

Preparing for Receiving International Assistance following a Disaster - MDA Case Study

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Study/Objective: The objective of this study was to identify the administrative constraints that might hinder international assistance coordinated by Magen David Adom (MDA) in case of a disaster affecting Israel

Background: Israel sits on the Africa–Syria rift, which may cause a serious earthquake affecting the region. The reference scenario, is an Earthquake (EQ) with the magnitude of 7.5 in the Jordan valley. The consequences of such an EQ will most probably require International Humanitarian Assistance. Magen David Adom, The Israeli National Society of the Red Cross movement, will be tasked to coordinate the international assistance from the Red Cross movement with the authorities.

Methods: In coordination with the Israeli National Emergency Management Agency (NEMA), and the International Federation of the Red Cross and Red Crescent (IFRC) disaster law program, MDA reviewed areas identified in previous international operations, as bottlenecks.

Results: The following areas have been identified:

- Visas and working permits. Permits to perform for licensed professions (mainly medical).
- Import permits and regulatory agencies permits for regulated products (medical supplies and machinery, drugs, communications)
- Insurance and liability
- Taxes waivers for goods, waivers from landing fees
- Need to identify national standards of services, as the base line for an emergency plan of action leading to an international emergency appeal

Conclusion: MDA has engaged in a series of discussions with the respective authorities, where some solutions have already been found; providing a B-4 visa to the international aid workers, discussing with the Ministry of Health (MoH) the possibility that a unit recognized as an EMT will be allowed (personnel, equipment, drugs and medical supplies). These discussion continue with NEMA. At the same time, MDA is training it's National Disaster Response Team to be able to provide an effective liaison to the arriving units and to the authorities.

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MSF Experience with Testing Hybrid Model of Telemedicine During Humanitarian Intervention - Providing Distant Clinical Support in Madaoua, Niger

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Study/Objective: N/A.

Background: Medecins Sans Frontieres (MSF) aka Doctors Without Borders, Madaoua Project supports the paediatric services of a remote and insecure district hospital integrating Inpatient Therapeutic Feeding Center (ITFC). MSF is implementing a telemedicine pilot project tailored to ensure continuity of expert care in case foreign proficiency has to be withdrawn, and to increase the quality of care by providing distant clinical support and management, which includes a training component.

Methods: Telemedicine services composed of synchronous and asynchronous solutions were made available in the hospital. A video-conferencing platform was set-up with reference pediatricians group based in Barcelona and Dakar, combined with MSF asynchronous services. Cases that required second opinion were consulted over asynchronous platform, One complicated case was selected each week for case presentation followed by discussions in real-time. A term evaluation based on 5 months of qualitative data was done by MSF.

Results: There were 38 cases that were consulted via telemedicine, of which 25 were further discussed live during 19 synchronous sessions held weekly. Then, 42% (16) were pediatric, 42% (16) were ITFC and 16% (6) were neonatal cases. Ultimately, 24% recovered, 34% died, 5% referred to higher level, and 37% underwent further treatment. The highest ranked value of telemedicine consultation by users was 'facilitating patient management' regardless of patient outcome, ranging from 69% in patients that died, to 78% cured, to 88% that were referred/ongoing treatment. In addition, telemedicine consultation helped in establishing a diagnosis which would have been missed in 21% of total cases.

Conclusion: This hybrid model of telemedicine has potentials to be a powerful tool for providing distant clinical support for complicated cases in resource limited settings and/or in insecure context. Integrating synchronous component presents substantial technological challenges to deal with, and requires significant Human Resource commitments in mid to long term, but leverages out the benefits across all patient outcomes as well as to users for professional development.

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Capacity Building of Pharmacists in Humanitarian Aid, Brazil

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Study/Objective: The aim of this research is to investigate the skill-specific comprehensive core competencies that humanitarian

pharmacist must demonstrate, working in emergency humanitarian interventions.

Background: In the last decades many influential international humanitarian organizations had strengthened and enlarged their capacity to deliver humanitarian aid, and have realized the need to employ more professionals in the field of humanitarian assistance. Pharmacists have crucial importance in health care related interventions of assuring the use of quality drugs, disease prevention and health promotion. The World Health Organization (WHO) recommends that pharmacists should be adequately represented in the staff of international health agencies. Appropriate competencies and skills of pharmacists working in international humanitarian aid are essential in successful implementation of health interventions.

Methods: A literature search was conducted to identify the main essential health services provided by humanitarian organizations and internationally accepted functional, technical and personal competencies required for pharmacists. Semi-structured interviews were conducted with expatriate pharmacists and expatriate medical coordinators, all of whom have worked in the fields of humanitarian aid missions. The interviews are recorded, transcribed and analyzed using a content analysis and discourse analysis methodology.

Results: Six participants were interviewed, three pharmacists and three medical coordinators. The interviewees had worked in (overall) 32 humanitarian missions. The main functions of the pharmacists were focused on stock management and supply of medicinal products. However, pharmacists in humanitarian fields do not perform many functions related to the provision of effective Medication Therapy Management (MTM). Interviewees highlighted that the personal competences related to working under pressure, adaptability and flexibility, cultural sensitivity and teamwork skills are essential for the humanitarian aid pharmacist.

Conclusion: This study highlights the critical competencies required for humanitarian aid pharmacists. Moreover, identifies the absence of these professionals in key activities related to MTM, which may lead to health related risks.

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Changing Hearts and Minds, using Virtual Reality to Improve Empathy towards Refugees

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Study/Objective: Xenophobia is growing ever more present globally, in response to the influx of refugees from various conflicts. Families that have made the harrowing journey from their war torn nations have been met, not with open arms, but border fences and hostile populations. The best way to improve these conditions is to create more empathy from the host country populations towards the refugees.

Background: Studies using virtual reality have been performed before, and have shown that they have the ability to change a person's emotions toward an act. For example, the use of virtual reality was able to make people more empathetic to cows, and

the viewers actually reduced their meat consumption after the VR session.

Methods: With the use of a 3D recording camera, a person will document their journey from the streets of a city gripped by violence, such as Aleppo, and follow them as they exit the country and make the perilous journey on an overcrowded boat into Europe. From there, the filming will continue and include their experiences in migrant camps, along with the living conditions and hostilities they faced daily from the native populations. From the footage, a short 20-30 minute video will be compiled and shown via VR to volunteers to determine if they have any change after the viewing. Follow-up with volunteers could last several months to determine if any lasting effects occur.

Results: This is only a proposal, but the hope is that the results would show an increased empathy for refugees and assist in reducing the xenophobia currently gripping host countries.

Conclusion: Changing the minds of the populous will take time, but with the use of VR, perhaps leaders could be swayed to change their policies to be more refugee friendly. If this study works, the field of humanitarian relief could be altered forever.

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Mobile Health in Complex Emergencies: Preliminary Results from a Workshop, Lebanon, March 2017

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Study/Objective: The objective of this workshop is to identify the essential components of establishing, managing, and sustaining mobile health services at the community level, within conflict context based on experiences in the Middle East and North Africa (MENA) region.

Background: The MENA region from Syria, Palestine to Libya is characterized by instability, conflict, and growing humanitarian needs. Humanitarian interventions are increasingly taking place in complex and protracted crisis that severely affect healthcare systems. The mobile health services are flexible, adaptable to the local context and needs, and critical in this environment where primary health care is not available or accessible. In order to adapt to the complex environment in their countries, the Red Cross Red Crescent Movement societies in the MENA region has been widely deploying mobile health teams to provide essential primary health care in remote and hard to reach areas to most vulnerable populations.

Methods: The Canadian Red Cross with other partners will conduct a workshop in Lebanon in March 2017, involving key implementers and researchers in the mobile health field. We've drafted and shared a structured survey with main stakeholders to collect vital data regarding their mobile health experiences. Moreover, technical documents will be drafted using existing mobile health guidelines to be discussed and approved during the workshop. Evidence-based medical practice, case studies, and experts' opinions will be combined to reach consensus about the effective models of delivery, packages of services, best practices, and key challenges and solutions of mobile health services.

Results: The synthesized preliminary results of the workshop will be presented, highlighting the essential components,