Disease, Disaster and Destruction: providing health services in times of catastrophe, epidemic and conflict

Glenn Keys AO
Founder & Executive Co-Chairman
Who we are

- Founded in 2003
  - Glenn Keys AO & Dr Andrew Walker
  - Australian-owned

- Provider of outsourced healthcare solutions

- Specialising in remote, challenging and under-resourced environments

- 1,600+ employees in Australia, Pacific, UK, USA, Africa and Gulf region
What we do

- Healthcare project management
- Healthcare people
- Healthcare clinics and hospitals
- Healthcare mobile facilities
- Healthcare training and consultancy
Who we do it for
Our model

• Rapid response

• Great people

• Superior project management
Ebola Outbreak 2014-2015

Sierra Leone, West Africa
Operational Timeline

- 05 Nov 14: Prime Minister’s announcement
- 06 Nov 14: Stood up Project Office in Canberra
- 09 Nov 14: Deployed advance party to Freetown
- 10 Nov 14: Deployed SME to UK
- 19 Nov 14: Deployed the In-Country Manager
- 22 Nov 14: Deployed Management & Trainers
- 26 Nov 14: Pre-deployment training
- 28 Nov 14: Clinical team deployed
- 14 Dec 14: HAETC operational
- 30 Dec 14: First Ebola survivor
This was the worst-affected city, in the worst-affected country, in the worst-ever epidemic of the most lethal communicable disease known.

Dr John Gerrard
Director of Infectious Diseases & Immunology,
Gold Coast University Hospital

A member of the first team to be deployed to Sierra Leone
Ebola Treatment Centre: Layout
Project Challenges

- Situational Awareness
- Training
- Construction
- Logistics
- Recruitment and Retention
- Security and Safety
Summary

- On behalf of Australian (DFAT) and NZ Governments
- Australian/NZ team plus local nationals
- Hastings Airfield Ebola Treatment Centre
  - 100-bed ETC
  - Operational from 14 December 2014 until 30 April 2015
- 36 Ebola survivors
- Zero team infections
- Success led to further contract with UK Government at Kerry Town Treatment Unit from end June until mid-December 2015.
Mosul, Northern Iraq

Healthcare in the shadow of ISIS
Operational Timeline

- Nov ‘16: EOI to EU for nil response
- Feb ‘17: WHO request capability statement
- 14 Feb: Recon team to Erbil
- 21 Feb: Proposal submitted
- 08 Mar: Advance party to Mosul
- 24 Mar: H1 at Athbah opens
- 23 Apr: Contract for H2 & notified H3
- 24 Apr: H2 at Hammam Al Ali open
- 31 Aug: H1 transitioned to Iraqi MoH
- 03 Oct: H3 opens at Haj Ali
- 12 Nov: Request from WHO and KRG to support earthquake response in Sulimaniyah
- 27 Nov: Surge capability of a surgical team to Al Qa'im hospital, Anbar Province
- 17 Jan’18: Bird Flu detected
- 08 Apr 18: H2 transitioned to Iraqi MoH
- 23 May 18: H3 transitioned to Iraqi MoH
Mosul: The environment
Our locations
Non-linear project management

- Preparation
  - Research, planning, recon, experience

- We could not wait for each approval and perfect outcome to move to the next stage

- Lots of concurrent activity

- Speed, underpinned by thorough risk assessment, was the key
Security

• Multiple sources of information

• Comprehensive plan

• Experienced team

• Hard target but subtle façade as we are a hospital
Logistics

• We have been responsible for everything, except the facility

• No mains water/power therefore sourcing diesel and water contactors

• Managing septic systems

• Catering
Human Resources

- People will make or break the deployment

- Trusted core of non-clinical professionals in operations, logistics, security, finance, HR and administration – not a mistake that heavy ex-military cadre

- HR processes to source people, >110 expats for 22 countries

- Comprehensive credentialing to give the best standard of care that can be made available

- Highly qualified surgeons, ER doctors, ICU staff, nursing staff and paramedics and EHOs
Summary

• Management and resourcing of 3 x Trauma Field Hospitals in Mosul
  – Total of 144 beds
  – 6 x OT, 3 x ER, 3 x ICU
  – On behalf of WHO

• Management and resourcing of 2 x maternity units in Mosul
  – Total of 40 beds
  – 2 x OT, 2 x Delivery Room
  – On behalf of UNFPA

• Rapid response required

• International team
  – 25 countries

• Numbers
  – 47,890 patients seen
  – 2,997 babies delivered

• Low mortality rate at 0.39%
Minimising the impact
Caring for our team

• Induction
  – Full training and briefings, covering security, clinical and geopolitical issues
  – Wills
  – Scenario-based training in Canberra

• Full-time psychologists in West Africa and Mosul to support our team

• Employee Assistance Program
  – Before, during and after
  – Also available to family members