



Meeting the challenges in Hyderabad head-on

Past President Ian Readhead addressed the Emergency Management and Research Institute in Hyderabad, India, where he discovered the huge challenge currently facing colleagues in India.



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Of all the presentations I was asked to undertake whilst the President of BAPCO, the one which most vividly stands in my mind was an opportunity to address the Emergency Management and Research Institute (EMRI) in Hyderabad, India. Although the purpose of my talk was to focus upon the manner in which the emergency services in the UK dealt with mass emergencies, it seemed to pale into insignificance as I observed the huge challenge facing colleagues in India as they develop an emergency response service in a public private partnership (PPP), utilising a three digit emergency phone number (108) in most provinces in India.

For those who have not had the opportunity of visiting a city in India, it would be right for me to describe the conundrum for such provision. Hyderabad city – the capital of the state of Andhra Pradesh in India – is one such province, with a population of 6.5 million and occupying the same land area as the city of Chicago, but with a population of only 1.3 million. Vehicle use ranges from camel, ox drawn carts, mules, pedal cycles, scooters, motor cycles, three wheel taxis, cars, buses and lorries.

Not a single inch of the road is left open, the use of the horn is frequent, seat belts do not seem to be used. Pillion passengers on motor cycles – frequently female – ride side saddle, holding children between them, the rider, the rear mud guard and with the added complication of a child on the petrol tank and handle bars.

If this was not sufficient there seems to be a bizarre range of rules which allows drivers to also travel against the flow of traffic if that seems more convenient than following one way systems. Hardly surprising therefore that the rate of serious injuries and fatalities on Hyderabad’s roads alone are so high. Added to this is the complexity that once outside the city, many of India’s residents live in rural locations which are hard to reach and where historically utilisation of the health service has not been the norm.

In 2005 an ambitious project was commenced aimed at moving towards a state of the art ambulance emergency response service in Andhra Pradesh. The aim was to start within Hyderabad but then to cover the entire state within three years. Assistance was sought via the National Emergency Number Association, which operates the 911 emergency number in America. The technological

challenge was to provide a similar service to 1.1 billion people throughout India.

Significant public and political support was mobilised, the state government recognised EMRI as the primary agency to provide emergency response. The target set was to provide 502 ambulances using a single centralised integrated response centre located on the outskirts of Hyderabad to cater for the needs of the population of 80m.

In order to support this structure it was recognised that a Research and Institute Training Centre would be an integral component of the overall solution. Significant capital investment was therefore made at the Hyderabad operating centre in order to ensure that bespoke ambulances were supplied with well-trained personnel able to operate all the systems contained therein.

Governance of the overall project was assisted by the participation of significant political figures such as the former President of India, Dr APJ Abdul Kalam. Given that the non-profit EMRI was founded by successful entrepreneurs, heavy emphasis was placed on monitoring the volumetrics and ensuring that performance management was a feature of the growing service.

It is estimated that as a result of the integrated and seamless operations, providing an active response to emergency calls has saved over 30,000 lives. An added feature which has undoubtedly contributed to this remarkable figure is the provision of a doctor in every call centre able to give advice to frontline operatives. The organisation now has 13,000 employees, working from dedicated hospitals, covering 367m people in communities across a number of states. Over 10,000 emergency calls are handled every day with over 1,872 ambulances providing high quality service requiring arrival at scenes within 14 mins in urban areas and 21 mins in a rural environment.

EMRI has always believed in partnerships with the best in the world and has had critical alliances and partnerships with global leaders in emergency response to enhance and build value by sharing experiences to assist in developing solutions. Although recent problems have occurred with some of the technical providers associated with EMRI, the road ahead is still one of huge optimism. It is hoped that by 2011, EMRI will attend over 30 million emergencies and will have saved 1 million lives.