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Child and Family Health in Disaster and Crisis

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Ladies and Gentlemen:

(Slides 1 and 2) I am honored to be here along with my colleague Srivieng Pairojkul to speak about Child and Family Health in Disaster and Crisis. Our other colleague, Karen Olness, is busy this week teaching a course for pediatricians from the tsunami area at Khon Kaen University; we have borrowed Dr Pairojkul from that course to be with us here today. Dr. Olness and Dr. Pairojkul are Co-chairs of our International Pediatric Association Committee on Child Health in Humanitarian Emergency, and I am the Executive Director of the International Pediatric Association. The International Pediatric Association (IPA) is an organization whose members are the National Pediatric Societies of 143 countries of the world, the large Regional Pediatric Societies of all areas of the world including Sub-Saharan Africa, Asia Pacific, Latin America, Mediterranean and Middle East, Central Asia, Europe, and North America; and 11 International Pediatric Specialty Societies. All told, some 500,000 pediatricians are within our membership. And we pediatricians of the world have been very much concerned about the issues of children caught up in times of crisis and disaster.

(Slide 3): Each child is an individual. Our world is already plagued with violence affecting individual children: child abuse and neglect and exploitation, neighborhood and societal violence, accidents, loss of family, and individual child health crises. We are not speaking about individual children here today, but rather about communities of children of entire regions or countries who are beset by mass disaster and crisis. As already pointed out in prior presentations, mass disasters and crises can result from man-made events: war and civil unrest or biochemical or industrial accidents, or from so-called natural causes: cataclysmic events such as earthquakes, tsunamis, floods, and droughts.

Our role here today is to discuss the issues and needs of children and families in disaster and crisis situations with particular reference to the recent tsunami. It has been our experience as pediatricians that there is too often a relative lack of attention to the needs of children in disaster and crisis situations, and a corresponding lack of planning and action in meeting children's needs.

My paper will present a general view of children in disasters and crises, and my colleague Dr. Pairojkul will then present her extensive experience with children of the tsunami in Thailand.

(Slide 4:) In considering the needs of children affected by disaster and crisis, several broad considerations should be noted. First, we must understand the scope of childhood. The Convention on the Rights of the Child defines childhood as the period between birth and the age of 18 years. Children represent more than 50% of the populations of many countries in the developing world, and thus represent a sizeable proportion of individuals affected by disasters. Children have a particular vulnerability to harm from disasters which makes their numbers even
more notable. For example, in the recent tsunami, children were swept away in disproportionate numbers. In considering childhood, we must realize that children are not all alike, nor are they simply small adults. Childhood includes distinct developmental stages. The newborn period includes the first week or month of life, the under-five period which is the basis for United Nations child health statistics ranges from 0 to 5 years, the hidden period of childhood when children are actively growing and developing ranges between 6 and 11 years, and the period of adolescence extends to age 18 years. Each of these of stages of development has its own characteristics and its own unique needs.

(Slide 5:) A number of unique aspects of childhood must be considered in disaster relief. First, children are vulnerable. Their survival depends on the protection and nurturing of the adult world around them. Second, the cognitive development of children is incomplete. We understand this concerning babies, but this incompleteness of childhood cognitive ability extends through the period of adolescence. Children of all ages simply do not have the reasoning capacity of adulthood, and even older children are often unable to make wise decisions concerning their own survival. Third, health issues of children differ from those of adults, and differ from stage-to-stage of child development. The basic physical capacity of infants is greatly different from that of young children, which is greatly different from that of older children and of adolescents. Children differ from adults in physical and cognitive capacities, physiologic status, disease susceptibility and disease expression, and the types of supplies and equipment required to care for them -- including appropriate drug formulations. The psychosocial needs of children are extremely important, and also vary with stages of development. Children are vulnerable and need the protection of the adult world. It follows that meeting the needs of children in disaster situations requires knowledge of child health and of child development, as well as an understanding that the child exists in the context of the family, making the status of the mother and the family of vital importance to child health.

(Slide 6:) What are the considerations of child protection? Children need attention to basic needs: water, food, shelter and clothing. They need to be part of a living situation which can sustain them. One of the saddest concomitants of disaster situations is that a number of children lose their families, whether to death or to separation. These "unaccompanied children" are at the mercy of the adult world around them. Children in disaster situations all need family or alternative living situations which will permit them to survive. Appropriate attention to the needs of physical child health are imperative, but sometimes it is forgotten that attention to psychosocial health is also essential for care of children in disasters. And children need to be protected against abuse, neglect, and exploitation.

In all of these regards, we should be mindful that a number of international documents including the Convention on the Rights of the Child, the World Fit for Children document of the UN General Assembly Special Session on Children, 2002, and the Geneva Conventions speak to the care of children in disasters as a right and a responsibility of the world adult community.

(Slide 7:) In considering child health in disaster and crisis, it is important to accept a broad definition of child health which includes physical health, psychosocial health, and the health of the mother and the family. Initial assessments of disaster areas must include attention to the numbers of children affected and their needs, and both acute and long-term needs must be considered from the onset of any disaster or crisis situation.

(Slide 8:) A number of considerations are pertinent to the physical health needs of children.
Newborns require basic care, including warmth and adequate breastfeeding when possible. This is a good example of the intimate relation of maternal health to child health. Children who have been injured in the disaster require management of injuries. A safe environment with clean water and adequate sanitation is essential, as are adequate shelter and clothing. Nutrition must be adequate for protein, calories, and micronutrients. Babies or young children need assistance with feeding, and the integrity of the family is essential for this. Children who are not with family will require alternative caregivers. Management of acute and chronic malnutrition in children requires special knowledge and facilities, and it is important to realize that in many parts of the developing world a background of child malnutrition already existed before the disaster. Surveillance, prevention by immunization, and appropriate treatment of infectious diseases is urgent. The status of measles immunization is of particular importance, as is appropriate attention to malaria in endemic areas. Acute respiratory infections and subsequent pneumonia carry a high toll, often requiring antibiotic treatment. Diarrheal disease and subsequent salt and water depletion also carry a high toll for children, as children are vulnerable to dehydration and its effects. Living conditions in disaster situations are often unsafe for children with open fires and various physical hazards. Accident prevention is important. And finally, protection of children against violence and exploitation is essential in both acute and long-term situations. Of particular concern in this respect are unaccompanied children who must be protected against exploitation and abuse, undue removal for child trafficking or unwarranted adoptions, must have their identities established when at all possible, and must be helped with family reunification efforts.

(Slide 9:) Health care personnel must be well aware of the psychosocial aspects of child health in crisis. In the recent tsunami disaster, it became apparent that the long-term psychosocial aspects of the disaster were one of the most important concerns.

Children in disasters have all witnessed some kind of loss, whether of family, of home, of community, or of their hopes for the future. Children depend on structured events in their lives, and loss of structured events such as school is a major issue. Children in disasters are often dislocated from their homes, subject to situations which may be difficult and which are different from those of their accustomed lives. The plight of unaccompanied children is particularly sad; such children become totally dependent on the adult world around them. As noted previously, they must be protected from unwarranted removals, and efforts made to establish their identities and trace their families.

Children caught up in disasters are often afraid and anxious, and may be depressed. Depression in childhood may be difficult to recognize, but has a profound effect on both physical health and behavior. Children have an amazing capacity for hopefulness, and many children survive crises surprisingly well. Nonetheless, long-term psychological problems are of real concern. These include continuing fear and anxiety, chronic depression, and subsequent personality disorders. Perhaps most difficult, children may lose a sense of hope for their own futures.

(Slide 10:) How can these diverse needs of children and families be met in times of disaster and crisis? First of all, a clear definition and understanding of children and family needs should be part of the knowledge of emergency relief personnel. Second, initial disaster assessments must include consideration of the needs of children and families. Third, it is important to pay due attention to the broad aspects of child health which include physical health, psychosocial health, and the health of the surrounding family. Fourth, both acute and long-term needs must be considered from the beginning of the disaster, and priorities established for both acute and
longer-term actions. Fifth, disaster preparedness should include a trained and available workforce for child health and adequate resource allocations for children's needs.

(Slide 11:) The International Pediatric Association, with its worldwide network of trained child health professionals, is one organization that would like to help. Under the direction of Dr. Karen Olness of Case Western Reserve University and Dr. Srivrieng Pairojkul of Khon Kaen University in Thailand, the IPA has in hand a training course and teaching materials concerning children's needs in disaster relief which can be easily adapted to different countries and cultures. This course is based on the needs of the whole child and the family, and is directed towards child health personnel. We take note also of a meeting on Child Health in Complex Emergencies convened by UNICEF and WHO in October 2003 which highlighted many of the points we have raised here and noted the need for training curricula and for strengthening child health capacity at country level.

We suggest that one helpful approach to disaster preparedness would be the teaching and training for disaster preparedness of a cadre of country based child health personnel who are citizens of countries all over the world. A registry of trained child health personnel could then be developed, and these individuals could be called on by their own governments and by relief agencies in times of need. The success of such a system requires establishment of effective means of collaboration between government ministries, child health personnel in civil society, UN agencies, NGO’s, and donors.

(Slides 12 and 13) It has been our experience that a one week course in disaster preparedness in child health for pediatricians and other child health is welcomed by pediatricians and child health personnel in countries and regions around the world. We have already presented such a course in Thailand in 2001 (academic course at Khon Kaen University), Pakistan in January 2002 (Peshawar - for Afghan child health personnel), Ethiopia in 2002, (for the Union of African Pediatric Societies), Nicaragua and Panama 2003 (for the Latin American Pediatric Societies), Syria 2004 (for Syrian government and child health professionals), India 2004 (for the Indian Academy of Pediatrics), and most recently in Thailand since the tsunami with a course for teachers and other stakeholders in child health on long-term psychosocial aspects (Bangkok, March 2005), and a course which is now being conducted at Khon Kaen University for regional child health personnel (from which we have stolen Dr. Pairojkul for her presentation here).

In summary, we would like to make the following points and suggestions:

- Children have unique needs in disaster and crisis situations.
- Children are vulnerable and comprise a large percentage of those affected in disasters and crises.
- Child health encompasses the physical and psychosocial needs of children and of their mothers and families, and requires both acute and long term planning, prioritization, and action.
- Evidence-based knowledge pertinent to children and families in disaster and crisis should be collected, and further knowledge sought as needed.
- Personnel with knowledge and experience in child and family health must be included in relief assessments and efforts.
- Pediatricians and other child health personnel can be trained in disaster preparedness at country and regional levels.
- Governments and relief agencies can call on such trained personnel in times of need.
• Establishing effective collaborations between government ministries, child health personnel in civil society, UN agencies, NGO's and donors is essential.

Now Dr. Pairojkul is going to speak of her experience during the tsunami in Thailand. Dr. Pairojkul is a Professor of Pediatrics and Child Health at Khon Kaen University, as well as being co-chair of our IPA Committee on Child Health in Humanitarian Emergency. She has a unique knowledge of the broad aspects of child and family health, and of disaster preparedness. We of the IPA admire her greatly, and we thank her for all of her efforts on behalf of the world's children.