

FINANCING EMERGENCY AND DISASTER TREATMENT: A PROACTIVE FUNDING APPROACH

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Financing the care and treatment of victims of emergencies and disasters is a critically important area for policy. It needs deliberations to evolve policies that will be relevant, robust and enduring. This is more so as the ideological and political learnings of a people determine what will be allowed and what policies endure. The sustainability of the funding model makes a large impact on the success of the treatment, in this case the specialized treatment needed in the traumatic event of emergency and disaster. The paper defined emergencies and disaster and observed that though the timing of funding is higher in the latter. The paper reviewed the several current models in use today, particularly with locus on costs which should be incorporated in a payment model, including flag fall or set-up costs (for instance managing new patient records), consumables, investigations (such as pathology and diagnostic imaging) and pharmacological services (prescription, logistics of procurement under crisis, etc), staffing do not vary within a shift I.e. emergency departments rarely assist with unpredicted demand peaks-but which may become significant in event of disasters. These models are essentially public funded. The paper also highlighted the political under pinnings which make each of the current model popular in with the models are reviewed in depth. The paper concludes, after the ideological/funding analysis, by recommending a private/public mix of funding. Details of this proactive funding approach are given and ways to modify and adapt them different ideological (political) backgrounds suggested.

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