

Second Meeting
Geneva, 6-10 December 2004

Meeting of Experts
Geneva, 19-30 July 2004
Items 5 and 6 of the agenda

**Strengthening Response Capabilities: Mass Casualty Management Through Training and
Education - Joint Project Proposal**

Submitted by Hungary and Norway

The necessity of the project

1. Late recognition and underpreparedness of the public health infrastructure in the face of naturally occurring or deliberate disease outbreaks may produce catastrophic consequences. In order to prevent and better manage medical and psychological sequelae as well as economic loss, an integrated response is necessary. This project proposes an international collaboration framework that involves relevant IGOs in an effort to adopt a coherent multidisciplinary approach. By assessing the contributions of health, security, law enforcement and diplomatic professionals, this project aims to identify international cooperation opportunities to strengthen coordination and response capabilities, in particular mass casualty care capabilities through training and education.

Project Background

2. The Hungarian government and the Hungarian Red Cross Society have presented a Joint Pledge at the 28th ICRC Conference, entitled *Raising awareness and promoting action on the prevention of and response to infectious diseases, both naturally occurring and deliberate*.^{1/}

3. After preliminary discussions between the Permanent Missions of Hungary and Norway an initial Draft Project Proposal has been put forward.

^{1/} Pledge No. 084 . "With the aim of raising awareness and promoting action on issues relating to the prevention of and response to (naturally occurring and deliberate) diseases, this project proposes the development of a flexible cooperation framework that would result in the capacity-building of interested countries, IGOs, and NGOs. We will promote the creation and strengthening of national and international capacities to respond to naturally occurring and deliberate diseases by pulling together health care and emergency, as well as law enforcement expertise. We will raise awareness and carry out educational activities on the ethical and legal underpinnings of the prevention of deliberate diseases."
http://www.icrc.org/Applic/p128e.nsf/va_PBA/33762DA3F05CDED0C1256DF100477D41?openDocument§ion=PBT

4. The assessment of needs and the development of training and education curricula/protocols should be the first step towards reinforcement of mass casualty medical capacities. With the aim of testing response planning capacities and utilizing the lessons from mass casualty care, standardized curriculum program of training exercises for mass casualty care response capabilities should be developed.

The Main Objectives are

- a) Identification of experts to develop standardized training and education curricula;
- b) Assessment of the current situation, identification of needs and specific areas, where value-added activities for mass casualty management would be the most useful;
- c) Design of a “roadmap”, i.e. design a comprehensive step-by-step plan for developing and testing mass casualty response management training and education course(s);
- d) Develop mass casualty management training and education curricula;
- e) Harmonization of training and education curricula for mass casualty care with other response capabilities;
- f) Field-test the developed training modules in pilot countries.
- g) Review of the developed mass casualty care training and education curricula.

Realization of the Project

5. The project is envisaged to be developed in four main phases:

Phase I

Event: Hold a workshop to identify experts and establish the initiative’s Steering Committee

Objectives:

- Establish Steering Committee mission definition and structure;
- Define Committee Functions:
 - Primary liaison with governments and IGOs
 - Fund raising, budget and audit
- Formulate the general plan with regard to the specific objectives described in *Phases II-III*;
- Set schedule/dates for next phases (*Phases II-IV*.);
- Distribution of labour.

Date and duration: Late Autumn 2004, half-day

Venue: Geneva

Participants: Internationally-known specialists in public health, humanitarian, and security questions

Phase II

Event: Hold an expert workshop on mass casualty care management and other response capabilities

Objectives: Assessing the situation, format the realization of the project and developing a roadmap

Date and duration: End of 2004 / Spring 2005, two days

Venue: Geneva

Participants: Experts from interested countries, scientific institutions and the UN, as well as representatives of the donor country/countries (approx. 12 persons).

Working schedule:

Day 1: Assess the current situation, identify needs and select specific areas, where value-added training and education activities and existing curricula/protocols for infectious disease response capabilities would be the most useful. As existing, relatively simple protocols could be adjusted into mass casualty care response at local level, experts who have already built up training and education modules or used mass casualty care protocols could contribute to developing standardized training and education materials.

Day 2: Build a “roadmap”, i.e. design a comprehensive step-by-step plan to develop and test mass casualty managements training and education course(s) through international division of labour. Harmonize training and education curricula for mass casualty care with other response capabilities, training and education materials. Identify experts to develop the training and education curricula/protocols and the time-frame for completion. Pool international governmental and IGO capacities.

Output:

The elements of building the short- and long-term steps that emerged from the workshops will be collected and structured in:

1. a summary of training and education requirements and needs in mass casualty care;
2. a roadmap for developing and testing mass casualty care/response management training and education course(s), developed through division of labor with international collaboration opportunities identified.

Phase III

Event: Hold a workshop on mass casualty care management and other response capabilities

Objectives: Review and finalize training and education material for mass casualty care, in accordance with the roadmap developed under *Phase I*.

Date and duration: 2005, two days

Venue: Geneva

Participants: Experts from interested countries, scientific institutions and the UN who participated in the first workshop as well as representatives of the donor country/countries.

Working schedule:

Day 1: Present, review and evaluate the training and education guidelines for mass casualty management developed by experts (as described in *Phase I*).

Day 2: Consolidate and finalize training and education curricula/protocols for mass casualty care response management, including internet-based learning modules. Create planning strategies and extension programs for mass casualty care preparedness.

Output: A draft basic training and education material for mass casualty care management should be developed. It will encompass sub-areas, such as public health and medical response, law-enforcement, transportation and risk communication.

Phase IV

Event/Objectives: Testing of training and education modules, including internet-based distance learning. Evaluation of the training and education activities carried out on the basis of the developed curriculum. Review of the developed mass casualty care training and education curricula.

Venue: In selected countries

Participants: Three pilot countries will be selected according to their different levels of mass casualty care response capabilities. Teams of local professionals will participate in the evaluation and validation of the training and education methodology.

The benefits of the project

6. Maximize advantages of international cooperation by benefiting from existing training and education materials in order to strengthen mass casualty care response capabilities. International cooperation in this area will contribute to mitigating the consequences stemming from the transboundary nature of natural/deliberate diseases.

7. Each state would remain responsible for deciding what action it should take: this cooperation would not replace existing national training and education efforts and capacities but rather, act as a reference and “coordination hub”.
