



Received: 27 July, 2021

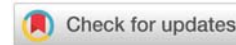
Accepted: 07 October, 2021

Published: 08 October, 2021

*Corresponding author: Osama Ali Maher, Lund Institute of Technology, Lund University, Sweden, E-mail: osama.ali_maher@tvrl.lth.se

Copyright: © 2021 Maher OA. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

<https://www.peertechzpublications.com>



Mini review

Disaster management cycle and COVID-19 – Breaking the silos

Osama Ali Maher*

Lund Institute of Technology, Lund University, Sweden

Humanitarian workers responding to crises, either on the spot or in decision making positions, are familiar with the emergency management cycle with its basic three components namely; preparedness, response and recovery. This cycle can be expanded to include other elements, such as mitigation, readiness, business continuity, contingency, monitoring and evaluation [1]. However, these terms can still be embedded in the three main categories of activities. The three components of the crises management cycle led to a basic and simplified thinking of dealing with a crises as three separated incidents which takes time at separate moments of the overall management of the crises. In recent years, some new concepts and approaches were introduced to link the last two silos of the cycle, namely; response and recovery through the emergency-development Nexus or transition. This can be generally considered as a trial of the humanitarians to link to developmental aspects. Linking “firefighting” nature of response operations to a longer terms step towards developmental goals, such as the SDGs, which is not an easy task. Generally, this resulted in repeating this Nexus term as a “nobel” target which we really cannot quantify, but we must praise. One of the major observations on the disaster management cycle, is that the concentration on the response to an emergency is the fixation by political systems of rich countries to be seen when the attention of media is concentrated at the response phase, to save lives in front of the camera. All countries facing sudden onset emergencies or chronic ones usually have a Humanitarian Repose Plan (HRP), which is the most funded component in a crisis compared to the other elements of the cycle. Looking at preparedness, this is another term that we like to have to be politically correct, it is relatively more well defined than recovery, but still in many cases represents more of a theoretical endeavor which usually ends up as a set of plans that does not prevent repeated emergencies in poor countries. Rich countries are

rarely interested in financing preparedness plans [2]. Even sudden onset emergencies in rich countries, as for instance the famous Katrina cyclone in the US in 2005 [3] and mostly and catastrophically shown in the current COVID-19 pandemic. The pandemic has proven that poor and even rich countries, despite all talks of preparedness, was drowning in response and proving that all principles of disaster management were nothing but glossy plans, or rather a checklist not a real process embedded in the disaster management exercise. This has actually led us to end up with a skewed structure where most of resources and expertise are put on response, when attention should be given as well to the other components. Calling for equal share for the three components in resources, both expertise and material, would be superficial. With this state of imbalance in attention to the three components of the disaster management with a rooted cemented three silos, it is better to think outside the box in order to get effective management to any disaster. Needless to say that, the “stages thinking” of the cycle added to the unclarity or sometimes the contradicting definitions of basic terms such as hazard, threat, vulnerability, exposure, impact, consequence, risk and even disaster versus emergency, makes it imperative to go back to a more simplified concept of entirely breaking these three silos. Preparedness plans, even if it is a theoretical exercise should be extended to recovery. Response activities should have priorities to sustainable solutions within the concept of “Building Back Better” all the time and thinking about recovery as well. Within the recovery, there is an opportunity for better dealing with future hazards and contributing to the preparedness of other vulnerabilities. In other words, disaster management cycle should be replaced with a more holistic approach that has a toolbox based on multi-hazard approach rather than a check list to fulfill the three pillars of the cycle, as illustrated in Figure 1. The toolbox should include all components of addressing specific hazard or

vulnerabilities in the health system and to be able to enhance the health system performance.

Dealing with the COVID-19 pandemic from a pure disaster management perspective, and surprisingly being a disaster which hit poor and rich countries. The silos of dealing with a disaster incident like the pandemic still prevailed. The rich world spending on public health and hospital preparedness was proven to be highly insufficient. Hospitals in Italy were flooded, having no sufficient equipment, inadequate medical staff, lack of supplies and even absence of protocols for non-medical interventions [4]. Same situation was witnessed in many countries. One of the issues regarding the preparedness to face such an event was the lack of cross borders' cooperation, which reflected a huge gap in regional or sub regional response capacities. Huge entities such as the European Union, didn't have a clear plans or Standard Operations Procedures (SoPs) to constitute an overall European approach at any level. Hence, we can establish clearly that it is not the resources or level of expertise that were put to be prepared to such an incident, on the contrary, massive amounts of money were dedicated to the response for the incident. Whether, speaking in terms of waves, we did not pass the first wave or heading for the second one. Many of the countries the response was based on temporary "firefighting" concept, such as field hospitals, reassignment of staff, altering available resources and other temporary interventions. The race for the recovery from the COVID-19 seems to be mainly economical. Health recovery for the moment is looked at in terms of vaccine and pharmaceuticals development. In times where we all should be thinking about

the Nexus from a pandemic management perspective, we mainly look at the management of this specific pandemic for the COVID-19 only. The example with the repeated outbreaks in some geographical locations such as Ebola, Cholera, various influenzas and others, is an indicator that we do not address the Nexus adequately. The COVID-19 is no longer a novel virus, we know much about it by now. With the numbers of COVID-19 cases subsiding most of the countries, it is important that health and disaster management professionals together with decision makers join efforts to reflect on the pandemic as a disaster which needs to be more understood and analyzed using the basic elements of the emergency management. The emergency management "toolbox" needs to be opened all the time in anticipation of a threat. Public health preparedness tools, like the health systems, surveillance systems, International Health Regulations (IHR). Response in terms of supplies, surge, contingency. Recovery, in terms of the Nexus or the Building Back Better (BBB) concept or the SDGs. COVID-19 will mostly be a history or will join the list of diseases on the vaccine preventable ones. However, huge number of lessons learned in terms of the global management of this pandemic is highly needed, in order to avoid learning the lessons on and on again. Our communities and movements are very complicated, which impose a challenge for disease prevention in large scale and the current pandemic is likely to be repeated. This require a new thinking about our way of dealing with the health system six building blocks. World Health Organization, governance, financing, information, service delivery, medical products and supplies and health work force [5]. All blocks needs to include all elements of disaster management while evaluating their strengths to deal with hazards or threats to public health and to use the tool box for improvement of the health system performance as well for future containment of a pandemics such as the current one.

References

1. Khan H, Vasilescu LG, Khan A (2008) Disaster management cycle-a theoretical approach. *Journal of Management and Marketing* 6: 43-50. [Link: https://bit.ly/3DdMFek](https://bit.ly/3DdMFek)
2. Botchwey K (2003) Financing for development: Current trends and issues for the future. *Toye J ed* 131-150. [Link: https://bit.ly/3oCHctJ](https://bit.ly/3oCHctJ)
3. United States. Congress. House. Select Bipartisan Committee to Investigate the Preparation for, & Response to Hurricane Katrina. (2006) A failure of initiative: Final report of the select bipartisan committee to investigate the preparation for and response to Hurricane Katrina. US Government Printing Office 399.
4. Ruii ML (2020) Mismanagement of Covid-19: lessons learned from Italy. *Journal of Risk Research* 23: 1007-1020. [Link: https://bit.ly/2YnQQFp](https://bit.ly/2YnQQFp)
5. De Savigny D, Adam T (2009) Systems thinking for health systems strengthening. World Health Organization. [Link: https://bit.ly/3DnNUYJ](https://bit.ly/3DnNUYJ)

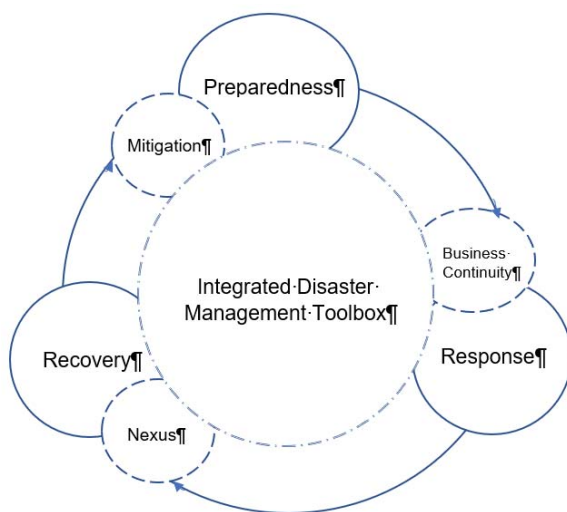


Figure 1: Disaster management cycle including the three main stages of preparedness, response and recovery attached to them the business continuity and the nexus and the proposed all hazard disaster management holistic approach which.