Responding to Emergencies: Preparedness and Response from MSF’s perspective

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Content

• MSF perspective - *Response; DRR vs Humanitarian Action*

• Common understanding – EWS: 10 + 4, *Sendai*: 7 + 4

• Lessons learned - *Haiyan and Ebola*

• A word on Health Innovation – *Ebola initiative*
What is MSF?

Founded in 1971 during the Biafran war - MSF’s Charter:

• Providing medical, humanitarian assistance

• Guided by Medical ethics

• Impartiality – assistance is given irrespective of race, religion, creed or political conviction

• Observes neutrality

• Independence from all political, economic and religious powers
Emergency Management Continuum

I. Prevention & Mitigation
- Reduce Risk

II. Preparedness
- Operational Readiness Coordinated Approach
- SEMP* (Strategic Emergency Management Plan)

III. Response
- Incident
- Environmental Scan
- Leadership Engagement
- All-Hazards Risk Assessment
- Training
- Exercise
- Capability Improvement Process
- Performance Assessment
- Integrated Response in accordance with Strategic Priorities

IV. Recovery
- Restored / Continuity of Operations
- SEMP* (Strategic Emergency Management Plan)

* SEMP = Strategic Emergency Management Plan
Humanitarian action

“aimed at preserving life and alleviating suffering with a view to protect human dignity and restore people’s ability to make their own decisions.”

NOT

Development, peace building, state-building, human rights work.
EWS and Risk Assessment

• Common understanding
• 4 key elements - risk analysis; monitoring and warning; dissemination and communication; and a response capability.
• 10 principles – political will; essential 4; clear roles and coordination; adequate resources; information; appropriate messaging; widespread dissemination; adapted Eprep; training; feedback.
Sendai FW – specific points

• The need for coordination
• The need to implement IHR
• The need to ensure that the health system continues to function properly during and after a disaster (e.g. Ebola and Haiyan)
• The need to consider vulnerable populations
• The need to involve the academe and the scientific community in disaster management.
Lessons Learned

• Military concerns
  – Lack of coordination and communication with non military actors as Armies tend to coordinate with their local counterparts
  – Lack of **understanding of role** of humanitarian actors/action
  – Often very valuable role but primary objectives remain **linked to Foreign Policy** from their own government

• Communities’ role
  – Untapped in the early part of Ebola response
  – Stigma and suspicions (imp of good comms)

• R&D…health innovation
R&D - Ebola Initiative

• How can we better prepare for future outbreaks?
• Gaps –
  – The way research is being conducted, prioritized and shared (data and knowledge sharing issues)
  – Investments in field-adapted diagnostic and treatment tools
• Plan –
  – Invest in R&D – ensure equitable access/alternative research funds/contingency plans
  – Demonstrate that R&D can done differently and be promoted with leadership from the “South”
“To put out this fire, we must run into the burning building.”

Dr Joanne Liu, International President (MSF), during urgent appeal to United Nations, Sept 2014
THANK YOU!