



National Health Emergency Preparedness and Response Policy
(HERP)

By

Federal Ministry of Health

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Foreword

Natural disasters and emergencies do not have known geographical boundaries. Whether nature or human induced in origin, they have increasingly become a public health concern over the past few years. This has been heightened by the progressively devastating effect of global warming, with the attendant deleterious environmental aftermath, on different countries across the globe. Unfortunately, developing countries, including Nigeria appear to be less prepared for the collateral damage on our ecosystem and environment.

The consequences of an uncoordinated response to the immediate and future dangers posed on the health of Nigerians by the aftermath of disasters and emergencies are grave. There is therefore a compelling need to put in place a comprehensive framework for a coordinated and systematic response to such disasters, taking into account concrete preventive and impact mitigating measures.

Expectedly, the very multi-sectoral nature of the effects of disasters and emergencies require that different stakeholders make input to the framework. This is therefore the basis for the development of this National *Policy on Health Emergency Preparedness and Response*. Furthermore, the special attention given to trauma management in this document will go a long way in providing a platform for the creation of an enabling environment to address this conspicuous service gap in our health delivery matrix.

It is my hope that this Policy document will serve its laudable objectives.

Prof. C.O.Onyebuchi Chukwu
Hon. Minister of Health
October 29th, 2012.

Acknowledgement

The need to have a policy for a holistic intervention not only in preventing disasters, but also for managing the consequences and mitigating adverse impact necessitated the development of this document.

The production of the National Health Emergency Preparedness and Response Policy document took a long process, stretching over the past three years. Expectedly, the process suffered a lot of set-backs. Several distinguished Nigerians have contributed technically towards the finalization of this process, building on the pioneer work of the staff of Dept. Of Special Projects, the Epidemiology Division of the Dept. of Public Health, and other Ministry staff too numerous to mention, to whom we are most grateful to.

We are also grateful to our partners for providing technical support to this process, especially UNICEF, through Mr. Soji Adeniyi, WHO, and NEMA, among others. The contributions of Prof. A. Nasidi, Director Nigeria Centre for Disease Control, the motivation of Dr. Okey Nwanyanwu of CDC Nigeria, Dr. Emmanuel Meribole and Dr. Mrs. Folake Ademola-Majekodunmi are highly appreciated. The contributions of the private sector, represented by Microsoft Corporation and Intel Services to the finalization of this document are hereby acknowledged.

Finally, we are most grateful to the team that finalised this document, under the direction of the Lead consultant Dr. John Onyeokoro.

Hopefully, this document will stand the test of time, and find continued relevance long after the present dispensation.

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Nigeria National Health Emergency Preparedness and Response Policy, 2012

List of Abbreviations:

DRR: Disaster Risk Reduction

EPR: Emergency Preparedness and Response

FFS: Federal Fire Service

FRSC: Federal Road Safety Corps

GRIP: Global Risk Information Platform

HFA: Hyogo Framework for Action

HEPR: Health Emergency Preparedness and Response

HER: Health Emergency Response (Dept. of Special Projects, FMOH)

ICT: Information Communication Technology

IDNDR: International Decade for Natural Disaster Reduction

MDGs: Millennium Development Goals

NCC: Nigeria Communications Commission

NCDC: Nigeria Centre for Disease Control

NEMA: National Emergency Management Agency

NiMET: Nigeria Meteorological Agency

NPF: Nigeria Police Force

NPHCDA: National Primary Health Care Development Agency

NSCDC: Nigeria Security and Civil Defence Corps

NRCS: Nigeria Red Cross Society

NURTW: National Union of Road Transport Workers

UNICEF: United Nations Children Fund

WHO: World Health Organization

CHAPTER 1: BACKGROUND

1.1 Introduction

Over the last decade, disasters triggered by nature and human-induced hazards have claimed more than 1,800,000 lives and affected more than 2.4 billion people, the majority of them in developing countries including Nigeria. Years of development gains have been lost, deepening poverty for millions and leaving them more exposed to future hazards and disasters¹. Globally, the incidence of disasters is rising and this is partly due to global climate change. Additionally, the impact of disasters has dramatically increased over the last decade². Unplanned urbanization, environmental degradation, population growth and poverty are some of the inter-linked factors that have increased the vulnerability of communities to greater impact of disasters. These have more adversely affected the most vulnerable segments of our society; under-5 children, women and the aged.

There is clear evidence that large-scale disasters can destroy livelihoods while smaller recurrent disasters wear down communities' resources and resilience and expose people to greater risks of extreme poverty, diseases and poor health. At a macro-economic level, disasters impact on economic development through extensive damage of infrastructure and loss of human resources. Such setbacks seriously limit the ability of nations to make the investments in social development needed to achieve the Millennium Development Goals (MDGs). In fact, disasters can wipe out years of development outcomes. While natural disasters cannot be avoided, adopting adequate risk reduction approaches can considerably reduce the scale of damage and protect previous development gains.

¹ NEMA 2007. The evolution of NEMA from emergency response to disaster risk reduction: building the resilience of communities to disasters.

² UN /ISDR 2008. Towards national resilience: good practices of national platforms for disaster risk reduction

Governments are increasingly recognizing the need for comprehensive multi-stakeholder and multi-sectoral National co-ordinating mechanisms to reduce, prevent and manage the impact of disasters and hazards. This commitment was expressed in several United Nations Economic and Social Council and General Assembly Resolutions adopted at the end of the International Decade for Natural Disaster Reduction (IDNDR 1990 -1999). In 2000, the international community adopted the Millennium Development Goals (MDGs) as a global framework for development, which also take into account vulnerability, risk assessment and disaster management. More recently, the Hyogo Framework for Action 2005 – 2015 (HFA) was adopted by 168 governments in 2005 and this framework emphasized the importance of setting up National platforms with designated responsibilities at National and Sub-National levels³.

Like other countries in Africa, Nigeria has had numerous nature and human-induced disasters and remains exposed to a range of hazards (including health hazards, outbreak of communicable diseases). These disasters have exposed the vulnerability of the country's health system. The high levels of health risks faced by Nigerians underscores the need to incorporate risk reduction and mitigation measures in all existing and future development plans for the health sector.

Furthermore, the delivery of quality healthcare services assumes a highly critical role in the immediate aftermath of any disaster or calamity. As such it is expedient to ensure that the health care delivery system in Nigeria performs with maximum dynamism and efficiency in emergency situations. Therefore the health sector needs to strengthen its strategies to cope and address the range of health challenges arising from major incidents and disasters.

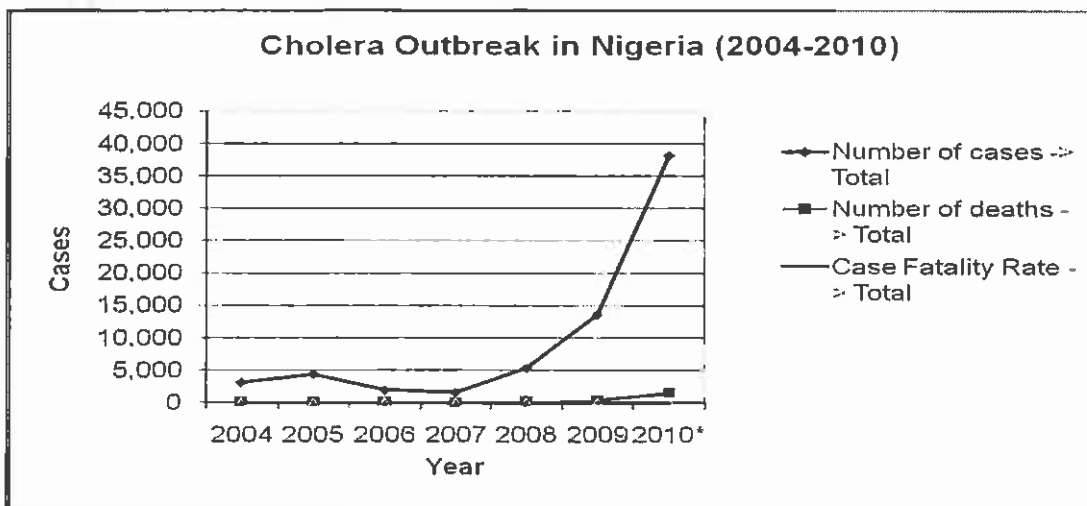
³ UN/ISDR 2008. Towards national resilience

1.2. SITUATION ANALYSIS OF HEALTH EMERGENCY PREPAREDNESS AND RESPONSE IN NIGERIA

The National Emergency Management Agency (NEMA) has developed a National disaster management framework on Disaster Management assigning specific roles to the various identified stakeholders. The framework also deals with general disaster scenarios.

Presently, the health sector has developed several guidelines, policy documents and plans for managing a range of public health issues. However, there is no over-arching health emergency preparedness and response policy to assist the health sector key-in to the overall national disaster management goals and objectives.

The need to fill this gap has become imperative given the country's vision of being one of the twenty most developed economies in the year 2020 as encapsulated by the nation's Vision 20:2020 document. Available records show that over 1000 lives were lost in 2010 due to cholera epidemic alone, many of these life's could have been saved with an holistic preparedness action following a policy guideline such as the HEPR.



Source: FMOH IDSR/WHO

Similar situation abound for other major health emergencies and disaster in the country including during conflicts, floods and other nature and human-induced disasters.

1.3 JUSTIFICATION

An emergency is defined as a crisis that has the potential to grow beyond the coping capacity of the affected community, single organization or group of communities at risk and calls for exceptional measures and community-wide arrangements to control its impact on people's health, property and well-being. Emergency preparedness and response therefore encompasses a range of activities to protect communities, property, environment and ensure national development.

Thus, there is a global consensus that Health Emergency preparedness and responsiveness should be part of the normal development plan of communities and countries. Also, it was agreed that Emergencies should not merely be responded to rather, their causes should be analysed, and preventive, mitigation and preparedness programmes, together with response and recovery strategies, be developed and implemented accordingly.

Given recent disasters occurring globally, it has become clear that terrorism and other public health emergencies pose unique challenges to the nation's healthcare and public health systems. The speed, accuracy, and coordination of both the healthcare and public health responses therefore have a direct impact on the health outcome of these disasters. Responding to health events of this type is new to the public health and healthcare communities, and requires a level of planning and coordination not seen before. While in some countries, a number of federal public health programs are in place to deal with these disasters, Nigeria like most other developing countries cannot be said to have in place a holistic (workable) Health Emergency Preparedness and Response Policy.

The biggest challenge in all countries for federal policymakers is to move beyond planning for each worrisome scenario toward a strategy based on analysis of threats and vulnerabilities — in short, to understand which are the top priorities in a sea of competing urgent priorities. This task is complicated by the decentralized nature of public health among the three tiers— Federal, State and Local Government.

The public health community faces a number of specific challenges as well. They include: ensuring the coordinated planning for and response to emergencies by a variety of public health and other governmental actors; setting goals and standards for preparedness at the federal, state and local levels; ensuring programmatic and fiscal accountability, and steady progress toward goals; and training and maintaining a skilled workforce for public health at all levels of government.

Thus, there is a need to have in place a holistic Health Emergency Preparedness and Response Policy which encompasses planning, determining and analysing health risks associated with disasters, putting in place preventive, mitigation and preparedness programmes, response and recovery strategies.

The true test of health emergency preparedness planning is how well health care professionals in private practice and public hospitals respond to and recovers from a disaster. This, the Health Emergency Preparedness and Response Policy aims to achieve.

CHAPTER 2: **POLICY THRUST**

2.1 VISION/MISSION

2.1.1 VISION

To reduce to the barest minimum the morbidity, mortality and disability rates arising from natural and human-induced disasters in the country.

2.1.2 MISSION

To consistently implement a national health emergency preparedness and response (HEPR) Plans that will reinforce disaster management in Nigeria.

2.2 GOAL

The goal of this Policy is to provide a broad structure to guide planning and response for health emergencies in Nigeria.

2.3 POLICY OBJECTIVES

The overall objectives of the HEPR are as follows:

1. To clearly define the role and scope of health sector interventions in disaster management in Nigeria;
2. To achieve coordinated assignment of responsibilities to all relevant stakeholders to contain health emergencies within the broader disaster management policy in Nigeria
3. To ensure effective deployment of human and material resources relating to health during disaster to reduce morbidity, mortality and disability in the country.

4. To define a frame work for health information/ communication before, during and after emergencies/disasters.
5. To provide an enabling environment for the management of trauma cases resulting from disasters and other accidents,

2.4 Components

The under-listed constitute the key components of the National HEPR:

- 2.4.1 Coordination and communication
- 2.4.2 Preparedness
- 2.4.3 Response
- 2.4.4 Post disaster
- 2.4.5 Roles and responsibilities
- 2.4.6 Trauma

SECTION 3: **POLICY COMPONENTS**

This chapter focuses on the component of health emergency preparedness and response policy namely:

- Coordination and Communication
- Preparedness, Surveillance/early warning alert system
- Response Implementation/Crisis Management
- Post emergency

1. Coordination and Communication

COORDINATION:

The Health Emergency Response Division (HER) shall be situated under the Department of Special Projects, in active collaboration with internal and external stakeholders. The internal stakeholders include: The departments of hospital services, food and drugs, public health, family health, health planning research and statistics, National Primary Health Care Development Agency (NPHCDA). The external stakeholders include: National Emergency Management Agency, Nigerian Police Force, Nigeria Armed Forces, Federal Road Safety Commission, Nigeria Security and Civil defence Corps, Federal Fire service, State House Medical Centre, etc and they shall:

The Health Committee shall be constituted by representatives from the various stakeholder departments/Agencies in the Ministry, as well as critical external stakeholders like NEMA, WHO, UNICEF, Tertiary hospitals, some key Private hospitals.

The health team shall comprise appropriate healthcare professionals of various cadres of commensurate skills who could be quickly deployed to disaster areas. The health team shall be on a 24-hr standby duty at all times to enable them respond to any disaster(s) in any part of the country, and shall be appropriately provided with communication tools and other equipment.

It is expected that health professionals discharge their tasks with the utmost sense of responsibility, during and after emergencies.

COMMUNICATION:

The FMoH shall have an established line of communication for all HER in conjunction with other stakeholders like NEMA and private agencies

The HMH shall be Incident commander in all HER who may designate to an appropriate officer.

The command staffs

1. Public Information officer
2. Safety officer.
3. Liaison Officer

In addition, the HMH shall:

- Coordinate all relevant health stakeholders responsible for the delivery of appropriate health preparedness and response service(s) before, during and after health emergencies.
- Establish communication with all relevant health stakeholders responsible for the delivery of appropriate health preparedness and response service(s) before, during and after health emergencies.

2. Preparedness/ Surveillance/early warning alert system

- To effectively respond to emergencies, the Health Emergency Response (HER) branch of the Public Health Department shall engage in the following preparedness activities.
 - Vulnerability and Capacity Analysis
 - Contingency Planning
 - Institutional development
 - Establishment of Information Management System
 - Establishment of Resource base
 - Establishment of Early warning system

- Public education and training
- Simulation exercises

In Collaboration with relevant stakeholders, the FMOH shall put in place appropriate surveillance mechanisms to detect potential triggers of disasters with possible impact on the health sector. The outcome of these routine surveillance activities shall be shared through an early warning/alert system regularly to the Public.

3. Response

- Response plans shall be activated within the first 24 hours of most emergencies and disasters by all health sectors of all tiers of government which shall be in the form of:
 - Alert: This could be early notification of the incident reported.
 - Real Time Evaluation (RTE): This is applicable in rapidly changing situations that may require immediate deployment of teams or change in strategy.
 - Rapid/Needs Assessment: This is to determine the extent of intervention required.
 - Deployment of response team: This is applied to situations that require intervention.
 - Effective management of communication and resources

4. Post emergencies

These relate to actions taken after disasters to assist affected communities and institutions.

- The Health Emergency Response branch shall carry out post emergency activities which aim to ascertain/determine further actions as may be deemed necessary:
 - Appraisal
 - Rehabilitation

- Restoration
- Recovery
- Surveillance
- Capacity building,
- Risk reduction activities

5. TRAUMA

This speaks to actions would take care of all cases of trauma from accidents/emergencies and disasters that inflict injuries to our citizens.

- All Accident and Emergency units of federal tertiary health institutions shall be adequately prepositioned in terms of equipment and personnel to handle acute trauma cases
- All trauma cases resulting from accident and emergencies to be treated free of charge within the first 24 hours in all government owned hospitals
- Referral trauma centres of international standard to be established, at least one in each geopolitical zone of the country, complete with helipad to act as referral centres for all trauma cases in the country
- All States are urged to establish trauma centres to compliment those of the federal government
- Transportation of trauma victims and referrals to be strengthened with the provision of well equipped ambulances, helicopters and air ambulances etc.

CHAPTER 4: ROLES AND RESPONSIBILITIES

4.1. Role of Federal Ministry of Health (FMOH)

The FMOH shall:

- Take the lead role in preparing and responding to all health emergency incidents
- Coordinate the activities within the health sector
- Develop a strategic health emergency preparedness and response plan
- Ensure the policy framework and guidelines for managing health emergencies and incidents.
- Take the lead in responding to all health emergency incident
- Effectively communicate with all relevant agencies/media on health issues
- Appoint an Incident Commander
- Create budget line and dedicated account for HEPR activities where fund shall be released within 24 hours.

4.2 Role of Incident Commander

The Incident Commander shall:

- Be the HMH or his designate.
- Shall appoint a Deputy Incident Commander
- Be the head of the HEPR Committee
- Head the HEPR Team
- Ensure adequate fund for health emergency and timely release.

4.3 DEPARTMENTAL ROLES AT FMOH:

The under listed departments in the Ministry shall be required to carry out functions and responsibilities as may be deemed appropriate in line with their mandate and prevailing situations.

○ SPECIAL PROJECTS/NCDC

The department shall:

- i. Be responsible for coordinating the implementation of HEPR Policy
- ii. Conduct training and provide technical, supervisory, monitoring and evaluation support for health emergency preparedness and response activities.
- iii. Review annual health emergency preparedness and response plan in collaboration with relevant stakeholders
- iv. Liaise with public health department to provide prompt and efficient response mechanisms for Health emergencies / Public Health events of national and international concern “at the points of entry and exit”, and notify appropriate authorities in the country.
- v. Analyze health emergencies data and disseminate to all levels for planning purposes.
- vi. Mobilize resources for HEPR activities.

○ HOSPITAL SERVICES

- National Blood Transfusion Services
- Tertiary Institutions Unit
- Regulation and Training (paramedical services)
- Nursing Services Unit
- West African Health Organization(WAHO) unit

The department shall:

- Ensure that the Accident and Emergency units of all federal tertiary hospitals are fully equipped to deal with accidents, emergencies and disasters
- Ensure that enough safe blood is available to our citizens in cases of accidents, emergencies and disasters
- Ensure that enough paramedics and other ambulance crew are trained in sufficient numbers to service the National Emergency Ambulance Service {NEAS}
- Ensure that medical personnel (local and international) involved in the treatment of accidents, emergencies and disasters are appropriately registered with the relevant regulatory bodies speedily
- Liaise with international health organizations/ bodies to bring additional medical assets to bear in the event local resources are overwhelmed
- Carry out post medical emergency/disaster audit with the aim of learning lessons to improve performance and strengthen the system in future

○ **FAMILY HEALTH**

- Health Promotion Division

The department shall:

- i. Be responsible for early warning of the public in the country
- ii. Set up an information centre to serve as a means of communication to either the public or other relevant stakeholders on the situation of the health emergencies as at when they occur.
- iii. Design and production of health information, education and communication materials on the prevailing health emergency for dissemination
- iv. Make available health information on emergency situations

○ **FOOD AND DRUGS**

The department shall:

- To undertake needs assessment, selection, procurement and storage of drugs and vaccines
- Be responsible for selection, quantification, procurement and storage of medicines, pharmaceuticals and other health consumables for emergencies
- Be responsible for preparing distribution plan as well as distribution of medicines, pharmaceuticals and other consumables in emergencies
- Provide timely evidence-based information on medicines, pharmaceuticals and vaccines used for emergencies
- Collaborate with other drug agencies and health professionals in managing drug therapy of patients during emergencies
- Link with drug information units at the state level
- Conduct studies to monitor drug use including adverse drug events or reactions in emergencies
- Participate in the development of guidelines, operational plans and policies on emergencies
- Participate in the development of guidelines, operational plans and policies on emergency preparedness and response in emergencies
- Perform any other functions as may appear appropriate and within the confines of the statutory responsibilities of the department in collaboration with other relevant stakeholders.

○ **HUMAN RESOURCES**

- Ensure that appropriate insurance cover for all staff deployed on emergency duty outside their normal work schedule is in place, and disseminated to all staff of the Ministry.

- Liaise with the various Departments providing emergency team members to ensure that they undertake regular, relevant capacity building programmes

- **HEALTH PLANNING, RESEARCH AND STATISTICS**

ICT

- Ensure efficient and effective utilization of ICT infrastructure in emergency
- Liaise with other relevant Stakeholders like the NCC, Galaxy backbone, Intel, Microsoft Corporation, etc to discharge communication related tasks in disaster and emergencies.
- Coordinate the development and management of emergency response information systems/solutions

In the event of health emergencies anywhere in the country, other national organizations such as NEMA, NPF, Military, NSCDC, FFS, FRSC, NiMET, Fed Min. of Environment, etc, SMOH, NRCS, WHO, UNICEF, etc as well as relevant Private sector organizations shall compliment the services of the FMOH, who shall take the lead in such situations.

4.4 Role of Health Emergency Preparedness and Response Committee

Set up a Health Emergency Preparedness and response committee

Set up a rapid health emergency response team

The Committee shall:

- Be replicated in the State and Local Government levels.
- Provide technical advice on HEPR to the Government of Nigeria.
- Provide advisory roles to all MDAs/Parastatals whose function also borders on health.
- Provide technical support to HEPR team and build capacity on response to health emergencies.
- Monitor HEPR implementation.

- Take the lead role in staff training and exercise the health emergency preparedness and response plan(special Projects)
- Ensure the provision of information for professionals and the public
- Ensure prevention and mitigation activities to reduce health risks and illness associated with disasters and emergencies.
- Review periodically health-related data to determine the frequency of occurrence of all health emergencies.
- Plan and coordinate all health emergency preparedness and response activities.
- Mobilize resources for HEPR activities.
- Establish an HEPR Rapid Response Team.
- Review HEPR plan when necessary
- Provide feedback through monthly newsletter and review meetings.

4.5 Role of Health Emergency Preparedness and Response Team

The Team shall:

- Be replicated in the State and Local Government levels.
- Be headed by an Incident Commander
- Conduct regular Surveillance activities with a view to ensure adequate preparedness to respond to all anticipated health emergencies.
- Assess all health emergency situation on ground
- Be responsible to carry out all health emergency activities on the field
- Document and keep statistics record of all health emergency activities carried out
- Have access to financial, material and human resources as necessary
- Carry out regular simulation exercise
- Embark on operational research
- Ensure prevention and mitigation activities to reduce health risks and illness associated with disasters and emergencies

4.6 National Primary Healthcare Development Agency

- Shall assist in the collection and collation of disease surveillance data in the LGAs
- Shall mobilize the community for the health emergency preparedness response activities
- Shall assist in the training and supervision of LGA staff in relation to HEPR
- Shall provide all relevant vaccines for HEPR activities
- Ensure that adequate and potent vaccines are available for supplemental immunization including epidemic response activities at all levels
- Collaborate with the Nigeria Centre for Disease Control (NCDC) and Special Projects to monitor disasters/emergencies and contingency stock of vaccine for other health emergencies.

4.7 Role of State Ministry of Health

The State Ministry of Health shall:

- Take the lead and coordinate health sector response to emergencies and disasters.
- In line with the National Health emergency preparedness and response policy, develop their own State health sector strategic health emergency preparedness and response plan
- Ensure federal health policies are implemented at state level and also collaborate with federal team on health emergencies and health-related disasters
- Develop staff capacity on emergency preparedness and response
- Establish clear command and control
- Establish an emergency incident control centre
- Immediate notification of relevant stakeholders of health emergencies and disaster incidents.
- Establish clear communication links with FMOH and ensure prompt transmission of information and data within 24hours
- Conduct training and provide technical support for planning, implementation and monitoring of all health emergencies at the Wards and LGAs.

- Establish a Health Emergency Preparedness and Response Committee and Team.
- Establish a functional public health laboratory to support surveillance activities.
- Ensure timely receipt and analysis of all health emergency data from all Wards and LGAs in the State and prompt transmission to FMOH.
- Coordinate all activities in the Wards/LGAs and provide timely response and support to Wards/LGAs in all health emergency situations.
- Provide regular feedback to Wards/LGAs through monthly newsletter and review meetings.
- Create a budget line for HEPR activities.
- Ensure information, advocacy and awareness creation about emergency preparedness and response

4.8 Role of LGAs

The LGA is the primary level of HEPR implementation and shall:

- Create a budget line for health emergency activities.
- Report on any health emergency on regular basis
- Monitor all health emergencies within the LGA.
- Ensure that drugs and other contingency stocks are in place in all health facilities.

4.9 NATIONAL EMERGENCY MANAGEMENT AGENCY (NEMA)

- Responsible for the overall management and co-ordination of response to disasters in the country
- Support in search and rescue operations (SARO)
- Survival support and resource mobilization
- Logistic support and seeking of complimentary international assistance

4.10 FEDERAL FIRE SERVICE (FFS)

- Mitigation, search and rescue
- Stabilization of victims, evacuation and safety and incident command

4.11 FEDERAL ROAD SAFETY CORPS (FRSC)

- Traffic control, emergency evaluation and hands-on search and rescue
- Movement to healthcare facilities
- Clearing of obstruction, and cordoning off disaster area.

4.12 NIGERIA POLICE FORCE (NPF)

- Providing security of response personnel and victims
- Cordoning off of area of incidence
- Investigation of cause of emergency as prosecution of negligent parties

4.13 NIGERIA SECURITY AND CIVIL DEFENSE CORPS (NSCDC)

- Responsible for mitigation, evaluation and stabilization of victims
- Search and rescue, site demarcation and crowd control
- Movement of victims and the dead to healthcare facilities, causality records, mass mobilization

4.14 NIGERIA RED CROSS SOCIETY (NRCS)

- Responsible for First Aid Intervention
- Rescue and evaluation of victims
- Stabilization of victims
- Survival support and medical care
- Psychological support to staff, volunteers and victims

4.15 FEDERAL TERTIARY HEALTH INSTITUTION (FTHIS)

- Serve as referral centres for any trauma or disaster case
- Treatment of victims of disasters and emergency in accordance with FMOH guidelines especially as regards treating victims within the first 24-48 hours without payment of cash or police report as a pre-requisite.

4.16 NATIONAL UNION OF ROAD TRANSPORT WORKERS (NURTW)

- Responsible for road transport workers nationwide
- Recording and documentation of road travellers of each dispatched motor park
- Educate their members (Drivers) on road use and compliance with road regulations

4.17 NIGERIAN COMMUNICATION COMMISSION (NCC)

- Regulators of all GSM operators in the country
- Ensuring seamless communication during emergencies and disasters
- Ensuring less financial burden on emergency responders in the course of their communication during emergency operations.

S/N	ORGANIZATION	ROLE/RESPONSIBILITY
1	NEMA	Coordinate logistic support, seeks international complimentary assistance
2	NSCDC	Logistics Support and security,
3	NPF	Logistics and security
4	NRCS	Logistics , First Aid, medical care
5	NiMET	Meteorological information.
6	NGOs	Logistics support, complimentary funding

7	Health officers of states and LGAs	Early warning from state level, provision of medical care, man power, prevention of escalation
8	Federal Fire Service	Search, rescue and evacuation of casualties to health facilities
9	NOA	Sensitization, mass mobilization,

Table 1 showing illustration of role of stakeholders during Emergency/Disaster

4.18 Partnership Coordination: The Department of Special Projects shall undertake this task.

SECTION 5: IMPLEMENTATION PROCESS

The Honourable Minister of Health will be responsible for ensuring that the FMOH has a Health Emergency Preparedness and Response Plan in place that will be built on the principles of risk assessment, co-operating with partners, emergency planning, communicating with the public and information sharing. As a minimum requirement, the FMOH will undertake a simulation exercise at least twice a year, and test of communication cascade every three months. The Top Management Committee (TMC) will receive regular reports at least annually, regarding emergency preparedness including reports on exercises, training and testing undertaken.

The underlining principles of emergency preparedness and response are:

- Speed and flexibility at local operational level, delivered by hospitals, ambulances services, primary care providers, the national blood transfusion service, health professionals and independent healthcare providers
- Active mutual aid across departmental and organizational boundaries
- Strong central capacity at FMOH to oversee and support the States

Prompt response to health emergencies requires adequate institutional multi-sectoral engagement to function. This chapter therefore gives a guide as to how provisions of the policy shall be implemented in a coordinated manner at all tiers of Government.

5.1 Coordination and Communication

Each State must be able to assume strategic control of incidents; the local emphasis should be on developing local capability to respond at primary care and community level including public

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health advice. In complex large incidents and emergencies, there is a need to co-ordinate and integrate strategic and operational responses.

5.2. Establishment of Incident Command/Control structure

All Health Emergency Preparedness and response activities shall be initiated during the first 24 hours (*i.e., the acute phase*) of all health emergencies by all tiers of Government.

Specific functions and tasks shall be divided into three response time frames: *Immediate, Intermediate, and Extended*. The order in which these activities shall be undertaken may vary according to the specific health emergency incident.

All responses shall be subject to the provisions of emergency operations plan, procedures and guidelines.

5.3 Preparedness and Response

Health Emergency Preparedness and Response (HEPR) Committee shall be established at all levels and shall meet on quarterly basis (as a minimum and more frequently as the need arises). The HEPR Committee shall assume the strategic functions and advisory role. At the national level, the HEPR Committee shall be headed by the Permanent Secretary, FMOH and assisted by the Director, Special Projects. The HEPR Committee (FMOH) shall report to the Honourable Minister of Health. The HEPR Committee shall comprise of the Perm. Secretary and Director of Special Projects. Other members are Heads of Departments of FMOH, NPHCDA, NEMA, State House Medical Centre, Director, Nigeria Centre for Disease Control (NCDC) and representation from Partners(WHO, UNICEF) tertiary hospitals and some private hospitals.

The HEPR team shall be established at all levels, strengthened and shall meet monthly and more frequently as the need arises with defined terms of reference, plan of action and operational guidelines. The HEPR team will undertake the tactical and operational functions, and shall respond accordingly in all health emergency situations.

The response of healthcare organizations to a major incident also requires a response that incorporates the principles of integrated emergency management (assessment, prevention, preparation, response and recovery). In addition, the critical functions of the healthcare organizations should consider developing arrangements for business continuity including human resources, buildings, supply chains, utilities (communications) and service capacity

5.4. Post Emergency

HEPR team shall measure the impact in all health emergencies in accordance with the 3(R)s: Rehabilitation, Reconciliation and Reconstruction.

5.5. Policy Review

This Policy shall be reviewed after every 3 years, unless exigencies dictate otherwise.

REFERENCES:

- NEMA/UNDP/UNICEF/UNFPA/IOM et al; July 2012: *National Capacity Assessment Reports on Emergency Preparedness and Response (EPR) and Disaster Risk Reduction (DRR)-Nigeria.*
- NEMA 2007: *The Evolution of NEMA from Emergency Response to Disaster Risk Reduction: Building the Resilience of Communities to Disasters.*
- Microsoft Corporation 2009: *Enabling the Public Safety Mission with the Microsoft Citizen Safety Architecture*
- UN/ISD2008: *Towards National Resilience: Food Practices of National Platforms for Disaster Risk Reduction*
- NEMA 2005: *National Action Plan for Disaster Risk Reduction; 2006-2015.*
- UN/ISDR Africa Education Series, Vol. II, Issue 4, 2004: *Disaster Risk Reduction Governance and Development.*

ANNEXURE:

1. Draft Policy Finalization Committee Membership

S/No	Name	Organization
1	Mr. John A. Kehinde	Health Emergency Response Division, Dept. of Special Projects, FMoH.
2.	Dr. Akin Oyemakinde	Head, Epidemiology Division, Dept. Of Public Health, FMoH.
3	Dr. David Atuwo	Dept. Of Hospital Services, FMoH.
4	Mr. Ben Oghenah	Asst. Director, PR &F National Emergency Management Agency
5	Dr. John Onyeokoro	Lead Consultant
6	Dr. Folake Ademola-Majekodunmi	Consultant
7	Dr. Priscilla Ibekwe	Consultant