



“International Disaster Response and Complex Emergencies: Enhancing the USG Capacity to Respond”

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Learning Objectives

- ◉ Define key concepts
- ◉ Summation of multiple expert opinions
- ◉ Describe the differences between outputs and outcomes for metrics of effectiveness.
- ◉ Describe a best model for future planning an operations for HA/DR.

Principles for Disaster Preparedness

- **Resilience:** The ability of a country to respond to a disaster by restoring essential services in timely manner.
- **Sustainability:** The ability of an intervention to continue to provide benefit after the initial engagement.
- **By, with and through:** Involving the Host Nation from the beginning- self determinacy.

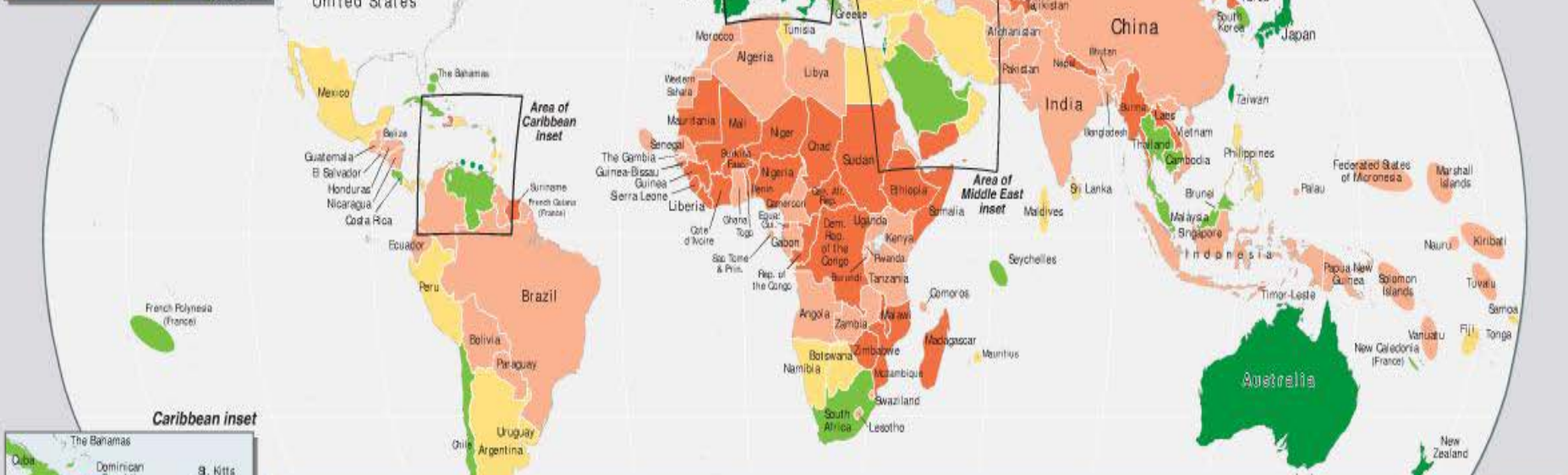
Characteristics of Resilient Communities:

- -Relevant hazards are recognized and understood (situational Awareness).
- -Communities at risk know when a hazard event is imminent (early detection).
- -Individuals at risk are safe from hazards in their homes and places of work (individual preparation).
- -Disaster-resilient communities experience minimum disruption to life and economy (Elasticity).
- -Cohesive communities with decentralization of social infrastructure.

Health-Care Capabilities

Europe inset

Middle East inset



Excellent	Good	Fair	Poor	Unsuitable
Countries with modern health-care infrastructure, providing high-quality care to most of the population.	Countries with developed health-care infrastructure, with quality care available to a large percentage of the population.	Countries with developed health-care infrastructure. Medical care generally is available, but relatively large sectors of the population lack adequate care. Tertiary care generally is available, at least in major urban areas; primary health care exists but is underdeveloped.	Countries with less developed health-care infrastructure. Medical care is unavailable to large sectors of the population. Tertiary care is minimally available; primary and secondary health care is rudimentary.	Countries with least developed health-care infrastructure. Medical care generally is unavailable or much of the population is poorly served. Primary, secondary, and tertiary health care availability depends on humanitarian organizations.
Pharmaceutical availability and production capability are excellent.	Pharmaceuticals usually are available; production capability is adequate.	Pharmaceutical availability is good in urban areas; minimally available in rural areas. Production capabilities are generally limited but may be under rapid development.	Pharmaceutical availability generally is restricted to urban areas, but production capabilities are limited.	Pharmaceutical availability depends on humanitarian organizations.
These high-income economies have more than sufficient budgetary resources.	Upper-middle-income economies, with sufficient budgetary resources to meet the needs of the population.	Lower-middle-income economies; budgetary resources generally are available but often are not efficiently used.	Lower-income economies; significant support provided by outside assistance.	Health expenditures depend on outside assistance; lowest income economies.
Health care and public health education are a high national priority.	Health care is a high national priority.	Health care is of national importance but may be overshadowed by other pressing demands (i.e., political instability, conflict).	Health care is a low national priority.	Health care is not a national priority.

Source: National Center for Medical Intelligence.

HHS and International HA/DR



Pandemic and All-Hazards Preparedness Act (2006):

Assistant Secretary for Preparedness and
Response shall:

*“Provide leadership for international
programs, initiatives, and policies that deal
with public health and medical emergency
preparedness and response.”*

Response: Operational Framework

- ASPR leads the HHS international response
 - › SOC is the focal point
 - › EMG provides strategic direction and incident management
- International Field Coordination Element (*IRCT-I or IRL concepts*)
 - › May comprise one or multiple individuals (scalable)
 - › Function in the field is to provide
 - Coordination with host nation, other responding USG D/As, IO, NGOs
 - Operational/tactical direction
 - Support for deployed HHS personnel & teams
 - › Functions as a modified Incident Response Coordination Team

HHS & Potential Intl Response Partners

DOS

Crisis Management
Coordinator for Reconstruction
and Stabilization
Emergency Management *

Foreign Consequence
Management *

Population and Refugee
Migration *

International Health Affairs *

Avian Influenza Action
Group *

USAID

Office of Foreign Disaster
Assistance
Office of Global Health *

Office of Military Affairs

DOD

ASD International Health
Affairs *

Joint Staff J4 (Medical
Operations)

United Nations

Interaction

* New partnerships sought since 2008

USAID: OFDA and FOG

- Lead agency for USG disaster response.
- Focus on food, water and shelter.
- Guiding principle handbook is: Field Operations Guide (FOG)
- Joint Humanitarian Operations Course (JHOC).

http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/resources/pdf/fog_v4.pdf

OSLO Guidelines (UN)

“The expedient and inappropriate use of military and civil defense resources can compromise neutrality, impartiality and other humanitarian principles of all humanitarian actors responding to the emergency.”

- Are countries offering assistance also parties to the conflict?
- Based on the need, is a military or civil defense unit capable of the task?
- Can they be deployed without weapons or additional security forces?
- How will this impact the perceptions of UN neutrality and/or impartiality?
- How and when will transition back to civilian responsibility be achieved?

<http://ochaonline.un.org/OCHAHome/AboutUs/Coordination/HumanitarianCivilMilitaryCoordination/PolicyGuidelinesRelatedDocuments/tabid/4938/language/en-US/Default.aspx>

The Sphere Project

- Main focus is to reduce transmission of disease (fecal-oral) and disease bearing vectors and to secure safe drinking water. Key vectors for disease are mosquitoes, rats, lice, flies and fleas.
- Vulnerable groups during disasters are women, children, elderly and disabled adults and those with HIV
- Priority is on quantity of water rather than quality.
- Children excrement poses the greatest health risks.
- <http://www.sphereproject.org/>

Strategic Impact of Global Health

- The ability to provide health-care and other basic services is viewed as a measure of a **government's legitimacy**.
- Inability of the central government of **Afghanistan** to provide health-care and other services has helped to undermine its credibility .
- A degraded public health sector, shortages of medical personnel in **Iraq** have undermined the credibility of the central government.
- Western health cooperation with **Iran** and **North Korea**—for example, assisting Pyongyang with the country's heavy health burden, or encouraging Tehran to consolidate its recent improvements in health care serve as a means of “diplomacy through the back door.”

Strategic Impact of Global Health Continued

◎ DHHS Efforts:

- › International Emergency Policy and Assistance Framework
- › International MCM Sharing Policy
- › International Pandemic Flu Response Policy

◎ Complex Issues:

- › Standards of care
- › Licensure and credentialing of responders
- › Transition from DR to R&S



Recommendations for IO/NGO Participation

- Need terminology that is consistent with broader NGO community.
- Need for humanitarian community to work collectively towards an inclusive system-wide coordination mechanism.
- Transparent objectives and early participation in planning HA/DR activities.
- Need to strengthen the HN infrastructure and not undermine existing systems.
- Need to strengthen the UN Cluster System and abide by international standards.

Metrics for Success

- Under 5 mortality rate.
- Endemic diseases rates.
- Childhood immunization rates.
- % population with access to clean water.
- % population with access to primary health care.
- Local capacity for emergency provision of essential services during disasters.
- Disaster preparedness management plan in place and exercised.

Millennium Developmental Goals from the UN

	Goal	Target
Goal 4	Reduce Child Mortality	Reduce by 66% the under-five mortality rate by 2015
Goal 5	Improve Maternal Health	Reduce by 75% the maternal mortality rate by 2015
Goal 6	Combat HIV, Malaria and TB	Stop the spread of HIV by 2015. Improve Malaria and TB prevention and treatment programs.
Goal 7	Ensure Environmental Sustainability	Increase by 50% the number of people with access to safe drinking water by 2015. Improve the lives of 100 million slum dwellers by 2020.
		<i>Source:</i> Data from Millennium Project: Goals and Targets. Retrieved from: http://www.unmillenniumproject.org/goals .



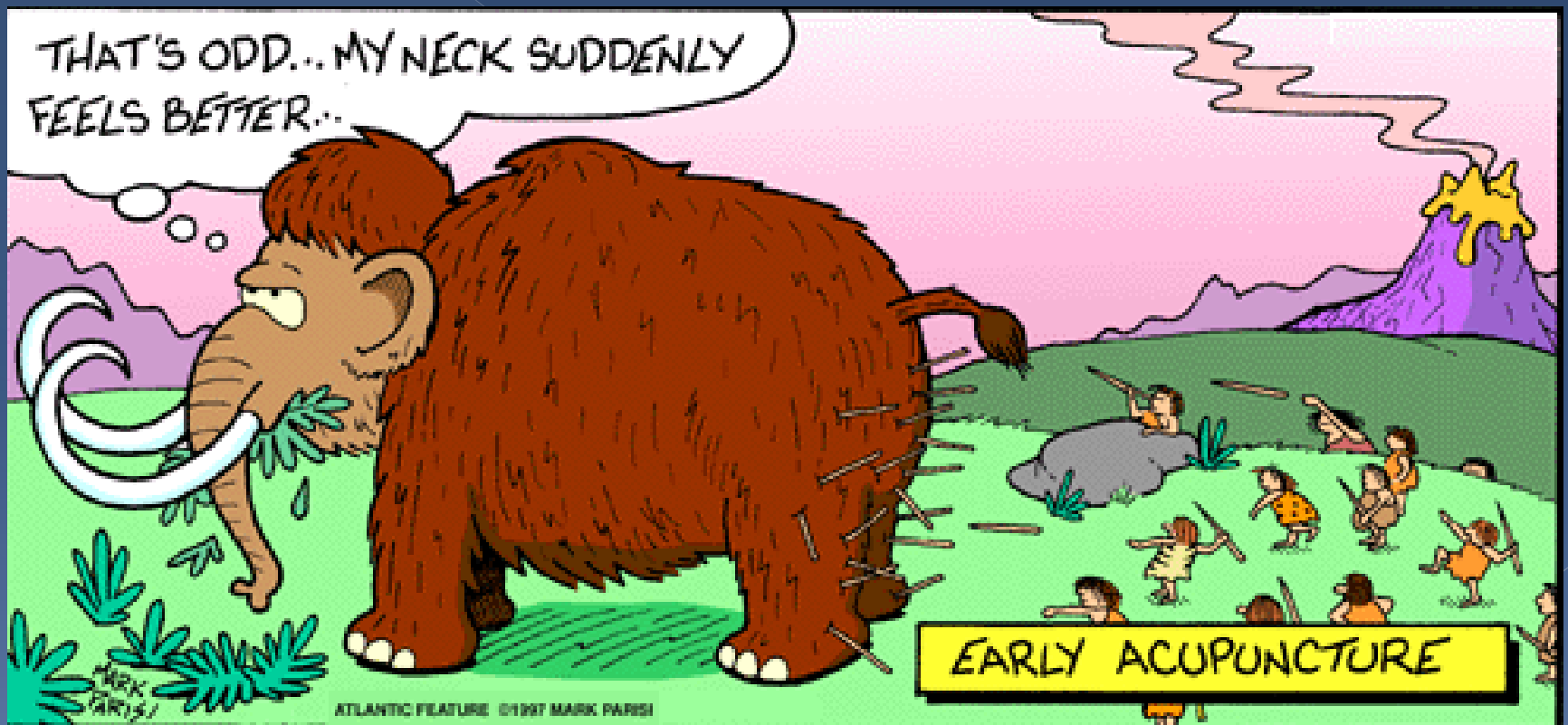
Securing Health: Lessons from Nation-Building Missions. RAND Publication 2006

Key Health Goals	Baseline Conditions	Inputs	Outputs (6 months)	Outcomes	Broader Development Indicators
Immediate HA needs	Water, sanitation, disease, nutrition	\$\$ Financial Assistance	# foods, water immunizations	Death rate, disease rate	Security, governance
Strategic plan for sustainable HC system	Millennium Development metrics	International SME advisors	HC facilities, HC workers trained	Life expectancy, infant mortality, birth rate	Economic improvement, public education
Improve overall health conditions	N/A	HC equipment, drugs and services delivered	MOH institution reform, accountability	Malnutrition rate, family planning, education	Provision of key service that improves other sectors

Securing Health: Lessons from Nation-Building Missions. RAND Publication 2006

- Success dependent on :
 - > Coordination & planning
 - > Infrastructure & resources.
- Immediate priority:
 - > Health issues related to WMD
 - > Communicable disease outbreaks.
 - > Food, water sanitation.
- Need lead for donor coordination and strategic planning that has legitimacy.
- Include IOs, NGOs with in-country expertise.
- Duration of effort needs to be until tipping point reached (sustainable host nation capacity).
- Exit strategy: Mil-Civ: Civ-HN
- Need MOH with buy-in and governmental support.

Alternative Care Systems



Summary: Key Lessons for Effective HA and Restoring Essential Services after Disasters

- Early Host Government participation is important.
- Build upon existing NGO and GO structures.
- NGO, IO, GO (DOS, DOD, USAID, et.al.) cohesion is crucial. Need legitimate lead actor.
- Keep the “end state” in focus at all times.
- Understanding of each player’s mandate(s) is paramount.
- Need flexibility in aid that can respond to the changing environment.

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