

THE PACIFIC HEALTH TEAM

Establishment of Regional Surge Capacity among Medical and Public Health Personnel in the Pacific



The Problem and Current Situation

The need for public health and medical consequences of natural disasters to be addressed has strongly been stated by Pacific Health Ministers in the 2004 Pacific Health Summit Declaration (<http://www.cdc.gov/nceh/ierh/Declaration%20of%20the%20Pacific%20Health%20Summit.htm>). The urgency of this need is accentuated by the drastic increase of global travel and the emergence of new threats from infectious diseases and bio-terrorism. Despite their high levels of hazards and vulnerability, most Pacific nations lack the surge capacity necessary to save the lives of their populations at risk and no regional body has for mandate to augment national surge capacity for public health and medical personnel of this region.

Proposed Project

The proposed 3-year project seeks to establish a viable mechanism to ensure the region-wide availability and accessibility of human and material emergency response resources for Pacific nations responding to natural, technological or biological disasters. This project is designed to train regional health care experts who could be deployed on short notice within the region in response to a disaster.

The Project will address mobilization issues, the development and update of a register of qualified personnel, the governmental approvals of deployment arrangements, and the establishment of mechanisms for accessing /acquiring response equipment and resources.

Objectives, Activities and Indicators

Objective 1: The Coordinating Body and mechanism for mobilization has been identified.

1. The Fiji School of Medicine (FSM) will serve as the Secretariat of the Coordinating Body, will be the primary agent for implementation and coordination.
2. The Coordinating Body will be composed of the collaborating partners. It will define the mechanism by which nations of the Pacific will be able to get access to needed health and medical equipment.

Objective 2: Team members have been identified and recruited by the coordinating body.

1. The Secretariat will partner with regional and national professional associations to identify, recruit and admit members for registration.
2. The Secretariat will compile a directory of Pacific team member candidates for emergency.
3. The level of certification and accreditation of each member will be determined by the national professional licensing body.

Objective 3: Members are appropriately trained in disaster response.

1. The Secretariat, in association with collaborating agencies, will identify core competencies needed by members of the deployment team.
2. Based upon core competencies identified, a need assessment will be performed to determine training needs of deployment team members.
3. Training providers will be identified and training will be conducted in three places: Fiji, Palau and New Caledonia.

Objective 4: A rapidly available team of health and medical equipment is in place and maintained

1. A list of approved deployment team members will be maintained.
2. Contact information on all members will regularly be updated. It will include information of their qualifications or specialization.

Objective 5: The Secretariat is responsible for ensuring that an inventory of existing regional emergency response equipment and supplies is in place and maintained.

1. Appropriate medical equipment and supply inventory content and quantity sufficient for two weeks of disaster response will be identified.
2. Warehouse site environmentally suitable for storage of the inventory will be chosen.
3. The inventory list will be provided by the Secretariat to the Coordinating Body for procurement.
4. The Secretariat will oversee the storage, rotation and maintenance of these stocks and will contact

agencies involved in national and regional stockpiling for initial and periodic reports of existing inventories of medical equipment and supplies within the Pacific region.

5. An up-to-date database inventory of these regional assets will be maintained.

Objective 6: There is an established mechanism for accessing the regional inventory of emergency response equipment and supplies.

1. The Secretariat will identify and contact regional resource providers and negotiate memoranda of understanding (MOUs) between providers and the coordinating body. The MOUs will establish a mechanism for accessing regional health and medical inventory and personnel in case of an emergency.

Objective 7: Countries have incorporated in their disaster response plans an established mechanism for requesting deployment of the regional response team.

1. The Secretariat will communicate with the National Disaster Management Offices (NDMOs) and public health officials of Pacific nations to provide information regarding how to include the mechanism for requesting access to the Pacific Health Team within their national exercise and drills.

Collaborating Agencies

A number of agencies and organizations at various levels of government will be involved:

- * Centers for Disease Control and Prevention (CDC)
- * United Nations Office for Coordination of Humanitarian Assistance
- * National Disaster Management Offices (NDMOs)
- * National and regional professional societies
- * Secretariat of the Pacific Community (SPC)
- * International Federation of Red Cross (IFRC)
- * South Pacific Applied Commission (SOPAC)
- * Emergency Management of Australia
- * New Zealand Ministry of Civil Defense and Emergency Management
- * France, Australia, New Zealand relief system (FRANZ)

Monitoring/ Evaluation Methodology

The Secretariat will generate a semi-annual report that will be reviewed by the Coordinating Body and submitted to the donor(s). At the end of the project term, the collaborating agencies and donor(s) will meet to evaluate the implementation of the project according to objectives listed above.

Budget Summary

The total cost of the project is estimated to be \$695,000 US. Funds are needed to establish a Secretariat office,

for travel to meetings, and for procurement, storage and maintenance of emergency relief and medical supplies.

Category	Project Expense	In-Kind Contribution	Total Budget
Personnel (Salary/Benefits)			
1. Project Manager: 55,000/year X 3 years	165,000		375,000
2. Trainer: 45,000/year X 3 years	135,000		
3. Project Administration/Support Staff: 15,000/year X 3 years	45,000		
4. Project Support from National Steering Committee		30,000	
Travel			
1. Project Manager: 15,000/year X 3 years	45,000		95,000
2. Trainer: 15,000/year X 3 years	45,000		
3. In-country travel		5,000	
Direct Implementation Costs			
1. Three Sub-regional Workshop @ 30,000	90,000		105,000
2. Advocacy, Awareness Raising Meetings & Briefings		10,000	
3. Negotiation of MOUs, training surveys and training delivery support	5,000		
Equipment			
1. Standby equipment for Deployment team	40,000		65,000
2. Training Equipment	10,000		
3. Office Equipment \$15,000 sum lump	15,000		
Operational Costs			
1. Office Rent: 12,000/year X 3 years	36,000		52,000
2. Stationeries \$5,000 lump sum	5,000		
3. Legal fees covering MOUs	5,000		
4. Water and Telephone: 2,000/year X 3 years	6,000		
Sub-totals	647,000	45,000	692,000
Contingency 10%			69,200
Total Project Expenses			761,200

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