Towards added value through WHO's involvement in unstable situations

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1. Introduction

1.1 This paper considers the role of the World Health Organization in relation to situations of instability and acute or protracted crises. More specifically, it focuses on WHO's Department of Emergency and Humanitarian Action (EHA) as an intervention instrument in such situations.

Since March 1997, WHO has been engaged in a process of consultation regarding its role in unstable settings. The process has included a consultation in December 1999 on "Planning Ahead for the Health Impact of Complex Emergencies", more recent work with WHO Representatives, and a great deal of emerging experience from field activities which has fed into this draft document. This document presents additional ideas for policy-related discussion both within and outside the Organization.

1.2 This paper:
• Highlights the rationale for WHO involvement in unstable situations.
• Examines the range of activities to which WHO can contribute
• Considers the value which WHO can add to these areas of public health.
• Proposes elements of a related research agenda for the Organization.
• Identifies constraints affecting WHO activities in these unstable environments.

1.3 Disasters, emergencies and instability are public health issues. Preventing them, mitigating their effects, and assisting in post-crisis recovery and development are fundamental responsibilities of the public health community. This is increasingly recognised by the public health community worldwide and is reflected in policy and position statements, conferences, and special issues of journals. Promoting survival and an enhanced quality of life are essentially health-related concerns. WHO seeks to enhance its presence and action in emergencies and unstable situations as a reflection of its responsibilities as a universally accepted advocate for public health.

1.4. Disasters and development are closely intertwined. In a context of environmental, economic and political change, changing demographic structures, and technological and social transitions, developmental challenges become deeper, less predictable, more radical and more rapid. The pace of change can engender crises that are more likely to catch people and societies unprepared, outstripping their coping capacities and leading to disasters.

* Comments upon this draft are welcomed and should be submitted to Alessandro Loretti (lorettia@who.ch) at WHO/EHA with copies to Anthony Zwi (anthonyzwi@optushome.com.au) who drafted it.
“...This compounding of extreme climatic events with rapid economic and institutional transition - or collapse - presents a complex profile for future disasters. The poor, forced to live on marginal land in urban and coastal areas where jobs are concentrated will suffer most as the planet warms up and disaster strikes - 96 per cent of all deaths from natural disasters already happen in developing countries [.....] The deadly combination of environmental change, economic inequity and political inaction will dominate the future of the humanitarian scene.” (International Committee of the Red Cross). Those especially vulnerable to the ill-effects of globalisation, whether as individuals, communities or societies, often have the least means to cope with, and influence, the pace and shape of such change.

2. **Rationale for WHO involvement in emergencies**

2.1 WHO has an important responsibility for health in unstable situations. Although there are also constraints, the rationale for substantive involvement far outweighs the identified constraints (Section 5). The compelling reasons for deep and broad WHO involvement in unstable settings include that:

- **WHO is the leading international health agency** and has the interests of developing countries and the affected people at its core.

- **WHO considers the impact of instability on the people** and can contribute to system-level evaluation of both these impacts and of remedial measures.

- **WHO has no partisan interests in this field and can therefore act as an honest broker** committed to improving the quality of interventions.

- **WHO employs public health approaches and seeks to build the evidence base with which policies can be informed.** These approaches, methodologies and concepts complement and add to the approaches adopted by other actors.

- **WHO expertise represents, and is amplified by the collective awareness, knowledge and capabilities of all its member countries.** WHO has collaborating centres worldwide which provide access to up-to-date technical advice and leading thinking in the field.

- **All forms of development, whether positive or negative, have health-related implications,** whether direct or indirect. WHO cannot selectively shed elements of its global responsibilities simply because they are complex, political and uncertain.

2.2 **WHO is actively involved in a wide range of relevant initiatives.** These activities followed adoption of relevant World Health Assembly resolutions, and include initiatives around *Health As a Bridge to Peace*, *Communicating Best Practices*, *Research in Emergencies*, *Transition from Relief to Reconstruction*, *Informed Response* and *Health Intelligence for Advanced Planning*. Especially relevant initiatives at field level include cross-border health programmes in the Horn of Africa and on the Thai-Myanmar border.

Major WHO initiatives such as *Roll Back Malaria*, polio eradication and *Making
Pregnancy Safer, include specific strategies for operations in unstable situations. The World Report on Violence, to be published in 2002, will highlight WHO’s commitment to addressing violence as a major public health concern worldwide. WHO commitments are reflected at regional level through AFRO’s International Consensus Forum on Health and Human Security in Conflict and Transition Settings in Africa of April 1999, EURO’s Peace through Health in The Balkans and support to the development of the health policy framework in Kosovo and health system development in East Timor. PAHO has made significant contributions to both disaster planning and management, as well as to developing concepts of health as a bridge to peace. AFRO and EMRO contributed to Management of Health Issues in Emergency Situations in Africa at the 6th Conference of African Ministers of Health organised by the Organisation of African Unity. SEARO is strongly committed to capacity building in Health as a Bridge for Peace and is playing an important role in risk monitoring in Indonesia.

Each of these activities reinforces WHO corporate strategies of "making a difference" and promoting poverty reduction.

Table 1 summarises the comparative advantages and rationale for WHO involvement in unstable settings, while also identifying some of the key constraints to involvement. These consider the nature of unstable situations, the interventions required, and the role of WHO.
Table 1: Opportunities and constraints on WHO role as important strategic player in relation to different forms of instability

<table>
<thead>
<tr>
<th>Nature of the problem</th>
<th>Opportunities and rationale for WHO involvement</th>
<th>Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• WHO can be seen as an honest broker in highly politicised environments</td>
<td>• Complex nature of contemporary instability that goes well beyond traditional public health approaches</td>
</tr>
<tr>
<td></td>
<td>• Recognised importance of community perspectives and resilience, coping strategies and innovative responses to adversity; can be further highlighted and 'legitimised' by WHO.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All reality has health-related implications</td>
<td></td>
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<tr>
<td></td>
<td>• Ability to mobilise the best available advice to tackle contentious problems such as biological terrorism</td>
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<tr>
<td>Nature of the interventions required</td>
<td>• WHO has experience of prior planning, training, disaster management and development of systems - all of which are required.</td>
<td>• Many required interventions are explicitly political and/or are located outside the health sector</td>
</tr>
<tr>
<td></td>
<td>• Evidence-informed approaches build upon more traditional epidemiological and public health activities</td>
<td>• WHO has limited ability to provide urgent field-level responses</td>
</tr>
<tr>
<td></td>
<td>• WHO brings a population-perspective which adds value beyond individual-focused interventions</td>
<td>• Many experienced actors and agencies operate in these environments</td>
</tr>
<tr>
<td></td>
<td>• WHO brings a 'life-course' focus and is committed over the longer-term, instead of dealing with issues on an ad-hoc and short-term basis.</td>
<td></td>
</tr>
<tr>
<td>Nature of WHO</td>
<td>• Recognised as leading international health-related agency</td>
<td>• Working with and through government may pose constraints especially where government is part of the problem</td>
</tr>
<tr>
<td></td>
<td>• WHO is present on the ground in all countries and present over long periods thus able to develop insights into local complexities and constraints</td>
<td>• Technical inputs are necessary but not sufficient</td>
</tr>
<tr>
<td></td>
<td>• Able to draw on network of collaborating centres worldwide, increasingly focused on those in the South</td>
<td>• WHO does not bring large sums of money to the table; thus has more limited influence</td>
</tr>
<tr>
<td></td>
<td>• WHO is committed to ensuring that policy is informed by evidence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• WHO is engaged in policy debates at international level, thus providing opportunities to relate to broader policy discussions and agendas (i.e. to bring public health community into relationships with the broader UN family and vice versa)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• WHO is engaged in activities around defining health as a global public good. Increasing safety and security is necessary for achieving health and development objectives.</td>
<td></td>
</tr>
</tbody>
</table>

2.3 Box 1 lists the Core Corporate Commitments in Emergencies\textsuperscript{2}, as developed over time by WHO. These build upon the particular strengths and identified constraints upon WHO and seek to provide a focus for activities in emergency settings.

The Core Corporate Commitments provide a framework for action, a brief on what partners can expect from the Organization and a summary of the competencies and capabilities that must be developed and maintained if WHO is to fulfil its responsibilities as the global lead health agency in moments of direst need.
### Box 1: Core WHO Corporate Commitments in Emergencies

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identify priority health and nutrition-related issues and ensuring that these are properly addressed in an integrated primary health care approach that preserves and strengthens local health systems.</td>
</tr>
<tr>
<td>2</td>
<td>Strengthening health and nutrition surveillance systems to enable monitoring of any changes, early warning of deterioration, and immediate life-saving action through outbreak response and technically sound nutrition interventions.</td>
</tr>
<tr>
<td>3</td>
<td>Ensuring control of preventable ill health particularly communicable and vaccine-preventable diseases.</td>
</tr>
<tr>
<td>4</td>
<td>Ensuring that risks related to the environment are recognised and properly managed.</td>
</tr>
<tr>
<td>5</td>
<td>Ensuring good quality and access to basic preventive and curative care including essential drugs and vaccines for all, with special focus on the especially vulnerable - the elderly, very young, pregnant women, the disabled and the chronically ill.</td>
</tr>
<tr>
<td>6</td>
<td>Ensuring that humanitarian health assistance is in line with international standards and local priorities and does not compromise future health development.</td>
</tr>
<tr>
<td>7</td>
<td>Advocating and negotiating for secure humanitarian access, and neutrality and protection of health workers, services and structures as integral parts of public health promotion.</td>
</tr>
<tr>
<td>8</td>
<td>Ensuring that the lessons learned in a crisis are used to improve health sector preparedness for future crises and disaster reduction.</td>
</tr>
<tr>
<td>9</td>
<td>Defining an integrated health policy for preparedness, emergency response and post-conflict, for a coherent health sector development resilient to emergencies, to link relief efforts with national capacities and initiate future health system reform.</td>
</tr>
</tbody>
</table>

### 3. Role of WHO in unstable situations

3.1 WHO has and will continue to earn its place as a respected player only through demonstrated expertise and a willingness to capture and build upon experience. The list of core corporate commitments, (Box 1), highlights current assessments of the WHO role and responsibilities.
3.2 WHO should establish itself as the leading health-related knowledge organisation in this field, as the organisation most able to assist others to capture and document health-related experience and insights and to place these in the public domain for reflection, analysis and improved practice.

3.3 Different parts of WHO have a role to play in all phases of instability (Table 2). The nature of the role will change from ensuring a two-way flow of information on new scientific and technological developments in public health in an idealised all-stable, all-equitable, well resourced state, to the other extreme in which the state itself is shattered and/or is part of the problem through its promotion of structural and repressive violence against its own citizenry. In the latter situations, where instability is greatest, intervention responses are primarily around promoting survival, ensuring basic needs are met, rendering assistance, and working with the "International Relief Community" under the umbrella of the Inter-Agency Standing Committee (IASC). In such settings key priorities include coordination of action, mobilising international political solutions, and contributing, through EHA, to evidence-informed activities on the ground.

Table 2: The instability spectrum and WHO responsibilities

<table>
<thead>
<tr>
<th>Mode</th>
<th>Emergency Mode</th>
<th>Development Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope</td>
<td>Programme/Strategy/Policy</td>
<td>Technical</td>
</tr>
<tr>
<td>Partners</td>
<td>International Partners</td>
<td>MOH</td>
</tr>
<tr>
<td>Concern</td>
<td>Collective</td>
<td>Individuals and populations</td>
</tr>
<tr>
<td>Focus</td>
<td>Management</td>
<td>Care</td>
</tr>
<tr>
<td>Level</td>
<td>Regional/Global</td>
<td>Country/Region</td>
</tr>
<tr>
<td>Responsibilities (WHO program or department)</td>
<td>Emergency &amp; Humanitarian Action (EHA)</td>
<td>e.g. Injury Prevention Mental Health</td>
</tr>
</tbody>
</table>

Adapted from: Loretti and Leus³
3.4 The key roles identified below (Table 3) can all be applied in the three key phases for activity: prior to a crisis where the emphasis must be on prevention and planning; during a crisis where promoting resilience and response is most important; and in the aftermath when recovery and development assume priority. In all settings, contributions to building capacity and strengthening those institutions which can contribute to promoting health can occur.

<table>
<thead>
<tr>
<th>Table 3: Key WHO activities in unstable situations</th>
</tr>
</thead>
</table>
| **Surveillance and health information systems**    | • Establishment of data collection, surveillance and monitoring systems  
|                                                   | • Ensuring adequate documentation and analysis of the population health and health system experiences of instability.  
|                                                   | • Promoting evidence-informed decision-taking and policy-making.  |
| **Normative role**                                | • Setting global standards and guidelines through analysis of evidence, consultation with key stakeholders, consensus development, and guidelines formulation.  |
| **Identification of good practice**               | • Identifying priorities, policies and strategies which should be more actively promoted;  
|                                                   | • Promoting coordination  
|                                                   | • Identifying mechanisms to promote institutional learning  |
| **Identification and facilitation of needed research; Identifying priorities demanding further action** | • Identifying researchable issues which will help enhance humanitarian action;  
|                                                   | • Facilitating the conduct of research while guaranteeing the rights of affected communities  |
| **Repository of experience**                      | • Logging experience for posterity through the conduct of evaluations and other lesson-learning activities and the wide dissemination of insights gained  |
| **Influencing key donor and research agendas**    | • Identifying the areas to which new or further support should be directed  
|                                                   | • Establishing consortia to address emerging problems.  |
| **Training**                                      | • Developing training materials and facilitating training of relevant personnel through appropriate agencies  |
3.5 The key roles of WHO can be described as follows:

3.5.1 **Surveillance and monitoring**: WHO draws upon data to promote informed decision-taking and policy-making. WHO has considerable expertise in bringing together available data and providing support to others to collect data, develop surveillance systems, establish health information systems, and monitor health-related developments in all spheres.

3.5.2 **Normative role**: WHO helps to set global standards and guidelines from which all can benefit. WHO plays a leading role in bringing together lead agencies and different forms of expertise across countries to produce a considered view on the nature of problems, the nature of available evidence regarding the value of interventions, in order to produce guidelines and standards regarding current best practice. Few other agencies have the global reach and recognition as an honest broker.

3.5.3 **Identifying good practice**: promoting and refining the evidence base derived from research and evaluation, and feeding this into the public domain for local adaptation and refinement.

3.5.4 **Repository of experience**: WHO plays a leading role in logging experience for posterity. WHO is committed to conducting transparent evaluations, and to bringing together participants from different settings to reflect upon experience. WHO can play a central role in taking forward documentation of experience to ensure that concepts are further developed, ideas extended, policy challenged, interventions evaluated, and practice improved.

3.5.5 **Identifying new areas for investment in research**: WHO has linkages throughout the UN system, countries, donors, civil society and academic institutions. Identifying current gaps in knowledge and practice, allows formulation of more appropriate interventions. WHO can assist in mobilising additional funds and building consortia which are able to undertake necessary programmes of research.

3.5.6 **Training**: Who facilitates the identification of good practice and the training of personnel to adopt and incorporate improved quality of responses.

3.5.7 In addition to the issues identified in Table 3 and section 2:

- **WHO is 'on the ground' in most countries and is often present over time** despite ongoing instability and conflict. WHO staff are able to identify ongoing challenges to health and can be the central point for facilitating documentation and reflection of experience, building linkages with key actors across political and other divides within the country, and facilitating the transfer of ideas and expertise across and between countries,

- **WHO employs public health approaches and seeks to build the evidence base upon which policies can be informed**. These approaches, methodologies and concepts add value to the approaches adopted by other agencies.
• **Global public goods include both health and security.** Poor health as a 'security risk' and the potentially destabilising effects of HIV/AIDS have recently been highlighted. Poor security and instability exert a multitude of negative forces on promoting health and providing services.

• **Influencing and working together with other relevant agencies:** Global civil society organisations have sought to enhance the quality of humanitarian aid and emergency relief. Local, national and global civil society organisations are increasingly pressed to improve quality and accountability: the Sphere Minimum Standards for Disaster Response in Emergencies, the Code of Conduct for humanitarian organisations, and the Humanitarian Accountability project (seeking to ensure that potential beneficiary communities have access to an independent ombudsman) all strive to ensure accountability and quality of service provision.

• WHO has **partnerships** with other UN organisations, key bilateral donors, global and national civil society organisations, national government, organisations of health care workers, policy makers from North and South, and academic institutions in North and South. WHO, along with the World Bank and key donor agencies, can help ensure that policies and strategies related to preventing, mitigating and responding to violent political conflicts, are in keeping with current concepts of development and globalisation as espoused by the United Nations and other relevant bodies.

3.5.8 **All the activities identified above are of little value without a high level commitment and active support for practical implementation.** This calls for a visible role for WHO before, during and after major emergencies and in relation to different forms of instability. WHO can help contextualise and adapt guidance in order to inform information systems, evaluation and lesson-learning activities. It can contribute and sometimes lead on ensuring joint (either among UN but also NGOs & government) analysis of situations and responses, set sector wide priorities, develop sector policy, and develop the health system. Table 4 highlights the fact that WHO needs to work with different partners in different types of unstable settings.
## Table 4: Roles for WHO in relation to different actors and key objectives for public health in different phases of instability

<table>
<thead>
<tr>
<th>Addressing vulnerability and providing early warning</th>
<th>Promoting resilience and system support</th>
<th>Supporting appropriate post-conflict and post-emergency responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirectly supporting role of human rights and advocacy movements, especially locally, which are resisting state violence and/or documenting horizontal and other inequities</td>
<td>Identifying how communities cope with adversity; documenting these experiences; and finding ways of bolstering and supporting community level activity</td>
<td>Facilitating community inputs to defining the future nature and role of the health system. Promoting wider debate around proposed policies and system frameworks, and the role of users within them.</td>
</tr>
<tr>
<td><strong>Health systems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Build capability to monitor access to services, health inequities, violence, population movement, and other early signs of instability and vulnerability. Facilitate establishment of resource centre to maintain data and contribute to debate and policy and planning. Build evidence base and promote its uptake.</td>
<td>Learn lessons and document how health systems have adapted to episodes of instability and violence. Make available current best practices. Boost neighbouring country abilities to deal with unexpected inflows of populations. Maintain communication with all sides. Build evidence base and promote its uptake.</td>
<td>Develop and apply emerging knowledge of post-conflict health and health system supports. See health system interface with other attempts to restore lives and livelihoods. Find means of promoting public debate and consensus over moving ahead. Ensure all stakeholder informed and presented with opportunities to participate. Build evidence base and promote uptake.</td>
</tr>
<tr>
<td><strong>United Nations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feed health-related data into other UN initiatives around early warning and vulnerability mapping. Promote and support humane globalisation. Highlight inequities as fuel to conflict. Promote patterns of development and development assistance which reduce likelihood of violence occurring. Deal with issues such as landmines, small arms and arms control.</td>
<td>Support effective communication between WHO and UNICEF, UNHCR, and DHA, amongst others. Establish mechanisms to continue to learn and monitor situation despite adversity.</td>
<td>Promote establishment of state which is accountable and democratic. Seek opportunities to ensure that horizontal equity and procedural justice are promoted. Develop experiential base for promoting accountable government and effective processes of consultation, policy formulation and policy implementation.</td>
</tr>
<tr>
<td><strong>NGOs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support documentation and surveillance regarding access to services, widening gaps between rich and poor or between different areas and groups, monitoring human rights abuses and violence; promoting preparedness and response planning. Facilitate dialogue with state actors through the health authorities. Facilitate coordination and information sharing.</td>
<td>Understand and support community-based structures which have emerged to protect health and continue to deliver services of various forms. Promote training and access to current best practice responses. Facilitate access to evidence on local health priorities. Facilitate coordination and information sharing</td>
<td>Highlight community voices and facilitate inclusive processes to ensure interaction by different groups with emerging health, development and related policy debates. Facilitate access to evidence on local health priorities. Facilitate dialogue with state actors through the health authorities. Facilitate coordination and information sharing</td>
</tr>
</tbody>
</table>

Towards added value in WHO’s role in unstable situations

Anthony Zwi; Final draft for discussion
4. **Strategic roles for WHO interventions in emergencies**

This section builds on those presented earlier and highlights some key strategic roles for WHO: including those already identified (Box 1) plus some suggestions concerning further elaboration of some of these roles.

4.1 **Building on WHO's traditional normative role**

**Evidence-informed guidelines and standards are valuable** in unstable situations often characterised by the need for rapid and flexible action. Numerous needs exist:

- determining which standards and guidelines are required and through what process they should be produced, including use of meta-analyses and systematic reviews, incorporation of data from scientific research and evaluations, consensus conferences, and consultation exercises;
- establishing mechanisms to increase availability of guidelines which can be adapted to specific contexts in the field;
- developing mechanisms to promote and monitor compliance with guidelines;
- ensuring guidelines are kept up-to-date with the emerging evidence-base.

4.2 **Research and lesson-learning**

WHO contributes to lesson-learning in order to improve the response to emergencies, instability and various forms of collective violence (supra-structural, structural, and infra-structural). This role is being further developed and this effort must be sustained, if **WHO is to be recognised as a leading knowledge organisation working across the entire spectrum of health-related issues in unstable settings.** WHO can make important contributions by:

- Identifying the key issues around which lessons need to be learned
- Ensuring community perspectives are taken into account
- Establishing and asserting ethical standards concerning research during and after emergencies
- Analysing how organisations learn and adopt improved practices and promoting such lessons more widely; moving beyond observing lessons to ensuring that lessons are not only learned but applied in the field
- Bridging research and policy: developing innovative ways of ensuring that policies are increasingly made accountable and are informed by appropriate evidence; collaborating actively with organisations such as the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP: [http://www.alnap.org/](http://www.alnap.org/) ) will assist in improving implementation of good practice and enhance accountability to affected communities. WHO, with other agencies, can participate in sector wide evaluations considering both the responsibilities of single actors as well as the broader issues of coordination, and the extent to which best current practice was able to be implemented.
• Disseminating and advocating for best current practices.

• **Identifying and supporting southern partners:** identifying local agencies, civil society organisations, individuals, and academic organisations, which could contribute to training, documentation, research, analysis and service provision.

• **Promoting the development of consensus:** bringing together all relevant actors to determine publicly the current state of knowledge regarding what works and what does not, in different situations and contexts, and why.

• **Documentation of global interventions and related advocacy activities**, such as those around the banning of production and distribution of antipersonnel landmines. Policy analysis highlighting the processes and strategies adopted to build global alliances and coalitions, and to utilise research for advocacy, may pose lessons for other valuable campaigns.

• **Developing opportunities presented by the new technologies to facilitate learning and dissemination of good practice**, including supporting the establishment of key website portals, the delivery of information by wireless applications, and the development of criteria for rating information sources to guarantee they are evidence-based, up-to-date and accessible to those operating in difficult circumstances.

4.3 **Early warning and prevention**

Complex political emergencies, and indeed all types of crisis and disasters, have important political dimensions. This should not suggest that WHO not be involved; in fact it calls for the opposite and for WHO to be involved early in anticipating crises, preparing for their occurrence and building local capacity to both survive and respond to them. Given that the key preventive efforts and early warning systems may draw upon but are unlikely to be led by health related agencies, including WHO, the precise role of WHO in these settings may benefit from further reflection and analysis of experience.

‘Early warning’ describes ‘a process of communicating judgements about threats early enough for decision-makers to take action to deter whatever outcome is threatened, or failing that, to manage events in such a way that the worst consequences are mitigated’.

Early warning may employ a variety of techniques to which WHO could (and does) contribute, especially in relation to field and indicator monitoring of factors such as mass population movements, impending famine, or rising levels of political violence. **Indicators of states at risk of collapse** have been identified (Table 5) and include many adverse features which may be observable through the health sector, such as rising inequalities, demographic pressures, human rights violations, deteriorating services, and forced migration. WHO can play an important role in keeping trends in these fields under constant examination, especially in relation to ensuring that opportunities to protect lives and livelihoods are in place and impediments to doing so are identified.
Table 5: Indicators of states at risk (Adapted from 6 7).

<table>
<thead>
<tr>
<th>Inequalities</th>
<th>Widening inequalities, especially those manifest between, rather than within, groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic pressures</td>
<td>High infant mortality; rapid changes in population including massive refugee movements; high population density; youth bulge; insufficient food supply or access to safe water; ethnic groups sharing and disputing land, territory or environmental resources</td>
</tr>
<tr>
<td>Lack of democratic processes</td>
<td>Criminalisation or deligitimization of the state; human rights violations; corrupt processes of governance</td>
</tr>
<tr>
<td>Regimes of short duration</td>
<td>Rapid changes of regimes</td>
</tr>
<tr>
<td>Ethnic composition of the ruling elite differing from the population at large</td>
<td>Political and economic power exercised (and differentially applied) through ethnic and religious identity; desecration of ethnic symbols by opposing sides</td>
</tr>
<tr>
<td>Deterioration or elimination of public services</td>
<td>Reduction in the size and performance of social safety nets which ensure a minimum standard of service available to all</td>
</tr>
<tr>
<td>Sharp and severe economic decline</td>
<td>Uneven economic development; differential benefits or losses to one or other group or geographic zone as a result of significant changes in economy; massive economic transfers or losses over short periods of time</td>
</tr>
<tr>
<td>Legacy of vengeance-seeking group grievance</td>
<td>History of inter-group rivalry with previous disputes settled through violence</td>
</tr>
<tr>
<td>Massive population movements</td>
<td>Sufficiently adverse social, political, economic or environmental conditions to propel large numbers of the population into displacement within or across borders</td>
</tr>
</tbody>
</table>

- WHO has sought to identify states at risk in order to **plan ahead and anticipate the occurrence of violent conflict**. Monitoring systems may help predict the likelihood of violence erupting. Experience of potential interventions which have been employed in states at risk, and of the role of the health system, health services, health professionals, and community organisations requires documentation, analysis and evaluation to assess the utility of different interventions. Anticipating where violence is likely to occur allows the insertion of preventive strategies as well as training in how to mitigate possible consequences and bolster resilience. Moving supplies to areas to which populations may flee, decentralising logistics, services, supplies and decision-making, and undertaking disaster planning, including establishing communication and coordination systems with other UN organisations and with other service providers in and around the area concerned, are valuable. The WHO Health Information Network for Advanced Planning helps identify consolidated vital health information and make this available in advance of, and during, human-induced and natural disasters (HINAP: [http://www.who.int/disasters](http://www.who.int/disasters)). It also provides a key reference point for health-related information in disaster-affected or disaster-prone countries.
• **Documenting the costs of conflict** in economic, social and health terms. Understanding the impact of conflict on people’s lives and livelihoods, and on their opportunities for participation in sustainable development activity, is paramount. WHO has an important role in global advocacy which is based upon documenting impact of instability and conflict, as well as building the evidence base for interventions at all levels (global, international, national and local) which will reduce the risks of conflict.

• **Organisations which can demonstrate that they have in place mechanisms to learn from prior experience, be it good or bad, and to place such insights and analyses in the public domain, should be rewarded accordingly.** WHO can play a key role in promoting such activities through advocacy, facilitation and example setting.

4.4 **Humanitarian responses**

Humanitarian action covers a wide range of activities designed to reduce human suffering in emergency situations, especially when local authorities are not fully able or are unwilling to provide relief⁸. Roles include delivering food, medicines, and health care, as well as securing shelter and access to water and sanitation; establishing medical facilities, refugee camps, food distribution points, schools and other institutions to sustain those affected by the conflict; evacuating certain groups of the population such as children from zones most affected by the conflict; keeping tally of number and causes of deaths, and as far as possible, counting and identifying the dead before burying them.

• **Facilitating coordination** so that the health challenges affecting communities, as well as the local health system capabilities are accurately assessed, to guide prompt and effective decision making.

• **Facilitating real time technical advice and evaluation and learning.** WHO-centred initiatives to ensure availability of guidelines for good public health practice in emergency settings contributes to this objective.

• **Improving the delivery of services, and enhancing the accountability of providers to affected communities.**

• **Emphasis on systems:** taking an overview both of the community’s and the health system’s capabilities and interests, and ensuring that policy frameworks adopted and services provided fit in with broader objectives.

• **Identifying some of the unanticipated and unintended, but nevertheless negative effects of the delivery of some forms of humanitarian aid.**

• **Enhancing and facilitating further career development, encouraging documentation and analysis, and increasing accountability by humanitarian workers and organisations.**
- Identifying practices which assist in highlighting the concerns of affected communities, and which seek to ensure as high a level of input from affected communities and subgroups within them is crucial.

- Assuming the leading role for public health: making sure that decisions for relief, rehabilitation and, later, for sustainable recovery, are taken in an integrated strategic framework and on the basis of a holistic, public health view of the real determinants of survival and health, and not simply on the basis of the capacities and interest of the different stakeholders.

4.5 Active learning and research

- Bridging the research-policy divide: there is widespread acceptance that policies should be informed by evidence: of effectiveness, costs, feasibility, sustainability, quality, and equity, amongst others. WHO can contribute to finding mechanisms to overcome the barriers to research being taken up by policy-makers.

- Promoting learning organisations: WHO can play an important role in identifying incentives and mechanisms to ensure that lessons learned are fed into organisational policy-making and implementation.

- Promoting the development of consensus: bringing together all relevant actors to determine what works and what does not, in what situations and contexts, and why; and identifying those areas in which consensus statements are required, and facilitating their production and monitoring. This role has a direct bearing on promoting more effective intersectoral policy making at national and supranational (global) levels.

- Documenting the negative effects of types of unstable situations on health systems: what are the circumstances in which health system decline is most likely to occur, and in how best to reduce vulnerability by disaster planning and boosting system resilience. Table 6 conceptualises some of the questions which emerge in relation to system responses to violence, highlighting circumstances in which health systems continue to function despite adversity, where health is protected despite system failures, and where health and systems deteriorate despite the absence of a crisis. Identifying examples of these circumstances will generate case-studies for further analysis of vulnerability and resilience. Those in italics warrant particular attention. Of especial interest, for example, is cell e) which highlights declining health status despite the absence of conflict, instability and overt health system dysfunction. Table 5 identifies states at risk of collapse - cell e) if picked up early by sensitive health monitoring activities may greatly assist in identifying such states. Cell b) raises questions of how communities cope with adversity and highlights the need to understand and bolster community and individual systems of resilience. Cell c) highlights how systems can survive adversity and raises questions about what could be done to support them during periods of instability.
Table 6: Examining health system responses to adversity

<table>
<thead>
<tr>
<th>Country in socio-political crisis?</th>
<th>Health system crisis?</th>
<th>Health status deterioration</th>
<th>Health status preservation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insecurity and Conflict</td>
<td>H.system dysfunction</td>
<td>a) Health deteriorating in a situation of instability and declining service provision.</td>
<td>b) How has health been preserved despite socio-political crisis and system dysfunction?</td>
</tr>
<tr>
<td></td>
<td>H.system functioning</td>
<td>c) How has health system survived despite crisis? Why has this had little impact on health?</td>
<td>d) How have health system and health been protected despite socio-political crisis?</td>
</tr>
<tr>
<td>Stability</td>
<td>H.system dysfunction</td>
<td>e) Why have health and health system deteriorated despite no crisis? Is this a forewarning?</td>
<td>f) Why has health system become dysfunctional despite absence of a major crisis? How has health been preserved?</td>
</tr>
<tr>
<td></td>
<td>H.system functioning</td>
<td>g) Why has health deteriorated despite system functioning? What's going wrong?</td>
<td>h) Health status improving in a stable situation with functional health system.</td>
</tr>
</tbody>
</table>

- New problems, opened up by the **new technologies and globalisation**, include the use of the media to promote violence. Websites and radio are used to inflame hatred, ethnocentrism, and nationalism. The mass media glorifies violence and the use of weapons and firearms. **Research on interventions to respond to these adverse influences** would be valuable. The forthcoming WHO World Report on Violence will contribute to these debates.

- **Collation of experience from the field, within a supportive environment**, in order to reflect on possibilities and constraints, and to place in the public domain insights, lessons learned and targets for advocacy, guidelines development, and policy responses, is key to moving the field forward. **Support to the generation of insights and experiences to ensure lesson-learning, documentation of complexity and good practice** where it exists, and to examine key issues of moving from good ideas to good practice. A defined series of documents, including guidelines, policy statements, publishable journal articles, books, and related websites would be a concrete outcome from such activity. A programme of activities to develop and place such material in the public domain over the next 3-5 years would be extremely valuable.

- **Core themes and activities to be promoted by WHO** are likely to include such issues as conflict and **disease control and eradication** (HIV/AIDS, TB, malaria, polio); **mental health** and the development of appropriate responses in different contexts; mechanisms for supporting **civil society responses** to violent and repressive states; understanding and responding to health inequalities in order to **reduce vulnerability** and the slide into instability; developing appropriate support systems for **promoting more equitable post-conflict health system development**; understanding **how organisations learn** to draw upon and incorporate evidence and good practice guidelines; **gender** and conflict and the potential response of the health sector; understanding and **building upon resilience** of individuals, groups and systems to adversity and violence.
4.6 Mitigating disasters

The core corporate commitments (Box 1) relate strongly to mitigating disasters.

Mitigation can be defined as efforts taken to ‘render milder’ or to moderate or reduce the severity and violence during periods of instability. Mitigation takes place at a variety of levels: prevention and early warning, response to acute perpetration of violence, and post-conflict responses.

Mitigation may be facilitated through early planning and organization in anticipation of violence and instability, through the development of tools and concepts, documentation of interventions and reflection of experiences. It is notable that WHO offices often continue to function despite considerable levels of instability and adversity.

- Some argue that the term mitigation accepts that conflict will occur and that it diverts attention from upstream efforts to prevent violence and instability occurring. WHO has key roles to play in preventing conflict but cannot remove itself from the reality that conflict will occur and therefore that the impacts upon populations should be reduced wherever possible.

4.7 Boosting resilience and facilitating adaptation to adversity

- Resilience can be defined as the act of rebounding or springing back, and implies the ability to withstand and cope with adversity, and to ensure that activities and systems continue to operate in some form.

- WHO can explore how systems are disrupted and how they respond to adversity in order to identify mechanisms for bolstering the coping strategies of individuals, communities, health care providers, and health care systems:
  - enhancing understanding of how individuals cope with adversity
  - documenting how social groups maintain their integrity despite threats or experience of violence
  - appreciating how health care systems are able to continue to deliver services despite undermined logistics, resources and morale

- Particular attention to ensuring access to drugs and immunisation services, maintaining health worker morale, maintaining services for infectious diseases, reproductive health and mental health are indicated.

- Identifying how such responses take place in different situations and identify what features of the violence and the response, lead to more adaptive, rather than maladaptive responses. Where such responses can be identified, it may be possible to further support those activities and adjustment or coping strategies that are more likely to lead to adaptive responses.
4.8 Post-conflict support and systems

Health service provision may be intensely political, especially in politically contested environments such as those present after the occurrence of complex political emergencies. This provides both opportunities and threats - but in all cases necessitates an understanding of the political nature of health service provision and system development if assistance activities are to contribute to reducing tensions between groups. WHO can assist in developing the analyses necessary, in each country, to understand the roles and responses of key stakeholders in these contested environments.

WHO has played a significant role in Kosovo, East Timor, Cambodia, Nicaragua and in other post-conflict settings. It has contributed to documenting experiences in Mozambique and Angola, and has promoted analyses to ensure that interventions in the immediate and longer term aftermath of conflict contribute to the development of sustainable and equitable health systems. WHO learning from places like East Timor and Cambodia may feed into other settings, such as Afghanistan, which will need to benefit from prior experience and insights.

The role of WHO is multidimensional and includes applications of all the roles mentioned earlier (normative, lesson-learning, research, training) as applied specifically to countries emerging from major periods of conflict. WHO can play an important role in assembling the tools used by a variety of groups in different settings to assess and address health and development needs in these situations. Such analyses include developing good practice guidelines for managing the interface between international and national civil society organisations with the government, examination of human resource capabilities and an assessment of appropriate strategies for developing human resources following periods of conflict, examination of the extent to which horizontal inequities contributed to the conflict and the extent to which such inequities are being addressed in the aftermath of major conflicts, donor coordination and the potential value of sector wide approaches (SWAPs), as well as innovative mechanisms for developing locally supported active learning and policy resource centres as repositories for information and advice on working in these complex contexts.

WHO has a particularly valuable part to play in developing understanding of the potential and limits of health as a bridge to peace, the promotion of gender and inter-group equity through health activities and services, and ensuring that future systems lay the basis for equity and less conflict.

WHO has developed unique insights into the potential use of health as one potential bridge to peace. WHO experiences have been extensive in Bosnia, Haiti, and Eastern Slavonia and are actively being developed in Southeast Asia at the present time. WHO has undertaken to ensure that lessons are learned about the role and limitations that health services and health-related programmes can play in helping re-establish lives, livelihoods and services.
4.9 Ensuring that people’s voices are heard

WHO has a unique role to play in ensuring that the perspectives of affected communities and health-workers are documented. This adds to the core corporate commitments (Box 1) previously identified. Few agencies have the same level of commitment to people on the ground and to ensuring that experience is documented, analysed and logged for future reference, learning and policy development. Developing mechanisms to ensure that this is done will require partnerships with donors, non-governmental agencies and academic groups.

There are many voices that might benefit from being documented:
- **people who are the victims of collective violence** - ensuring their voices are heard is a fundamental responsibility: WHO can assist with the collection of testimony to ensure its survival for posterity, further analysis and learning. It is from the narratives of affected peoples that the adverse impact of conflict is revealed, and their coping strategies and adaptations appreciated.
- **indigenous peoples and other especially marginalized groups**
- **health workers** who oppose state and structural violence, who maintain morale, ensure services are still provided despite adverse circumstances, who deliver services despite themselves being targeted or affected by collective violence

New mechanisms to enhance accountability to affected communities have been proposed, such as the Humanitarian Accountability Project (www.hapgeneva.org). Identifying the mechanisms through which accountability to communities can be actively promoted is a key challenge; what are the potential and limits to such activities; how can their benefits be maximised and limitations minimised?

Ensuring that people’s voices are heard will contribute to advocacy around a range of areas which may contribute to reducing vulnerability to violence: responding to state violence, making services more sensitive to community concerns during complex emergencies, promoting peacebuilding through truth and reconciliation-related activities, and addressing horizontal inequities between groups.

4.10 Training materials and events

Training health professionals and other health workers has always been a concern of national and international bodies. Increasing sensitivity to the challenges of working in conflict-affected and conflict-threatened environments warrants considerable activity, especially for those being trained to work in known unstable settings. WHO has been engaged in a number of training activities concerned with around planning ahead for emergencies. Such activity could be taken forward with respect to all core WHO functions identified. All those working in conflict-affected settings, as well as those delivering humanitarian aid or providing post-conflict support, should appreciate the political economy of collective violence. There are increasingly astute and valuable insights being derived, awareness of which needs to be promoted among key health actors, including personnel working for WHO in difficult circumstances.
Relationships with Schools of Public Health internationally could assist in promoting training. WHO Reps require briefings and training around working in unstable settings. Humanitarian agencies are involved actively in their own training activities as well as in developing the field through guidelines development and standard setting. WHO could support such initiatives by generating the evidence upon which interventions and evidence-informed guidelines could be increasingly based. Identifying mechanisms to facilitate the rigorous evaluation of health interventions in conflicted settings will provide a substantive platform upon which lesson learning can take place.

Especially critical is the role of WHO in fostering learning as an essential function of coordination. WHO and the Columbia University School of Public Health and World Education are already collaborating at identifying ways to allow national and international relief workers to come together in structured learning settings. There, they could exchange local knowledge for international experience, discuss principles and best practices, identify priorities, define responsibilities and thus set a platform for coordination. Selected WHO and other agencies' public health guidelines—such as SPHERE standards—are already being widely circulated by WHO in hard and electronic copies and would be prime sources of technical references.

Improving awareness of the ethical complexities inherent in operating in unstable situations where power relations are grossly unequal deserves attention, both in relation to research in emergencies and in relation to humanitarian action itself. Ethical issues also arise in relation to how resources are distributed, how decisions get taken about who and how consultation with the community should take place, as well as in responding to particular forms of abuse. Concepts related to vertical and horizontal inequities, and distributive and procedural justice, as well as restorative and transitional justice, should be examined more deeply in relation to humanitarian issues.

Organisations and individuals working in post-conflict settings require support, information, training and tools to best manage the complex environments in which they find themselves. Identifying key partner organisations which can work with WHO to identify current good practices and to assemble a set of tools and processes which can be adapted to different such circumstances will be a major contribution. It is only by identifying gaps in knowledge, investing in knowledge generation and reflection, and ensuring dissemination that the field moves forward. Such activities might form the basis for three to five year programmes of activities, linked to key partner organisations and against which key outputs and achievements will be assessed.

Particularly important is to promote understanding of how organisations learn and incorporate current best practice. Facilitating institutional learning will be a major contribution.
5. Key constraints

Most WHO activities have developed in the last five or six years, during which the Organization has specifically recognised that conflict, instability, and human rights abuses can and do affect the achievement of health and health system objectives. Through its Preparedness programme in PAHO, WHO has been a major contributor and leader to international action for disaster reduction. EHA has hosted a series of consultations to elucidate WHO and EHA’s role in emergencies. The Core Corporate Commitments in emergencies (Box 1) have recently been produced as a manifestation of this.

Most members of the UN family, notably, UNHCR, UNICEF, WFP, and OCHA have played significant roles in emergencies. WHO has not been seen as a very active player in emergencies. However, in fast changing contexts, hands-on expertise is essential. For WHO to play an influential role, it requires to be active, responding quickly, working and learning in such settings, and to be seen to be doing so and performing at a qualitatively high level. There is some mismatch between WHO’s traditional role, which tends to be advisory and technical, and a more active field-level role in complex emergency and related settings.

WHO traditionally works with government, and although this is often a major strength, this creates problems in some situations where flexibility to act promptly is reduced especially in circumstances where government itself may be engaged in human rights abuses, repression, and internal conflicts. This invites the development of guidance as to how WHO should work in such countries.

Working in unstable settings requires a high level of political understanding both of the background and context to the conflict, as well as of the key players and their rationale for violence. Responding in these environments requires astute understanding, mechanisms for making sensible and sensitive decisions, learning processes and a degree of flexibility that may be difficult for centralised organizations. However, WHO and the EHA, has indicated commitment to facilitating learning from the field, developing guidelines and providing guidance to ensure a high level of decision-making in the affected countries.

Despite many innovative programmes, activities, and consultations, there may still be some degree of a lack of consensus regarding WHO’s role and scope for activities in these settings. It is only through action, consultation, advocacy and visibility that emerging consensus about roles and responsibilities can be consolidated. It is hoped that this document will assist in this ongoing process.
6. Conclusions: Moving ahead and building WHO reputation

There are five principles to keep in mind in taking WHO’s role forward:

6.1 Focus: WHO should continue to focus on core themes, although in any given setting considerable flexibility is required. Determining which areas to concentrate upon should be led by WHO, but should involve negotiation and discussion with key partners and stakeholder organisations (donors, NGOs, media, and some national governments). A proposed focus for WHO is systems and on strategic issues: dealing with the big issues such as how and why instability, violence and conflict occur and accumulating evidence on what can be done to reduce the propensity to violence; building the evidence base and to collect and disseminate valuable information about people’s experiences and about good practice; improving transparency and accountability within the humanitarian health system; identifying opportunities to bolster the resilience of systems and mitigate against disasters; contributing evidence and advocacy to campaigns against dangerous developments such as the trade in small arms, and the widespread circulation of media which glorify violence. WHO has a particular role to play in bridging theory and practice and demonstrating how things can be done better, all the while keeping some focus on the big picture issues of reducing vulnerability, promoting equity, building capacity, and facilitating community control.

6.2 Distinctiveness: WHO will continue to build credibility and its reputation by being present in the field and undertaking value-added work which few other organisations can undertake. WHO can specifically assist in promoting the uptake and implementation of good practice. Without being the main implementor of services, WHO can actively establish guidelines, support their implementation and uptake in the field, and can play a leadership role in bringing the different players together to tackle the key issues.

6.3 Consistency: consistency in actions and communication with all stakeholders are fundamental. All stakeholders need to learn to predict what WHO is likely to do in different situations. A first step in this direction can be recognised in the process of definition and fine-tuning that WHO/EHA is conducting around “WHO’s core corporate commitments, i.e. the critical, life-saving public health measures that WHO is to ensure in any emergency (see above, page 4).

Amongst these, for example, is the establishment of resource centres on health-related issues and violent political conflict, including complex emergencies, in all situations at risk or affected by conflict. Such resource centres, which would probably need to be established and maintained with the support of other partners such as academic institutions, could help become the repositories and generators of documentation and evaluation materials and provide some basis upon which good practice activities can be identified. Another key role is supporting emerging states in the aftermath of political crises, to develop, plan, and facilitate dialogue and consensus around the policy framework for future health system development. Another key role may be to facilitate the distribution and refinement of tools which can be used in post-conflict settings to assess local capabilities, local resources, local perceptions, and local needs in order to develop the most appropriate service and system responses.
6.4 **Identity:** WHO can establish the core values and principles which the organization embraces, endorses and promotes. Amongst these may be a commitment to avoiding violent political conflict and a commitment to more humane forms of globalisation and development; a commitment to promoting equity to both reduce the chances of conflict occurring and to increase the chances of post-conflict developments being acceptable to all; a commitment to listening to the voices of affected communities and health workers; and a commitment to basing policy proposals on evidence of effectiveness, efficiency and equity, while not negating the importance of feasibility and acceptability of proposed interventions. Finally, a commitment to promoting learning by organisations is fundamental, as is facilitating their ability to do so in both resource rich and resource poor settings.

6.5 **Transparency:** WHO must maintain a high degree of communication and consultation with all stakeholders in all settings and must make available information and insights to all parties, whether associated with government or not. The principles underlying WHO activities and roles should be clear to all. The new technologies offer impressive opportunities for fulfilling this role, alongside other information generating and sharing activities. WHO should demonstrate by example how a learning organisations functions.

**Endnotes:**

1. International Federation of Red Cross and Red Crescent Societies. World Disaster Report, Geneva, 1999

2. WHO: Emergency and Humanitarian Action Department Brief, March 2001

3. Loretti A, Leus X Relevant in Times of Turmoil.-under publication


8. Weiss T and Collins C. Humanitarian challenges and intervention. World Politics and


