TUNISIAN HEALTH POLICIES IN DISASTER PREPAREDNESS

Global Platform for Disaster Risk Reduction
Third Session, Geneva, Switzerland
8-13 May 2011
Introduction

• Disaster management is a strong and heavy task, and cannot be the responsibility of a particular organism;

• To optimize efficiency of planning and response, it is imperative to have the proper management;

• Due to limited resources, collaboration between government, private participants, and international agencies is highly required;

• In this stage or degree of collaboration, efforts must focus on establishing efficient coordination by organizing their interventions and making plans.
MAIN COUNTRY HAZARDS

- Chemical
- Flood
- Forest Fire
- Earth quake

Référence : office national de la protection civile, 2005
Past Events in Tunisia

• **Earth Quakes:**
  • 410: Utique
  • 854: Kairouan (13 villages destroyed)
  • 856: Tunis (45,000 deaths)
  • 1758: Tunis, Gabes, (hundred of deaths)
  • 1887: Medjez El Bab, magnitude 6
  • 1888: Sened, magnitude 4.2

• **Floods:**
  • 23 floods: 861 – 1980
  • 1982: Sfax, 68 deaths and several hundreds homeless
  • 2000: Bousalem, Jendouba, Manouba
  • 2003: Tunis city

• **Others:**
  • Hammam Chott 1985: many deaths and injuries
  • Train crash Sousse: 1994 (27 Deaths, 85 injuries)
  • Plane crash Egypt Air: 2002 (14 deaths)
Events of major concern

« because of their impact per event »

• Floods

• Forest fire

• Work and household accidents

• Road traffic accidents: more than 1400 deaths and about 15,000 injuries/year.
Disaster Management

Legislation

- Law 39 voted in 1991
- Decree 942 / 1993.
- 13 partners / Ministry of Interior
- Purpose:
  * Prevention
  * Vulnerability reduction
  * Research & rescue.
Disaster preparedness

• Disaster mitigation policies and measures will not stop occurring and persisting disaster, especially if it is a natural one.

• Disaster preparedness is defined as a continuous and integrated process involving a wide range of activities and resources from multisectoral sources;

• Tunisian MOH in collaboration with its partners, is already engaged in a process aiming at strengthening the National Health Emergency Preparedness and Response Program.
HEALTH POLICIES IN DISASTER MANAGEMENT
« realisations »

- Set up of **Emergency Unit department** in MOH (since 1997)
- Set up of **SNDU** (National Strategy of emergency sector development) (since 1998)
- Set up of **National comitee of Emergency medicine** (since 1999)
- Set up of the **Shoc Room** (strategic health operation center) in MOH (since 2010)
HEALTH POLICIES IN DISASTER MANAGEMENT

« fundamental axis »

1. National strategy of emergency sector development (SNDU)

2. Hospital preparedness for mass casualty

3. Medical transportation

4. Education and public awareness

5. Strategic health operation center (Shoc Room)
1. SNDU

- Established since May 1998 (under way)
- 3 axis:
  - Pre hospital emergency:
    - SAMU/SMUR
    - Phone communication
    - Coordination with other Departements
    - Medical transportation
  - Hospital emergency:
    - 4,500,000 patients in 2010
    - 182 emergency departments
  - Emergency Training:
    - University Education
    - Continuing Education
SNDU
Pre hospital Emergency
(first responder teams)

Actually:

- 6 SAMU / 17 SMUR
  - 70% population
  - 50% area
- New technology for communication
  (set up)
- Ambulance renovation
- Coordination: emergency number call

Next Step:
- One SMUR / Governorate
- Internet, visioconference
- Ambulance renovation
- More coordination
SNDU

Hospital Emergency

- **182 Emergency Department** (more than 4,500,000 patient in 2010)
  - 20 ED in teaching hospital (third level),
  - 33 ED in regional hospital (second level)
  - 129 ED in local hospital (first level)
- New Bulding constraction and renovation for many emergency departements
  (the first trauma and burn center since 2008, the second one by the end of 2011)
- New emergency equipements with new technology

  **Training in Emergency medicine**

- Since 2002: paramedic specialty in emergency medicine
- Since 2005: medical specialty in emergency medicine
- Training courses in collaboration with international experts /WHO
2. Hospital preparedness for mass casualty

• BASED ON THE DAILY UTILIZED PROCEDURES
  • MANAGED BY SKILLED PERSONNEL
  • IN ORDER TO
  • MAXIMIZE THE USE OF EXISTING RESOURCES
  • PROVIDE PROMPT AND ADAPTED CARE TO THE VICTIMS

• Circular: n° 50/2002: hospital plan for mass casualty

• Training courses and testing simulation exercise;

• Annual Data collection from hospitals of existed equipments, the activities and health work force;

• Setting up blood and drugs banks (in many governorates);
Mass casualty : second level hospital
(Djerba Bombardment 2002)
Simulation Exercise: mass casualty hospital plan
3. Medical Transportation

- SAMU/SMUR
- Private
- Fire services (civil protection)
- Others (military..)
3. Education and public awareness

- MOH, PC, ONG (CRT.....)
- We hope to unify programs
4- Strategic health operation center (Shoc Room)

« Preparedness and response »

• Instantly Communication with the regional health departments using new technology (visioconference, internet,..)

• Ensure real time reception and management of health alerts

• Ensure information exchange and coordination among all partners during crisis situation : ministries and international organisation/WHO (refugee crisis at tunisian- libyan border)
Enhance the capacity of MOH to face emergency situation:
• Updating Disaster legislation ;
• Provide more training for health work force to improve their skills in emergency management;
• Developing public awareness;
• More collaboration between the actors in the field of disaster
• The shock room will be able not only to support the national health response, but also to help reduce risks and integrate the international security scheme.
REFUGEE CRISIS MANAGEMENT AT THE TUNISIAN-LIBYAN BORDER
(SINCE 20 FEBRUARY 2011)
More than 70 nationalities fleeing Libya towards Tunisia following the intensification of conflicts in this neighboring country. As a result, Tunisia, which was neither accustomed nor prepared to handle this kind of event, suddenly faced the obligation and the duty to assist these migrants and refugees.
First step: Tunisian army camp and field hospital (7 km away from the border)
Camp logistics: civil society and local NGO (CRT)
Local and regional health support to the camp
International support (NGO and Organisations)
National coordination for medical transport of injuries
MEDICAL TRANSPORTATION OF INJURIES TO REGIONAL HOSPITALS
Hospital mass casualty
Coordination with International NGO and organisations
Maitenance and strengthening of the current frontline system

• The current system is already functioning and has proven its efficiency, demonstrated many strong points and has attracted the admiration and the gratitude of the national and international community.

• It also has some weaknesses and shows certain signs of fatigue.

• It is therefore essential to maintain and strengthen it to compensate for its weaknesses by taking stocks of lessons learned during this first phase and more supporting for the next phases.
Conclusion

• In Tunisia The health care system is a priority;

• Significant investments in this area is stated;

• Disaster management needs more Collaboration between the actors in this field;

• Well drawn up and organized plan will increase disaster response;
THANKS FOR ATTENTION

Dr HENDA CHEBBI
SERVICE UNIT CHEF
EMERGENCY UNIT DEPARTMENT
GENERAL DIRECTION OF HEALTH
MINISTRY OF PUBLIC HEALTH OF TUNISIA
Bab saadoun - 1006 tunis/ tunisia
TEL/FAX/ +216 98 468 839/ +216 71 567 588
email: henda.chebbi@rns.tn