

Guyana develops regional health plans

During 2009, PAHO provided support to MOH Guyana to develop and test its national health disaster plan. In continuation of that process, support was provided in 2010 to develop two of the four regional health plans for regions 1 and 4. Two desktop simulation exercises were conducted to test and finalize the plans during 1 – 7 July 2010. The exercises also provided the opportunity to test and subsequently adapt to the Caribbean, the PAHO publication, “Guide for Conducting Simulation Exercises and Drills”, which had been recently translated from Spanish.

Each of the sessions took the form of a 2-day workshop. In each case, the focus of the first day of the workshop was presentation and discussion of the draft Regional Health Sector Disaster Plan (RHSDP). At the end of the first day, participants were given an overview of the exercise, which was conducted on the second day. The Region 1 exercise was based on a waterborne disease outbreak scenario, while the Region 4 exercise was based on a flooding scenario. Specific efforts were made to ensure realism, so that the events presented in the scripts would elicit the appropriate reaction from participants. Each exercise was followed by an evaluation and discussion session.

The exercises for both locations were designed to create the opportunity and conditions for activating the RHSDP, and for participants to play their designated roles within the Plan, based on the scenario and events presented. One of the assumptions implicit in this approach was that participants have a reasonable understanding of the Plan in general, and their roles and responsibilities in particular. The design of the training however, reflected recognition based on initial discussions with local personnel, that there was need for participants to be familiarized with the respective draft RHSDPs before attempting the exercise.

Evaluation and Observation

Region 1

Generally, participants responded positively to the workshop and exercise, and participated actively in the post-exercise discussions. In region 1, most participants were new to Disaster Management and many expressed appreciation of the importance of such interventions. The exercise revealed a number of gaps and opportunities, providing invaluable information for updating the plan. These included:

- Identified need for greater circulation of the RHSDP to all levels in the health system, and as well as related training at the district and community level.
- Need to strengthen the present referral system in region
- Limitations in availability of relevant human, material and financial resources, to support the implementation of the plan.
- Recognition of the need to make use of volunteers at the community level to assist in disaster situations, given the limited availability of healthcare personnel.

- Need to revisit proposed composition of the regional health disaster advisory and response committees given the limited availability of medical and other specialist personnel in Region 1.
- Requirements to simplify the structure and content of the Plan to facilitate easy comprehension by its users. It was suggested that the focus should be on providing more straightforward SOPs on response actions required.
- Clarifications necessary for the location for the RHSEOC and triggers for activating the EOC as well as provision of resources for managing the EOC, particularly with regard to communications and information management, need to be made available.

Region 4

The post-exercise debrief session was highly interactive. The comments and observations addressed the execution of the exercise, the content and structure of the plan and other practical issues related to Disaster Management that were brought to light during the workshop. Key issues raised include:

- Need for clearer understanding of the composition of the RHSEOC and the roles, as well as a plan for staffing the RHSEOC. Also need for a clearer understanding of the transition from Regional Health Sector Disaster Committee to RHSEOC
- Clarification (and if necessary, simplification) of the lines of authority and communication from regional to national government in health disaster response
- Need for training in EOC management for persons who are likely to be involved in RHSEOC operations, and particularly those who will have leading roles. This training should cover SOPs for EOC management, with emphasis on operational aspects such as information management, message handling and task assignment.
- Need for EOC management tools. Particular mention was made of maps or Geographic Information Systems (GIS) software to identify affected populations, locations and facilities.
- Need for contacts in the affected communities to provide up-to-date information on the situation.
- Need for a mechanism for funding short-term response needs
- Need for a legislative framework for Disaster Management that will incorporate the relevant the disaster plans.
- Higher profile needs to be given to Disaster Management activities