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Health Emergencies in Large Populations (H. E. L. P.): A comprehensive training programme

Summary

This article describes the training programme that the Medical Division of the International committee of the red cross has set up since 1986 in collaboration with the Geneva Medical School and WHO. It is meant primarily for health professionals who will have to deal with large populations in critical situations. The objectives and the organization of the course are described and the results of this training programme are analyzed in terms of number and distribution of participants as well as in terms of impact of the programme on coordination of aid agencies' work.

Background

Over the past twenty years humanitarian aid has increasingly become a matter for professionals, as the organizations involved have gained experience in analysing emergency situations in all their complexity and recognizing the very real risks inherent in ill-prepared and mismanaged aid programmes.

As far as health care is concerned, one could say that the early 1980s marked a turning point. Epidemiological analysis of crisis situations became more systematic and health problems among displaced people and refugees were assessed with regard to the wider context of a comprehensive approach to health.

This trend, initiated by a few groups of professionals, called for

special training of health-care staff with responsibility for running humanitarian operations in the field.

In 1986, the ICRC set up a training programme to meet this need.

Objectives

The programme has three main objectives:

- to prepare senior health-care staff to take part in emergency operations conducted by the ICRC or other organizations;
- to develop a common approach in order to improve coordination between the various organizations involved in such operations;
- to define the conditions and skills needed to extend emer-

gency operations to situations requiring medium-term and long-term planning.

To attain these objectives, a three-week course (HELP/SOS) was organized to review the health-care techniques most commonly used in emergencies. The course is open to the staff of all humanitarian organizations and also to health-care workers in countries affected by such emergencies, and involves university institutions able to provide teaching support.

Organization

The World Health Organization and the Institute of social and preventive medicine at the University of Geneva Faculty of Medicine were asked to organize the course jointly with the ICRC. The first HELP course, in English, was held in Geneva in June 1986 and has become an annual event.

The number of students is limited to 25 to ensure their active participation in the proceedings. A leaflet is drawn up for each course and widely distributed to National Red Cross and Red Crescent Societies, UN agencies, non-governmental organizations and ministries of health.

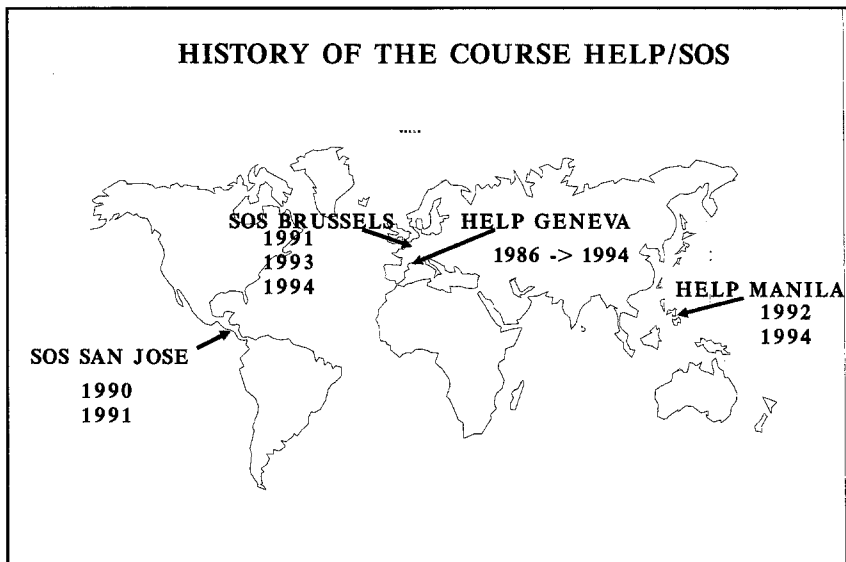


Figure 1

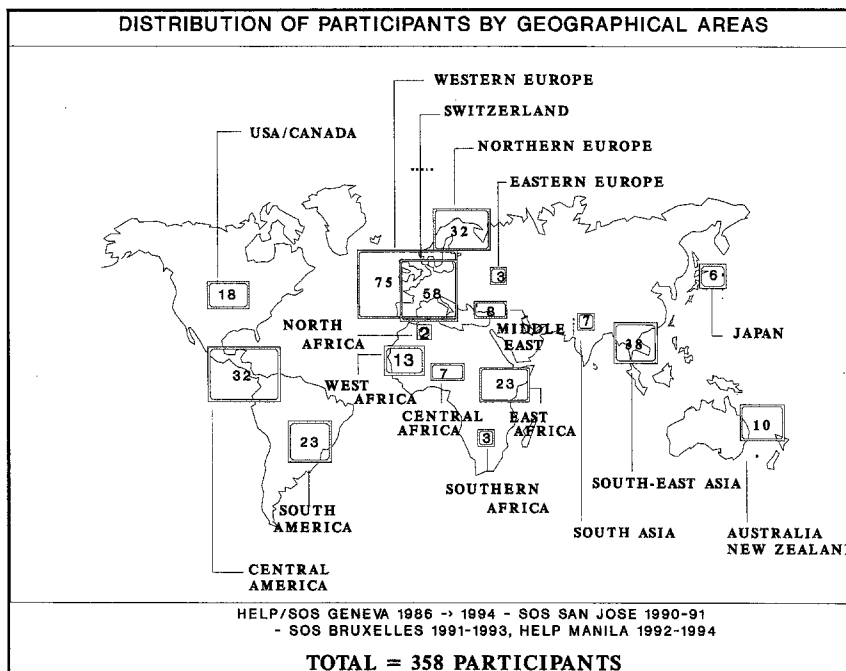


Figure 2

Course participants are selected according to the following criteria:

- their academic training in health care;
- previous experience in dealing with emergencies;
- present or future responsibilities in agencies specializing in emergency operations.

Between 1986 and 1989, there were between 50 and 70 applications for the HELP course each year. Given this demand and the fact that some geographical regions were under-represented, the ICRC, together with Pan American Health Organization (PAHO), decided to offer a similar course (SOS (Salud en

Operaciones de Socorro)) in Spanish in San José, Costa Rica. This process of decentralization continued in 1991 with an SOS (Santè dans les Opèrations de Secones) course given in French in Brussels and a similar course in English in Manila (Philippines). In each case a university and the World Health Organization (WHO) were involved.

The course lasts three weeks. An attempt is made to give equal time to the different modules, while remaining flexible enough to devote more time to subjects of special interest to the participants (although a certain degree of prescheduling is necessary if outside contributors are to take part). However, the time-table within the modules remains very flexible and changes are always possible.

This method may seem complicated, but it maintains a high level of participation throughout the course by all those present.

Teaching methods

Content

The course covers the subjects regarded as required knowledge for health professionals working in emergency situations. The material is divided into the eight classic areas of health care needing attention in such situations.

- Introduction to planning
- Food and nutrition
- Water and environmental sanitation
- Communicable disease control
- Medical and surgical services
- Epidemiology in emergency situations
- Disasters and development
- International humanitarian law.

The material taught is regularly updated on the basis of experience gained in the field and new operational strategies and techniques.

Educational objectives

The areas covered are vast, as they involve all aspects of health care. In order to avoid digression into generalities of little direct relevance or focusing on subjects that are very specific but unrelated to each other, the programme has been divided into 200 precise educational objectives, which together form a coherent whole. This whole is published as a manual entitled "Systematic approach to health problems in emergency situations", each individual chapter of which is handed to the participants at the end of each "module" or section of the course.

At the beginning of each module a list of all the available objectives pertaining to that part of the course is given to the participants, who agree on a selection of those most relevant to the group.

Each objective is discussed in working groups, which then summarize their conclusions to the assembled course participants. The course instructors monitor the group work and, when the results are presented, comment on the solutions proposed on the basis of their own experiences in similar situations.

Exercises

A series of exercises has been designed in relation to each objective to help in the learning process. They are all part of a general simulation which comprises five computerized data banks. The simulation involves a mixed population consisting of refugees, displaced persons and local residents presenting the usual health problems encountered in disaster situations. The first data bank contains general information on the situation:

- a description of the political background
- economic and social conditions in the country

- a description of the country's infrastructure
- discussions with national and local leaders
- maps.

The second data bank offers a range of information on the families living in a refugee camp:

- place of origin
- size of the family
- living conditions (water, food, etc.)
- access to health care.

The third data bank provides a breakdown of each of the above-mentioned families, with additional information on its individual members:

- age and sex
- weight and measurements of all children
- the state of health of each individual
- immunizations, etc.

The fourth data bank contains the medical records of all patients seen in the camp dispensaries. These include details on:

- diagnosis
- treatment
- hospitalization.

The fifth data bank gives access to the statistics of the hospital to which camp residents are referred. The advantage of a single, general simulation is that it enables the participants to work in a situation presenting all the complexity of the real thing, whereas short case studies dealing with individual aspects of an emergency tend to restrict the possibilities for interaction between all the different parameters relating to such situations.

References

A further data bank currently containing some 500 bibliographical references is available to the participants. Standard texts such as the UNICEF handbook *Assisting in emergencies* are also provided.

Results

Distribution of participants

A total of 358 people from 85 countries have so far taken part in the HELP/SOS course. The following figure provides a breakdown of the participants by profession.

Physicians are strongly represented, accounting for 59% of participants, followed by nursing staff (25%).

Course assessment

Each course must be assessed to establish whether the content, the teaching method, the references and the instructors have succeeded in meeting the participants' needs. After each module the participants receive forms on which they note their remarks and critics. These comments are then compiled at the end of the course to provide an overall evaluation.

Participants' assessment

Gauging what the participants actually learn

The assessment is carried out in three ways.

First, a 100-question multiple choice test is given at the beginning and again at the end of the course. It reveals whether the participant has acquired the knowledge and skills that the course seeks to impart.

Each working group is asked to write a complete report on the simulation. In it they must identify health problems, establish priorities and objectives, and plan and then assess the impact of the various programmes. This report reveals the participants' ability to take the measure of an emergency situation and suggest ways of dealing with it. Finally, participants at the HELP course held in Geneva are asked to write a paper on a mission carried out following the course. It should show how the

planning procedures and epidemiological methods taught in the course were later applied. The paper is then submitted to the Institute of social and preventive medicine of the University of Geneva Faculty of Medicine which, if it judges that the work is up to standard, issues a diploma to the participant.

Extent to which the skills acquired are later put into practice

In 1989 a questionnaire was sent to the first one hundred course participants. Of the 43 replies received, 34 (79%) said that they had been called upon to deal with a large-scale emergency since completing the course.

A check made by the ICRC on 11 January 1993 showed that all the major emergency operations involving health care for the civilian population were being coordinated by HELP/SOS graduates.

Impact of the course on coordination of aid agencies' work

It is difficult to assess the effect the course has had in this respect. At

best it can be said that certain facts point to such an impact. In December 1992, for example, the ICRC medical coordinator, the UNHCR medical coordinator responsible for returnees* in Cambodia, and the Cambodian Red Cross official responsible for assisting returnees in Battambang province, were all HELP/SOS graduates.

Future prospects

The systematic approach to health care in large-scale emergencies is a relatively new discipline. We must do everything possible to ensure that the knowledge gained is shared, and to find new ways of acquiring further expertise.

Increasing the coverage of HELP/SOS courses

Holding the HELP/SOS courses in different parts of the world goes some way towards meeting the need to spread the knowledge acquired as widely as possible. But more health-care professionals

must be trained to give this type of course, especially in countries most severely affected by emergencies. The following map shows the numbers of participants by geographical region. It will be seen at once that Africa and the countries of Eastern Europe are still under-represented in the course.

Making academics more aware of the health problems faced by the victims of large-scale emergencies

Ensuring that the HELP/SOS courses are always organized in conjunction with a university has proved a good way of keeping up to date with new health-care techniques that can be applied to emergency operations. Also, the extension of the course through the curriculum of universities would be an excellent opportunity to train new health personnel in the field of humanitarian interventions. The ICRC is willing to cooperate in this way.

* Cambodian refugees returning from camps on the Thai border.

Zusammenfassung

Medizinische Notfälle in grossen Bevölkerungsgruppen: Ein umfassendes Trainingsprogramm

Ein Weiterbildungsprogramm, das vom Internationalen Roten Kreuz seit 1986 an der Universität Genf angeboten wird, ist kurz beschrieben. Das Programm ist für Mitarbeiter des Gesundheitswesens bestimmt, die in Katastrophensituationen und Notzuständen für grosse Bevölkerungsgruppen zuständig sind. Die Ziele, sowie die Organisation des Kurses, wie auch die Annahmekriterien und die Evaluationsmechanismen sind dargestellt. Daten über Herkunft der Teilnehmer und Auswirkungen des Programmes auf verschiedene Organisationen, die im Bereich Katastrophenhilfe aktiv sind, sind angeführt.

Résumé

Santé dans les opérations de secours: un cours de formation pour la gestion de l'aide humanitaire

Cet article décrit un programme de formation mis en place dès 1986 par la Division médicale du Comité international de la croix rouge, principalement destiné aux professionnels de la santé impliqués dans les situations d'urgences et de catastrophes impliquant des populations entières. Les objectifs et les modalités d'organisation du cours sont décrites, ainsi que les critères d'admission et d'évaluation. Les résultats du programmes sont présentés en fonction du nombre et de la distribution géographique des participants, ainsi qu'en termes d'impact sur certains aspects du fonctionnement des organismes impliqués dans les opérations de secours.

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