Disease, Disaster & Destruction:
Providing health services in times of catastrophe, epidemic & conflict
Haiti 2010

Guillotine Amputation rate as high as 64%
UN Sendai Framework for Disaster Risk Reduction 2015 - 2030

1 OUTCOME
The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.

1 GOAL
Prevent new and reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience.

4 PRIORITIES
- Understanding disaster risk
- Strengthening disaster risk governance to manage disaster risk
- Investing in disaster risk reduction for resilience
- Enhancing disaster preparedness for effective response, and to “Build Back Better” in recovery, rehabilitation and reconstruction

7 TARGETS
- Disaster mortality by 2030
- Number of affected people by 2030
- Economic loss by 2030
- Infrastructure damage by 2030
- DRR national/local strategies by 2020
- International cooperation by 2030
- EWS and DR information by 2030

“Humanitarian and development organizations must work towards the same goals, with the same priorities: risk management, preparedness and resilience.

We must build broad partnerships with the communities and Governments that are on the front lines of humanitarian action.

The United Nations commits to making humanitarian action as Local as possible and as International as necessary “

UN Secretary-General Ban Ki-moon
WHS 2016, Istanbul
In clinical care & health responses “good intentions” are not enough.

Principles, standards and quality count, even in “mega-disasters”/complex emergencies.

Operations support & logistics are as important as technical skill.

National leadership & coordination is key and may need additional support.

Global governance system required.
Reducing the loss of lives & prevention of long-term disabilities in sudden onset disasters & outbreaks through the rapid deployment & coordination of quality assured Emergency Medical Teams

- Preserving Health
- Protecting Dignity
- Saving Lives
<table>
<thead>
<tr>
<th>Guiding principles</th>
<th>Core standards</th>
<th>Technical standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicable to all EMTs</strong></td>
<td><strong>“Coordination &amp; Compliance...”</strong></td>
<td><strong>Applicable by EMT type</strong></td>
</tr>
<tr>
<td>“safe, timely, effective, efficient, equitable and patient-centred care...”</td>
<td>✓ Registration, coordination &amp; regular reporting to national health system</td>
<td>✓ Emergency care:</td>
</tr>
<tr>
<td>✓ needs based</td>
<td>✓ Adherence professional guidelines/criteria</td>
<td>✓ Communicable disease</td>
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<tr>
<td>✓ human rights based approach accessible to all sections of the population</td>
<td>✓ Appropriately trained &amp; Self sufficient</td>
<td>✓ Chronic disease</td>
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<tr>
<td>✓ treat patients in a medically ethical manner</td>
<td>✓ Minimum hygiene, sanitation &amp; waste management</td>
<td>✓ Obstetrics</td>
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<td>✓ accountable to patients, communities &amp; host MOH</td>
<td>✓ Keep confidential records of treatment performed</td>
<td>✓ Paediatric</td>
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<tr>
<td>✓ coordinated response under the national health emergency management authorities</td>
<td>✓ Adherence to international quality standards &amp; drug donation guidelines for pharmaceuticals</td>
<td>✓ Wound care</td>
</tr>
</tbody>
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**“Clinical Service delivery...”**

- ✓ Triage & initial Assessment
- ✓ Resuscitation, Stabilization & referral
- ✓ Surgery, Anaesthetics & Sterilization
- ✓ Intensive care
- ✓ Rehabilitation
- ✓ Lab & Blood transfusion
- ✓ Radiology
- ✓ Pharmacy & Drug supply
- ✓ Logistics, Capability, Capacity & Size

Local Health Systems & EMTs

TYPE 3
[1]

TYPE 2
[3-5]

TYPE 1
fixed/mobile
[15-30]

NATIONAL CRITICAL CARE AND TRAUMA RESPONSE CENTRE
Health Systems & Surge Response

Early response: “saving life and limb”

Resilient health system/structures: vital for early response

National response: critical in the 1st hours

Transition non trauma cases: Need for Business continuity

Sudden Onset Disasters Burden of Disease

1. Direct SID caused trauma
2. Trauma complications
3. Indirect caused infectious diseases
4. Accumulated elective care needs

Hospital resources (need/use)

1. 1 - 14 days
2. 2 – 14 days
3. 5 days to > 2 months
4. 1 - 14 days

 von Shreeb 2008 Prehospital Disaster Medicine

NATIONAL CRITICAL CARE AND TRAUMA RESPONSE CENTRE
Predicting Acute Care Surge Capacity

7 ‘S’ Approach

- ✔ Staff
- ✔ Stuff
- ✔ Space
- ✔ Systems
- ✔ Safety
- ✔ Security
- ✔ Surge
What are the core principles of an effective response?

- Effective & Appropriate
- Timely
- Credentialed
- Self-sustainable
- Quality care & Standards