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# **Rapid health assessment protocols for emergencies**

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## Preface

The initial phase of a major emergency is crucial for the survival of victims and for determining the future path of assistance to the stricken community. Many organizations from within and outside the affected country send teams to assess the emergency situation and determine the kind of response required to relieve human suffering. The absence of a common, standardized technical tool for damage and needs assessment in this initial phase may result in contradictory information being channelled to national and international humanitarian agencies. Consequently, the response may be one that fails to meet actual needs, aggravating rather than improving the emergency situation.

To address this gap, this publication brings together, in one volume, 10 protocols designed to help those involved in the rapid assessment determine the immediate and potential health impact of a broad range of emergencies and assist in planning appropriate responses.

The original protocols were the joint effort of three WHO Collaborating Centres for Emergency Preparedness and Response: the Centre for Research on the Epidemiology of Disasters, Brussels, Belgium; the Centers for Disease Control and Prevention, Atlanta, Georgia, USA; and the National Public Health Institute, Department of Environmental Hygiene and Toxicology, Kuopio, Finland. WHO distributed the draft protocols to Member States, the six WHO regional offices, and other WHO partners, including nongovernmental organizations, for extensive field-testing. On the basis of their written comments, the protocols were subsequently reviewed and updated by experts from intergovernmental and nongovernmental organizations with broad experience in the field of emergency management.

This series of protocols is meant to be used as a complete unit; the introduction deals with the basic elements of rapid health assessment, while the subsequent protocols cover specific types of emergencies. Certain topics, common to more than one type of emergency, are covered in only one protocol and cross-referenced to reduce redundancy.

Rapid health assessment is a complex task fraught with difficulties and one that carries heavy responsibilities. Therefore, whenever possible, it should be undertaken only by teams of well qualified and experienced specialists. Nevertheless, there are circumstances in which a life-saving response cannot wait while an expert team is assembled, and key information must be gathered as early as possible. For this reason, the protocols provide background information, so that they may assist general health personnel identify priorities in emergencies and respond accordingly.

The protocols are also intended for personnel and organizations who may not conduct the assessment but have responsibility for emergency preparedness and

response, such as ministries of health. They can be used to train emergency workers prior to emergencies, to demonstrate how rapid assessment can be integrated into multisectoral emergency preparedness, and to show how information collected through the assessments can be employed for effective emergency response.

Finally, while the protocols focus on health, they are meant to be used within the context of a larger assessment of the status and emergency needs of all aspects of a community. To be effective, emergency preparedness must be institutionalized at every level of management in countries vulnerable to major emergencies. This institutionalization comprises policy development, vulnerability assessment, emergency planning, developing information and resource management systems, training and education, and monitoring and evaluation. All major development activities should include a component of emergency preparedness to reduce the harm caused by emergencies. Without this component, thousands of people's lives are at risk and sustainable development is in jeopardy.

No one sector of a country or community is wholly responsible for every aspect of an emergency. However, each sector and organization should plan assessment activities, train personnel in assessment techniques, and practise these techniques with other sectors and organizations. Rapid assessment should be the joint activity of all humanitarian agencies so that they may provide definitive information to response and recovery decision-makers. The working partnerships and open communication that contribute to emergency preparedness lay the foundation for effective coordination and cooperation in times of actual emergencies.

WHO wishes to acknowledge the contributions of the following to the review and finalization of the protocols: Dr V. Brown, Médecins Sans Frontières/Epicentre; Dr R. Coninx, International Committee of the Red Cross; Dr M. Dualeh, Office of the United Nations High Commissioner for Refugees; Mr T. Foster, Registered Engineers for Disaster Relief; Mr A. Mourey, International Committee of the Red Cross; Dr H. Sandbladh, International Federation of Red Cross and Red Crescent Societies; and Dr B. Woodruff, Centers for Disease Control and Prevention. In addition, the following WHO personnel participated in updating the technical content of the protocols: Ms M. Anker, Division of Emerging and other Communicable Diseases Surveillance and Control; Dr K. Bailey, formerly of the Division of Food and Nutrition; Dr S. Ben Yahmed, formerly of the Division of Emergency and Humanitarian Action; Mr H. Dixon, formerly of the Division of Health Situation and Trend Assessment; Ms H. Hailemeskal, formerly of the Division of Emergency and Humanitarian Action; Mr P. Koob (editorial assistance), formerly of the Division of Emergency and Humanitarian Action; Dr J. Le Duc, formerly of the Division of Emerging and other Communicable Diseases Surveillance and Control; Dr A. Loretti, Panafrican Emergency Training Centre, Addis Ababa; Dr K. Nguyen, formerly of the Division of Emerging and other Communicable Diseases Surveillance and Control; Ms M. Petevi, Division of Mental Health and Prevention of Substance Abuse; Dr M. Santamaria, Division of Emerging and other Communicable Diseases Surveillance and Control; Mr M. Szczeniowski, Division of Emerging and other Communicable Diseases Surveillance and Control; and Dr E. Tikhomirov, Division of Emerging and other Communicable Diseases Surveillance and Control.

## Chapter 1

# Rapid health assessment

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### **Purpose**

In emergency management, assessment means collecting subjective and objective information in order to measure damage and identify those basic needs of the affected population that require immediate response. The assessment is always meant to be rapid, as it must be performed in limited time, during or in the immediate aftermath of an emergency.

At the onset of a crisis, rapid assessment information will be used to recognize and quantify the emergency, and to readjust strategies and plans accordingly. Once a programme of assistance is under way, periodic assessments will assist evaluation of the effectiveness of response and recovery. In a wider perspective, rapid assessment will produce information for financial and political advocacy, public information, press releases, and case studies.

The information produced by the assessment is both an asset and a commodity. It must be used for vital decision-making, and for feedback along the different levels of the health sector. But this information can also be marketed to other sectors. Mutual exchange of information is the first step in effective coordination, and being recognized as a reliable source of information is the best way for an organization to assert its claim to a coordinating role.

The purpose of a rapid assessment is to:

- confirm the emergency;
- describe the type, impact and possible evolution of the emergency;
- measure its present and potential health impact;
- assess the adequacy of existing response capacity and immediate additional needs; and
- recommend priority action for immediate response.

### **Preparedness**

If the rapid assessment is to be useful for guiding emergency health response, it must be clear in advance which individuals make the decisions on emergency interventions because they must receive the information and recommendations made by the rapid assessment team. Moreover, it is essential that responsibilities for each particular emergency health action are clearly defined at national, regional, and local levels. Ideally, the rapid assessment should be conducted as the cooperative effort of all organizations with responsibilities for emergency response.

While it is impossible to plan for all potential emergencies, the challenge for all health programmes is how best to make emergency preparedness a part of their current activities, to both strengthen existing services and prepare for emergency response. Emergency preparedness includes:

- policy development for preparedness, response and recovery;
- vulnerability assessment;
- emergency planning;
- training and education; and
- monitoring and evaluation.

Emergency plans should be prepared by the ministry of health for all anticipated emergencies. These plans should include a description of:

- management structure (emergency powers, control, command, communication, emergency coordination centres, and post-emergency review);
- organization roles (description by role, description by organization, description by sector and emergency operation centres);
- information management (alerting, emergency assessment, information processing, public information, reporting, and translation and interpreting);
- resource management (resource coordination, administration, financial procedures, external assistance);
- summary of vulnerability assessment;
- maps; and
- emergency contacts.

Provisions for the assessment should be part of these emergency plans. There should be clear mechanisms in place for incorporating the assessment findings in emergency decision-making.

Emergency health response does not always need to wait for the collection of data. Experience has shown that emergencies have specific, predictable patterns of impact on public health. Selected health responses can and should be planned in advance, ready to be carried out without awaiting the results of rapid health assessment.

An example of this is the higher risk of measles epidemics among children in displaced populations living in camps. In countries at increased risk of internal or cross-border displacements, the national programme of immunization should include strategies to prevent such outbreaks as part of preparedness planning. Another example applies to countries at increased risk of sudden-impact emergencies such as earthquakes: routine hospital management in these areas must include formulating mass casualty plans and holding regular emergency practice

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