Global CORRESPONDENT

Function of the Global Correspondent

Stephanie Rosborough, MD, MPH

Of the 255 million people affected by disasters each year, most live in developing countries.[1] Problems such as poverty, conflict, and global climate change render developing countries disproportionately vulnerable to disasters. According to Tearfund, an international nongovernmental disaster relief organization based in the United Kingdom, almost 98% of people killed by natural disasters live in developing nations. Disasters are overwhelmingly a problem of the developing world.

Despite the enormity of the problem, it can be difficult for people in developed nations to find out about disasters in the developing world. The mainstream media does not always bring the disasters in developing nations to our attention. Although some large-scale disasters, such as the 2004 Indian Ocean tsunami, are widely publicized, many others, such as the 2006 floods in east Africa, remain overlooked. Even information about the activities of major international disaster response groups, including agencies of the United Nations (UN) and nongovernmental organizations, can be hard to find.

The challenges of disaster response and preparedness are often magnified in developing countries. Locations are sometimes more remote, with fewer transportation options. Cultural differences make it difficult to rely on "one-size-fits-all" relief methods. Local conflicts compromise access and staff security. Low-cost, energy-efficient relief technologies are a necessity.

The burden of disasters requires a global perspective on disaster response. To prevent deaths from disasters in the United States, we must look beyond our own backyard and recognize the interconnectedness our country has with our global partners in planning, mitigation during, response to, and recovery in any public health emergency. In addition, valuable lessons are gleaned from global health response and recovery efforts, which can be incorporated into our domestic preparedness initiatives. The Global Correspondent column will keep readers up to date with the world of disaster response.

The Global Correspondent column will serve three functions. First, it will update readers on current world disasters. Second, it will report on trends and developments in disaster response around the world. Finally, it will profile organizations and individuals who shape international disaster response.

Because many factors affect the impact a disaster has on the local population, the Global Correspondent column will also examine the contributions of poverty, conflict, climate change, and other conditions underlying disasters. The Global Correspondent column will appear in every issue of *Disaster Medicine and Public Health Preparedness* and will sometimes feature guest contributors. For this inaugural issue of the journal, some important issues in global disaster response are summarized.

TSUNAMI RECOVERY

More than 2 years after the Indian Ocean tsunami of December 26, 2004, recovery remains slow and the area is still unprepared for another similar disaster. According to former US President Bill Clinton, the Special Envoy for Tsunami Relief to the Secretary-General of the UN, only one third of the people left homeless by the tsunami have been resettled into permanent housing. The BBC reported that as of the 2-year anniversary of the tsunami, $3.3 billion of the $6.7 billion pledged for recovery efforts had yet to be spent. In addition, fewer than half of the buoys and sea-level gauges planned for the Indian Ocean's new tsunami warning system, funded by the UN Educational, Scientific, and Cultural Organization, are in place. Despite these shortfalls, recovery efforts following the disaster that claimed 280,000 lives across 12 affected countries continue across the region.

For more information: *http://www.who.int/hac/crises/international/asia_tsunami*

AVIAN INFLUENZA

In March 2007 the World Health Organization (WHO) moved to strengthen preparedness for a worldwide bird flu outbreak by increasing access to vaccines for developing countries. The effort is part of a $10-billion project that will include plans to share vaccines and to build more than 6 new production facilities in 2 Latin American and 4 Asian countries. According to WHO estimates, there is a need for several billion doses of pandemic influenza vaccine to protect against influenza A subtype H5N1. The 10-year Global Pandemic Influenza Action Plan launched by WHO in October 2006 seeks to address this shortage in 3 ways: increasing vaccine production capacity, encouraging seasonal influenza vaccine use, and research and development of new influenza vaccines. Indonesia and Vietnam remain the countries hardest hit by human cases of avian influenza, which have been

https://doi.org/10.1097/DMP.0b013e3180f6a01e Published online by Cambridge University Press
Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.

reported in 12 countries in southeast Asia, the Middle East, and Africa.

For more information: *http://www.who.int/csr/disease/avian_influenza/en/index.html.*

"FORGOTTEN" DISASTERS

As it has done for the past 9 years, Doctors Without Borders released in January 2007 its annual list of the Top 10 Underreported Humanitarian Stories. Six of the 10 sites—all with crises resulting from regional conflict—also appeared on last year's list: Haiti, Chechnya, Somalia, Colombia, central India, and the Democratic Republic of the Congo. Conflicts in Sri Lanka and the Central African Republic were added in 2007 because of worsening political unrest and its devastating effect on local populations. Rounding out the list were the worldwide scourges of tuberculosis, especially given the spread of extensively drug-resistant strains, and malnutrition, despite relatively new at-home treatments such as ready-to-use therapeutic products. Why are these crises considered forgotten? According to the online media-tracking journal *Tyndall Report*, these 10 countries and diseases accounted for just 7.2 minutes of the 14,512-minute total for 2006 on the 3 major US television networks' nightly newscasts.

For more information: *http://www.doctorswithoutborders.org/publications/reports/2007/top10_2006.htm.*

EMERGENCY RESPONSE FUND

The UN's Central Emergency Response Fund (CERF) celebrated its first anniversary in March with mixed reviews from the humanitarian community. The $500-million CERF, revised in 2006 to include grant-making capacity as well as loan-making capacity, was founded to provide for underfunded crises and to speed lifesaving response to time-critical emergencies. A report by Oxfam International praised the CERF for its work in underfunded areas such as Somalia and the Democratic Republic of the Congo, but criticized it for slow and spotty payments elsewhere. According to the report, the CERF continues to route funds through other UN agencies, adding time, cost, and administrative hassle to relief efforts. These growing pains do not mask the main worry that the fund will simply attract donors' existing resources instead of adding new money to relief efforts. However, if wealthy nations continue to donate so that the Fund grows to the humanitarian community's goal of $1 billion, the CERF has the potential to revolutionize funding for global disaster response.

For more information: *http://www.unfoundation.org/cerf.*

About the Author

Stephanie Rosborough is the Global Correspondent for Disaster Medicine and Public Health Preparedness, *and is Director of International Emergency Medicine Fellowship at Brigham and Women's Hospital, Boston.*

Received for publication April 1, 2007; accepted April 2, 2007.

ISSN: 1935-7893 © 2007 by the American Medical Association and Lippincott Williams & Wilkins.

DOI: 10.1097/DMP.0b013e3180676d1e

REFERENCE

1. Guha-Sapir D, Hargitt D, Hoyois, P. *Thirty Years of Natural Disasters, 1974–2003: The Numbers*. CRED's EM-DAT: The International Disaster Database Web site. *www.em-dat.net/documents/Publication/publication_2004_emdat.pdf* . 2004:13.

Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.
https://doi.org/10.1097/DMP.0b013e3180676d1e Published online by Cambridge University Press