

# **Healthy Tonga Environments Project**

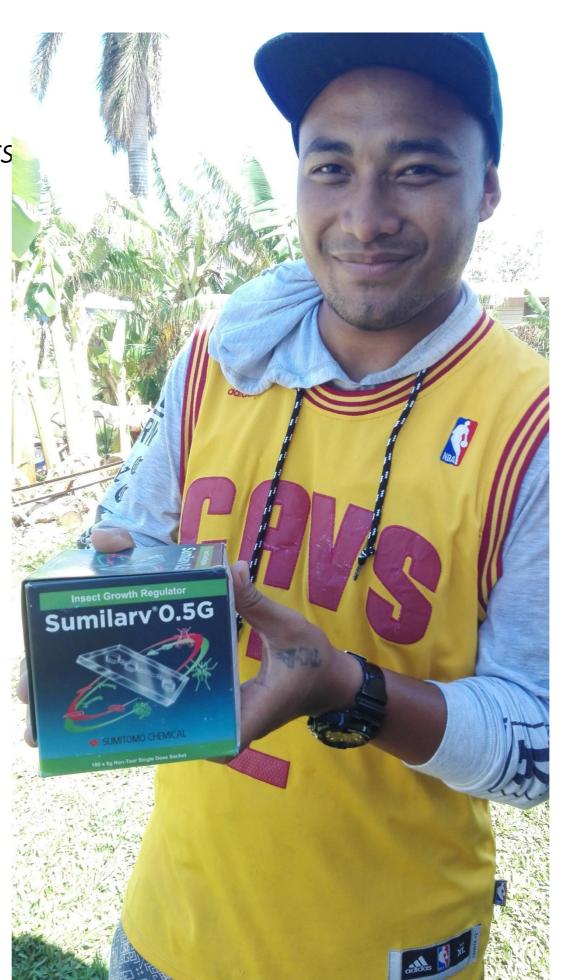
Capacity building Health Inspectors in Tonga







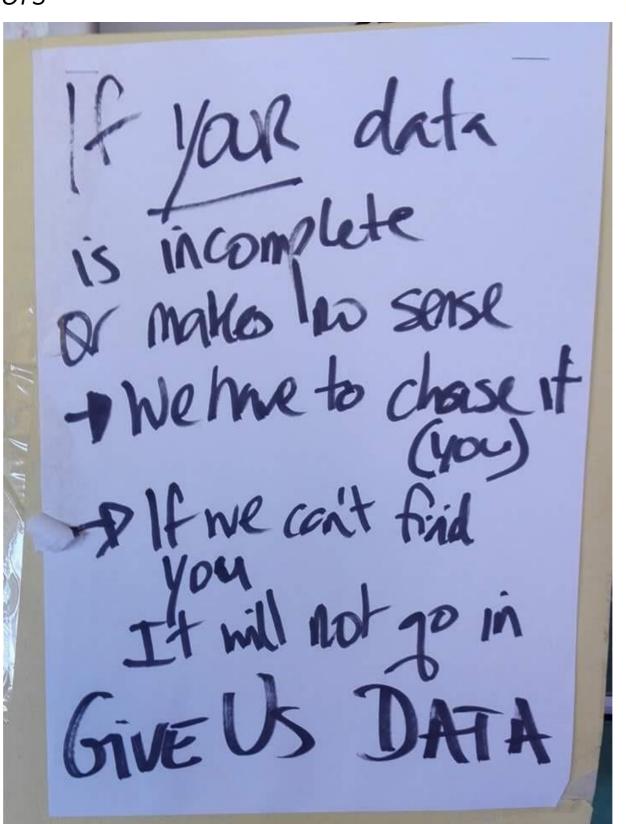














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Tonga is a constitutional monarchy with a King and nobles and an elected parliament



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### Kingdom of Tonga

- Three main island groups
  - 176 in total, 34 inhabited
  - Urbanisation focal point in Nuku'alofa
- Population approx. 105,000 people
  - Life expectancy at birth female 77.8 yrs; male 74.7 yrs
  - Literacy 98.5%
- Second most at risk country due to climate change



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### Main environmental health issues are

- climate change
- Access to safe drinking-water
- Vector-borne diseases such as
  - Dengue
  - Chikungunya, first recorded emergence in 2014, (10,000+ cases)
  - Zika, 2016
- and an ongoing small number of typhoid cases
- The 'Basics'
  - Equipment, computers, training





- A project funded under the New Zealand Aid programme
- ESR a Crown Research Institute is the Project leader
- HEW Consultants is a subcontractor



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### HEW is contracted to

- Assist ESR with analysis of existing knowledge set and training system.
- Assist ESR to develop needs analysis
- Produce an operational manual
- Provide remote assistance
- Provide in country mentoring

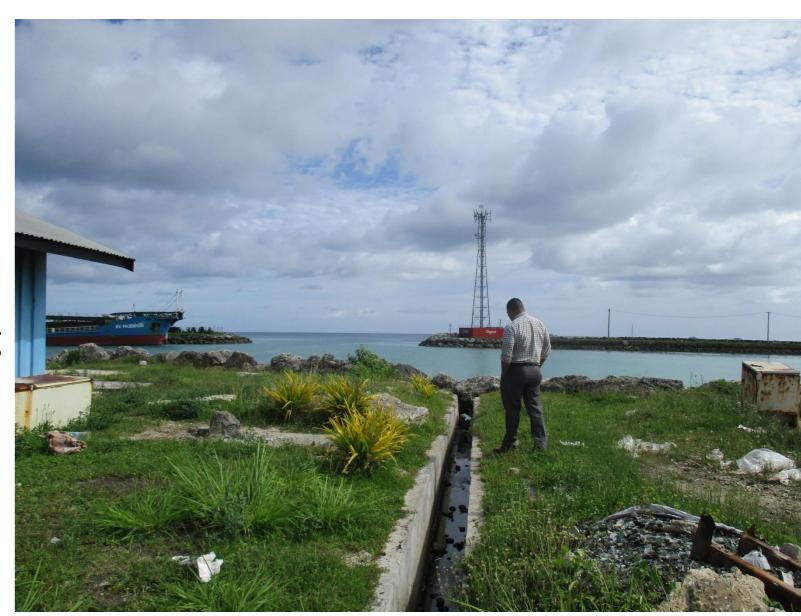


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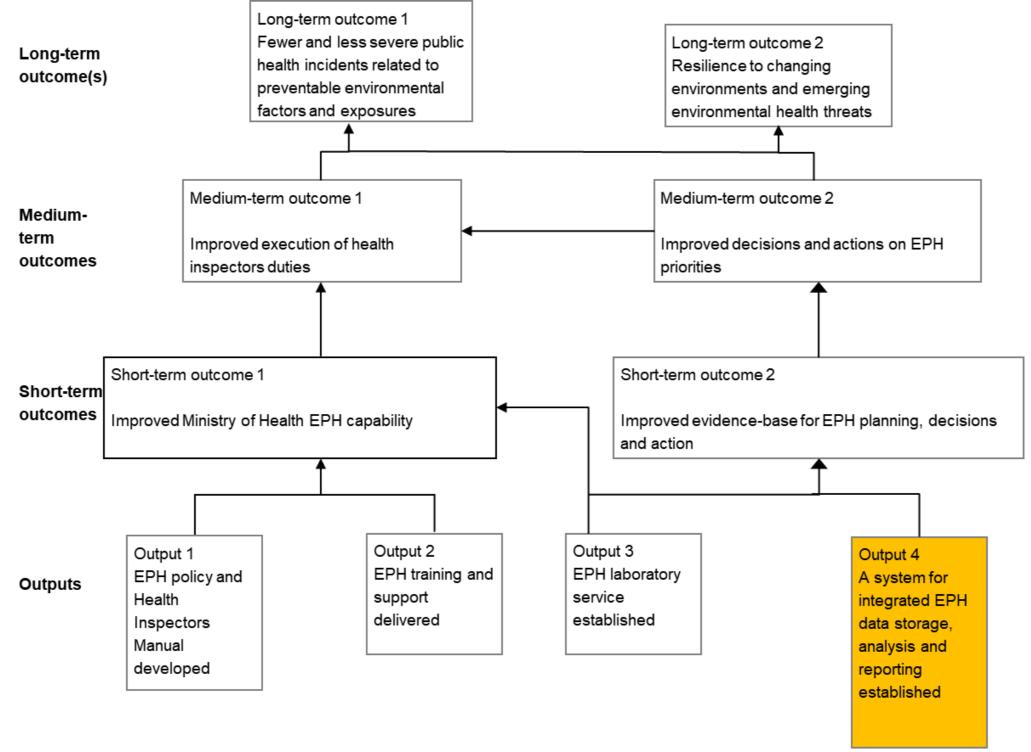


### Additionally,

- the project aims to provide laboratory facilities
- Assistance in EH policy development, strategy direction and environmental health action plan
- environmental public health surveillance and tracking system,
- Provide health Inspectors with a one off opportunity to upgrade their qualifications through FNU







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### Where are we

- A work in progress
- Nearly 2 years of in-country engagement
- Working with Min. of Health to identify needs
- Laboratory facilities are under construction



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### Currently we are

- Learning work methods
- Providing mentoring
- Preparing an operations manual
- Auditing the operations manual to effect change
- Providing training and helping with study



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### The Manual

- Based on divisions of the Public Health Act 2016
- Each section sets out the rationale, definitions, legislative and professional links, other agencies, health and safety and guidance
- The manual is a means to guide practice and effect change.
- Once approved will be audited and reviewed to ensure staff are actually using it

### Operational manual sections

- 1. Food
- Water supply and control
- Sanitary facilities
- 4. Nuisance
- 5. Pollution
- 6. Travellers and conveyances
- 7. Notifiable conditions
- 8. Public Health Emergencies
- 9. Health and Safety at Work
- 10.Cemeteries

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### The Public Health Act broadly sets out

- powers,
- water supply,
- sanitary facilities,
- Nuisance,
- Travellers and Conveyances,
- Notifiable conditions,
- Public Health Emergencies,
- Health and safety at work and enforcement,
- Cemeteries
- Monitoring and Enforcement





### PUBLIC HEALTH ACT

Chapter 28.30 2016 Revised Edition

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### Each Chapter is written after

- observation of HI's,
- thorough reading of the law,
- discussion with supervisory staff,
- comparison with best practice,
- review of Health and safety,



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Current practice is incorporated where possible,

The aim is to adopt best practice,

And correct variance with the law

health and safety procedures set up.



### **Guidance for**

### **Public Health Response to Emergencies**

REVIEW DATE: 1<sup>st</sup> April 2018

#### 1. Introduction

Health inspectors (HI) have a contractual and ethical obligation to assist in all phases of a disaster response. Where impending events are about to occur (Cyclones, heavy rain event, Tsunamis arising from distant events etc.) then the warning period must be used to plan the response and preposition human and material resources as quickly and as smoothly as practicable.

To this end HIs will need to liaise closely with relevant internal and external stakeholders in particular NEMO and the Health Nutrition and WASH Cluster. The opportunity should be taken to ensure that all equipment that is anticipated to be needed is pre-assembled and ready to be transported as soon as required. This should be done in co-operation with the Health Nutrition and WASH Cluster. HIs should also take the opportunity to ensure family members will be safe and looked after.

Some events will occur without warning and HI's will have to cope as best they can in the immediate post impact period attending to the safety and wellbeing of those around them. As soon as practicable they must attend their family's personal safety. Once they are secure they must get in touch as soon as possible with their Senior Public Health Inspector and advise of their availability.

### 2. Importance of being prepared (preparedness)

Public health emergency preparedness and response efforts seek to prevent epidemics and the spread of disease, as well as protect against environmental hazards and promote healthy behaviours. Together they make preparedness and response a special and very important part of a Health Inspectors job. Preparedness is based on lessons learned from both actual and simulated response situations. Effective response is all but impossible without extensive planning and thoughtful preparation. Public health roles in health-related emergencies illustrate both of these points. Training should be carried out by the Ministry of health on an annual basis in co-operation with the Health Nutrition and WASH cluster to ensure skills are kept up to date and enhanced.

HI's need to ensure that they are also personally prepared to cope with an emergency. Personal preparedness is the key to ensuring the rapid availability of staff as early as possible within a response. Each staff member is encouraged to have their own personal preparedness plan for themselves and their families and to ensure family members know about it and know what to do. You can begin your plan by answering these questions and use these as a basis for starting your plan

- How will I receive emergency alerts and warnings?
- What is my shelter plan?

- What is my evacuation route?
- What is my family/household communication plan?
- What will be my plan for food and water

#### 3. Definitions

#### **Health Nutrition and WASH Cluster**

The Tonga National Health, Nutrition and WASH Cluster ensures that there is adequate, coherence and effectiveness of humanitarian outcomes in emergency and post disaster situations by strengthening health, nutrition, water, hygiene and sanitation activities and improves the coordination of such activities. The cluster consists of the various players within the mandate and is responsible to the Ministry of Health. Tonga National Health, Nutrition and WASH Cluster ensures the adequacy, coherence and effectiveness of overall humanitarian outcomes. Its primary purpose is the delivery of water, sanitation and hygiene promotion assistance to affected populations during emergencies through improved coordination of the response at all levels.

The primary purpose of the cluster is the delivery of water, sanitation and hygiene promotion assistance to affected populations during emergencies through improved coordination of the response at all levels:

#### **NEMO**

The National Emergency Management Office (NEMO) is established under the Emergency Management Act 2007 and is responsible for the emergency management in the Kingdom of Tonga.

- **Vision** Safer and more resilient community to effects of natural hazards and climate change induced events.
- **Mission** To build a capacity of the Tongan community by developing and implementing appropriate and effective Disaster Risk Management policies, planning and program to address current and emerging threats from disasters.

#### **Preparedness**

The state of being prepared for a natural disaster or public health emergency event. This will involve training and exercising with agencies and staff. Preparedness is based on lessons learned from both actual and simulated response situations.

#### Emergency

An emergency is a situation that poses an immediate risk to health, life, property, or environment and includes a public health emergency. Most emergencies require urgent intervention to prevent a worsening of the situation.



#### 4. Legislation / Standards

- Public Health Act 2016
- Lao ki he mo'ui 'a e Kakai
- International Health Regulations 2005
- Pacific Outbreak Manual
- Wash Cluster Procedures
- Emergency Management Act 2007
- Lao ki he Pule'i 'o e Me'a Fakafokifa
- Joint National Action Plan 2010-15

### 5. Personnel / Connections to other Agencies

This work is undertaken by Public Health Inspectors liaising internally with

- the Chief Medical Officer (CMO)
- Supervising Public Health Inspector (SPHI)
- Communicable Disease Outpatients Team (CDOP)
- Health Officers at village/town level in the area of the case
- Vector Control unit
- Sanitation unit
- Health Promotion (to drive media response if required)

There may also be external liaisons necessary (Outside of the Ministry of Health) such as

- Ministry of Internal Affairs
- District and Town Officers
- Ministry of Agriculture Forestry Food and Fisheries
- Police
- WASH cluster
- Tonga Water Board
- Tonga Waste Authority
- Village Water Committees
- NGOs (Tonga Red Cross)
- Tonga National Youth Congress
- Tonga Trust
- Act for Peace
- Health Promoters
- Tonga Defence Force
- NEMO
- MFAT
- DFAT
- JICA
- WHO
- UN Agencies

#### 6. Lead Officers

The lead officer will vary according to location

- a) CMO Chief Medical Officer Vava'u has overall control in that location (Local WASH Cluster Coordinator and has roles stated in HnWASH Cluster SOP Emergencies 2017)
- b) SMO Senior Medical Officer Ha'apai has overall control in that location (Local WASH Cluster Coordinator and has roles stated in HnWASH Cluster SOP Emergencies 2017)
- c) MO Medical Officers Eua have overall responsibility for that location
- d) HI health inspectors Niua has responsibility in that location
- e) Overall co-ordination is through the Chief Medical Officer who also leads in Tongatapu.

### 7. Equipment

- Pen and Notebook.
- Applicable Report forms pens etc.
- Laboratory forms
- Intelligence on notifiable disease information.
- Record of advice or written instructions.
- Mosquito surveillance material
- Insecticide and spray kit.
- Overalls and rubber gloves.
- Sanitary inspection form for village.
- Mosquito repellent
- Torch/phone/camera/
- Phone/charger/solar
- Camera
- Water field testing equipment. Colilert or similar/chlorine
- Health Inspectors manual
- Personal Protective equipment PPE is held with NEMO (HN Wash Cluster SOPs Annex 5)
- Pre-positioned supplies Water, Sanitation & Hygiene (see HN Wash Cluster Annex 6 for details)

### 8. Emergency Management training

Every effort should be made to have all health inspector's complete emergency management training including participation in an exercise. During an actual emergency, newly trained HIs should be mentored with an experienced officer. Training for Health Inspectors should occur on an annual basis.

WASH Cluster can involve HIs in their simex and can also liaise with NEMO to include HIs in theirs as well. WHO also runs emergency training/simex and should directly link with HIs to be part of it and so MOH should also run some emergency training as well

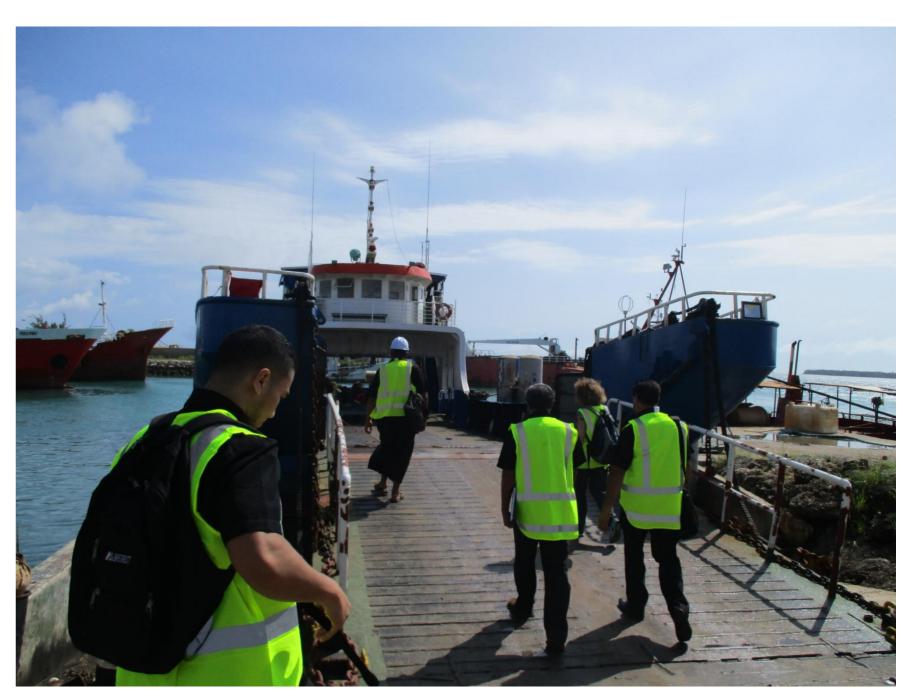


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### Training of HI's

- Border health training including ship sanitation and granting of pratique
- Vector control
- Emergency Management including an exercise
- Outbreak investigation
- Drinking Water safety plans
- Communicable disease investigation



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### **Exercise Maui**

Scenario based on Australian geoscience worst case tsunami for Tongatapu/Nuku'alofa

- WASH cluster participation
- Practiced group problem solving
- Promoted familiarity with plans
- Tested group message interpretation
- information sharing
- emergency response
- gaps and weaknesses
- early recovery planning



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### A number of gaps were identified including

- Training
- Communication, command and control
- more effective integration
- Cyclone Gita has allowed us to test the manual against what actually happened



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### An aim of the project is to

- promote discussion within the profession,
- To link Health Inspectors with a wider scope of practice
- To promote articles and reports that inform their practice









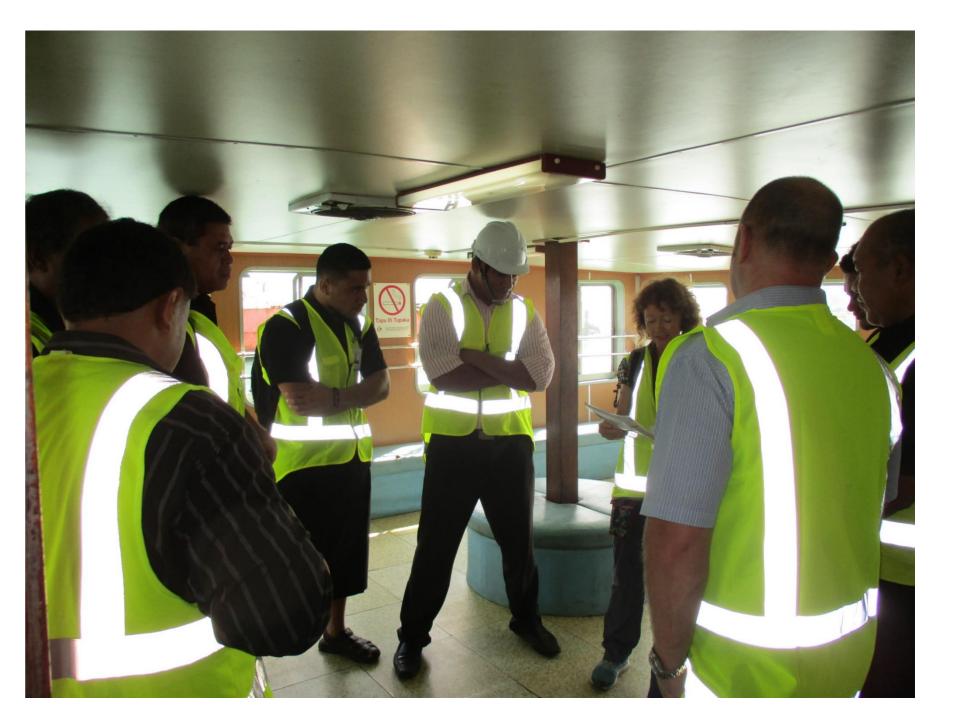


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### Summary

- A work in progress
- It takes longer than you think to gain traction
- But there's still three years to go.
- Cultural differences
- Resourcing issues
- Willingness to learn



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HEALTH ENVIRONMENT WAS CONSULTANTS

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