

Panel 6-4 Examples of alternative strategies and unintended negative consequences

Alternative strategies

In a refugee camp, a specific objective may be to reduce the risk of an outbreak of severe diarrhoea. Possible strategies that might be considered include: public education for improved hygiene; improved water supplies; improved sanitation facilities; mass vaccination. In this case, the first three strategies would probably be adopted simultaneously but not the last one (as mass cholera vaccination is not recommended by WHO).

Following a disaster, the assessment reveals that there will be a shortage of drugs. Possible strategies include: importing drug kits; importing drugs in bulk, purchasing drugs locally. The arguments for and against each of these options must be carefully examined before deciding on the strategy to adopt. (Note that even establishing the fact that there is, or will be, a real shortage of drugs can be problematic, but importing drugs because it "seems" there could be a shortage can be very damaging – see below).

Unintended negative consequences

Provision of drugs: Large volumes of donated/imported drugs can have unintended negative consequences. Following the tsunami December 2005, large quantities were imported into Aceh, Indonesia and given out free by relief agencies. The local market for pharmaceuticals was totally disrupted forcing local private pharmacies to close and move to other provinces. The result was that:

- people with chronic diseases could no longer buy their insulin, blood pressure medicine, etc. (items that were not considered "emergency" drugs so not provided by the relief agencies); and
- the overall recovery of the health sector was compromised because, as relief NGOs closed their operations and left, local people had nowhere to buy medicines anymore.

Waiving user fees: User-fees can be a major financial obstacle to access to health care, especially during a crisis. However, in many countries, the managers of government health facilities in many countries depend on user fees (and selling drugs) to supplement their meagre budgets for staff costs and salaries. In Aceh, once the Government waived user fees and NGOs gave out free drugs, there was a big migration of government health staff out of the province. This created a long-term problem of manpower shortage that still persisted several years later.