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

Chaim Rafalowski
Director General Office, Magen David Adom, Israel/Israel

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.

Prehosp Disaster Med 2017;32(Suppl. 1):s85
doi:10.1017/S1049023X17002229

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

Fabien Schneider[1], *Yogesh Jha*[1], *Annie (Liying) Liang*[1], *Daniel Martinez*[2], *Laurent Hiffler*[3], *Carol Bottger*[4], *Cristian Casademont*[5]
1. Médecins Sans Frontières Canada, Toronto/AB/Canada
2. Medical Department, Médecins Sans Frontières Barcelona Operational Centre (OCBA), Barcelona/Spain
3. Dakar Unit, Médecins Sans Frontières Barcelona Operational Centre (OCBA), Barcelona/Spain
4. Niger Mission, Médecins Sans Frontières Barcelona Operational Centre (OCBA), Barcelona/Spain
5. Médecins Sans Frontières Barcelona Operational Centre (OCBA), Barcelona/Spain

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.

Prehosp Disaster Med 2017;32(Suppl. 1):s85
doi:10.1017/S1049023X17002230

Capacity Building of Pharmacists in Humanitarian Aid, Brazil

Hamaspyur Vardanyan[1], *Gabriela Bittencourt Gonzalez Mosegui*[2], *Elaine Miranda*[1]
1. Departamento De Farmácia E Administração Farmacêutica, Universidade Federal Fluminense, Faculdade de Farmácia., Niterói/Brazil
2. Departamento De Saúde Em Sociedade, Instituto de Saúde Coletiva, Universidade Federal Fluminense, Niteroi/Brazil

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