Emergencies, Disaster Risk and Humanitarian Action Program

This is the Annual Impact Report written for Emergency, Disaster Risk & Humanitarian Action Program (EDRHA), written by Isabel Jiménez Camps (IFMSA-Spain) on the June 15th 2018, submitted for the 67th IFMSA General Assembly August Meeting 2018.

Summary of the report

The EDRHA Program aims primarily at establishing a system for medical students internationally on topics of emergencies, prevention and preparedness, especially public health related, disaster resilience, human and facilities safety in disasters and response. This also relates to educating and raising awareness on humanitarian issues and humanitarian law regulations among medical students.

The main goal of this term has been to raise awareness about the topic and the program scope in order to get members more involved in Disaster Medicine and Humanitarian Actions initiatives. Through different initiatives, we have reached out members of every region and we have created a stronger community of TdmT graduates (TdmT-g) who work together for the achievement of the objectives of this program.

General EDRHA objectives need to be reviewed by the upcoming PC in order to comply with the SMART framework. New report form should be designed reflecting those changes in objectives. It is essential to explore more adequate ways of following up on topic related trainings (International Trainings on Disaster Medicine and HCID). Input from TdmT-g should be collected for its development and other initiatives that may take place.

Message from the Program Coordinator

Disasters and humanitarian crises are a growing issue where the role of healthcare workers it’s crucial. We, as future health care professionals, need to take an active role in not just disaster response, but prevention, preparedness and mitigation.

A growing number of National Member Organisations are working on activities related to this program as a whole and to the specific focus areas that exist. To provide them with a suitable support, as Program Coordinator it is essential to: have a passion and a deep knowledge on the specific topic; be constantly updated both on the specific content of the program and the related needs of the NMO; understand the programs structure and its importance for the Federation; build capacity and provide members with resources in an accessible, creative and friendly way; and work constantly and meticulously to collect all relevant information regarding activities, so to make this data a useful tool for our Federation.

It has been truly inspirational to see the amazing activities conducted and the enthusiasm of the Activity Coordinators, as well as the support and hard work of TdmT graduates and fellow PCs, PSA and VPA. I believe that with the initiatives we have worked on and the data described in
this report we have gotten closer to accomplish the aforementioned tasks and thus help programs reach their full potential.
Thank you for your time reading this PAR. Should you have any questions, please do not hesitate to contact me anytime.

Sincerely yours;

Isabel Jiménez Camps, Program Coordinator on Emergencies, Disaster Risk and Humanitarian Action 2017/2018

Introduction to the Program

The EDRHA Program was adopted during the March Meeting 2015 in Antalya (Turkey), in the midst of the Syrian refugee crisis that was taking place in Turkey as well as Europe and the Middle East. Part of the SCORP scope of action, it was established in the midst of increasing natural hazards resulting in large-scale disasters in underprepared communities, as well as humanitarian crises such as the ongoing refugee crisis.
The EDRHA Program aims primarily at establishing a system for medical students internationally on topics of emergencies, prevention and preparedness, especially public health related, disaster resilience, human and facilities safety in disasters and response. This also relates to educating and raising awareness on humanitarian issues and humanitarian law regulations among medical students. The main target group for most activities currently involved in the program is medical students – as activities gravitate towards an education function.
To sum up the program, here are the Focus Areas chosen to represent our work:
- Disaster resilience (including prevention, preparedness and response)
- Improvement of humanitarian initiatives
- International Humanitarian Law
- Access to healthcare in emergency situations
- Populations in emergency, disaster and post-disaster settings

Link to Emergency, Disaster Risk & Humanitarian Action full Program Description
Annual Working Plan of the Program

This report covers the period spanning from June 16th 2017 to June 15th 2018.

The main goal of this term has been to raise awareness about the topic and the program scope, in order to get members more involved in Disaster Medicine (DM) and Humanitarian Actions initiatives.

The main obstacle found at the beginning of the term was the lack of overview of potential Activity Coordinators (AC), specially from regions that experience different drawbacks that hinder capacity building (language barrier, visa issues, etc), and absence of follow up of the work that TdmT graduates (TdmT-g) were carrying out after graduation.

The essential priority of this program in order to facilitate the work of future PC was to fill in those gaps. For this reason members from all regions were targeted; however, the main target groups have been members from Latin America and Africa and TdmT-g. Through the SWGs created, we have reached out members of these regions and we have created a stronger community of TdmT graduates who work together for the achievement of the objectives of this program.

Thanks to these accomplishments, I believe next PC will have an easier baseline to work on and a stronger team of AC and TdmT-g to communicate efficiently through these recently created channels and reach out to members in order to enhance enrollment.

Impact of the Program

Impact of initiatives to enhance members involvement

1. SWGs
   - TdmT graduates: before this term, TdmT-g from different generations did not have a platform to collaborate and share best practices. Through our Facebook group, mails, Skype and Whatsapp, we have created different communication channels to work on the following objectives
     - International Training on Disaster Medicine (ITDM) guidelines: finalised and published
     - ITDM enrolled and streamlined in the program: together with, SCORP DA
     - TdmTrainer manual - to be published
     - DM database: including simulation materials, presentations in Spanish, English and French, further resources tackling regional needs, etc. Finalised and shared with TdmT-g and SCORP IT. To be improved.
     - Communication with European Master of Disaster Medicine Alumni / exploring financing opportunities for local and national events - to be improved
     - DRR research platform - in discussion
     - Sendai commitments - in progress
   - The Americas Taking Action: due to the number of natural disasters, the language barrier and the low index of enrollment in Latin America, this region was one of the priorities for the term. Together with, SCORP RA, and other members active in the
region, we launched a series of webinars and proposed a potential ITDM in México, held in Spanish. In terms of promotion, a Disaster Medicine activity from Venezuela was showcased in an article of the programs newsletter.

- African region: we had two different SWGs, one in English for East Africa and one in French for West Africa, with 3 TdmT-g and other members from different NMOs involved. The main goal was to raise awareness and launch two online courses in both languages so to reach as much members as possible, and create momentum organise different events at universities and an ITDM in French next year. In terms of promotion, the ITDM from the SRT in Kenya was showcased in an article of the programs newsletter.

2. Webinars
   - “Role of medical students in Disaster Management”. MMSA 11th Annual Conference. Mansoura, Egypt
   - “The Americas Taking Action” (in Spanish) - more than 300 visualizations.

3. Campaigns
   - Disaster Risk Reduction Day, October 13th 2017. Together with SCORP GA.

Activities affiliation

Fifteen activities were enrolled during the 2017/2018 term, from 12 NMOs. Eleven activities were reported, from 10 NMOs.

Activities per region

- Enrolled activities: 6 activities were from Europe, 3 from the Americas, 5 from the EMR and 3 from Asia Pacific (please note some activities are transnational, thus hosted by 2 or more NMOs from different regions). This year we have included together with SCORP DA official Disaster Medicine and Humanitarian Actions workshops: the International Training on Disaster Medicine (ITDM) and the Health Care in Danger workshop. To know more about all these activities, check the recently created activities database: https://ifmsa.org/activities/
- Reported: most of the activities were from the European region, representing 60% of total reported activities. Nevertheless, we have seen an increased number of reported activities from other regions (Americas and Africa), following the efforts to tackle these NMOs.
Reported activities type

The reported activities are structured in different ways. The definition of these terms got updated in the new unified enrollment form and so there may be some slight differences but most of the activities are capacity building trainings or workshops aimed at medical students and/or vulnerable populations. No enrolled activities were on research, advocacy, operational work or third party activities or events.

Level

Almost half of the activities were transnational or international. None of the reported activities was on a regional level.
Program Focus Area tackled

These activities targeted different Focus Areas, which are:
- Disaster resilience (including prevention, preparedness and response)
- Improvement of humanitarian initiatives
- International Humanitarian Law
- Access to healthcare in emergency situations
- Populations in emergency, disaster and post-disaster settings

Most of the activities are related to the focus area of disaster resilience (please note that more than one focus area could be selected).

Target group
This program enrolls activities with target groups and/or beneficiaries belonging to the below mentioned populations, depending on the activity. All of the activities target medical students and vulnerable populations, amongst others. None of the enrolled activities targeted general public and other populations. Such activities are however conducted by NMOs and welcome to enroll in the future.

**Number of participants**

Around 770 members were involved in the different activities reported.

**External partner support**

Did you receive any recognitions, prizes, funding or external partner support for your Activity?

11 responses

![Pie chart showing 45.5% Yes and 54.5% No](chart.png)

Only 54% of activities receive support from external partners. More efforts need to be done to ensure all activities have access to these opportunities, if required and needed.

**Biggest challenges encountered**

Finding trainers, coming up with simulations adapted to the venue, different logistics issues, and making participants familiar with the basics of DM and Humanitarian Actions by avoiding misconceptions were the most frequent obstacles found by Activity Coordinators. A stronger network of trainers together with external partners support is needed to cope with these drawbacks.
Number of ITDMs reported

One of the goals for this term was to increase collaboration between the Programs Team and the International Team of the relevant Standing Committee. Capacity Building was one of the key areas of work, in order to enhance enrolment of related activities in the program. Thus, ITDM has been enrolled and subsequently followed up inside the program’s framework. Three trainings were reported so far (Sub Regional Training East and Central Africa ITDM, Pre March Meeting Egypt ITDM and Umea -Sweden- ITDM), and we hope to achieve full tracking of every ITDM organised from now onwards. 76 participants from over 15 countries of all regions of IFMSA have attended these events. More ITDMs are planned for this term, so we hope to increase this number.

Discussion and recommendations

Numerous OLM were held with ACs, which I believe is essential to ensure report and support AC in the activity design and monitoring.

The early communication with the SCORP IT is key to have easier access to NORPs and other members of every region.

Many members from all regions are being increasingly interested in acquiring skills on Disaster Medicine, for which it is essential for the PC to be accessible and provide them tools to organise their capacity building events at a NMO level and linking them with also TdmT-g that may be present in that region.

The report has been changed this term to improve the analysis of the activities. ITDM has been reported in the same form, however it is essential to explore more adequate ways of following up on ITDMs and other CB initiatives. Input from TdmT-g should be collected for its development. Furthermore, general EDRHA objectives need to be reviewed by the upcoming PC in order to comply with the SMART framework. New report form should be designed reflecting those changes in objectives.

Database should be promoted amongst members, IT and TdmT-g, shared with NMOs and improved by including updated and relevant material. ITDM manual should be reviewed and updated regularly with support from SCORP DA and TdmT graduates.

According to this assessment, the EDRHA program has had increased international impact due to its capacity building focus. By ensuring an efficient handover, hopefully this work will continue and be improved throughout next term.