

## Oral Presentations—Primary Care

### Strategies to Strengthen the Integration of Primary Health Care and a Community-Based Approach to Health Risk Reduction and Emergency Preparedness

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The Hyogo Framework for Action 2005–2015 identifies priority for building resilience to disasters. Community disaster preparedness includes Disaster risk reduction principles of sustainability. Health risk reduction is part of disaster risk reduction but also must be identified as its own entity. The World Health Report 2008 focuses on a renewal of primary health care as a set of values and principles. Strengthening primary health care in the context of disaster risk reduction/emergency preparedness could strengthen the health of communities, particularly in low income countries. These relationships are important to understand to be able to integrate community-based strategies.

Four models of “community-based” intervention will be discussed. The 2008 World Health Report primary health-care concepts will be described and the synergies between primary health care and health risk reduction/emergency preparedness reviewed/challenged. A modification of primary care will be presented that is better suited to disaster settings. Strategies to strengthen the community-based interventions will be discussed within the context of the challenges to implementing health risk reduction/emergency preparedness interventions.

**Results:** Disaster risk reduction and emergency preparedness are priorities of disaster management. Health and healthcare systems within disaster risk reduction/emergency preparedness must be identified within their own right. Disaster risk reduction/emergency preparedness must be incorporated into local models of development through primary health care. Primary healthcare systems should incorporate disruption as the norm, not the exception. Primary care models re-defined could work better in disaster settings and community-oriented primary care a better model for health risk reduction/emergency preparedness. Case examples give support to these results.

**Conclusions:** Community-based strategies for health risk reduction/emergency preparedness can use primary health care to strengthen interventions but the model of primary health care, particularly primary care, need to be re-defined for disasters.

**Keywords:** community; disaster risk reduction; primary health care  
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### Primary Health Care and Disasters: Current State of the Literature, What is Known, Major Gaps, and Next Steps

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**Introduction:** The *World Health Report 2008* focuses on a renewal of primary health care as a set of values and principles for all sectors. Eighty percent of disasters occur in low-income countries where health systems often are weak. The Hyogo Framework for Action 2005–2015 identifies priority areas for building the resilience of nations and communities. In 2005, Humanitarian Reforms have led to changes in humanitarian response. Evidence from high-income countries suggests that access to comprehensive primary health care improves health outcomes. Strengthening primary health care and the linkages with health risk reduction, emergency preparedness, response, and recovery could result in better health for communities, particularly in low-income countries.

**Objective:** The objective of this study was to discuss the state of the literature as it pertains to primary health care and disasters.

**Methods:** A literature review was conducted to determine the extent of primary healthcare literature in the field of disasters. Search methods will be described and attempts will be made to find the grey literature discussed.

**Results:** The results will be presented as common themes and major gaps in the literature. The discussion will cover the next steps needed to be taken in order to address gaps.

**Conclusions:** Although the literature regarding primary health care and disasters is limited, the primary healthcare approach in disasters appears to be a reasonable way to make progress. Encouraging community-based non-governmental organizations and governments to publish lessons learned and successful examples can help advance and inform policy with respect to primary health care and disasters.

**Keywords:** disaster health; disaster management; gaps; literature; primary health care; research  
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### Revitalizing Primary Health Care: What Does it Mean for Health Risk Reduction, Emergency Preparedness, Response, and Recovery?

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**Introduction:** The *World Health Report 2008* focuses on a renewal of primary health care as a set of values and principles. Eighty percent of all disasters occur in low income countries, where health systems already are weak. In some low-income countries, primary health care is a strength of the health system. Evidence from high-income countries suggests that access to comprehensive primary health care improves health outcomes. Strengthening PHC in the context of emergencies and disasters could strengthen the health of communities, particularly in low income countries.

**Objective:** To use the main primary health care concepts and messages of the *World Health Report 2008* to discuss how primary health care fits into health emergency risk management and vice versa.

**Methods:** Key primary health care concepts will be reviewed and primary health care reform will be discussed. Characteristics of health systems which have been shown in high-income countries and low-income countries to be good indicators of the strength of a primary healthcare system will be reviewed. These will all be linked to the knowledge of disaster management as it pertains to health.

**Results:** The literature about primary health care in disasters is sparse. The primary healthcare model does provide more emphasis on equity, community participation, and intersectoral approaches, and understanding these links is important to those involved in health and disasters. Developing the strategies to apply these concepts and principles is paramount.

**Conclusions:** Primary health care can help strengthen health in risk reduction, emergency preparedness, disaster response, and recovery, particularly in low resource areas.

**Keywords:** disaster health management; high-income country; low-income country; primary health care; World Health Report

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## Keynote 7

### Displaced and Migrating Persons and Health Issues

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Migration always has been an essential and key part of social and economic development and there are countries such as the US, Canada, and Australia that have been built on human migration. Migration today, however, has assumed a far less structured character than in the past; it involves far more irregular migrants and in some parts of the world, migrants also tends to take more difficult and hazardous routes. As a result of this and the growing hardening of attitudes and policies on migration, they are being exposed to more precarious health and social environments and are exposed to new social and physical insults to well being. Even when they arrive in their countries of final destination, the type of work they are expected to do, the conditions in which they are expected to live, and the indirect health hazards they are exposed to, place them at serious risk of accidents and illnesses of different kinds. As more data become available, it is becoming clear that the frequency and, in many cases, the severity of the psychosocial problems, and communicable and non-communicable diseases that a large proportion of migrants are faced with, constitute a major threat to national health profiles as well as to the migrants themselves. Because of legal and insurance problems, and cultural and linguistic differences, or simply because they are often unaware of what services they might have access to, migrant health is becoming a greater matter of concern than ever. The situation also is becoming more pressing because of the rapidly growing number of

migrants. Adapting many of the well-tried principles and practices of disaster and emergency medicine to these situations could go far in helping resolve the problems and meet the challenge. Sensitizing healthcare personnel to the principles and philosophy of disaster and emergency medicine and its relevance to the cause of migrants also would be a major step forward. The challenge will be how best to do this, how best to train national and international staff, and how to promote work in this area.

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## Keynote 8

### Public Health Emergencies: The Common Thread

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Public health emergencies are disasters that adversely impact the public health system and its protective infrastructure; and occur when this protective threshold is destroyed, overwhelmed, not recovered or maintained, or denied to populations in need. They are represented and measured, not by direct health indices, but rather by indirect indices that have been found to be larger and more profound than those resulting from the initial effect of the disaster itself in most situations. Several examples of public health emergencies will be presented to illustrate the common thread that has emerged across all major disasters whether they be war, pandemics, or large-scale natural disasters. Environmental, population-based factors, and other contributors to the rising consequences of public health emergencies will be discussed. When public health emergencies are properly recognized, improved prevention, preparedness and planning will occur, resulting in a measured decline in both excess mortality and morbidity.

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## Oral Presentations—CBRNE

### Decontamination and Treatment of Injured Persons during Chemical Agent Incidents

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**Introduction:** The creation of a medical incident response plan for the treatment of injured victims contaminated during a chemical incident challenges more than one of the rescue services involved in civil emergency response. Our main objective was to create an incident management plan compatible with existing rescue service logistics and resources.

**Methods:** Under the supervision of the Schutzkommission des Inneren and with delegates from emergency medical services, fire, technical rescue services, and the German Army, a consensus conference to investigate the general conditions necessary and the existing structure available for managing victims of chemical incidents, was created. Typical injury patterns and their treatment in respect to decontamination