

Globalization

Marvin L. Birnbaum, MD, PhD

The world moves so fast these days that the man who says it can't be done is generally interrupted by someone doing it.

Elbert Hubbard

Nothing holds up the progress of science so much as the right idea at the wrong time.

Vincent de Vigneaud, *Most Secret War* (1978)

The title for the upcoming 8th Asia-Pacific Conference on Disaster Medicine (8APCDM) is "Global Collaboration for Disaster Response". By definition, disasters require assistance from regions or nations outside of the area directly impacted by an event or series of events. No matter the size and/or level of development of the affected area, coping with the overwhelming disruptions that are characteristic of most disasters requires outside assistance. As disasters are becoming more numerous and more severe, the responses to them have become increasingly more global. Although each responder (individual or organization) believes its assistance will minimize the pain, suffering, and number of deaths related to the event, many well-meaning interventions turn out to be counterproductive. The principal reason for such unfortunate outcomes is the lack of coordination between the responses offered and the actual needs of the stricken population (society), and the inability to control the situation.

Three words in the English language apply to the discussion of global assistance: (1) coordination; (2) cooperation; and (3) collaboration. Although they often are used interchangeably, these words have distinctly different meanings.¹ *Cooperation* carries the least commitment as it only involves shared goals (short- or long-term) between two or more parties. Thus, cooperation between areas and/or countries is the easiest of this triad to obtain through negotiation, as it carries with it no obligations by any of the parties to any of the other parties. Such agreements often are diffuse and non-binding.

On the other hand, *coordination and collaboration* mandate actual commitment between the parties. Coordination means the sharing of tasks between the parties, while *collaboration* is an even stronger commitment in which the resources of the parties are shared between the parties involved.

The greatest problem encountered in disaster responses has been the lack of coordination and control of the tasks (interventions) between all of the "actors" who appear in the affected region. Unfortunately, agencies and persons responding to a disaster are reticent to and have not been

required to coordinate their tasks with the other "actors". This leads to unnecessary duplication and some major gaps in the needed responses. The responsibilities and reporting structures and requirements of these responders remain ill-defined. The goals and objectives of the interventions delivered often are not known or considered within the context of the overall responses.

There is much exciting progress towards globalization being made in several regions of the world. For example, under the tutelage of Jeffrey Levett, the respective health sectors of Greece, Turkey, and Egypt have come together in three meetings in Athens to explore the possibilities for *coordination and collaboration* in meeting health emergencies/crises in these countries. They have realized the advantages of developing regional programs in which the emergency response resources of each country will be shared in order to assist another country in their region. Similar agreements are being developed elsewhere along with explicit benchmarks appropriate for the respective region. The most noteworthy of these has been fostered by the South-East Asia Regional Office (SEARO) of the World Health Organization. The validity of the arrangements and the benchmarks assigned were supported during a second meeting convened by SEARO earlier this year. The effect of the substantial progress made by each of the Ministries that participated was evident in the manner in which the Indonesian Ministry managed the health aspects of the recent earthquake.

Regional agreements must be accompanied by the mandate, resources, and authority required to provide coordination and control. Persons must be educated and trained in the appropriate use of resources and how to collaborate with other similarly educated and trained designates who understand the respective culture in which they operate. Standardized needs assessment tools must be made available so that the plans formulated to meet these needs are realistic and appropriate. Performance evaluation processes must be conducted for quality assurance and enhancement.

Currently, *collaboration* may be most realistic at a regional, rather than at the global level. Regional planning and actions not only are appropriate geographically, but the regions are similar culturally, with only differences that are understood by all of the parties involved. Regional consortia should strive to develop collaborative systems in order to improve the quality of medical care, increase efficiencies, increase economies of scale, centralize administrative functions, improve and standardize educational objectives and training, and improve technical assistance, to name a few. Regional training centers for the preparation of the health sector's ability to cope with such health emergencies would

be a major forward step in attempting to meet future crises. Regional training centers could serve to enhance preparedness at the regional, national, and community levels.

Yet, in order for international assistance to meet the defined needs of an affected population, there also must be a global inventory of the goods and services that can be made available to any region in the world. There must be some agency that will take responsibility for developing and maintaining such an inventory.

The respective leadership in each country within each of the WHO regions should assume the responsibility for facilitating the discussions and actions required to accomplish each of the recommendations and benchmarks outlined in this issue. The efforts of Greece, Turkey, and Egypt as well as those of SEARO should serve as examples. It seems obvious that disasters affect a whole region and that regionalization of preparedness and capacity building is a

realistic, achievable goal. Emergency health bridges most borders. The health sector is in a good position to take the lead. Health is the same regardless of cultures and can serve as a facilitator of trust between nations and areas. Health is a keystone to all societies.

The outcomes of the 8APCDM will be the development and endorsement of strategies for the global sharing of resources between countries/areas, i.e., true *collaboration*. Thus, the 8APCDM is an important step in this process towards true globalization.

In the final analysis, humanity has only two ways out—either universal destruction or universal brotherhood.

Yevgeny Yevtushenko, *The Spirit of the Elbe* (1966)

*If there is no struggle,
There is no progress.*

Frederick Douglass