Expert: Rebecca Chestnutt

Title of the Session: Building Back Better for Pandemics – Health is only one piece of the puzzle

Date: 23/02/2015 to 01/03/2015

Summary

As with any other hazard, pandemic responses include their own unique technical considerations. Yet unlike many other hazards, pandemics are not common, and involve clinical knowledge that is less common among humanitarian stakeholders. A lack of understanding coupled with fear of the unknown[1] results in disaster responses that are often delegated to the healthcare sector. This approach ignores the remainder of the disaster management needs, such as security or the impact on the economy. The damaging results of this single-dimensional approach can be seen in examples from the Ebola crisis, but can be avoided through a multi-sectoral pandemic response.

Context

It is well established that disasters can set back development achievements, especially in countries with a weak disaster management authority. The goal of any disaster preparedness or response plan should be to minimize the impact of the hazard and return the country/community to a stronger position than it was in pre-disaster. This is no different for pandemics.

In a robust pandemic plan, you find tasks listed under the following functional areas:

1. Surveillance and Laboratory
2. Triage and Patient Care
3. Infection Control Measures
4. Anti-virals Acquisition, Storage, Distribution and Use
5. Vaccine Acquisition, Storage, Distribution and Use
6. Mass Fatalities Management
7. Mental Health
8. Mass Care and Logistics
9. Communications and Public Education
10. Command and Control and Continuity of Operations

While it is clear from this list that there is a strong focus on infection prevention and patient care during pandemics, it is also clear there is a wide range of other critical tasks. Those who have experience with preparedness and response are familiar with this interconnection between technical focus and general response needs. Pandemics, as with other disasters produced by natural or manmade hazards, can cause significant second order impacts if the response is not quick and effective. For example:

[1] http://www.natureworldnews.com/articles/7237/20140524/dread-disasters-imporant-political-tool.htm

- Poor communication with communities can lead to mistrust of service providers, to insecurity and violence.
- Lack of agreement on the lead agency leads to poor coordination of both health and non-health activities, or even to parallel disaster responses, which ultimately results in a slow and ineffective response.
- Weak health systems can break down under the strain, resulting in poor care for other health needs beyond the pandemic, such malaria, HIV/AIDS, and maternal and child health.
- Limitations on public gathering and absenteeism from work, in addition to resource constraints, can impact infrastructure.
- Absenteeism, market closures, and a multitude of other factors can negatively impact household income and the national economy.

These impacts and others feed into each other, creating even higher levels of vulnerability at all levels.

Building back better, on the other hand, requires a focus on the whole-of-society approach from the beginning with an eye towards minimizing the impacts of the outbreak. Any pandemic response approach that addresses health concerns in a vacuum, with the expectation that non-health impacts will wait until patient services are provided, will result in crucial failures and a much longer recovery time. To ignore the non-health concerns of a pandemic, or to assume that one sector can tackle the entire response, will not result in building back better but rather will weaken existing systems. Each sector has an important role to play to effectively respond to pandemics.

The challenge is to find ways for all sectors to engage on preparing for health emergencies even in the face of funding constraints, limited political will, competing interagency priorities, and low levels of community awareness. Common obstacles to be explored could include:

- How to establish an incident management system that engages both healthcare and the national disaster management authority effectively?
- Who's in charge? How to scale up a disaster response from a small outbreak under the Ministry of Health to a large scale disaster that involves many other ministries and stakeholders?
- How to incorporate the military into health emergencies?
- How to build capacity within a given country on potential health emergencies, especially when resources are limited and pandemics are not as high a risk as other hazards? What are the best ways to make this capacity building sustainable?
- How to harmonize disaster plans at the national level and within the Ministry of Health?