

Strengthening Public Health Emergency Management in Sri Lanka

Human Interest Story

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PHEMAP and PHEDMa transform Sri Lankan health system by advancing disaster management

Colombo, Sri Lanka — The 2004 tsunami in Sri Lanka was one of the worst disasters ever recorded in the country's history, leaving tens of thousands dead, many more homeless, and causing widespread destruction throughout the island. The tsunami was triggered by a magnitude 0.9 earthquake off the coast of Sumatra, Indonesia.

Before the tsunami, Sri Lanka lacked an established and well-coordinated Disaster Risk Reduction (DRR) system. The country only had a few senior medical officials within the Ministry of Health that had been trained in public health disaster management. In the wake of the tsunami, the country urgently needed a DRR system to minimize losses to human life and property during disasters and emergency situations.

Diploma in disaster management

In late 2005, Asian Disaster Preparedness Center (ADPC) introduced a diploma in disaster management for Sri Lankan medical officers under the Public Health Emergency Management in Asia and the Pacific (PHEMAP). Courses were adapted to all personnel within ministries (from National Directors to District Medical Officers) and covered trauma and public health issues in natural disasters and mass accidents. These issues were examined from policy, management, organizational and technical perspectives.

Dr. Hemantha Herath was fortunate to attend the inaugural national PHEMAP training in Sri Lanka. He served as a resource person for subsequent national PHEMAP courses and coordinated with doctors in the Ministry of Health.



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Dr. Hemantha Herath (left) and Dr. Dinesh Fernando at the 2015 Award Ceremony for the 10th Training Course in Public Health Emergency and Disaster Management for Health Care Professionals of South-East Asia

Photo by MoH - Sri Lanka

Birth of disaster preparedness system

Over the years, 17 Sri Lankans have trained in PHEMAP and other ADPC courses. Six PHEMAP graduates really had disaster management in their blood, as they took initiative and established a reliable disaster preparedness system.

By 2009, the disaster management and preparedness system was functioning well in the country. The Ministry of Health deployed this system during the final stages of civil war to prevent, mitigate and prepare for an anticipated humanitarian crisis.

By May 2009, when the near 26-year civil conflict was over, there were over 300,000 Internally Displaced Persons (IDPs) in need of government care. The IDPs lived in welfare villages and the government provided maximum care and services until their resettlement.

Entrusted with the role of Director of IDPs Healthcare – an ad hoc position created to serve the affected population, Dr. Hemantha Herath carried out his responsibilities successfully with the help of his PHEMAP-trained colleagues.

Launch of the post-graduate training program

It was during this time that Dr. Rezvi Sheriff, Director of the Postgraduate Institute of Medicine (PGIM) and Professor at the Faculty of Medicine, University of Colombo, visited the IDP Camps and saw how health needs of the displaced people were being met. Dr. Rezvi suggested developing a post-graduate training program for doctors, and appointed Dr. Hemantha Herath as Founder Chairman of the Specialty Board for Disaster Management. Inter-regional PHEMAP graduate, Dr. Eeshara Kottegoda,

was appointed as secretary. With help from other inter-regional PHEMAP graduates in Sri Lanka and ADPC PHEMAP trainees, Dr. Dinesh Fernando and Dr. A. Balasooriya, a post-graduate diploma training (PGDT) course for doctors was developed.

Structure of the post-graduate diploma

The one-year course was split into three sections: three months of lectures to learn the fundamentals, two months of short appointments to network with stakeholders and six months of long-term attachment to a health institution.

During short appointments, participants are assigned to key organizations in the country to conduct disaster management-related work and develop contacts. Organizations include the Disaster Preparedness and Response Division of the Ministry of Health (MOH), the National Hospital Accident Service, the Office of the Colombo Judicial Medical Officer, Ministry of Disaster Management, and various UN agencies.

In the third part of the training, participants are appointed to a specific hospital or public health institution to conduct risk assessment both within and outside of the health institution. Based on findings of the risk assessment, they prepare a disaster management plan for the institution and conduct a drill to test their proposed plan.

Completion of these components are required to qualify as a candidate for the final exam and diploma. The trainees are required to carry out a small research project and in the event of a major disaster, they would be called to participate in response activities. Otherwise, the entire batch of trainees would be called to conduct a single public health drill at the national level. The government provides the funding required to conduct the drills.

The most significant change

The development of a diploma in Disaster Management for Medical Officers in Sri Lanka is the most significant contribution and result of the PHEMAP program. Prior to PHEMAP's inception in Sri Lanka, only a few senior medical officials within the Ministry of Health were trained with skills in public health disaster management.

This program proved beneficial for the country, with approximately 20 hospitals receiving formally prepared and scientifically-based disaster management plans every year. The program has also restored interest in hospital drills, as all major hospitals now conduct at least one drill every five years, and many locations perform drills annually.

Today, almost every hospital in Sri Lanka has participated in the program and developed their own disaster management plan. With diploma holders distributed all over the island, doctors no longer travel to distant hospitals during disasters or emergency situations. Diploma holders are also training other health workers at the local level and acting as resource persons at national level trainings.

Challenges with collection of information was also addressed in this post-disaster system. Focal points in major hospital districts and provinces now collect and relay information to the central headquarters in the event of an emergency. The PHEMAP and its current local version, 'Public Health Emergency and Disaster Management' (PHEDMa), have truly transformed the health system of Sri Lanka by advancing disaster management.



*The Most Significant Change (MSC)
story of the PHEMAP program*



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