



WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT





Disaster response systems in the Pacific

Policy Brief for Australian Stakeholders

March, 2013

WHAT WAS THE RESEARCH ABOUT?

"Pacific island countries are inherently vulnerable to climate change given their small size, topography, insularity and remoteness and limited disaster mitigation capacity".

Climate change is likely to affect the pattern of some disasters in the Pacific, and therefore the organisations and systems involved in disaster response. The aim of this research was to provide recommendations

to policy makers and practitioners in the Pacific and Australian disaster response sectors on current adaptive capacity of Pacific island countries to climate related disasters (e.g. tropical cyclones), and identify the resources, policies and systems needed in the coming years to enhance this

capacity. A further aim was to inform improved planning and more effective response through analysis of the Australian disaster response system and related organisations' capacity, role and obligations to assist Pacific island countries (PICs) in times of disaster.

This Policy Brief is part of a series, presenting research conducted in 2012 which focused on how the immediate humanitarian needs following disasters are met by various stakeholders, both in the affected country and those offering support from outside and the capacity of these systems to adapt under a changing climate. This Policy Brief provides recommendations for *Australian stakeholders* on policy related issues. Others in the polcy brief series focus on *Regional and National stakeholders*.

WHAT DID THE RESEARCH INVOLVE?

A qualitative research methodology was used, which prioritised stakeholder participation and enduser engagement. The research was guided by a

conceptual framework (presented as Figure 1) which was developed to frame the scope and concepts associated with the research. The concept of 'adaptive capacity' was used to assess both the resilience of individual organisations and the robustness of the broader system of disaster response. Specific determinants of adaptive capacity were used to assess the 'disaster response system' (DRS), comprised of actors and agents from government and non-government sectors, and the governance structures, policies, plans and formal and informal networks that support them. Four case study countries (Fiji, Cook Islands, Vanuatu and Samoa – see Figure 2) were chosen for deeper investigation of the range of issues present in the Pacific.

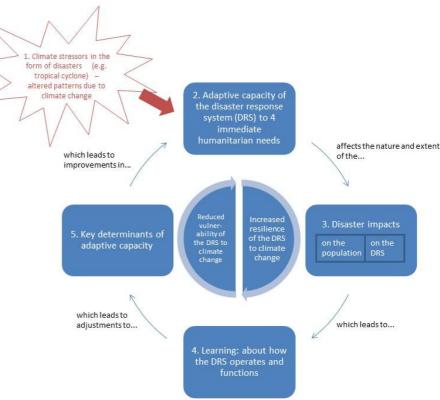


Figure 1. Conceptual Framework

¹ 'Adaptive capacity' describes the ability of a system to adjust to climate change (including climate variability and extremes), to moderate potential damages, to take advantage of opportunities, or to cope with the consequences. (IPCC TAR, 2001)

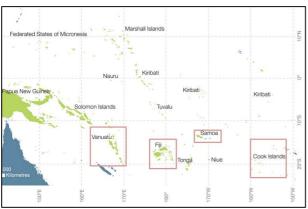


Figure 2. Map of the Pacific, and case study countries

The research team drew upon background literature as well as interviews and workshops with numerous Australian, New Zealand and Pacific island stakeholders from the disaster, climate change, health and development sectors to draw out key challenges, gaps and complexities present in Pacific disaster response.

Examples of organisations contributing to the research (through participation in interviews and workshops) include:

Interviewees from Australia:

- AusAID and other Australian government disaster response organisations
- Australian NGOs including Humanitarian Partnership Agreement organisations
- Australian Red Cross
- Faith based disaster response organisations

Interviewees from the Pacific:

- National Disaster Management Offices
- Ministry of Health
- Ministry of Finance and Foreign Affairs
- Pacific and international NGOs
- Red Cross Societies of the Pacific
- Faith based disaster response organisations
- Regional organisations including SPC/SOPAC
- United Nations agencies (WHO, UNOCHA, UNDP)



WHAT WERE THE KEY RESEARCH FINDINGS?

The research found that the following elements support **adaptive capacity** of the disaster response system, both from the Australian and Pacific perspectives.

Elements supporting adaptive capacity:

- High levels of trust and relationships between key individuals
- Strength in both formal and informal communication, relationships and partnerships

"In small Pacific island bureaucracies, responsibility and capacity often rests with individuals rather than organisations."

- Strong interorganisational mechanisms to facilitate exchange and sharing
- Recognition of critical coordination role of national disaster management offices
- Coordinated disaster assessments
- Clear Pacific national policy and supporting mechanisms for requesting overseas assistance
- Participation of a wide range of stakeholders in planning and decision making, including both traditional leaders and the Church
- Ongoing disaster risk reduction efforts to reduce vulnerability

Adaptive capacity was found to be constrained by a number of factors:

- Limited local human resources for health and disaster response across all four case study countries, both in times of disaster response and in day-to-day operations
- Insufficient engagement between health ministries and other response organisations
- Gap in the provision of psychosocial support
- Limited capacity of Australian medical services to meet the needs faced in the field during disasters
- Limited recognition for Pacific in-country systems, capacity and governance structures during times of disaster by external agencies
- Lack of a future focus to incorporate uncertainty and changing risk into planning processes.

The following section presents key recommendations for *Australian organisations* which address the need to take into account uncertainty, and other key factors found to constrain adaptive capacity.

Recommendations for Australian disaster response organisations:

- 1) Australian and regional organisations need to recognise and support regional networks and formal and informal relationships. Such recognition and support will improve adaptive capacity through building trust and capacity, and the efficient flow of information in times of disaster. In particular:
- Australian, regional and donors organisations (such as SPC/SOPAC, WHO, UNOCHA, UNDP, and UNICEF) to recognise and facilitate regular interaction and meetings that maintain regional links and networks with PIC DRS organisations. Such meetings should be coordinated at a regional level and based on agreed agendas and outputs, and ensure stakeholder inclusion and attendance is based on relevance of issues being discussed
- Active involvement of Australian DRS organisations in regional policy discussions (e.g. current negotiations surrounding a joint DRR and CCA policy)

2) Review and update policy on meeting disaster response needs:

- AusAID, Australian DRS organisations and development partners to support PICs in the development of a strategic plan to ensure that adequate consideration/provisions are made to meet the specific psychosocial needs of the affected population and disaster response personnel.
- AusAID, Australian DRS organisations and regional organisations to ensure that in-coming DRS personnel (particularly health personnel) meet and comply with PIC requirements for registration.
- AusAID, Australian DRS organisations and development partners to ensure that adequate considerations are given to human resources for health (HRH) needs for disaster response under a changing climate, in any new or revised National Health plans or HRH strategic policies.

3) Disaster response training and capacity building to be undertaken through a coordinated and collaborative approach:

- Australian DRS organisations, in partnership with relevant regional organisations (e.g. SPC/SOPAC, WHO), to better coordinate a consistent approach to capacity building, technical up-skilling and training programmes relating to disaster and health response. This is to include needs based content and systematic selection of participants and may include discussion on how to effectively consolidate regional training programs to address the human resources for health capacity issues.
- Australian DRS organisational support with the provision of ongoing educational support and capacity building for nurses - Acknowledge the gap in provision of psychosocial needs through capacity and needs assessment of Australian organisations (Australian government and NGOs, through ACFID)

- Australian DRS organisations to help/facilitate the discussion on consolidating existing HRH training resources in the region, with emphasis/placed on addressing skills for meeting psychosocial needs
- -Australian DRS organisations to address the currently limited capacity of Australian medical services regarding the needs faced in the field during disasters, with considerations given to the respective cultural uniqueness of individual PICs.

4) Australian DRS organisations to support NDMOs as the key coordinating bodies for disaster response and disaster risk reduction

- Australian and overseas organisations to work with PIC DRS to develop clear national policies and SOPs to ensure timely requests for international assistance, through a consultative process with relevant national stakeholders
- Australian DRS organisations to support NDMOs through financial and technical capacity building for a range of possible disaster response scenarios, and through a range of alternative approaches, e.g. mentoring
- Engage in discussion with PIC DRS (mainly Ministry of Health) to ensure in-coming support is appropriate and that medical personnel are duly registered and meet in-country accreditation requirements.
- Australian and other organisations to support the NDMO to ensure that systems are in place for a structured post-disaster debrief that encourages feedback of lessons learned from all agencies into national policy and planning processes.

5) Recognise the potential impact of climate change on disasters, and incorporate a more strategic planning outlook to disaster response with a view to increasing adaptive capacity

- Australian DRS organisations' disaster management and response policy to recognise the potential for altered patterns of disasters and develop SOPs and contingency plans to handle such situations
- Donors such as AusAID to support PICs in embracing a strengthened 'future' focus for disaster response to enable incorporation of changing risk to shift the mentality towards one which acknowledges capacity challenges and uncertainty associated with climate change. This is likely to involve strengthening DRR initiatives which incorporate planning for uncertainty as a means to strengthen adaptive capacity.

Additional research outputs:

- Full research report: "Understanding the Pacific's adaptive capacity to emergencies in the context of climate change"
- Country reports for Samoa, Cook Islands, Vanuatu and Fiji
- Projected climate change impacts in the Pacific
- Policy Brief Series (includes recommendations for Australian, Regional & Pacific National stakeholders)

See www.isf.uts.edu.au; http://www.nmh.uts.edu.au/whocc/





WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT





UTS RESEARCH TEAM

The research team was comprised of researchers from the Institute for Sustainable Futures (ISF), and the World Health Organization Collaborating Centre (WHO CC):

Name	Research Project Role	Position
A/Professor Juliet Willetts	Chief Investigator	Research Director, ISF
Professor John Daly	Co-Investigator	Head of WHO CC UTS and Dean of the
		Faculty of Health (UTS: Health)
Professor James Buchan	Expert Advisor (Policy)	Adjunct Professor, UTS: Health
Dr Natasha Kuruppu	Expert Advisor (Climate change)	Senior Research Consultant, ISF
Michele Rumsey	Senior Researcher / Project	Director of Operations and Development,
	Manager	WHO CC UTS
Anna Gero	Researcher / Project Manager	Research Consultant, ISF
Stephanie Fletcher	Researcher	Research Officer, WHO CC UTS
Jodi Thiessen	Researcher	Project Officer, WHO CC UTS

PROJECT REFERENCE GROUP

The research was guided by inputs from a Project Reference Group (PRG):

Name	Organisation	
Dr Kirstie Méheux	Secretariat of the Pacific Community's (SPC) Applied Geoscience and	
	Technology Division	
Lisa Conlon	Asia Pacific Emergency Disaster Nursing Network (APEDNN)	
Kathleen Fritsch	World Health Organization Western Pacific Division (WHO WPRO)	
Professor Pelenatete Stowers	South Pacific Chief Nursing and Midwifery Officer's Alliance (SPCNMOA)	
Beatrice Tabeu	Caritas Australia / PNG	
Dr Matthew Inman	CSIRO	
Professor Anthony Zwi	Professor of Global Health and Development, Faculty of Arts and Social	
	Sciences, University of New South Wales	
Helen Horn	Humanitarian Partnership Agreement, Australia	



UTS researchers and workshop participants in Fiji.