

Glimpse of Medical Support and Healthcare in Peacekeeping Mission: Experience from United Nations Mission in Liberia

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ABSTRACT

Nepal has been actively participating in different United Nations (UN) peacekeeping missions for a long time. Medical care in peacekeeping and humanitarian mission consists of different approach than what is seen in regular clinical and hospital setting. This article shares some of the healthcare aspects and medical activities carried out during deployment of Nepalese peacekeepers to such UN mission.

Keywords: medical support; peacekeeping; united nations; liberia.

Introduction

United Nations (UN) peacekeeping operation has been launched since 1948 to maintain international peace and security.¹ Nepal has been actively participating in UN peacekeeping operation since 1958.² It is currently ranked as top 7 among all the troops contributing nations to United Nations ³ with total of 416 Nepalese UN peacekeepers currently serving under United Nations Mission in Liberia (UNMIL).⁴

Medical care in peacekeeping and humanitarian mission consists of a different form of health care than that is seen in regular clinical and hospital setting. Though Nepalese UN peacekeepers have been serving in the UN peacekeeping mission in a large number and for a long period of time, medical aspects and health care facilities in these kinds of humanitarian missions has rarely been studied. This is surprising given the fact that without adequate study and well planned medical support no mission can have healthy participants and successful outcome.

This article shares some of the issues from first-hand experience and insight gained during deployment at UN peacekeeping mission in Liberia. This becomes especially relevant in the context that such deployments

in humanitarian mission and disaster response team are likely to continue with regard to various inevitable natural and man made disasters that may occur in future.

Medical Activities

I was appointed as a contingent medical officer of Nepal Formed Police Unit at United Nations Level 1 Hospital, Tubmanburg, Liberia for the period of one year from March 2013 to March 2014. In addition to regular hospital based clinical activities and management of patient, various medical activities that was carried out in this period has been summarized below.

Pre-deployment selection

Medical planning and activities started well before the deployment of troops to mission area. Contingent doctors in accordance to medical guidelines for peace keeping operation carried out detailed medical evaluation and examination. Only medically fit soldiers with proper health condition were selected for the deployment. Entire selected candidates were then immunized against hepatitis A, hepatitis B, tetanus, yellow fever, meningococcal meningitis and typhoid.

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Medical supply and equipment

In order to be self-sufficient in medical stores and equipment for the period of deployment (i.e. one year), all necessary drugs and equipment required for smooth and continued operation of the hospital were purchased and made available. Liaison was started with preceding medical officer about required drugs and equipment for the deployment beforehand (3 months before deployment) so as to ensure availability of adequate time and resource for its management. Demand list was also updated from time to time so as to make sure that all the required drugs and equipment are taken care of.

Health education

Realizing the importance of health education as one of the most important and effective preventive health measure, it was started early during pre-deployment period and continued throughout the mission period. Health education and awareness classes about different infectious disease prevalent in the mission area (Lassa fever, Malaria, HIV), insects and snake infestation, environmental health condition (heat stroke, heat cramps, heat syncope) were taken at various times so as to educate and prepare the troops about these medical conditions. This study was carried out before the outbreak of Ebola hemorrhagic fever in West Africa, so preventive measures and health education about Ebola fever was not exclusively dealt with. Psychological preparations of contingent about their unique demands and roles and teaching of measures to cope with stress were also part of health education program. Basic first aid training was taught to all individual peacekeepers.

Hygiene and Sanitation

Maintaining proper hygiene and sanitation was an integral part of preventive medicine in mission area. Setting up water purification plant, ensuring its proper functioning and regular check-up of quality of water was done for the provision of safe and clean drinking water as per the WHO standard. In order to maintain proper hygiene and sanitation in kitchen, frequent inspection of food preparation and storage area and routine examination of kitchen personnel were done. Waste products were disposed as per UN recommendation.

Anti-malaria measures

Liberia lies in endemic zone for chloroquine resistant malaria. Recommended chemoprophylaxis for malaria, 250 mg of mefloquine once a week was started one week before the deployment in mission area and continued throughout the deployment period. For those with contraindications and side effects to mefloquine, doxycycline 100 mg daily was used as an alternative. Routine inspection and destruction of mosquito breeding sites by residual spraying of insecticides was done twice every month on both internal and external surroundings. All soldiers were monitored for proper use of mosquito bed nets and appropriate dressing. They were provided with DEET (N, N-Diethyl-meta-toluamide) based repellent and were advised to use it compulsorily after the dusk.

Stress management

Prevalence of depression, anxiety stress and other psychiatric morbidity is common among military deployments.^{5,6} Health education classes on work related stress with regard to identification of its source, its recognition and steps for its prevention were conducted. Occasional group sessions were held for feedback and peer sharing. Different social, sports and recreation activities were carried out occasionally for coping with boredom and as stress busting measure.

Humanitarian Aid

As a part of the community outreach program, different medical camps were organized during this study period. These kind of programs provided not only much needed support to the community by offering basic healthcare service but also facilitated information exchange between medical team and the local villagers, offering help and advice on many health related matters from family planning to nutrition in order to improve the overall health of each family.

Way Forward

Health care in the mission was characterized by a multidimensional and holistic approach in providing promotive, preventive and curative medical service to the peacekeepers. The role of medical officer provided a wonderful learning opportunity regarding various aspects of humanitarian medicine. It was an unique experience due to different health care approach, complex dynamic nature of peacekeeping

and relatively unfamiliar disease pattern and health hazards prevalent in the mission area.

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