The Role of Nongovernmental Organizations in a Public Health Emergency

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Abstract

Does the involvement of nongovernmental organizations during public health emergencies matter? Unlike other natural disasters such as hurricanes or floods, the participation of NGOs in public health emergencies can be unsettling given high uncertainty surrounding such a disease. Most studies in public administration and policy have not looked at NGOs in public health emergencies in much detail. This study investigated NGOs’ role in a public health emergency. We asked: (1) which NGOs participated, (2) what they did, (3) who were prominent in the response, and (4) whom they worked with. Using the South Korea’s 2015 MERS response data, we found that most NGOs involved in epidemic response are specialized in medical and health. They had meetings and created joint teams to respond. NGOs for hospital workers—doctors, nurses, and other officers—had the most chances of partnered response, and their partners were also central actors in the whole response network. The implication of this findings is that central responding NGOs during public health emergency would be specialized in medical expertise rather than humanitarian assistance.
Introduction

Nongovernmental organizations (NGOs) have taken, and are likely to take their roles, expected or not, when a disaster grows rampant (Jones et al., 2015; Shaw, 2003). A typical function has been humanitarian relief usually focused on recovery (Eikenberry et al., 2007). For example, NGO members and volunteers were observed to offer food and shelter for official responders and victims, rescue pets left in devastated areas, and facilitate community recovery by cleaning, counseling and fundraising (Waugh Jr & Streib, 2006). NGOs has provided their resources and capacities through collaboration with public sector who has major responsibilities to respond to disasters.

The cross-sectional collaborations have drawn scholars to look into NGOs in disaster management. Most of them have investigated natural disaster cases such as hurricanes, earthquakes, or floods (e.g., Cigler, 2007; Kiefer & Montjoy, 2006; Moynihan, 2009; Nolte & Boenigk, 2011). Terrorism and technological failure seem second popular disaster types found among public policy researches (e.g., Donahue & O'Leary, 2011; Hu et al., 2014; Nakamura & Kikuchi, 2011). Public health emergencies, yet, less basked in the research spotlight. Do NGOs play any role in public health emergencies? If so, what role do they play? This paper asks these questions in the context of the 2015 Middle East Respiratory Syndrome Coronavirus (MERS-CoV; MERS) outbreak in South Korea. Our research questions are as follows: (1) which NGOs participated, (2) what they did, (3) who were prominent in the response, and (4) whom they worked with.

Despite constant medical advances, we are not free from emerging infectious diseases. Newly emerging disease challenges patients and medical practitioners who are not sure about countermeasures. If communicability comes in, things get much worse; patients and people around them are considered as disease carriers so isolated, close individuals of the isolated face discrimination and loss of household income, work productivity, or other benefits the isolated ones would have produced, places where disease carriers went experience steep downturns in sales, people with low possibility of infection are reluctant to go out, and, as a result, a community can be paralyzed by a disease. SARS, Ebola, and MERS-CoV are examples occurred in the last two decades (Wong et al., 2015). They all have tested more than one country.

Unlike most natural disasters, the participation of NGOs in public health emergencies can be unsettling. NGOs may be kept away from disaster response for minimizing infection. In addition, relief function of NGOs, highlighted after natural disasters, may not be effective in the epidemic cases. Natural disasters usually cause following damages: loss of housing, industrial production, commerce and agricultural production, damage to infrastructure, disordered markets and distribution, breakdown of communication, and social disruption (Otero & Martí, 1995). Infectious disease does not directly harm housing, factories, infrastructure or crops. A very direct damage from diseases would be human life that requires considerable medical expertise to be saved. NGOs may not find their places or may find their places different from in the other disasters. Looking for answers to this question will lead to better understanding of health risk management and better coordination by identifying which NGOs have what resources.

NGOs in Disasters

Definition of NGOs