Global, Regional, or...?

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All the tools with which mankind works upon its fate are dull, but the sharpest among them is reason.

Van Doren
Many Minds, p 209

It is not necessary to believe things in order to reason about them.
Il n'est pas necessaire de tenir les choses pour en raisonner.

Beaumarchais
Le Barbier de Seville, Act v. sc.4

An event turns into a disaster. The country involved is having difficulty coping with the profound losses of functions created by the damage that has resulted from the sudden-onset event. Assessments indicate that there is a shortage of available health personnel, supplies, and equipment. The coordination and control agency of the affected country recognizes that it needs assistance from the international community—but to whom and how should such a request be tendered? And, what agency/organization should respond to such a request? Who mandates that it should? Who has the authority to make the request and who has the authority to select who should respond?

The international humanitarian community tries to provide assistance. Help comes from every corner of the globe—the responses, whether or not requested by the affected country, truly are global. Organizations send personnel and some volunteers even come on their own; in fact, some arrive even before the request is issued. They may send an advanced needs assessment team, but this is not always the case. Some may arrive and try to assess the needs of the afflicted population. Some may come because they anticipate what will be needed. Some may be self-sufficient; some may be dependent upon the host country to meet their needs for shelter, food, water, and/or transportation. Some may contact the local or national coordination and control structure before they arrive or upon arrival, some may not. Some come from neighboring countries; some come from halfway around the world. Some of the responders understand and respect the culture of the affected society; others do not. Some bring the supplies, equipment, and expertise that are needed; some bring or send supplies (human and/or material) that are not needed. Sometimes, the anticipated needs prove to be true; sometimes they do not.

What usually results is a hodge-podge of responders who provide a host of interventions that may, or may not, be of benefit to the affected society. Often, their stay in the affected country is short and when the "emergency" is perceived to be over by the responders and/or the media, they pack up and leave, often when their help actually may be needed the most.

Unfortunately, this scenario has been repeated over and over again. The gracious international humanitarian community is responsive. Most frequently its motives are pure But, those responses to sudden-onset disasters that originate far from the affected area often arrive too late to be of benefit in saving lives and attenuating the pain and suffering of the victims. Following earthquakes, foreign search-and-rescue teams frequently arrive after most of the living have been extricated or have died. These teams may find a few survivors and help with the recovery of corpses. Field hospitals intending to assist with injuries requiring trauma surgery are relegated to providing primary health care. Workers arrive without knowledge of the existing health-care system and may bring advanced technology that the host country will not be able to sustain. Practices provided may not be compatible with the prevailing culture or religions. Of even greater concern is that some of the responders may attempt to provide services for which they are not qualified.

As has been demonstrated repeatedly, a major problem at all levels of disaster responses and preparedness is the lack of adequate coordination and control. Currently, there is no universally accepted international body that is assigned the mandate and has the authority and resources necessary to coordinate and control international responses, especially as they relate to health. Furthermore, there are few countries that have a dedicated coordination and control mechanism that can limit the access of unneeded and unwanted personnel, equipment, and supplies. Often, the global community is not coordinate with the affected country.

On the other hand, neighboring countries and countries within the affected region are more likely to be in tune with the culture, religions, languages, climate, geography, and political issues within the affected country than are those far-distant from the affected area. There are several examples of regional resources and coordination and control mechanisms that have been effective in providing needed support for any country within the region. Following the earthquake and tsunami of December 2004, the Southeast Asia Regional Office of the World Health Organization (SEARO/WHO) has: (1) developed a set of standards for health preparedness; (2) created and, when appropriate, distributed a collaborative emergency relief fund for use by any of the countries within its region; and (3) provided coordination of some of the regional health responses to recent disasters in the region. The Pan-American Health Organization (PAHO/WHO) has endeavored to augment the safety of medical facilities so that they can continue to

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function following sudden-onset, disaster-causing events—a process that now is receiving worldwide attention. In this realm, it also has developed and tested a tool for the assessment of a hospital's ability to continue to function in such circumstances, and is assisting countries with enhancing the level of preparedness of their medical facilities. Staff from PAHO routinely respond to emergencies within its region and provides appropriate education and training. These personnel are aware of the needs, cultures, and languages of the countries in its region, and PAHO personnel support the coordination and control efforts within the affected countries in its region.

It seems clear that regional collaboration rather than global collaboration will be more beneficial in support of the disaster-stricken country. The responses will be more timely and appropriate. Preparedness efforts will be collaborative and in harmony with the respective cultures. Perhaps, the only times that global support should be sought is when the regional mechanisms are rendered inadequate in the provision of needed assistance to the affected country. Education and training (capacity building) should be provided at the regional level to ensure that these are in tune with the culture and needs of the countries-at-risk. On the other hand, the country should be responsible for coordinating and providing capacity-building efforts for its states/provinces/communities. Regionalization is useful at all levels of government: community, area, state, and country. Efforts should be directed toward assisting rather than taking over the responsibilities, unless requested to do so by the affected country or countries.

A regional structure for health already is in place within the Regional Offices of the WHO. Affected countries should be able to request assistance from the Regional Offices, which should endeavor to meet the needs by mobilizing resources from within the region and, when necessary, from outside of the region. The affected countries should not be required to search for the needed resources—it should be the responsibility of the Regional Offices. When the Regional Offices require outside assistance, the WHO Headquarters (Geneva) should be called upon to provide the needed assistance.

The Regional Offices not only should assume the responsibility for supporting the countries within their respective regions; they also should assure that the education and training provided to build the capacity of the countries within the region is the best possible given the respective status, culture, politics, and resources of each country.

It is in building the capacities of the region that the World Association for Disaster and Emergency Medicine (WADEM) can provide the most efficacious contribution. Being academic and non-operational, the WADEM is in the ideal position to help to establish best-practices (standards) using available evidence. The WADEM can assist in providing the education and training required to help elevate the respective countries to the specific benchmarks on the way to achieving best-practice standards. Currently, the WADEM is developing a regional structure (in the form of Chapters) that will align with the WHO Regional and Country Offices. It is anticipated that several Regional Chapters will be in place by the 16th World Congress on Disaster and Emergency Medicine to be convened in Victoria, British Columbia Canada in May of 2009. The WADEM should lead in capacity building by providing the most appropriate educational models. A first task of the WADEM Regional Chapters should be to assist the health sector of the respective sub-regional/national chapters and countries in enhancing their respective coordination and control capacities.

Filling the gaps in preparedness and response is the responsibility first of the affected country, secondly, the regional, and only in extreme circumstances are they global. Regionalization can provide the guidance to the countries affected or at risk. This will require collaboration between operational and non-operational, academic organizations.

Slight not what's near, through aiming at what's far.

Euripides
Rhesus, 1, 482

When a man does not know what harbor he is making for, no wind is the right wind.
Ignoranti quem portum petat, nullus suus ventus est.

Seneca
Epistulae as Lucilium, Epis. Ixxi, 3