

Editorial

How prepared is the Nigerian nephrology community for disasters?

A patient on dialysis recently asked me about what would happen to dialysis patients, if a natural disaster occurs. I tried to offer an answer but could not think of any sound advice to offer him.

Happenings worldwide in recent times have shown how fragile and delicate the human perceived peaceful coexistence is. The reports of wide range of armed conflicts worldwide (ISIS in Syria, Boko haram in Nigeria and Al-Shabaab in Kenya), Natural disasters (floods, earthquakes, volcanic eruptions tsunamis etc.) and epidemics of infectious diseases (Ebola, Lassa fever and Zika virus) just to mention a few, are gradually becoming daily events.

Following a disaster, conflict or an epidemic, environmental emergencies do occur when people's health and livelihoods are greatly at risk. For instance, in the US, Hurricanes Katrina, Rita and Wilma displaced more than 200,000 people with chronic medical conditions exposing the deficiencies in the United States' disaster response. This led to the formation of organizations such as the Kidney Community Emergency Response Coalition (KCERC). KCERC has been active with recommendations issued for patients,

dialysis units, and providers. It is saddled with the responsibility of implementing the recommendations, and during a disaster, it is expected to host a daily conference call on dialysis facilities, the End-Stage Renal Disease Networks, and emergency response officials that will coordinate disaster response in such instances. Thus, a national disaster plan has been put in place to respond to the needs of patients in need of renal care during disasters, should there be an occurrence. Similar plans are in place or, being put in place in many countries across the world.

In Nigeria, armed conflicts are raging in the Boko haram operational areas of the North-Eastern part of the Country, waves of new epidemics are constantly being recorded with threats of country wide spread of such diseases, and the possibility of old epidemics resurfacing are of growing concern to the health care community. Yet, there is currently no specific plan to be actioned in the event of a disaster that would directly affect the ability of the nephrology community to meet the needs of kidney disease patients, especially patients on dialysis. Obviously the lack of an emergency plan for disaster management during crisis has grave implications for renal patients, should the lack of services continue for an extended period of time. Time has come for Nigerian Association of

Nephrology to initiate actions that would ginger the responsible Health Ministries and various stake holders, to commence putting in place plans and programmes that would cater for renal patients during natural and man-made disasters. As an association, we should give serious consideration to our emergency preparedness and responses during regional or national disasters. To achieve the best result, a robust pre-disaster preparedness is mandatory.

Dr. J.O. Awobusuyi

Editor