

Top 12 issues for Ministries of Health to consider in addressing HRH in Public Health Emergencies (PHEs)

November 2011 · Human Resources for Health Knowledge Hub

Anthony Zwi & Lisa Thompson



visit our website: www.hrhhub.unsw.edu.au
or email: hrhhub@unsw.edu.au

Professor Anthony Zwi (School of Social Sciences and International Studies and HRH Hub) and Lisa Thompson (HRH Hub and School of Public Health and Community Medicine, UNSW) with Dr Thushara Ranasinghe (Sri Lanka), Dr Joao Martins (Timor-Leste) and Dr Graham Roberts (HRH Hub)

This Policy Note is currently in final DRAFT and comments are welcome. Submit your feedback via email to: Anthony Zwi at a.zwi@unsw.edu.au or Lisa Thompson at lisa.thompson@unsw.edu.au.

Defining the problem

Public Health Emergencies (PHEs) have many possible causes: these include epidemics and pandemics or may arise from the impact and public health consequences of natural or man-made disasters. PHEs affect the rate and quality of development and impede the achievement of the MDGs. Reducing risk and vulnerability, and building resilience, are key. Failing to learn from experience and enhance responses may further weaken systems, institutions and development.

Disasters, when they occur, can set back efforts to overcome poverty. Those that are poor are more vulnerable and more likely to be affected by disasters. Investment in disaster risk reduction, including at community level, is an important component of development strategies.

Health workers along with other community members and service providers are central to preparing for, and responding to, PHEs. In this Policy Note we present key considerations for dealing with HRH and PHEs. We invite responses so as to further refine this Policy Note.

Top 12 issues for Ministries of Health to consider in addressing HRH in PHEs

1. *Recognise locally based health workers as central to responding to public health emergencies and other crises*

In any PHE, the health workforce plays a core role. Health workers contribute to disaster risk reduction, planning and preparedness as well as responding to emergencies when they arise. The health workforce in times of emergencies and disasters typically comprise primarily national staff.

However, where the scale is substantial and national systems are unable to cope, additional workers from humanitarian and United Nations agencies may provide additional capacity.

Local health workers have the primary goal of saving lives and alleviating suffering in their communities. Their local knowledge assists PHE responses. Supporting health workers is an investment in reducing morbidity and mortality due to PHEs.

2. *Support health workers: they are both members of the community and providers of care who continue to serve despite their own adverse circumstances*

Health workers and their families, like other members of their communities, are also at risk of being displaced, injured and distressed.

In addition health workers may be affected by their heightened exposure to the suffering of others, and their health needs.

Despite personal risks or direct effects of PHEs on health workers, they and their skills are in great demand to respond to the increased needs in the community. Supporting health workers to address their own and their families' immediate needs allows them to concentrate efforts on helping others.

3. *Effective PHE work is needed in all parts of the disaster cycle – preparedness, planning, mitigation, and post-disaster*

Effective, efficient and timely response to a PHE requires prior planning, preparedness based on past experience, and the application of evidence-based interventions.

The HRH workforce needs to be well trained to be able to coordinate and work effectively with other sectors, humanitarian actors and relief organisations. Their local knowledge will be the key to effective coordination and engagement with all relevant stakeholders. Having clear lines of responsibility and strengthening the confidence of health workers to lead as and when required, will be of value across the system.

4. *Disaster planning needs to take account of human resource issues in the health and other sectors*

An understanding of the essential roles and requirements for health worker performance in responding to a PHE is required. Ministries of Health and Disaster Planning or Management Committees should identify a lead person with a clear responsibility and mandate to organise staff to maximise the inputs of other responders and agencies.

5. *HRH managers need to recognise the particular needs and challenges that occur in PHE and plan accordingly*

Responding to communicable disease outbreaks, natural disasters or conflict and post-conflict environments have been identified as important performance challenges facing health systems and health workforces (WHO 2006). This is of particular relevance in resource poor settings where the risk and impacts of disasters are greater and where fewer resources are available to meet the increase in need.

Plans to supplement local HRH with redeployed personnel should be considered in the planning stage so as to enable the rapid mobilisation of staff and support.

6. *Different types of PHEs require different responses: the nature of the disaster determines the nature of the response*

Each type of emergency results in different patterns of morbidity and requires different responses and resources, including equipment and supplies, to address the associated health issues.

Pandemics may require use of stockpiled vaccines, protective equipment and facilities to quarantine those affected. Conflict situations require health personnel to establish their neutrality. PHEs from natural disasters require basic public health responses such as clean water, sanitation, food security and shelter, in addition to treatment of complex injuries and psychological distress.

7. *First responders in times of crisis are typically community members, local authorities, and pre-existing institutions, working together*

Harnessing available resources, including volunteers, to meet the sudden increase in health needs should be undertaken with care, as unanticipated harms may occur.

First responders are likely to include volunteers, such as community members and Red Cross workers: they are particularly vital in performing search and rescue roles and responding to addressing urgent basic needs. However adequate training and preparation is essential to ensure volunteers don't cause more casualties by incorrect response or by exposing themselves to risks.

8. *Risk reduction is an important component of development, should decrease vulnerabilities and enhance resiliences in times of crisis*

The Hyogo Framework for Action emphasises the importance of community in reducing risk to disasters. The objectives of sustainable development, poverty reduction, good governance and disaster risk reduction are recognised as being mutually supportive objectives and efforts in one sphere should complement those in others (International Strategy for Disaster Reduction 2007).

9. *Gender equity is a major consideration – women may often be more affected than men....*

Women may be more affected than men by a variety of PHEs: this reflects social and cultural factors.

For example in the Bangladesh cyclone of 1991 death rates for women were almost four times higher than men (UNESCAP & UNISDR 2010). Reasons for higher mortality amongst women included: women waiting at home to be accompanied by male relatives, men having access to disaster information while women at home did not, women being less experienced swimmers and women's clothing impeding mobility.

In addition, as in many other crises and emergencies, women and girls are at raised risk of sexual and gender-based violence and discrimination, in part a result of the breakdown of protective community structures during PHE.

10. *Disasters and emergencies often lead to an inflow of resources and people – effective coordination and communication are crucial*

Ministries of Health and disaster planning structures need good mechanisms for keeping abreast of needs and developments, resource implications and availability, and the range of agencies and organisations (internal and external, public, private and civil society) available to assist. Other agencies typically have their own structures and chains of command.

Communication is key to the coordination of their efforts, requiring a central authority, regular communications updates and periodic operational planning meetings. Maintaining the flow of accurate information is crucial in focusing the response efforts.

Preparing for this beforehand is fundamental – mechanisms of coordination and communication benefit from prior investment and planning, clarification of roles and responsibilities, and the building of trust between key players and agencies.

Ministries of Health, working closely with their own human resource departments and with Disaster Planning Committees within the country, can do much in advance to facilitate their efficiency and effectiveness in the response.

Countries are increasingly able to conduct this central role and are now identifying the importance of the government role in coordination given their knowledge about contexts and existing systems, the range of agencies and services available, and how the PHE relates to other ongoing challenges, developments and strategies.

An unprepared and untrained Ministry of Health and workforce, however, will create problems rather than be the main drivers of the solutions.

11. In any public health emergency, especially political conflict, the primary responsibility of health workers is to serve the community and to remain neutral

As health workers are part of the community they face additional challenges in needing to be particularly mindful of maintaining neutrality. Health workers may be at risk of being used as leverage in disputes. In many political and conflict-related crises, health workers are at risk of being mobilised to represent a particular interest group. Their primary role and responsibility is to serve the community and to ensure that needs are addressed and services provided to those who require them.

12. Health worker responses to public health emergencies may inadvertently place them at additional risk – whether through psychological stresses, increased exposure to contagious diseases, or physical danger

There are added health risks for health workers when they work responding to a PHE. Health workers need to be protected from these added risks. They are at risk of burnout, psychological trauma and have an increased exposure to infectious agents. They may be exposed to political or sectarian pressures. Delivery of health care may be severely compromised when health workers are exposed to violence, threatened, kidnapped, injured or killed (ICRC 2011)

As an identifiable component of the relief effort, international and local support is needed to assure their protection and safety, and to assist them to maintain their important roles, including the delivery of essential services.

References

ICRC 2011, *Health care in danger: a sixteen-country study*, Geneva.

International Strategy for Disaster Reduction 2007, *Hyogo Framework for Action 2005 - 2015: Building the Resilience of Nations and Communities to Disasters - brochure*.

UNESCAP & UNISDR 2010, *Asia Pacific Disaster Report 2010 – Protecting Development Gains*.

WHO 2006, *Working Together for Health. The World Health report 2006*, WHO, Geneva.