

# POLICY STATEMENT: RESPONSE TO A SUDDEN-ONSET NATURAL DISASTER

11 August 2016

## Purpose

To establish ISPRM policy on response to a sudden-onset, natural disaster [1,2] in support of its humanitarian mission, enacting its leadership role in global humanitarian rehabilitation disaster response.

## Development

This policy reflects the ISPRM response to recent sudden-onset disasters including Typhoon Haiyan (Philippines; 2013) and the Nepal (2015), Taiwan (2016), Japan (2016), and Ecuador (2016) earthquakes. It represents committee consensus based on review of earlier policy draft versions in the ISPRM 2015 and AOCPRM 2016 committee business meetings as well as online consultation in May, 2016.

## Mechanism of response

ISPRM response actions support the disaster response of the affected ISPRM National Society (NS) and are coordinated between the CRDR Disaster Representative and the NS Disaster Representative (ISPRM NS Representative; [APP1]). ISPRM actions are triggered by the disaster event and initiated by CRDR sending an ISPRM letter of support [APP2] to the NS. NS acknowledgement of receipt enjoins discussion on terms of ISPRM response support actions.

ISPRM support is not determined by systematic application of normative global disaster grading criterion including event scale, complexity, and urgency [3]. Rather, ISPRM actions are taken in direct support of NS activities (based on its perception of disaster rehabilitation needs). Most possible ISPRM actions are not time-ordered or directly linked to other actions. The disaster event is considered closed from ISPRM's perspective when both parties agree that ISPRM response actions are no longer relevant. ISPRM does not coordinate directly with the host Government except possibly when the affected country has no ISPRM NS (*e.g., Nepal Earthquake*) in which case the CRDR Disaster Representative consults with the PC CRDR Liaison and a course of action is recommended to the PC.

## Actions

ISPRM response actions comprise administration/information, technical expertise, and financial services emergency response functions [3] and may include:

### **Administration/information**

1. Send an **ISPRM letter of support** [APP2]. NS may use this letter to advocate to national disaster management and government authorities (*e.g., ministries of health and social inclusion*) for medical rehabilitation and physiatrists as essential components of the emergency and longer term rehabilitation health response.

- 2. Monitor international information sources** (e.g., *UN Global Disaster Alert and Coordination System (GDACS) disaster coordination website, other humanitarian crisis information websites, rehabilitation INGO website disaster updates, WHO Emergency Medical Team (EMT) and related health and injury/disability/rehabilitation email listserv(s)*) for international, national government, and other stakeholder event information on the status of the health (rehabilitation) sector including injury assessments. Communicate to NS.
- 3. Coordinate posting of event information** including NS response and ISPRM support activities on the ISPRM website and other media.

### **Technical expertise**

- 1. Recommend ISPRM CRDR, WHO, and additional technical disaster rehabilitation resources** including ISPRM online education and training resources and relevant standards, guidelines, and best practices
- 2. Refer to ISCOS** for SCI-specific expertise and support (per ISPRM-ISCOS MoU) [APP3]
- 3. Network CRDR members** who have relevant disaster rehabilitation and cultural expertise
- 4. Provide policy guidance** on national/international emergency medical teams (NEMTs; IEMTs) per the WHO EMT Initiative [5]
- 5. Promote NS reporting of disaster experience** in ISPRM News & Views; at ISPRM congresses as well as regional and national rehabilitation meetings; in the scientific literature, and; as contributions to ISPRM CRDR technical education and training products for membership
- 6. Facilitate NS disaster research.**

### **Financial services**

- 1. Solicit donations** via the ISPRM website on behalf of affected NS and other local rehabilitation services organizations participating in the disaster response on a case-by-case basis
- 2. Apply on behalf of the NS for funding of a NS-endorsed, disaster-related project** (e.g. *support of a rehabilitation specialized care EMT [1], provision of durable medical equipment, etc.*) via the ISPRM committee funding mechanism. NS endorsement implies direct active involvement of its members. One application may be submitted during the disaster's rehabilitation continuum [APP4]. Applications will receive expedited ISPRM PC review to optimize project impact. The funding limit is USD\$10,000; World Bank high income countries are not eligible [4].

### **Time summary of actions**

- 'T0'/event
- 'T0+'
  - Send letter of support (upon discovery of event)
  - Monitor/report disaster information (as relevant)
  - Post information on the ISPRM website and other media (as relevant)
  - Provide technical expertise (as relevant)
  - Provide financial services (as relevant)

## Revision

This policy statement will be reviewed at least biannually.

## References

- [1] Classification and Minimum Standards for Foreign Medical Teams in sudden onset disasters. WHO 2013. Available: <https://extranet.who.int/emt/page/home>
- [2] CRED EM-DAT disaster classification. Available: <http://emdat.be/classification>
- [3] Emergency Response Framework (ERF). WHO 2013. Available: <http://www.who.int/hac/about/erf/en/>
- [4] World Bank. Countries and Economies. Available: <http://data.worldbank.org/country>
- [5] WHO Emergency Medical Teams Initiative. Available: <https://extranet.who.int/emt/page/home>

## Appendices

- [APP1] ISPRM National Society Representatives Job Description Letter
- [APP2] ISPRM Disaster Letter of Support
- [APP3] ISPRM-ISCOS MoU
- [APP4] Disaster Rehabilitation Continuum Diagram

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