

NHS Scotland Global Citizenship Conference 2019

“Developing Sustainable Health Partnerships”

1 November 2019

Murrayfield Stadium, Edinburgh

Responding to Emergencies in Low Resource Settings

David Wightwick, UK-MED

- WHO
- MSF
- Save the Children

Workshop Outline

This workshop will outline the coordination and the delivery of emergency response in low resource settings. The session will be led by UK Med and examples presented will be based on the work of UK Med.

What happens internationally in a humanitarian emergency?

Humanitarian Aid

- For an emergency to warrant international assistance an emergency will usually be beyond local coping strategies
- Humanitarian action governed by humanity, impartiality, neutrality and independence
 - Military can hand out assistance but this isn't deemed humanitarian as it is not independent
- Drivers of humanitarian crises
 - Climate change
 - State fragility and conflict
 - Disease outbreak
 - Convergence of all 3 in many places e.g. South Sudan, Syria
- Humanitarian Aid
 - Rising numbers of affected by natural disasters
 - Funding increases but still significant shortfalls
 - In 2018 only 56% of all humanitarian aid appeals funded
 - While cyclone and hurricane generates shelter needs – people have to spend a lot of time outside leading to increased mortality due to exacerbation of existing conditions – this is a major cause of mortality
 - Whatever initiates the problem – there is always a health problem
- Humanitarian Health Actors - EMTS
 - must be pre-verified by WHO
 - emergency medical teams
 - international short term response
 - huge task to move these field hospitals around the world – 4 days of set-up

Emergencies

- Types of emergency
 - Natural disasters
 - Conflict and complex emergency
 - Complex = confluence of problems in one place, often conflict, low resources, ineffective government that is unable/unwilling to help
 - Disease outbreak
 - Not all require intervention but many will
 - e.g. Bangladesh diphtheria outbreak (not in UK since 1947)
- timescales
 - in natural disasters
 - the emergency response typically lasts for around 3 months
 - recovery phase takes up the next 9 months
 - development phase follows/is returned to
 - tsunami death rate 9:1
 - in conflict/fragility
 - death rate 3:1
 - there is no single precipitating event, the problem is ongoing e.g. South Sudan or Syria
 - long-term international provision of basic services e.g. running clinics, providing food, creating water supplies
 - within recovery there are minor emergencies causing further issues
- Coordination: Cluster System
 - Difficult to communicate when multiple organisations turn up
- Fragility and Long-term service provision
 - Mostly setting up primary healthcare
 - E.g. vaccination campaigns, mobile clinics
 - Largely this is in substitution of government provided care
 - About 30 countries make up most of this work
- Managing Humanitarian Response
 - imperfect information
 - access and security → e.g. road blockages
 - strategic planning, flexibility → includes all resources need for 3-6 months
 - resource mobilisation → money, people and stuff
 - media management
 - 15 to 20% vacancy rate is normal in humanitarian responses
 - **logistics - no programme functions without this**

Money

- Mostly US, EU, UK
- In some emergencies, regional powers may contribute some money

Negative Aspects

- Ethical dilemmas
 - assume burden of responsibility from local governments
 - quality of care

- disruption of local economies
- Standards and Guidelines on how to provide treatment, to deliver aid, to monitor, to approach the population

Case Study - Mozambique

- Massive floods and displacement
- Within 2 week there was a massive cholera outbreak
- Rapid cholera vaccination for 980,000

Group Work

1. Ethical Considerations
2. Cultural Considerations
3. Insecurity

November 2019