Worldwide Perspectives on Emergency Management

National Emergency Management Summit

The Leading Forum on Medical Preparation and Responses to Disaster, Epidemics, and Terrorism

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Editor, Prehospital and Disaster Medicine
06 March 2007
New Orleans
Outline of Content

- Issues
- Global Directions
- UN Initiatives
- Science
Major Recent Events

INTERNATIONAL RESPONSES

- 2004: SE Asia Earthquake & Tsunami
- 2005: Hurricanes Katrina & Rita
- 2006: Pakistan Earthquake
- 2002-present: Afghan & Iraq Wars
- 2000-present: Darfur
- 2006: Lebanon
- Civil unrest: East Timor, Sri Lanka, Ache Indonesia, Israel-Palestine, Somalia, et al
- “War on Terror”!
What’s Happening Globally?

- No Structured Research/Evaluations of Interventions
- No Standards of Practice
- No Educational Objectives
- No Credentials
- No Regulation
- No Universal Visas
- No Control of Entry
- No Single National/Regional/International Coordination and Control Center → Confusion
- Perpetuate Myths
Key Words

“Disaster’
“Gaps”
“Accountability”
“Capacity building”
“Protection”
“Partnerships”
“Science”
# Worldwide Issues

1. Convergence without needs assessments or credentials
2. Inappropriate responses/interventions
3. Credentials, accreditation
4. Coordination
5. Transition to recovery
6. Role of WHO
7. Role of Public Health
8. Responses supported; not Preparedness
9. Lack of science
10. BIG SURPRISE!!!!!!!
Convergence

- Selection of Disaster?
- Who goes?
- Why?
- Needs assessments—whose?
- What is sent to scene—for relief?
- Credentials?
- Accreditation?
- Field hospitals? Alternative sites?
- Coordination and control?
- Security?
Donated Medical Supplies to Bosnia

- According to WHO Guidelines: *inappropriate for setting* (2-3%)
- Required resources to sort + repackaging (28-36%)
- Useless/unusable (20-25%)
- 50-60% of 34,000 tons = *inappropriate*
- Value = $249,900,000 (not incl tax break)
- Cost recipient country $34,000,000 to dispose


Ties for Balkan refugees
Earthquake/Tsunami (2004)

- High-heeled shoes
- Evening gowns
- Soccer shoes
- Blankets
- Psychotherapy without credentials
- Lack of understanding of culture
- Not self-supporting
- Visits by “Dignitaries
- Coordination *offered* by UN-OCHA
Credentialing/Accreditation

- No Standards (except Sphere)
- No best practices
- No defined competencies
- No International/national licensing
- No International Organization(s) willing to accept responsibility
- ? Liability
Transition and Recovery

“What happens after everybody leaves?” (Univ Minnesota)

- Media
- Medical teams
- Equipment
- Standard of care
Disasters present "windows of opportunity"
What’s Happening At the Global Level ?????
Reorganization of UN

- Organization for Coordination of Humanitarian Affairs (OCHA) (no health component)
- International Strategy for Disaster Reduction (ISDR) (no health component)
- Inter-Agency Steering Committee (IASC) \(\rightarrow\) Clusters
Other Players/Partners

World Association for Disaster and Emergency Medicine (Health) (WADEM) academic, science-building

- Other Non-Governmental Organizations (NGOs) response-oriented
- Private Sector
Hyogo Framework and Strategy

Building Resilience of Nations and Communities to Disasters

2005-2015

- Develop matrix of roles and initiatives
- Facilitate coordination
- Consult with stakeholders
- Ensure support to national platforms
- Sustainable development database
- International information clearing house
- Periodic reviews of progress
- Stimulate exchange, compilation, analysis, summary, and dissemination of best practices, lessons learned, available technologies and programs
Hyogo Framework and Strategy
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ISDR: “Living with Risk”


ACC ACDS ADB ADPC ADRC ADRRN AFEM ALIDES APEC AU BCAS BCPR BPIEPC CAMI CATEX CCAD CDB CDERA CDMP CDPC CEA CEDERI CEI CEMEC CEP CEPAL CEPR CEPRIS CIDA CIERRO CMEPC COEN COPUOS CRED CRID CSW DAW DESA DFID DHA DMFC DMT DMTP DRRP DRM DSD DWS EAECEP EC ECHO ECLAC ELSA ESCAP EWS FAO FEMA FIVIMS GA GADR GEF GIS GOOS GPS GRID HAZUS HIV/AIDS IADB IAEA IASC ICRC IDA IDF IDNDR IFRC ILO IMF IOM ISDR ISO MSF NASA NATO NEDIES NEMA NOAA NRC NSA NSF OAS ODA ODI OFDA/USAID OHCHR PAHO PDC PTWS PWS RADIUS RDMP REIS SARS SCF-UK SEAGA SEI START TRM UNAIDS UNCSD UNCHS UNCRD UNCRD/DMPHO UNCTAD UNDAC UNDAF UNDCP UNDG UNDP UNDRO UNEP UNESCO UNFCCC UNFIP UNFPA UNHCR UN-HABITAT UNICEF UNIDO UNIFEM UNITAR UN--HABITAT UNICEF UNIDO UNIFEM UNITAR UNOCHA USAID USDE/OAS USGS USTDA VAM VHF WB WCP WFP WHO WMO WSSD WTO WVI WWRP WWW
International Strategy for Disaster Reduction (ISDR)

Mission

“The ISDR aims at building disaster resilient communities by promoting increased awareness of the importance of disaster reduction as an integral component of sustainable development with goal of reducing human, social, economic, and environmental losses due to natural hazards and related technological and environmental disasters[hazards].”
International Strategy for Disaster Reduction (ISDR)

No Health Component Included!!
Assumed by WHO/WADEM

No Science Component
Assumed by WADEM
Inter-Agency Standing Committee (IASC)

Primary Objectives

- Develop/Agree on system-wide humanitarian policies
- Allocate responsibilities
- Advocate for common humanitarian principles
- Develop/agree on common ethical framework for all humanitarian activities
- Identify gaps in mandates/operational capacity
- Resolve disputes about/between humanitarian agencies
IASC *Cluster* Approach

“aims to improve predictability, timeliness, and effectiveness of humanitarian response, and pave the way for recovery.”

- Strengthen leadership
- Accountability
- Inter-agency response (esp IDP)
- Collaboration
- Enhance partnerships/complementarity
IASC Cluster Approach

**Global Leadership Functions**

- Overall Needs Assessments
- Review available capacities
- Links with other clusters
- Ensure required capacities/mechanisms exist
- Long-term planning, standards, best practices, advocacy, resource mobilization
- Training + systems development
  - Local
  - National
  - Regional
  - International
IASC Cluster Approach

Global Leadership Functions

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  - Regional
  - International
IASC Cluster Approach
Field Leadership Functions

- Analysis of **needs**, address priorities, identify **gaps**
- Commitments to respond to **needs** and fill **gaps**
- Provider of last resort
- **Mechanisms for performance assessments**
IASC Clusters

- **Service Provision**
  - Logistics (WFP)
  - Emergency telecommunications (OCHA/UNICEF/WFP)

- **Relief and Assistance**
  - Emergency shelter (UNHCR esp IDPs)
  - Health (WHO)
  - Nutrition (UNICEF)
  - Water, sanitation, hygiene (UNICEF)

- **Cross-cutting Issues**
  - Early recovery (UNDP)
  - Camp coordination and management (UNHCR)
  - Protection (UNHCR esp IDPs)

*No mention of building the SCIENCE!!!!!!!!!!***
Health Cluster

Mission Statement

“To support the Ministry of Health National Health Strategy in meeting basic health needs as well as interventions aimed at addressing nutritional issues.”
Global Health Cluster Action Points

- **Leadership**— Roster Health Cluster Field Coordinators
- **Health expertise**— system for training, practice
- **Logistics**
- **Coordinated responses**— mechanisms
- **Health Management Tool Kit**
- **Country Health Profile Database**
- **Common Health Needs Assessments**
- **Health & Nutrition Tracking Service**
- **Health Information Systems Development**
- **Common Evaluation System**
- **Joint Advocacy and Appeals**— communications with public, media, and policy-makers —“Good humanitarian donorship”
Health Cluster

- WHO (lead)
- IOM
- Jt. Program HIV/AIDS
- UNDP
- UNEP
- UNESCO
- UNICEF
- UNIDO
- UNIFEM
- UNOPS
- WFP

Collaborating Partners

- Ministry of Health
- Other Ministries
  - Higher Education
  - Education
  - Environment
  - Planning
  - Development
- NGOs (incl WADEM)
- Other UN Clusters
- Parent Organizations
- Donors
<table>
<thead>
<tr>
<th>Cluster</th>
<th>Requirements (US$)</th>
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<tbody>
<tr>
<td>Camp Coord/mgmt</td>
<td>3,660,000</td>
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<tr>
<td>Early Recovery</td>
<td>2,415,000</td>
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<tr>
<td>Emerg Shelter</td>
<td>1,691,000</td>
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<tr>
<td>Emerg Telecommunications</td>
<td>6,700,000</td>
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<td><strong>Health</strong></td>
<td><strong>4,250,000</strong></td>
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<td>Logistics</td>
<td>9,052,980</td>
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<tr>
<td>Nutrition</td>
<td>5,440,276</td>
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<tr>
<td>Protection</td>
<td>3,120,000</td>
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<tr>
<td>Water, Sanitation, Hygiene</td>
<td>3,360,000</td>
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<td><strong>Grand Total</strong></td>
<td><strong>39,689,256</strong></td>
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</table>
IASC Clusters

Critique

- UN dominated
- Most direct, external assistance by NGOs
- Supercede’s MoH’s legal authority
- Value added to all partners
- Must form partnerships
Reorganization of WHO

Emergency Humanitarian Actions (EHA)

Health Actions in Emergencies (HAC)

- Emergency Preparedness and Capacity Building
- Response and Tracking
- Transition and Recovery
WHO/WADEM Expert Consultations
since December 2005

- Tracking Mechanisms
- Preparedness and Capacity Building
- Mass Casualty Management
- Disaster Nursing
- Role of Public Health (preparation for Expert Consultation)
- Consensus on Terminology
- Training of Regional Coordinators
WHO Regional Offices

1. *Pan-American Health Organization (PAHO)*—Washington, DC USA
2. *South East Asia (SEARO)*—Dehli, India
3. *African (AFRO)*—Brazzaville, Congo
4. *Europe (EURO)*—Copenhagen, Denmark
5. *Western Pacific (WPRO)*—Manila, The Philippines
Disaster Activities of SEARO

Post-earthquake and tsunami

- **Phuket Conference (05/05)** *(PDM 2005;20(6))*
- **Meeting of Ministries of Health, Bangkok 11/05** *(PDM 2006;21(5))*
  - 12 Benchmarks for Country Preparedness
  - Strategies to reach benchmarks
  - Inventoried status of 11 countries relative to benchmarks

- **Follow-up, MoH, Bali 06/06** (in preparation)
  - Validated benchmarks
  - Follow-up on Progress
  - Discuss Jojakarta Earthquake and smaller tsunami

- **Preparing definitive book on medical/public health aspects of tsunami** (with WADEM)
Disaster Activities of PAHO

- “Safe Hospitals”—also ISDR 2008
  - 2-day workshop on minimum standards and benchmarks, 15WCDE, May 2007, Amsterdam (with Joint Commission International, Yale Center, WADEM)

- EMS System Development in Latin America and the Caribbean (WADEM TF)


- Management of the Dead (new publication)

- Extensive disaster database (CRED)
Big New Mandate

HAC-WHO

Designated February 2007

as a

WHO Cluster!!!!

?? Authority + Resources??
What’s Missing in All of This Stuff?
“Why have we not learned from what we have learned?”

D. Nebarro
Director, HAC-WHO
Prehospital and Disaster Medicine
2005;20(6).
The Problem

- The same errors, inappropriate actions, delays are the same today as they were 10 years ago.
- Many, many, many recommendations have been generated during analyses of disasters—few have been implemented.
- Many, many courses in Disaster Health
Research/Evaluation

↓

Science

↓

Science-based Standards/best practices

↓

Curricula

↓

Education and Training

↓

Credentialing + Accreditation
Can’t Have Science Without Standard Terminology
SE Asia Earthquake & Tsunami (2004)
Kohl, Ofrin, Salunke, Birnbaum (as of 16 Feb 2007)

SE Asia Earthquake & Tsunami (n = 167)

Percent of Source:

Number Publications/Journal

- 1: 66
- 2: 13
- 3: 6
- 4: 2
- 5: 2
- 6-9: 5
- >9: 3
SE Asia Earthquake & Tsunami (2004)
Kohl, Ofrin, Salunke, Birnbaum (in preparation)

Frequency (Top 5)

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<thead>
<tr>
<th>Peer-Reviewed Journal</th>
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<tr>
<td><em>Prehospital Disaster Med</em></td>
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<td><em>Intl Rev Psychiatry</em></td>
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<td><em>Science</em></td>
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<td><em>Lancet</em></td>
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# Event-Specific Literature Search

Archer, Burkle, *et al* (*in preparation*)

## Frequency (Top 5)

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<td><em>Intl Rev Psychiatry</em></td>
<td>13</td>
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<tr>
<td><em>South Med J</em></td>
<td>5</td>
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Will not have a Randomized, Controlled Disaster!!

Must use other techniques

Qualitative data collection
(External validity increases with repeated findings in different settings)
Important Issues

- Compare events
- Build validity
- Add valid findings to science (conceptual framework)
- Apply science to best-practices
  - Management (coordination and control)
  - Enhance response
Lack of Structure

- Difficult/impossible to compare/collate data into useful information
- Hard to build science and evidence
- Unable to develop minimum standards of practice
- Standards determine Education
- Education results in Preparedness and Capacity Building
- Difficult to obtain needed resources
“What Went Well?”

vs.

“ What Could Have Been Done Better?”
Standards/Guidelines

Obtain Consensus of Stakeholders

Curricula Development
(Definition of Competencies)

Education & Training

Evaluation of Competence

Credentialing (Individuals)
Accreditation (Organizations)
“In order to benefit from lessons learned from past experiences, there must be movement from just talk and apparent commitment to action. Knowledge is not enough; we must apply. Willing is not enough, we must DO.”

Health Aspects of the Tsunami Disaster in Asia

Mukesh Kapilla, MD, MPH
Scientific Director, EHA/WHO 2005

The Media is driving disaster health !!!!!!
WADEM Actions

Terminology
- Collating all glossaries
- Consensus Conference jointly with WHO (2007)

Structure—building the Science
- Guidelines for Research and Evaluation
  - Volume 2: Operational and Research Framework (May 2007)
  - Volume 3: Research/evaluation methods (May 2007)

Force published and new results into Research Framework (Utstein Template) (PDM, ongoing)
HEALTH DISASTER MANAGEMENT

GUIDELINES FOR EVALUATION
AND RESEARCH IN
THE UTSTEIN STYLE

Task Force on Quality Control of Disaster Management
&
The World Association for Disaster and Emergency Medicine
&
The Nordic Society for Disaster Medicine
3. Standards and Benchmarks

1. Abstracting several sources
   (written and unwritten, May 2007)

2. SEARO Benchmarks

3. Safe Hospitals
   *(JCI, YNHCDP, PAHO, WADEM)*
   15WCDEM, May 2007, Amsterdam

Standard

Benchmark n

Benchmark 1

Current Status
4. Education and Training
   - Identified issues (*PDM* 2004;19)
   - Standards determine educational objectives
   - Publications (PDM, Insight, Nursing Insight)
   - WADEM Regional Training Centers

5. Science to Reality (on-the-ground)

1. Liaison with operational organizations (IGO, NGO)
   1. World Health Organization (WHO)
   2. Pan-American Health Organization (PAHO)
   3. South East Asia Regional Office of WHO
   4. Asia-Pacific Disaster Center (APDC)
   5. Joint Commission
   6. International Coalition of Nurses (WADEM Nursing Section)
   7. Emergency Nurses Association (WADEM Nursing Section)

2. Formation of WADEM National and Regional Chapters
**WADEM Actions (4)**

**Reorganization**

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<tr>
<th>Standing Committees</th>
<th>Task Forces</th>
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<td>Programme</td>
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<td>Transportation</td>
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<td>Civil-Military Cooperation</td>
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<td>Landmines</td>
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Much Remains to be done!!!!!
By Whom???
Science of Disaster Health
"You’ve gotta accentuate the positive,
Eliminate the negative,
Don’t mess with mister in-between."

Johnny Mercer
ISDR: “Living with Risk”

“Disasters are a problem that we can and must reduce. I commend this publication to all involved in the effort to build resilient communities and nations in our hazard-filled planet.”

Kofi A. Annan
UN Secretary-General
Thank You for your Attention and for your unequalled Commitment to limit deaths and alleviate unnecessary pain and suffering of our fellow human beings

http://wadem.medicine.wisc.edu
http://www.wcdem2007.com