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

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

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







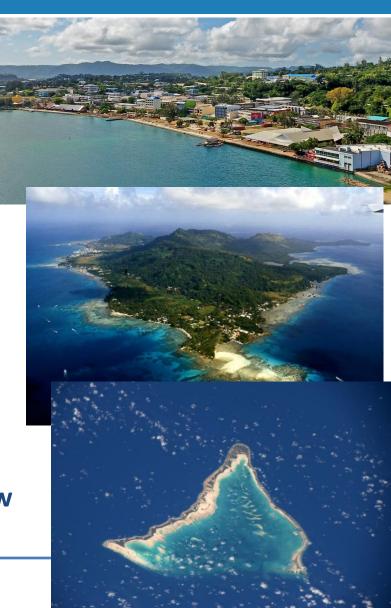
Exercise Rules

- 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:
 - Mauitown (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

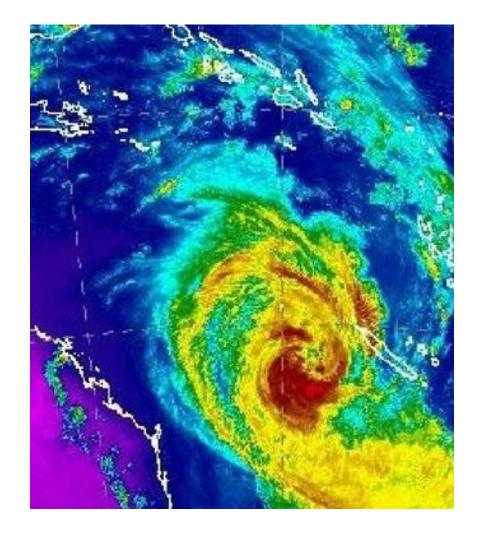
- Key health facilities :
 - Moanaville National Referral Hospital (80 beds)
 - Mauitown District Hospital (40 beds)
 - Hei Hei District Hospital (30 beds)
 - Over 40 Health Centers (outpatient only, staffed by nurses)
 - Referrals done by air/sea
- National Type 1 EMT established in late 2018 – trained 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 Mauitown
 - 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, Mauitown, 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 Mauitown 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
- Mauitown 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?

