

# Emergency Response: Requesting & Coordinating International Assistance

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# Forms of Assistance

- **Emergency Medical Teams (EMTs)**
  - **Verified** – predictable, quality-assured, licensed
  - **Unverified** - possibility of spontaneous arrivals/questionable quality
- **WHO/SPC/Donor Partners**
  - **Coordination: Health Cluster/EMT CC**
  - **Planning & Information management**
  - **Surveillance & outbreak response (i.e. EWARS)**
  - **Technical expertise (GOARN deployments, WASH, IPC, Vector control)**
- **NGOs/Private Sector/Universities**
  - **In-country partners/new arrivals (requested/spontaneous)**
  - **Quality and predictability variable**
- **Donations (solicited/unsolicited)**
  - **Medicines/Medical supplies/Equipment**
  - **WASH/vector control supplies**

# EMTs



# EMT Classification

Type	Description	Capacity
<b>1 Mobile</b>	Mobile outpatient teams Remote area access teams for the smallest communities	>50 outpatients a day
<b>1 Fixed</b>	Outpatient facilities +/- tent structure	>100 outpatients a day
<b>2</b>	Inpatient facilities with surgery	>100 outpatients and 20 inpatients 7 major or 15 minor surgeries daily
<b>3</b>	Referral level care, inpatient facilities, surgery and high dependency	>100 outpatients and 40 inpatients Including 4-6 intensive care beds 15 major or 30 minor surgeries daily
<b>Specialist Cell (i.e. rehab, surgical, ID, etc.)</b>	Teams that can join national facilities or EMTs to provide supplementary specialist care services	Variable

# Key Considerations

- **Scale and complexity:**
  - Geographical coverage
  - specialist needs (i.e. orthopedic, infectious disease)
  - are health staff directly affected?
  - infrastructure/supplies directly affected?
  - Pre-event public health context
- **Teams: quality, predictability, licensing, language, clinical skills, local knowledge/experience**
- **Diplomatic dynamics**
- **Do no harm**
- **Avoid additional administrative/logistical burden**
- **Leadership & decision-making**



# Emergency Table-Top Exercise

# Exercise Rules

- 1. We will use a fictitious country, but please imagine your own context and available resources**
- 2. Don't fight the scenario - try to play along and focus on key actions and decisions**
- 3. Consider best-case, most-likely and worst-case scenarios that could play out (think about current Mozambique cyclone)**
- 4. Note down areas where you might like to make changes, or where support might be helpful.**
- 5. Discuss priorities/actions in a group and report back (three groups)**

# Pasifika Islands

- **Location: South Pacific**
- **37 inhabited islands: both volcanic islands and coral atolls (mostly smaller populations)**
- **Islands are spread widely**
  - 1-3 hours by air to main islands
  - several days by sea to some outer islands
- **Population: ~175,000**
- **Capital: Moanaville (pop. 45,000)**
- **Largest populations/islands:**
  - Maui town (35,000)
  - Hei Hei (20,000)
  - Tamatoa (12,000)
  - Tui (8,000)
- **Strong diplomatic ties with, Australia, New Zealand, Fiji and China**





# Pasifika Islands - Health Context

- **Key health facilities :**
  - Moanaville National Referral Hospital (80 beds)
  - Mautown District Hospital (40 beds)
  - Hei Hei District Hospital (30 beds)
  - Over 40 Health Centers (outpatient only, staffed by nurses)
  - Referrals done by air/sea
- **National Type 1 EMT established in late 2018 – trained but never deployed**
- **Current Dengue (Type 2) Outbreak**
  - Over 1,200 confirmed and suspected cases (30 deaths) since 1/1/19
  - Hospitals and Health Centers have been overwhelmed
- **Water/Sanitation**
  - Strong public water and sanitation systems in Moanaville and Mautown
  - Outer islands: rainwater capture and rudimentary latrines
  - Previous diarrheal disease outbreaks

# Met Alert – March 31, 2019 – Cyclone Zazu

- **Cyclone Zazu has formed in the sea to the south of the Pasifika Islands**
- **TC Zazu is expected to move north and hit the Pasifika Islands within 24 hours as a Category 4/5 Cyclone – likely affecting Moanaville, Mautown, Hei Hei and several smaller islands**
- **A storm surge of 1-2 meters is possible**
- **Government-mandated evacuations are underway for most vulnerable costal areas**



# NDMO Situation Report – April 1, 2019

- TC Zazu made landfall across Pasifika Islands with a 1m storm surge in some areas
- Fatalities (N=47) reported from at least 5 islands. Many more expected.
- Moanaville hospital functioning. MOH building without power but working.
- Unofficial reports that Mautown is “80% destroyed” and many health staff may have lost homes, but communication is not reestablished
- Initial reports from smaller outer islands indicate widespread damage to homes and public infrastructure
- Initial reports of over 20,000 in at least 50 evacuation centers (schools/churches)
- Water and food shortages reported



# Day One – Critical Actions

## Discuss 10 minutes & report back

- **Rapid Assessment (Group 1)**
  - What can be assumed based on initial/NDMO reports?
  - Will you deploy assessment teams? Where/when/how?
  - What baseline information will inform your decisions?
- **Initial Response (Group 2)**
  - What response actions will you take with best available information?
  - How will you ensure continuity of critical services?
  - How will you initially manage referrals?
- **Requesting Assistance (Group 3)**
  - Will you request international assistance?
  - How many EMTs and of what type will you request?
  - How will you coordinate with NDMO and MoFA to request assistance and confirm offers?

# NDMO Situation Report – April 3, 2019

- **Confirmed fatalities: 202**
- **400+ reported injuries, at least 60 severe**
- **Mautown hospital severely damaged**
- **At least 6 Health Centre destroyed (catchment ~1000/HC)**
- **Access to safe water is a major concern**
- **International assistance beginning to arrive**
- **Emergency Medical Teams requested by the RM and diplomatic corps:**
  - Australian EMT T2
  - China EMT T2
  - NZ EMT T1 fixed
  - Fiji EMT T1 mobile
  - Philippines EMT T1 mobile
  - Indonesia EMT T1 mobile
  - Team Cowboy (status unclear)
  - Approximately 40 individual physicians/nurses/paramedics have arrived without supplies – asking where to go and how to help



# Day 2 – Critical Actions

## Discuss 10 minutes & report back

- **Coordination/Tasking (Group 1)**
  - Where will you assign incoming EMTs?
  - How will you coordinate patient referrals?
  - How will you manage incoming individual volunteers?
- **Surveillance & Outbreak Response (Group 2)**
  - How will you quickly establish early warning surveillance/response capacity?
  - Will you request support for surveillance and outbreak response? If so, what kind and from where?
  - How will you coordinate surveillance activities with EMTs/partners?
- **Response Planning (Group 3)**
  - The PM has asked for initial response plans within 24 hours.
  - What key areas will you include?
  - How will you collect inputs?
  - What assistance might you request to develop and cost this plan?