

Public health emergencies in the Asia-Pacific Region: Actors and institutions; coordination and management

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This Policy Note is currently in final DRAFT and comments are welcome. Submit your feedback via email to: Lisa Thompson at lisa.thompson@unsw.edu.au or Anthony Zwi at a.zwi@unsw.edu.au.

Introduction

Public Health Emergencies (PHEs) may arise as a consequence of natural or man-made disasters. The nature of such disasters or crises varies – but may include volcanoes, earthquakes, tsunamis, floods and fires, or the result of human activities such as radiation, chemical hazards, or violent conflicts within countries or between countries. Communicable disease crises such as epidemics and pandemics may also pose significant public health challenges.

A well prepared health system and workforce is able to respond promptly and more effectively than would otherwise be the case. Preparedness helps to mitigate the magnitude of the crisis and its adverse health impacts. Public Health Emergency Preparedness (PHEP) is “the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities” (Nelson et al. 2007, pp S9).

Many less developed countries, a large number of which are in the Asia Pacific Region, are particularly vulnerable to emergencies and often have less capacity to promptly respond and recover. Even the wealthiest countries, such as Japan, face significant challenges in the aftermath of major natural disasters, as was evident following the earthquake-tsunami-nuclear emergency faced by the country in March 2011; Australia and New Zealand too

faced many challenges as a result of natural disasters in 2011.

While there are many contributors to disaster response, the part played by the general health workforce is central, yet is often under-recognised. An emerging focus on disasters and emergencies is apparent within the human resources for health (HRH) field.

The HRH Strategy of the Western Pacific Regional Office (WPRO) of the World Health Organization (WHO), for example, calls for countries to “develop and test contingency staffing patterns and models for changing situations, including disasters, emergencies, disease outbreaks and other situations” (WHO-WPRO 2005). The South East Asia Regional Office (SEARO) of WHO has prioritised the development of comprehensive preparedness plans, in every country, for a public health workforce response to outbreaks and emergencies (WHO Regional Office for South-East Asia 2006).

This Policy Note answers the question: Who are the actors, institutions and coordinating bodies involved in responding to public health emergencies in the Asia Pacific Region? It forms one part of a series summarising key elements of the interface between public health emergencies, health systems, and health workers, in the Asia-Pacific.

Managing public health emergencies demands attention at global, regional, national, sub national and local levels. PHEs arising from natural disasters are typically managed by key humanitarian and disaster response agencies (such

as OCHA, the Office for the Coordination of Humanitarian Affairs), other UN agencies, national disaster management structures and international NGOs depending on the scale of the emergencies. In addition, key sectoral organisations focusing on addressing one or more of the basic needs for protection, food, shelter, water and sanitation, and health, are often mobilised and operational on the ground when national systems are disrupted.

In relation to health, key actors and institutions operate at a variety of levels, and include the World Health Organization at central and regional levels, national Ministries of Health, and local and international non governmental organisations.

Various mechanisms and organisations exist at regional and national levels to guide and coordinate preparedness and response activities for disasters and PHEs. National and international agencies, public sector and private, support the health workforce by providing information, documenting lessons and evidence for emerging better practice, as well as training and preparing the health workforce.

Key agencies, along with national health authorities, play an important part in defining roles and responsibilities, and in developing policies and guidelines at national and regional levels to facilitate a coordinated response. Many agencies operational at local level are able to provide surge capacity (extra support through additional personnel and/or additional availability of time and other resources to address increased needs) as required to deal with a particular crisis. A number of agencies may work in coordination with national authorities to increase the capacity within the region to prepare for, and respond to, PHEs.

For ease of presentation, we group these structures into: (1) mechanisms to coordinate general aspects of disaster response in the Asia-Pacific and (2) mechanisms to coordinate the more specific health aspects of disaster response. Although responses usually overlap, some types of disasters may have their own coordinating mechanisms, such as for early warning of tsunami risk. In this Policy Note we focus on overarching disaster coordination activities and structures.

Disaster co-ordination and management

The Global Platform for Disaster Risk Reduction, held every two years, is the main mechanism for bringing together governments, UN agencies, other regional and international organisations, NGOs, researchers and the private sector. Progress towards the implementation of the Hyogo

Framework of Action (adopted by the member states of the UN in 2005) is the key instrument for facilitating disaster risk reduction.

The Global Platform highlights five priority areas (UN/ISDR 2007):

- Make Disaster Risk Reduction a Priority;
- Know the Risks and Take Action;
- Build Understanding and Awareness;
- Reduce Risk and;
- Be Prepared and Ready to Act.

Insights regarding better practice is actively disseminated (PreventionWeb 2010). The International Strategy for Disaster Risk Reduction (UN/ISDR) is the focal point within the UN system responsible for coordinating activities to reduce risks (UN/ISDR no date-a).

For PHEs that require humanitarian assistance, including many more complex emergencies, the United Nation's Inter-Agency Standing Committee (IASC) is responsible for coordination, policy development and decision-making involving the key UN and non-UN humanitarian partners. The IASC is responsible for developing humanitarian policies, facilitating a division of responsibilities and advocating for the effective implementation of humanitarian principles. An IASC working group meets three times per year to make non-strategic policy and operational decisions (IASC 2009). UNOCHA is responsible for bringing together humanitarian actors to ensure a coherent response to emergencies. It also ensures that there is a framework within which each actor can contribute to the overall response effort during an emergency.

At the Pacific Regional level, the Pacific Disaster Risk Management Partnership Network was established to strengthen Pacific Island countries (PICs) in their implementation and development of Disaster Risk Management (DRM) National Action Plans (NAPs). The NAPs have been undertaken in concordance with the Pacific Disaster Risk Reduction and Disaster Framework for Action 2005-2015 (SOPAC 2009). Membership includes The South Pacific Applied Geoscience Commission (SOPAC), Council of Regional Organisations in the Pacific (CROP), International Federation of Red Cross and Red Crescent Societies (IFRC), UN agencies, donors and others. The projects being undertaken are listed at: <http://www.pdrmpn.net/pdrmpn/> (SOPAC 2009).

Regionally, the Asian Partnership on Disaster Reduction (IAP) (<http://www.drrgateway.net/node/144>), initiated by the Asian Disaster Preparedness Centre (ADPC), <http://www.adpc.net/2011/> based in Bangkok, promotes awareness around disaster risk reduction (DRR) in the region and disseminates policy guidelines. The IAP builds on the existing regional expertise, mechanisms and approaches to DRR in order to promote joint action, programming and implementation. The IAP also assists countries to identify national priorities and develop risk reduction strategies, and to integrate disaster risk reduction into mainstream national development planning (UN/ISDR no date-b).

The Asian Disaster Reduction and Response Network (ADRRN), with its secretariat in Malaysia, has members throughout Asia. It supports NGO activities in the region, particularly those concerned with strengthening communities in disaster preparedness (Asian Disaster Response Network no date).

The Association of Southeast Asian Nations (ASEAN) agreement on Disaster Management and Emergency Response was developed to plan for a joint response to disaster emergencies and to reduce disaster losses in ASEAN countries. The Agreement is ongoing and includes attention to military and civilian personnel in disaster relief, movement of relief assistance and rapid customs and immigration clearance at times of crisis and need (ASEAN Secretariat 2003).

At the regional level the Regional Consultative Committee on Disaster Management includes members from national government disaster offices in the region. Annual meetings provide the opportunity for countries to disseminate experiences of good practice in managing recent disasters and planning for recovery (ADPC 2010).

SOPAC, mentioned earlier, is based in Fiji, is the regional organisation responsible for disaster risk management and also implements a regional training program in disaster management (SOPAC 2010).

In response to the need for emergency preparedness, as highlighted after the Asian tsunami of 2004, a web-based roster of workers with expertise in public health, communicable disease surveillance and control, mass casualty management, logistics, information and communication, water and sanitation and nutrition is being developed to support national health authorities and the

WHO country office during emergency operations (WHO SEARO 2011).

At the national and local levels, there are a range of government agencies involved in coordinating and responding to PHEs. These typically include Police, Fire and Rescue, Health Department, Environmental Protection Agency, Public Works, Transport, Local Government, Bureau of Meteorology, emergency management, the Ambulance Services, and at times the military. The involvement of all these agencies in emergency response requires a clear definition of roles and responsibilities, which should be outlined in national disaster and related plans. This is vitally important to improve an effective response and coordination among actors involved and also to reduce duplication of response and unintended consequences due to unclear roles and responsibilities. Most of the time community becomes the first responders utilising their local capacities during the emergency phase, followed by military till the national and local authorities takes over the response.

Health coordination and management

The WHO has been designated as the Global Cluster Lead organisation for the health sector in humanitarian emergencies (WHO 2011). The "Cluster" has become the key component of humanitarian reforms which have followed major crises in the last decade. The WHO performs four core functions in emergencies: health assessment and tracking, coordination of health action, identification of gaps in the response and where possible filling them, restoration of basic public health functions, and strengthening local capacity (SEARO 2011).

SEARO, the South East Asian Regional Office of WHO, identifies its regional priorities in emergency preparedness and response as "capacity building and training; addressing water and sanitation and nutrition in emergencies; vulnerability assessments interventions; and use of appropriate and available technologies" (SEARO 2011).

Due to varying national capacities in disaster preparedness and response, as well as socio-cultural differences, WPRO takes a country-specific focus.

Within national governments the health sector is primarily responsible for coordinating medical resources, delivering public health advice and cautionary warnings, where relevant, to participating agencies and the mainstream community. The health sector typically takes the lead role in responding to epidemics and pandemics, increasing the

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capacity of emergency departments, and maintaining usual medical and health services to the extent possible. (See Table 1 for a summary of regional and national agencies and organisations involved in PHEs in the Asia Pacific Region.)

Effective response and preparedness to public health emergencies requires coordination and management from

both disaster preparedness and response agencies, and from the health sector. A well prepared and trained workforce is central to minimising mortality and morbidity that can arise from a PHE, while also maintaining surge capability. Various actors, institutions and coordinating bodies have been established in the Asia Pacific Region to provide training, coordination and to facilitate disaster preparedness in the region.

Table 1: Examples of regional and national agencies and organisations involved in PHEs in the Asia Pacific Region. (Modified from Table 2.1 in (Gero et al. 2010))

Regional Coordinating Mechanisms	Selected members of CROP (Council of Regional Organisations of the Pacific)	Regional offices of the United Nations	Initiatives
Secretariat of the Pacific Community (SPC) Foundation of the Peoples of the South Pacific International (FSPI) Asian Disaster Preparedness Centre (ADPC) Australia-Indonesia Facility for Disaster Reduction Asian Disaster Reduction Center (ADRC) Association of Southeast Asian Nations (ASEAN)	Secretariat of the Pacific Community (SPC) Pacific Islands Development Program South Pacific Applied Geoscience Commission (SOPAC) disaster management co-ordination in the Pacific	UNOCHA UNICEF UNHCR WHO (WPRO - Emergency and Humanitarian Action, Division of Health Security and Emergencies; SEARO - Emergency and Humanitarian Action)	Pacific Emergency Health Initiative (PEHI) The Pacific Centre for Emergency Health (Palau) MoU between SEARO and International Federation of the Red Cross (IFRC) Pacific Disaster Center (PDC) South Pacific Applied Geoscience Commission's Disaster Management Unit
Community networks	WHO-WPRO	Training	Universities
The Community Disaster Risk Management Programme (Disaster Programme) (run through FSPI)	Emergency and Humanitarian Action	Public Health and Emergency Management in Asia and the Pacific (PHEMAP). (SEARO, WPRO, ADPC)	University of the South Pacific Fiji School of Medicine East West Centre (Hawaii)
Government Offices	Community organisations including faith-based organisations	Inter-governmental	Asian University Network of Environment and Disaster Management
(Nb. There is variation in names of government offices in the region and between countries. Some examples are listed below:) National Disaster Management Office Ministry of Health Ministry of Natural Resources and Environment Department of Environment Ministries of Finance and Planning Ministry of Agriculture and Fisheries Department of Meteorology	Various churches	SOPAC - Pacific Islands Applied Geoscience Commission Regional Consultative Committee on Disaster Management (RCC) APEC Task Force on Emergency Preparedness	BRAC University, Bangladesh Institute of Technology Bandung, Indonesia Kyoto University, Japan National University of Malaysia (UKM), Malaysia Tata Institute of Social Sciences, India Tribhuvan University, Nepal University of Peshawar, Pakistan University of Peradeniya, Sri Lanka Chulalongkorn University, Thailand National Yunlin University of Science and Technology, Taiwan University of New South Wales

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