

**UPDATES ON MILESTONES OF TWG
– EMERGENCY PREPAREDNESS,
DURING TC-JAHSR**

October 2011

Introduction

**The TWG on
Emergency
Preparedness
component is
comprised of
the following
stakeholders :**

- 1) Emergency Preparedness and Response Section
- 2) Epidemiology and Disease Control Section
- 3) Environmental Health Section
- 4) Department of Curative Services
- 5) Nursing Services Unit
- 6) Emergency Medicine Department-MNH
- 7) MOI
- 8) MUHAS
- 9) NIMR
- 10) DMD-PMO
- 11) RMO, Dar es Salaam City
- 12) TRCS
- 13) WHO
- 14) UNICEF

HSSP III Objective Relevant for the TWG

The HSSP III objective which is relevant for the TWG on Emergency Preparedness Strategy is ***‘Establishment of systems at all levels for immediate emergency response to health disasters’***.

Progress and initiatives taken by the TWG :

Twelve (12) meetings already conducted and various initiatives taken.

- **Surveillance and Response**

- Active surveillance system strengthened, especially at the ports of entry.
- New IDSR – Guideline finalized that includes Communicable and Non communicable diseases as well as Zoonotic diseases Emergency Preparedness and Response Plan
- Rapid Response Teams already established in all of the 4 referral hospitals (Muhimbili National Hospital, Bugando Medical Centre, KCMC, and Mbeya Referral Hospital) and most of the Regional Hospitals.

Progress and initiatives taken by the TWG : cont

- **Capacity building**
 - Short courses in disease outbreaks for exchange of information with the neighboring countries and international community improved.
 - Responded to the major disasters which occurred in the country (Gongo la mboto bomb explosion and Marine accidents in Zanzibar.
- **Emergency Preparedness and response**
 - Draft 1 of the 'All Hazard Approach EPR Plan' develop
 - Rendered operational of NHLQATC
 - Existence of FELTP in the support of preparedness and response
 - Existence of East African Community cross boarder surveillance network

Challenges

- Inadequate funds for emergency preparedness and for activities necessary for immediate response to emergencies
- Long bureaucratic procedures for accessing funds constitute bottleneck for timely response to emergencies
- Inadequate capacity for local laboratories to confirm some of the emerging and re-emerging diseases of high epidemic potentials.
- Inadequate skilled human resource to manage gradually emerging complex disasters of various causes
- Limited resources not matching with the rapidly increasing disaster events

Way forward, most important initiatives in the coming year (New milestones)

- Response to emergency and disaster done timely and promptly utilizing the existing collaborations(e.g EAC , SADAC and other neighboring countries - Joint cross boarder investigation and etiological confirmation of Pathogen) and availability of resources
- Finalization of All Hazard Emergency Preparedness and Response Plan.
- Strengthen linkage with WASH Cluster initiatives and other relative TWG on Emergency Preparedness strategy
- Use funds under the existing projects - WB public health lab networking to strengthen the IDSR, cross boarder collaboration and capacity building for Regional Response teams and lab personel in six sites of Kigoma, Sumbawanga, Ndanda, Mara, Kibongoto and Muhimbili .