Restoring Health Services in the Short- & Medium-Term:

Lessons from International Experience in Post-Disaster Recovery & Reconstruction

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Beijing, China

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Strong and Coordinated Government Response

- **A massive response underway** -
  - Health facilities in about 20 provinces and military health system mobilized
  - Field hospitals (about 24) set up, about 94000 HWs () from Sichuan, other provinces, military forces mobilized for surveillance, health education, hygiene, water/sanitation and medical care
  - Protocol for Health System Reconstruction Planning completed
  - Comprehensive damage and needs assessment underway
  - Draft Plan for Health System Reconstruction will be ready by June/July

- **Outcomes**
  - No shortage of blood or blood components for patients
  - No report of infectious disease outbreak or public health emergencies
  - 74,165 out of 97,631 hospitalized patients treated and discharged by June 5
Health Providers working under difficult conditions
Outline – Key Lessons Learned

- Strategy and design (for both short- and medium-term)
- Planning and operationalization
- Implementation issues
- Assessing success
Restoring Health Services: Strategy & Design

- Strategy should balance the short versus longer term needs
- A Transitional Strategy to bridge between the emergency phase and the reconstruction phase is needed
- Strategy and design is not to rebuild what was lost, the needs will be different –
  - Different population profile (mobility, demographic)
  - Location (population mobility)
  - Epidemiology
  - Etc.
- Attention is needed for both private and public sectors
- Need to coordinate with other sectors especially housing and infrastructure
- Need to pay attention of safety nets - Careful poverty targeting and project design can support poverty reduction even under difficult post-disaster circumstances.
Transitional Measures - Pakistan

- **Ensured uninterrupted supply of a package of essential services**
  - Disease early warning system/surveillance and response system operationalized
  - Public health interventions including immunization, vector control, water and sanitation, vitamin A supplementation, health promotion especially in camps and psychological support
  - Coordinated placement of field hospitals in strategic locations
Restoring Health Services: Strategy & Design (cont’d)

So, how should the system be designed?

- Key features of ongoing system may be maintained but key to think of system in 5 to 10 years and build accordingly

- Post-disasters are often an opportunity to rebuild the health system, and be more responsive to population needs and to the new vision of health care (Armenia and Pakistan Earthquake)

- Special features need to be built in to avoid future disasters -- opportunity to ensure that facilities are seismically safe and user friendly (e.g., Mexico “Safe Hospital” experience)
Pakistan’s opportunity to reform

- Rationalized construction with efficiency gains on basis of past performance
  - Strategic integration of smaller units in larger facilities including merger of health and population facilities
  - Facilities closed or relocated
  - Up gradation of some facilities based on population size
Restoring Health Services:
Strategy & Design (cont’d)

- As hospitals take longer to rebuild, important that the immediate response focuses on providing basic services at the local level.

  Note - It is also the case that services can be mobilized faster at that level which may be less dependent and (sometime less affected) than higher level facilities.

- Ensuring provision of trauma counseling services to the affected populations in the aftermath of the disaster is a major challenge.

- Communications is key -- it is critical to formulate and adopt coherent, proactive, and well-targeted communication and information dissemination strategies.
Restoring Health Services: Strategy & Design (cont’d)

- Decide and clarify institutional arrangements quickly for design and implementation

- Integrating public participation, transparency and accountability into both the relief and recovery phases pays off in terms of better planning, improved implementation and reduced corruption (China has made an impressive start in this regard)

- Prevention of epidemics utilizing health early warning systems
Planning

- Most affected countries have undertaken Health Sector Damage and Needs Assessments, including a short- and medium- to long-term health sector recovery strategy.

- It is critical to standardize the methodology for the Damage and Needs Assessments, across sectors where possible, to allow Ministries of Finance and Development planning as well as affected areas in preparing integrated Assessments and Strategies for all Sectors.
Planning (cont’d)

The Damage and Needs Assessment usually cover the following key areas -

1. **Damage Overview and Recovery Needs**: human impact; damage to health care delivery system; physical infrastructure damage; loss of managers and health care providers; and rough costs for reconstruction, etc.

2. **Reconstruction and Recovery Strategy**: overall approach and key principles for reconstruction strategy; access to primary and secondary health care services; targeting populations with special needs; detailed needs assessment and mapping; coordination; health sector capacity; healthcare workers; health promotion and disease prevention; and seismically safe health care facilities.

3. **Reconstruction within the framework of health reforms**: whether to rationalize primary and secondary health care facilities as part of reconstruction effort; and consideration of alternate management arrangements for PHC services.

4. **Cost estimates**: for health infrastructure and related equipment; public health campaigns and trauma mitigation efforts; human capital needs; facility clean up; medical waste management; and the increases in the costs of health treatment.
From Planning to Operationalization

- Institutional arrangements and coordination mechanisms
- Stakeholder analysis and consultations
- Costing and timetable
- Procurement, funding and fund channeling (do you need quick disbursing funds for certain aspects?)
- Environmental impact
- Economic and technical analysis
- Staffing and capacity issues

Etc…
Implementation
(First 3 – 12 Months)

- In the short term, typically the most urgent need is ensuring access to an essential health care package that reduces vulnerabilities and saves lives during system revitalization. This usually includes -
  - Revitalization of the basic health services and core public health programs and functions, with attention given to:
    - Provision of services for people living in the relief camps.
    - Provision of secondary care services at appropriate levels.
Implementation
(First 3 – 12 Months, cont’d)

- Focus on rebuilding institutions that can manage the system.
- Repair service delivery points (not simply facilities but the full package of facilities, HR and supplies) – Think of all providers and not only public sector.
- Need to ensure basic logistics system in place for supplies.
- Provision of a special package of health services for disabled people (of which there are typically many). Pakistan community based approach
- Sustaining sound epidemic prevention programs, and strengthening/rebuilding the surveillance systems and field epidemiology capacity.
Implementation
(12 Months – 3 Years)

- The medium- and long-term strategy usually addresses broader health systems issues including utilization and quality of care.
- Even though most plan for 3 years, in reality it takes longer.
- In general, activities can include -
  - Review and strengthen health system management, including training and human resource development and institutional set-up.
  - At times, and due to the changes in the areas, pilots to try new ideas or test service delivery in newly built areas, etc., may be included and evaluated.
  - Physical infrastructure including construction and reequipping of health facilities, with rationalization and construction of seismic/earthquake sensitive and safe structures.
  - As needed, financing provision to protect people against the costs of health care in a post-crisis era may be included (depending on the health financing model).
Implementation  
(12 Months – 3 Years)

- Emergency preparedness and disaster management at the national, provincial and county levels.

- Rehabilitation of disabled and traumatized persons, especially women and children.

- Revitalization of affected health care services.
Measuring Success

- Why?
- What?
- Who?
- Where?
- When?
- How?
- How Much?

- Anticipate use of information and who needs it
- Select a few indicators for monitoring
- Multi-sector team of surveyors or evaluators
- Sources and sites
- Frequency and timeline
- Combine methods: surveys, focus groups, surveillance, supervision
- Add 5-10% to budget for monitoring/evaluation

Management Tool: Update Timelines/Plans/Budgets continually
Concluding Comments

- **Strategy and Design**—the transitional strategy needs to balance short and longer term needs. This can be an opportunity to build a more responsive health system.

- **Planning**—Damage and Needs Assessment is the foundation for future planning.

- **Implementation**—Focus first on requirements for essential care during the revitalization phase. Then move to broader health system concerns (system management, infrastructure, financing).

- **Measure and assess results at each step along the way**
Thank you.
Restoring Education Services in the Short & Medium Term

Lessons from International Experience in Post-Disaster Recovery & Reconstruction

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Xinhua Photo
Critical Issues

Two stage approach

- Implementation of transitional access to safe educational services
  - Damage needs assessment – preliminary followed by a detail site by site assessment

- Development of reconstruction and rehabilitation strategy
- Involve multiple stakeholders through effective coordination

- Need to coordinate with other sectors especially housing and infrastructure – avoid duplication

- Addressing needs of both private and public sector

- Transparency and accountability into both the transitional and reconstruction phases

- Measuring results and course correction
Transitional Strategy: First Stage

- Restore educational services soon after the earthquake - *psychological boost to communities*
  - temporary/semi permanent learning spaces – with adequate toilets, safe water facilities, teaching and learning material
  - Provision of learning material– UNICEF “school in a box kits” – use of UN capacities
  - Posting teachers/managers from unaffected areas
  - hygiene promotion and immunization services in school
  - training of educational professionals to cope with child psychosocial stress
School in a Box

- UNICEF standard response in emergencies, used in many back-to-school operations around the world

- Kit contains supplies and materials for a teacher and up to 80 students, if taught in double shift classes of 40

- Purpose is to ensure the continuation of children's education in transitional phase of an emergency

- Pakistan used UNICEF capacities to procure and deliver kits to effective use
Damage & Needs Assessment

- Undertaken Education Sector Damage and Needs Assessments, and used it to define education sector reconstruction strategy

- Use standardize methodology across sectors - preparing integrated Assessments and Strategies for all Sectors

- basis for improved access to higher quality of education through improved design of learning spaces and addressing software side of education

- In most countries it covered both public and private sector depending upon their relative size
Assessment in education usually covers:

- Damage Overview and Recovery Needs
- Reconstruction and Recovery Strategy
- Reconstruction within the framework of education reforms
- Cost estimates
Reconstruction Strategy: Medium to Long Term

- Strategy is not just to rebuild what was lost, but built it better - Pakistan planned and implemented “build back better”

- Demographic and population mobility changes
- Consultation and public participation – operationalized SMCs and PTAs
- Use of alternate construction technologies to fast track reconstruction – light steel frame structures and concrete insulated sandwich panel technologies

- Opportunity to reform based on future needs and existing challenges - build accordingly – Two track approach in Pakistan
  - Rationalization with phased construction – National reference manual
  - Equal emphasis on software side – teacher training and improving management
Operationalizing implementation

- Institutional/coordination arrangements
- Procurement process, funding and fund flow mechanisms
- Review and strengthening system management, including teacher training and human resource development
- Plan for Disaster Education and Disaster preparedness in schools including establishment of emergency and rescue teams
Measuring results and course correction

- Focus on results and outcomes
  - Independent third party group to measure results
  - Key performance Indicators – select a few – Process; outputs and outcomes
  - Pakistan’s outcome - Enrollment and retention, at least 80% of the pre earthquake level
- Define sources and ways and means to collect information; disseminate – compare outputs with targets
- Allocate resources – 5-10% of budget
Summary

- Transitional Strategy - morale booster for communities – balance between short and longer term needs
- Planning—Damage and Needs Assessment is the foundation for future planning
- Plan for Disaster Education and Disaster preparedness
- Implementation: Involve stakeholders and give equal emphasis on software side
- Ways and means to measure results
FROM DISASTER TO RECONSTRUCTION

(transition period: one or two years)

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Humanitarian assistance

During Emergency:
- Massive response

After the acute stage
- Pull out process
What was observed in the aftermath

- Increasing anxiety and frustration
- Demand for temporary housing
- Confusing decision making levels
- Complicated bureaucratic processes
- Conflicting roles between partners
Priorities for recuperation period

- Planning teams
- Intersectoral coordination
- Short to medium term operational plan
  - Humanitarian assistance
  - Debris removal
  - Health services functioning
  - Basic services
First is first: Affected population

- Shelter, clothes
- Food
- Health services
- Counseling, information
- Recreation, jobs
- Special assistance for the elderly, handicapped, mentally ill, mother and children
Recuperation of Health Services
Short term goal

- Rapid assessment: Structural, non structural
- Supply of basic equipment
- Provision of basic services
- Basic laboratory
- Human resources
Disease Surveillance

- Main risk factors for potential outbreaks
- Day to day monitoring. Situation rooms
- Early warning system
- Mass vaccination?
Environment: special care for

- Water supply: quality/quantity
- Latrines
- Solid waste disposal
- Proliferation of rodents and mosquitoes
- Toxic waste
- Hospital waste
Priority health programs/services based on Primary health care

- Mental health
- Health promotion
- Maternal and child health
- Sexually transmitted diseases
- Regional endemic diseases
- Immunization program
LOGISTIC: Supplies to guarantee at least for one year

- Stocks of essential medicines and medical supplies
- Basic hospital equipment
- Power generators
- Disposable materials
- Special needs for diabetics, dialysis and other chronic diseases
- Communication, transportation means
Focus on the reconstruction period
Health sector representatives in
the overall process

- Discuss potential needs and gaps
- Appropriate investment for new facilities
- Incorporation of risk-reduction measures
- Reinforcement of existing health facilities
Disaster as opportunity to strengthen the health system and services

- Lessons learned
- Overall response of the health system
- Vision to the future
- Strategies for health and development (healthy cities, healthy houses, healthy schools)
High priority tasks a “must do”

- Safe hospitals
- Hospital preparedness and response
- Health sector disaster preparedness and response plan
- Emergency operational centers (national regional local)
Opportunities for improving the health system

- Public health: Concept and practice. Essential functions.
- Redesigning health services network
- Health care model
- Universal health care, accessibility, affordability
- Capacity building
THANKS A LOT