

Facilitators and Barriers to Implementing an IMS in Low-Resource Settings

Ryan Shelton, MPH¹

#iaem24

Non-Competitive Division



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Background

The Emergency Response Framework (ERF), developed by the World Health Organization (WHO), provides essential guidance on the assessment of, grading of, and response to public health events and emergencies with health consequences. This framework includes establishing an Incident Management Structure (IMS). Capacity-building efforts around the globe have focused on efforts to build Public Health Emergency Operations Centers and Emergency Management capabilities, including IMS functions. Yet, commonalities in the use of IMS in lower-income countries and conditions that support or hinder IMS functionality in these settings are not well documented. This poster summarizes a review of peer-reviewed and grey literature to better understand IMS implementation in lower-income countries.

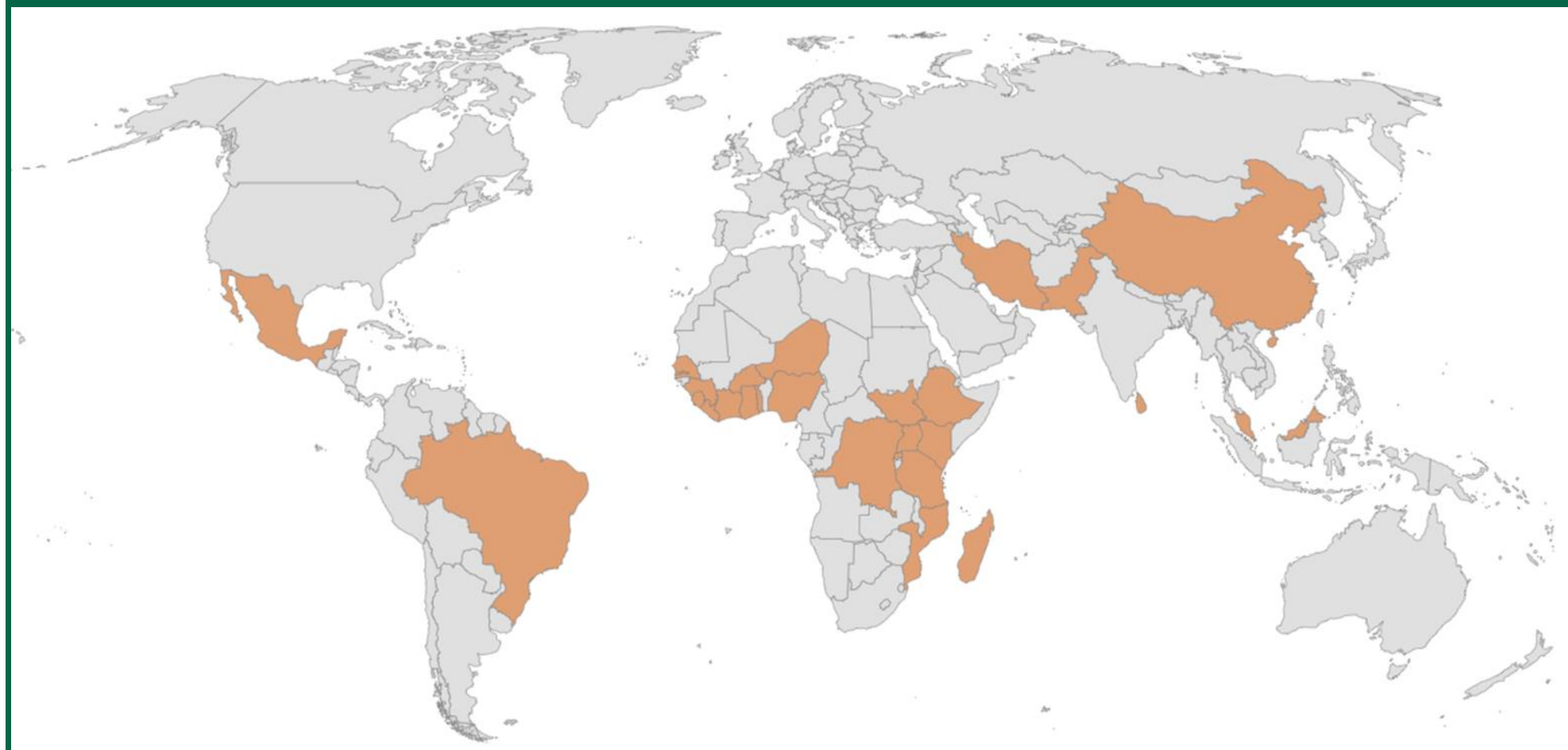
Objectives

1. Identify lower-income countries that have used an IMS for response.
2. Determine which IMS functions are used during emergency responses in lower-income countries.
3. Understand facilitators of and barriers to implementing IMS in lower-income countries.

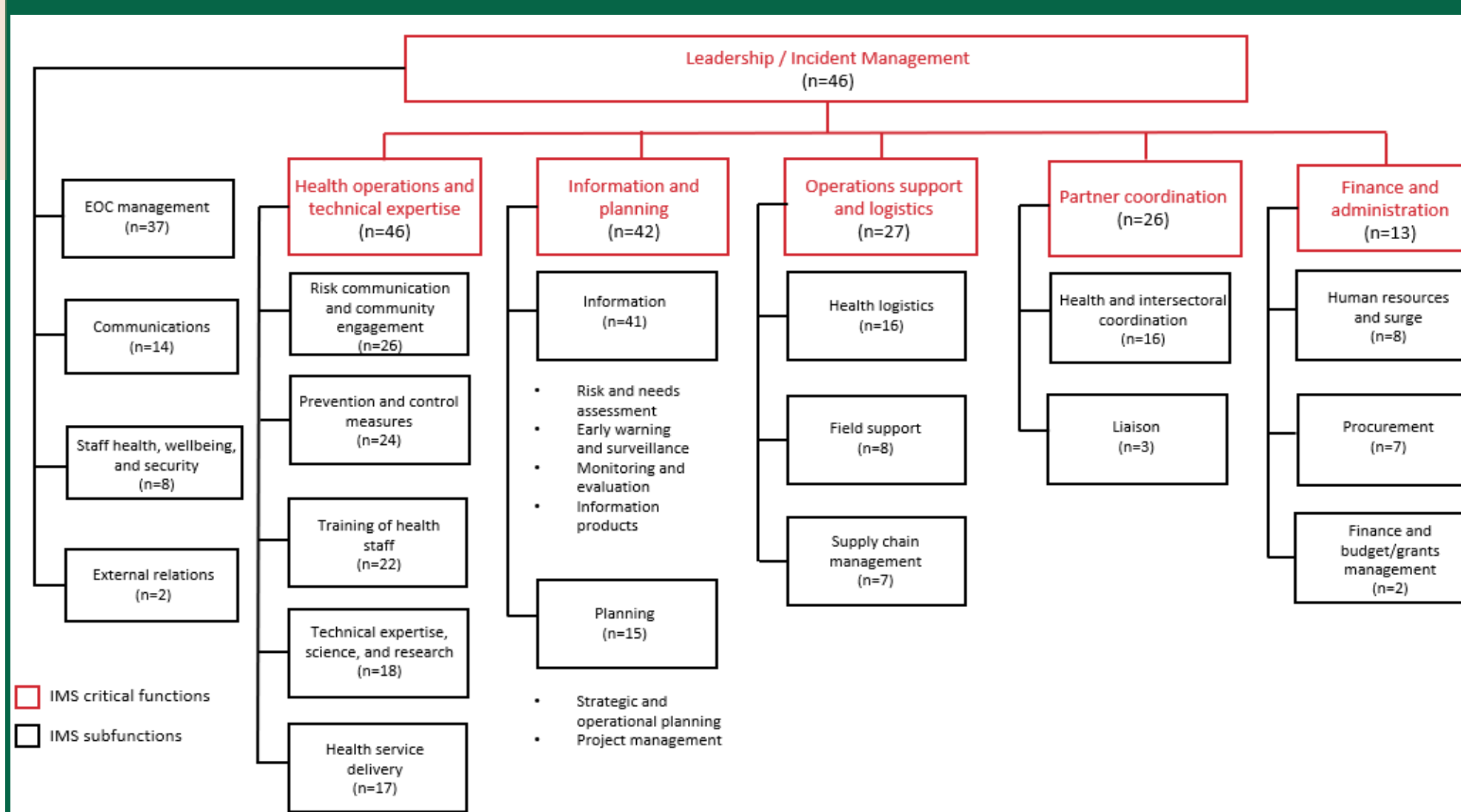
Methodology

A review of both peer-reviewed and grey literature was conducted to meet the objectives described above. PubMed and EBSCO were used to search peer-reviewed literature, and Google was used along with a proprietary web-scraping tool to search grey literature. The search was conducted in March 2023 and included content published from 2000 to 2022. Inclusion criteria was mention of IMS functions in countries classified by the World Bank as anything other than “high income” during the year the paper was published.

Thirty lower-income countries reported using an IMS to manage emergencies.



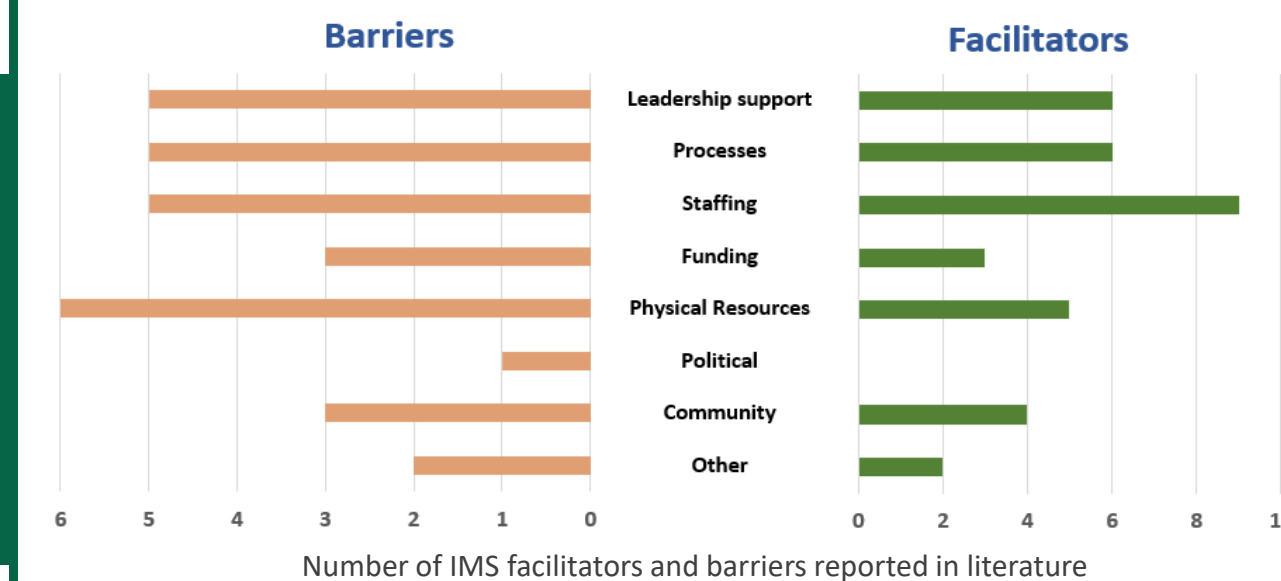
Leadership/incident management, health operations and technical expertise, and information and planning were the WHO/ERF IMS critical functions most frequently reported.



Results

- A total of 1,168 peer-reviewed articles and 498 grey literature records were identified in the initial search and **52 met criteria for inclusion**.
- In these 52 articles, **30 countries** were represented.
- In the 52 articles, **leadership/incident management** (n=46), **health operations and technical expertise** (n=46), and **information and planning** (n=42) were the WHO/ERF IMS critical functions most frequently mentioned.
- Of the 52 articles, 16 described factors that facilitated or hindered IMS implementation.

IMS facilitators and barriers described in literature



Conclusion

Countries around the world are using incident management structures and functions to organize emergency response. Although some findings in this review described facilitators and barriers for IMS implementation, more information is needed to understand the utility of frameworks such as WHO’s ERF. Public health emergency managers are encouraged to document and disseminate their response efforts, achievements, challenges, and lessons learned. Consistent reporting on response activities can inform capacity-building efforts in all countries and promote improvement across the global emergency management community.

Acknowledgements

Sara Vagi, PhD, CEM¹
Peter Rzeszotarski, PhD¹

Amy Bhalakia, MPH, PMP (ICF)
Courtney Rosenthal, MS (ICF)