected number of deaths, injuries or illnesses in the affected community, thereby exceeding the therapeutic capacity of the local health-care services and forcing authorities to reorganize the sector or to solicit outside help;
- They can destroy local health infrastructure such as hospitals, health-care centers, laboratories and the like, which will thus be unable to respond to the emergency. Disasters can also alter the provision of routine health-care services and preventative activities, with subsequent long-term consequences in terms of increased morbidity and mortality;
- Some disasters can have adverse effects on the environment and the population by increasing the potential risk of transmissible diseases and environmental dangers that increase morbidity and premature deaths and could lower the quality of life in the future;
- They can affect the mental health and the psychological and social behavior of the affected communities. Generalized panic, paralyzing trauma and antisocial
behavior rarely occur after big disasters, and the survivors quickly recover from the initial shock. However, anxiety, neurosis and depression can arise following both sudden and slowly forming emergencies;

- Some disasters can cause food shortages, with severe nutritional consequences such as protein energy malnutrition and specific deficiencies of micronutrients, e.g. vitamins; and
- They can cause broad movements of the population – whether spontaneous or organized– often to areas where the health-care services cannot meet the new situation, with a consequent increase in morbidity and mortality. The displacement of large population groups can also increase the risk of outbreaks of transmissible diseases in the displaced and host communities, where large groups of displaced persons may be housed in, and share, unhealthy living conditions with below-standard food, water, and sanitation resources and services.
- Disasters affecting industrial zones can have a major impact on the facilities, the environment, the surrounding community, and the country’s economy. Increased risk of pollution, power shortages, service failures, and spread of infections and illnesses are amongst the immediate recognizable effects. These effects, and possibly other long-term effects, can last for a very long time after the initial incident.

However, even though each emergency or disaster is unique, all emergencies share some similarities in their health-related effects. This means that the emergency management policy should adopt a consistent approach in addressing all types of emergencies, saving time and resources. Having said that all emergencies should be managed according to the needs; adopting common guidelines with different levels and details.

Sudan is the largest country in Africa (2.5 million square Kilometres) with 25 states. According to the year 2000 estimate of the Central Bureau of Statistics, the total population of Sudan is 35.6 million, of which 33% live in urban areas. Sudan is prone to many types of disasters; as an example, in the year 2003, in addition to the ongoing civil strife in the south, local tribal conflict flared up in Darfur, and is still continuing, with social and economic impacts on the Darfur's people. During the same year, El Gash river, in the eastern part of the country, flooded with almost total damage to Kasala city (population approximately = quarter of a million). Many parts of Sudan are still affected annually by such incidences of floods and flash-floods during the rainy season. This adds to the burden of endemic diseases such as malaria and is sometimes the source of epidemics of other diseases. Beside the above mentioned hazards and risks; other types of emergencies occur in Sudan like; drought, environmental degradation and pest infestations (Annex I). The capacity to respond to these incidents at the local level is, at best, weak. A public health approach to emergency management will aim to decrease the risk by reducing the vulnerabilities of communities (prevention and mitigation measures), building the capacity of the health systems to address the health needs (preparedness), and by the provision of prompt and efficient emergency response (response) once the disaster has occurred.
DEFINITIONS AND CONCEPTS

According to the World Health Organization,

A **hazard** is any phenomenon that has the potential to cause disruption or damage to the community.\(^2\)

An **emergency** is a state in which normal procedures are suspended and extraordinary measures are taken in order to avert the impact of a hazard on the community.

Unless communities and provincial and central authorities are adequately prepared for, and respond effectively to, an emergency, normal conditions of existence may be disrupted and the level of suffering may exceed the capacity of the hazard-affected community to respond to it. This leads to a **disaster**. Thus some emergencies become disasters when they are not properly managed. Disasters are often classified according to their cause (natural or human-generated).

A **disaster** is "any occurrence that causes damage, ecological disruption, loss of human life, or deterioration of health and human services on a scale sufficient to warrant an extraordinary response from outside the affected community or area".

From the above definitions, it is clear that naming an incident a disaster depends very much on the capacity of the affected area to control it and to respond to it. Only when the capacity of the area is actually insufficient or is foreseen to become inadequate to respond without disrupting its basic functions, should a disaster be declared; and even then, the disaster will be declared for the respective area. Therefore, whenever a locality needs help from another locality or from the state, this is a disaster for the affected locality; it may or may not be a disaster for the helping locality or state; it might not even constitute an emergency to these latter bodies if major reallocation of resources at their level is not required.

Here, a distinction needs to be made between declaring an emergency and declaring a disaster. Declaring an emergency is a signal for the affected community, locality, or state to adopt abnormal procedures to respond to a certain occurrence which cannot be controlled by the usual every-day procedures. These procedures should be reflected and defined in an emergency plan. Declaring a disaster, on the other hand, means that the event cannot be controlled, in spite of adopting abnormal emergency procedures, and that the local capacity is not enough to control the event. It is a call for help from outside the affected area, either from neighboring areas or from a higher level of command. If the capacity needed to control the event is more than that of the whole country, a national disaster is declared. At this level, or even before that, work should be in progress to call for international assistance and launching of appeals.

A **complex emergency** refers to a humanitarian crisis in a country, region or society where there is a total or considerable breakdown of authority resulting from civil conflict and/or foreign aggression; which requires an international response that

\(^2\)The Royal Society (1983) view **risk** as the probability "...that a particular adverse event occurs during a stated period of time, or results from a particular challenge." Therefore, a risk is a potential outcome of the interaction between a hazard and a vulnerable community, and a hazard can be considered to be a source of risk.
goes beyond the mandate or capacity of any single agency and/or the ongoing United Nations country programme. A complex emergency is characterized by large numbers of civilian casualties, populations who are besieged or displaced quickly and in large numbers, and human suffering of major proportion.
EMERGENCY MANAGEMENT IN SUDAN

Overview

- Emergency management, in its broader sense, is not well established in the country and, in many cases, its importance is not fully realized. In Sudan, the emphasis is mainly given to the response activities with little attention to preparedness activities and almost no effort to risk reduction.
- The current system of dealing with emergency management in Sudan is still under-developed and fragmented, with unclear lines of demarcation between the different levels (Federal/State/Local) on one hand, and between the different sectors in each level on the other hand. (Annex II).
- Emergency management is very rarely coordinated further than at the federal level.
- At the federal level, the supreme body for coordination of an emergency situation is the "High Emergency Committee" (see page 21) at the level of the council of ministers, and encompasses all the concerned sectors. It is chaired by the Minister of Interior, and its executive federal body is the civil defense, which is part of the Ministry of Interior.
- At the state level, the same structure is found at the level of the states' councils of ministers.
- At the local level, the equivalent structure is less clear and is only activated during emergencies.
- The institutional framework that deals with emergency management in the country is distributed among a wide range of ministries and institutions, with no clear definition of authorities, roles and responsibilities between the different bodies concerned (see annex II).
- The lack of clear inter-sectoral networking, alert mechanisms, and information sharing leads to fragmented unsynchronized efforts, especially in response, that lead to delayed and, in many cases, inadequate response.

Background of Emergency Management in the health sector as a whole

- In the health sector, the only law that has a direct relationship with emergency management in health is the Public Health Act, which addresses mainly the area of disease epidemics and disease control in emergencies. So far, there is no health law that promotes risk reduction and emergency preparedness.
- The authority of declaring national health emergencies or disasters is only given to The Public Health Council according to the Public Health Act of the year 1975 (FMOH, 1975).
- Concerning the management of mass causalities, there is no comprehensive policy for management of mass causality incidents. The only endeavor in this area is the in-hospital management of emergency cases where guidelines and standard procedures for hospital emergency department and triage system are developed. The pre-hospital chain of emergency medical care for these types of situations is yet to be developed.
• The capacity for emergency planning needs to be raised as well as the culture of emergency prevention, mitigation, and preparedness.

• In the health sector, the directorate of Emergency and Humanitarian Action was established late in 2003 in the Federal Ministry of Health to take on the responsibility of emergency management in relation to health.

• Establishment and activation of health coordination committees at the federal level and in the three Darfur states has been a crucial step towards coordinating the activities of all partners on the field.

• Even though the Darfur crisis was, and still is, an ongoing disaster, the EHA directorate has faced seasonal challenges such as heat-related illnesses in the Red-Sea state and the effects of the rainy season in most parts of the country, issues previously handled by the epidemiology directorate.
The Policy for Emergency Management

At the Level of the Federal Government:

- Government inter-sectoral coordination must be promoted. This will enable rapid information sharing and dissemination and maximized benefit from the limited resources. This role could be played, at least in part, through the “High Emergency Committee” (page 21) and the equivalent committees at state and locality levels. Alerts and reports on emergencies and emergency management should be widely distributed to all concerned ministries through clear agreed-upon channels.

- The FMOH, in line with other Ministries should issue emergency planning guidance to be adopted by all states and localities. This guidance should be in harmony across all sectors and should indicate clearly command and control sequences, alert mechanisms and cascades, as well as roles and responsibilities at each level. This guidance will be the core around which all emergency planning is built. It should address all phases of emergency planning (analysis, assessment, prevention, mitigation, preparedness, response, and recovery) and should be in the spirit of wide coordination and information sharing.

- Guidelines that describe the mechanisms of health interventions during emergencies are to be developed.

- An effective and efficient information system should be established to ensure provision of basic information, early warning, and monitoring and evaluation of the emergency management process before, during and after emergency.

- The FMOH, in line with other Ministries should ensure that their projects and/or facilities are constructed in light of a thorough assessment of the risks and hazards. Emergency plans should be developed and updated to ensure proper management of emergencies and to ensure that these projects or facilities do not themselves constitute a hazard to the surrounding community.

- Integration of disaster mitigation, preparedness, and response strategies in development planning and sectoral policies (poverty reduction, social protection, sustainable development, education, etc). The health sector can play a leading role with different sectors in the development and implementation of these policies.

- Mechanisms for rapid release of emergency funds from the Federal Ministry of Finance should be found. Similar mechanisms should be adopted at the level of the localities to ensure the availability of funds and resources to support emergency management. In all cases, all available funds and resources should be at the disposal of those concerned with emergency management in times of emergencies.

- The results of impact and needs assessments should be quickly disseminated to mobilize national and international resources, including the release of pre-positioned funds, food and non-food items. Appeals for assistance should be rationalized and harmonized and a coordinated appeal is often a requirement of donors. This has to be well coordinated between the Federal Ministry of Health, Ministry of Humanitarian Affairs, UN Agencies, and NGOs. Resources should also be requested and allocated for rehabilitation. Logistical and communications infrastructure, including internal transport, storage and handling facilities, must be
adequate to ensure that relief and rehabilitation supplies are available when and where they are needed.

- For making maximum use of international assistance in emergencies, criteria and guidelines for donation should be developed and well disseminated among the potential donors, and a system to make these guidelines and criteria in place is to be ensured.

**At the Level of the Ministry of Health:**

- The Ministry of Health is not only responsible for identifying emergency health needs and guaranteeing that these needs are properly met; it also has the duty to influence, prior to disasters, the development practices and behaviors which reduce the potential impact of disasters on public health, starting with improving the disaster resilience of the facilities and services under its own supervision.

- Managing emergencies calls for the involvement of many actors, particularly at state and local level. It is worth noting that local health clinics and hospitals, be they from the public or private sector, not only are the first responders in case of large disasters but also are the first to detect unusual occurrence or patterns of health problems or to report on otherwise unnoticed and underreported silent emergencies. Local health workers are the backbone of any early warning or surveillance system; and, in many cases, they are among the first to respond.

- **Improving emergency preparedness and building local capacity to respond to disasters** cannot be separated from improving the local capacity for management of the routine day-to-day health problems: the level of development of the health services prior to an emergency will determine the quality of the emergency response. An emergency management plan or a training program will not permit a health system operating below standards in normal conditions to perform flawlessly under stress and duress in an emergency. Conversely, improving the readiness of the responders often does contribute to better daily management.

- All health facilities, institutions and agencies should allot a certain percentage of their budget for preparedness activities, training, drills, and advocacy activities for health emergencies.

- Due to all the above reasons, it is of utmost importance that the focus be on raising the capacity at the locality level to manage disasters. No effort should be spared in improving the situation at that level through training, provision of equipment, and reallocation of resources to strengthen the local capacity.

- Emergencies are to be regarded as special events with demands that take priority over the demands of other every-day activities. As such, all necessary resources should be reallocated to emergency management if and when they are needed; in such situations, normal procedures can be over-ridden to ensure that emergencies are properly dealt with.

- The Federal Ministry of Health should respond to disasters declared by any state. Accompanying the response, investigations should be conducted to discover defects in the emergency management process which has led to the exhaustion of the state resources.
The Federal Ministry of Health reserves the right to intervene at state level during any phase of the emergency management cycle if there is any evidence or rumors which ascertain or suggest the need for such intervention from the federal level. The Federal Ministry of Health should not wait until the complete exhaustion of the state resources, especially when the resources and capacities are already weak and when the consequences can have widespread effects with spill-over to nearby locations (e.g. epidemics).

Any State Ministry of Health should respond to disasters declared by any of its localities. Accompanying the response, investigations should be conducted to discover defects in the emergency management process which has led to the exhaustion of the local resources.

The State Ministry of Health reserves the right to intervene at the local level during any phase of the emergency management cycle if there is any evidence or rumors which ascertain or suggest the need for such intervention from the state level. The State Ministry of Health should not wait until the complete exhaustion of the local resources, especially when the resources and capacities are already weak and when the consequences can have widespread effects with spill-over to nearby locations (e.g. epidemics).

For the EHA to play its envisaged role concerning emergency management, the MOH is expected to strengthen and improve the function of the Emergency and Humanitarian Action Directorate by allocating all necessary resources - including supplies, equipment, financial and logistic support - which are required for the directorate to perform in the desired manner.

The MOH should ensure that the EHA directorate has enough full-time staff dedicated to that program only and with appropriate authority.

Emergency mitigation, preparedness, and response strategies need to be regarded as a policy priority and should be incorporated into post-disaster reconstruction activities.

As stated above, the health sector can play a leading role in integrating emergency management strategies into developmental planning and sectoral policies.

Federal Ministry of Health should have a buffer stock of needed drugs, bed nets, insecticides and other relevant types of equipments. These supplies and equipments should be kept both at the federal level, to facilitate its movement to where it is needed, and near areas at risk (e.g. at the capitals of states at greater risk) to ensure timely availability of the stocks. A feedback system should be established for close monitoring and prompt replenishment of the stocks. UN agencies working in health and national and international NGOs should be asked to have similar systems for emergency buffer stocks.

The capacity of staff at state and locality level to deliver health services should be raised. If a facility cannot respond to the everyday needs of its community, it is not expected to respond adequately in times of emergencies. The states and localities are expected to acquire a minimum level of resilience that will enable them to respond at least to the initial shock until external help arrives.

All directorates and facilities of the Ministry of Health should develop, adopt, and regularly update emergency plans which enable them to properly manage emergencies.
At the level of the EHA directorate:

- This section addresses the functions of the EHA directorate at all levels (federal, state, and local). Even though the functions are similar across all levels, there are variations in responsibilities. For example, in the area of emergency planning, the federal level will be responsible for developing policies and guidance, while the state and local levels will follow these to prepare the plans. Feedback from the states and the localities to the federal level will help improve the policies and guidance.

- The directorate must, as much as possible, cooperate with the existing directorates of the Ministry of Health by strengthening them rather than acting as a parallel structure. The functions of the directorate are to be performed as below:

- **Promotion**
  - Promoting the adoption of legislation, policies and projects to reduce the risks to health
  - Promoting the inclusion of emergency reduction measures/activities into development activities of other programs/divisions of the ministry of health and the health sector.
  - Promoting the use of the latest scientific knowledge regarding emergency risk management.
  - Public education through mass media (television, radio and newspapers) and health educators in collaboration with other sectors.

- **Emergency Planning and training**
  - **Emergency planning** should address inter-organizational coordination and integrate plans for each individual community hazard managed into a comprehensive approach for multi-hazard management. Plans should have a training component and should provide for testing proposed response operations. As well as being multi-hazard oriented, emergency plans should be constructed to promote multi-agency and multi-sectoral cooperation and collaboration as much as is practicable.
  - Construction and maintenance of norms and standards to manage emergencies related to the health field in consultation with the relevant directorates and/or ministries.
  - Development of, and training on, national guidance for emergency planning in the health sector. As stated above, this guidance should be in harmony with guidance in the other sectors and should indicate clearly command and control sequences, alert mechanisms and cascades, as well as roles and responsibilities at each level. This guidance will be the core around which all emergency planning in the health sector is built. It should address all phases of emergency management (analysis, assessment, prevention, mitigation, preparedness, response, and recovery) and should be in the spirit of wide coordination and information sharing.
  - Standardization and validation of existing plans (for instance, hospital emergency plans).
  - Conduction of simulation exercises and other preparedness measures in the health sector in consultation with the relevant ministries.
Monitoring and evaluating mitigation and preparedness activities in order to incorporate lessons learned into existing norms and standards.

- A strategic plan for emergency mitigation, preparedness and response is to be developed and added into the health sector's 25 year strategic plan, and to have annual emergency plans derived from the strategic plan.

- Providing lists of essential drugs and supplies for emergencies.

- Assisting in the development of protocols for the use of telecommunications (internet, radio...) in emergencies.

- Assessment of the current needs and offers in training for emergency preparedness, mitigation and response in the health sector.

- In-service training of health personnel (from prevention to response) and training of trainers, with special focus on managerial issues.

- Inclusion of emergency management in the curricula of pre and post-graduate schools in health-related sciences.

- Preparation of training materials of health-related topics to be included within the training packages of other sectors (planning, engineering, foreign affairs...).

- Coordination - liaison with other agencies

- Ensuring the establishing and smooth functioning of permanent and temporary technical and managerial committees at all levels to have the responsibility of emergency mitigation, preparedness and response in the field of health (See Annex III for a proposed structure)

- Promoting coordination within the health sector and with other sectors and agencies with multi-sectoral responsibility.

- Coordination with an emergency focal point, unit or commission in other sectors (Congress or Parliament, foreign affairs, public works, private sector...).

- Coordination and collaboration with emergency management directorates/units in neighboring countries, as permitted by circumstances.

- Liaison with humanitarian organizations at national or international level (bilateral, UN agencies, Red Cross and Red Crescent societies and NGOs...).

- Mobilization of the health response in case of emergency

- Assisting in the mobilization, operational coordination and support to the health response in case of natural, technological or man-made emergencies.

- Assessment of needs and active dissemination of this information through coordination meetings and developing web sites.

- Mobilization of financial resources, formulation of projects and quality control for response and rehabilitation.

- Research

- Supporting and/or conducting research in priority areas in the field of disaster epidemiological and operational researches. The results are to be disseminated and used for decision-making
The role of the EHA directorate in Emergency Management

The role of the EHA directorate and its relationship with the other directorates within the Ministry of Health should be clear to all stakeholders and at all levels. In brief, this can be stated as being responsible for raising the capacity of the health sector in managing emergencies. This role can be stated at the following levels:

I. At the Federal level (National STRATEGY level), the roles of the Federal EHA directorate are mainly to:
1. Lead the health sector in issues related to emergency management at the federal level,
2. Advocate for the inclusion of emergency reduction measures/activities into development activities of other programs/divisions of the ministry of health and the health sector in general.
3. Promote coordination in emergency management within the health sector (including with partners outside the FMOH) and between different sectors, to ensure harmony and maximize the use of resources,
4. Set and review policies, strategic plans, guidelines, and protocols of emergency management
5. Provide guidance and training on emergency planning
6. Raise the capacity of the health sector to manage emergencies at the federal, state, and locality levels
7. Monitor the level of emergency preparedness in all states.
8. Monitor and evaluate emergency response in all states.
9. Provide advice and assistance to the states when required.
10. Immediately alert the Director General of International Health and the Under-Secretary of the FMOH about any foreseen or actual emergencies, and
11. Regularly report to the Director General of International Health and the Under-Secretary of the FMOH concerning emergency management activities (including those of prevention and preparedness) and of the evolution and progress of emergencies.

II. At the State level (State TACTICAL level), the roles of the state EHA directors are mainly to:
1. Lead the health sector in issues related to emergency management at the state level,
2. Promote coordination at the state level within the health sector (including with partners outside the SMOH) and between different sectors in emergency management,
3. Raise the capacity of the state and locality-level staff on emergency management, following the federal guidance,
4. Analyse and assess hazards and risks at the state level,
5. Ensure the presence of clear up-to-date, practiced emergency plans for all risks at the state level,
6. Monitor the level of emergency preparedness in all localities of the respective states.
7. Monitor and evaluate emergency response in all localities of the respective states.
8. Intervene, provide advice, and assist their localities when required.
9. Immediately alert the Director General of the SMOH and the federal EHA
directorate about any foreseen or actual emergencies, and
10. Regularly report to the Director General of the SMOH and the federal EHA
directorate concerning emergency management activities (including those of
prevention and preparedness) and of the evolution and progress of
emergencies.

III. At the Locality level (Local OPERATIONAL level), the roles of the local
EHA coordinators are mainly to:
1. Lead the health sector in issues related to emergency management at the
locality level,
2. Promote coordination at the locality level within the health sector (including
partners outside the SMOH) and between different sectors in emergency
management, to ensure harmony and maximize the use of resources,
3. Analyse and assess hazards and risks at the locality level,
4. Ensure the presence of clear up-to-date, practiced emergency plans for all risks
at the locality level,
5. Respond to any emergencies at the locality level,
6. Immediately alert the local health authority and the state EHA director about
any foreseen or actual emergencies, and
7. Regularly report to the local health authority and to the state EHA director
concerning emergency management activities (including those of prevention
and preparedness) and of the evolution and progress of emergencies.

UN Agencies, NGOs, Private Sector, and other partners of the MOH:

- The technical expertise available within the above stated partners of the
MOH should be sought from the very beginning to enrich the emergency
planning process from start to finish. Their experience from other
countries and scenarios will add to the capacity to come up with an
improved emergency management system.
- The coordinated involvement of the partners of the MOH should be sought
in all phases of emergency management, including preparedness,
response, and recovery.
- National, regional, and international agencies need to act immediately to
ensure that resources can be found and made available to meet the needs
in an emergency, and the actions of these agencies should be coordinated
as much as possible. Mechanisms should be in place to allow some funds
to be made available immediately to allow response efforts to be timely
and to cover unanticipated needs.
- Funds should be allocated to disaster response in the joint plans with UN
agencies working in health (WHO, UNICEF, UNFPA, UNAIDS), and
arrangements with headquarters and regional offices for easy flow of
additional funds in disasters are to be made.
- Where external assistance is required, international and national agencies
need to form partnerships to support sustainable institutional arrangements
for emergency management both at national and at state levels.
Dealing with the Media and the public:

- Emergency preparedness and mitigation is a matter of behavior and attitude rather than capital investment. Effort should be directed towards promotion of public awareness for emergency mitigation, preparedness and response. From that perspective, the media should be regarded as a powerful tool for dissemination of community preparedness measures, conveying accurate public warning and alert, and informing the public of any preparedness or response activities.
- Liaison with the media should be established from the start at the preparatory stages.
- A focal point should be appointed in the Ministry of Health and its facilities at each of the three levels (federal, state, and local). This focal point will represent the ministry or facility to the media and his/her statements are to be considered official statements reflecting the opinions of the body he/she represents.

Coordination Bodies

At the Federal Level:

- (Already established) The supreme body for coordination of emergency situation is the "High Emergency Committee" which is headed by the Minister of Interior with the federal ministers from the related sectors, including the federal minister of health, as members. The Civil Defense acts as an executive arm for the committee. In the health sector the Directorate of Emergency and Humanitarian Action (EHA) has the responsibility of coordinating the health action in all phases of emergency management.

The mandate of the High Emergency Committee includes:

- Planning and organizing preparedness and response processes.
- Coordination between all sectors that can participate in emergency preparedness and response.
- Monitoring and evaluation of the Health Emergency Technical Committee activities.

- A "Health Emergency Technical Committee" is to be established under the supervision of the Federal Minister of Health, chaired by the Undersecretary of the FMOH and to include the director generals of the directorates of FMOH to be responsible of the overall mitigation, preparedness and response in the field of health. The Federal Ministry of Health is to be considered as the sole agency responsible for any health intervention related to emergencies.
The mandate of the Health Emergency Technical Committee will include:

- Development of policies, protocols and guidelines related to health interventions in emergencies;
- Deciding on priorities for research, assessments, surveys, and studies;
- Monitoring the progress in the preparedness of the health sector;
- Development of integrated strategies for emergency response with clear division of tasks between all players in the health field;
- Availing resources and funding for the needed health interventions;
- Monitoring implementation of the integrated response plans; and
- Sharing of information and experiences in relation to disasters and emergencies.

A “Health Emergency Coordination Committee” is to be established which will be chaired by the Undersecretary FMOH and will include members from the related governmental sectors, namely: Ministry of Humanitarian Affairs, Ministry of Foreign Affairs and Ministry of Interior; related United Nations Agencies, namely: WHO, UNICEF, UNFPA and UNAIDS; and national and international NGOs. Other health care providers from military and police and from the private sector shall be represented in the committee.

The mandate of the Health Emergency Coordination Committee will include:

- Assisting Development/Endorsement of policies, protocols and guidelines related to health interventions in emergencies;
- Generation of relevant information that feed into decision-making through conduction of joint assessment and studies and analyzing reports;
- Assisting in the Development of integrated plans for emergency response with clear division of tasks between all players in the health field;
- Soliciting funds for the needed health interventions;
- Monitoring implementation of the integrated response plans; and
- Sharing of information and experiences in relation to disasters and emergencies.

At The State Level:

- A "State High Emergency Committee", with representation from all ministries, should be established and activated which will have the mandate of overall coordination of emergencies at the state level. In the health sector, the Emergency and Humanitarian Action (EHA) coordinator has the responsibility of coordinating the health action in all phases of emergency management.
  - A "State Health Emergency Technical Committee" is to be established under the supervision of the State Minister of Health, chaired by the Director General
of the SMOH and to include the director generals of the directorates of SMOH to be responsible of the overall mitigation, preparedness and response in the field of health. The State Ministry of Health is to be considered as the sole agency responsible for any health intervention related to disasters.

– The mandate of the State Health Emergency Technical Committee will include:
  - Dissemination of the national policies, protocols and guidelines related to health interventions in emergencies;
  - Deciding on priorities for research, assessments, surveys, and studies;
  - Monitoring the progress in the preparedness of the health sector;
  - Development of integrated strategic plans for emergency response with clear division of tasks between all players in the health field;
  - Availing resources and funding for the needed health interventions;
  - Monitoring implementation of the integrated response plans; and
  - Sharing of information and experiences in relation to disasters and emergencies.

– A “State Health Emergency Coordination Committee” is to be established which will be chaired by the Director General of the SMOH and will include members from the related governmental sectors, namely: Ministry of Humanitarian Affairs, Ministry of Foreign Affairs and Ministry of Interior; related United Nations Agencies, namely: WHO, UNICEF, UNFPA and UNAIDS; and national and international NGOs. Other health care providers from military and police and from the private sector shall be represented in the committee.

– The mandate of the State Health Emergency Coordination Committee will include:
  - Ensuring the adoption of the national policies, protocols and guidelines related to health interventions in emergencies;
  - Generation of relevant information that feed into decision-making through conduction of joint assessment and studies and analyzing reports;
  - Assisting in the Development of integrated plans for emergency response with clear division of tasks between all players in the health field;
  - Soliciting funds for the needed health interventions;
  - Monitoring implementation of the integrated response plans; and
  - Sharing of information and experiences in relation to disasters and emergencies.

At the Locality Level:

- A "Local High Emergency Committee", with representation from all sectors of the government, should be established and activated which will have the mandate of
overall coordination of emergencies at the locality level. In the health sector, the Emergency and Humanitarian Action (EHA) coordinator has the responsibility of coordinating the health action in all phases of emergency management.

- A "Local Health Emergency Technical Committee" is to be established under the supervision of the Commissioner, chaired by the Commissioner's Assistant for health and to include representatives of the health sector to be responsible of the overall mitigation, preparedness and response in the field of health.

  - The mandate of the Local Health Emergency Technical Committee will include:

    - Dissemination of the national policies, protocols and guidelines related to health interventions in emergencies;
    - Deciding on priorities for research, assessments, surveys, and studies;
    - Monitoring the progress in the preparedness of the health sector;
    - Development of integrated plans for emergency response with clear division of tasks between all players in the health field;
    - Availing resources and funding for the needed health interventions;
    - Monitoring implementation of the integrated response plans; and
    - Sharing of information and experiences in relation to disasters and emergencies

- A “Local Health Emergency Coordination Committee” is to be established which will be chaired by the Commissioner's Assistant for health and will include members from the related governmental sectors, related United Nations Agencies, and national and international NGOs. Other health care providers from military and police and from the private sector shall be represented in the committee.

  - The mandate of the Local Health Emergency Coordination Committee will include:

    - Ensuring the adoption of the national policies, protocols and guidelines related to health interventions in emergencies;
    - Generation of relevant information that feed into decision-making through conduction of joint assessment and studies and analyzing reports;
    - Assisting in the Development of integrated plans for emergency response with clear division of tasks between all players in the health field;
    - Soliciting funds for the needed health interventions;
    - Monitoring implementation of the integrated response plans; and
• Sharing of information and experiences in relation to disasters and emergencies.