



# WORLD HEALTH ORGANIZATION

FIFTY-NINTH WORLD HEALTH ASSEMBLY

Agenda item 11.14

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## Emergency preparedness and response

### Report by the Secretariat

#### IMPACT OF EMERGENCIES AND CRISES ON PEOPLE'S HEALTH AND WELL-BEING

1. Each year, one in five WHO Member States experiences a crisis that endangers the health of its people. The year 2005 was marked by several severe natural disasters that are still, months later, influencing the life of millions in South Asia, the Gulf of Mexico and elsewhere. According to the United Nations International Strategy for Disaster Reduction, 2005 saw an 18% rise in natural disasters. The death toll from the earthquake in Pakistan accounted for 83% of the total national mortality for that year. An estimated 157 million people – seven million more than in 2004 – were directly affected by natural disasters.
2. In addition, around 20 significant armed conflicts rage in different parts of the world. A series of political and social crises has resulted in more than nine million refugees and almost 25 million internally displaced people worldwide, a figure which remained almost unchanged from the period 2001 to 2004. In 2005, significantly more displaced people were able to return to their homes – an estimated 3.8 million – in comparison to 2004, and far fewer were forced to flee their homes. The number of refugees has not changed significantly between 2004 and 2005.
3. Moreover, for each major emergency that is reported by the media and recorded in international databases, there are dozens of smaller emergencies that strike local communities, affecting the development and health of their populations, with no or little external assistance in relief and recovery operations. Investment in building community capacity in emergency preparedness and response is the only sustainable answer to this situation.
4. Some complex emergencies fall quickly into the category of “forgotten crises” as soon as media attention wanes. This translates into a shortage of funds to sustain vital relief and recovery operations.
5. Recovery from the disastrous effects of major and complex emergencies and crises takes much longer than perceived by the international community; the impact on health services and the health status of populations may persist for years.

#### Lessons learnt from recent emergencies and crises

6. WHO's field experience in 2005 indicates that to respond effectively to any disaster, preparedness is essential. Building national capacity to manage risk and reduce vulnerability requires updated policies and legislation; appropriate structures; information; plans and procedures; resources and partnerships.

7. Immediate availability of up-to-date and reliable information on health risks, vulnerability, morbidity, mortality and other health indicators is essential in order to assess and monitor developments in emergency settings, as well as to evaluate the impact of actions taken.
8. Evaluation of the “cluster” approach, implemented as part of the recent United Nations humanitarian reform, with WHO as the lead organization for health, has been positive.<sup>1</sup> This approach, which is consistent with WHO’s mandate for health coordination, proved successful in the aftermath of the south Asia earthquake. However, additional efforts are required in institutional capacity-building.
9. Health-sector involvement in emergency and humanitarian action should be comprehensive. Improved response is needed in a wide range of areas, including management of mass casualties; water, sanitation and hygiene; nutrition; control of communicable diseases; maternal and newborn health; mental health; pharmaceutical supplies; health technology and logistics; health information services; and restoration of health infrastructure. Strong technical guidance and leadership and better coordination between the various “clusters” of the international response system will be needed to avoid such gaps in future emergencies.
10. Although widely available, templates for rapid health assessment protocols are often forgotten in the flurry of crisis management. Consensus needs to be reached at the onset of the crisis as to which protocols should be used in the field.
11. The private sector and the armed forces are frequently involved in disaster-response operations. Given the appropriate role, the value of their cooperation is clear. It is important to agree on procedures and criteria for joint efforts when collaboration involves non-local personnel.
12. In all situations involving human displacement, poor capacity to manage camps affects, in turn, provision of water, sanitation, shelter, and so forth. Management of the medical aspects of malnutrition, including access to, and quality of, care may also be weak. Closer coordination and joint work is needed between the health, water and sanitation, and nutrition “clusters” of the international response system.
13. Although disasters increase the vulnerability of women, children and adolescent girls, limited attention is paid to their needs in the early relief and restoration work. Collecting data disaggregated by sex, assessing the impact of all response activities on women and men, and fielding female aid workers are proven, effective measures in meeting the needs of women and girls. At the onset of any emergency intervention, special efforts need to be made to provide adequate supplies and technical backup for reproductive health services, emergency obstetric care, and newborn and child health services.
14. It is important to use local experts to find local solutions, as they know how health systems are organized in their region. If local experts are trained to international standards, they will form a valuable resource for their region well after the disaster is over, providing long-term support.
15. Further, the right people with the right skills need to be found immediately after a disaster: the faster the response, the better the outcome. Identifying and mobilizing hundreds of experts in a matter of hours is not easy; it is important to have a roster of appropriately trained experts on call. A major

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<sup>1</sup> Humanitarian Response Review, Chapter III. United Nations. August 2005.

project of WHO and health partners is to compile national and international rosters of health personnel qualified in emergency response. The proposal is in its final stage of preparation.

### **Reform of United Nations humanitarian response: imperatives for health**

16. An independent review of international humanitarian response commissioned by the United Nations Emergency Relief Coordinator and the United Nations Under-Secretary-General for Humanitarian Affairs found there were significant gaps in disaster response.<sup>1</sup> A reform process was initiated on the bases of the review. The main components are better coordination through the “cluster” system at global and country levels, improved central funding for emergency response, and a strengthened humanitarian coordinator mechanism. The Inter-Agency Standing Committee, the primary body for interagency coordination of humanitarian assistance, accordingly organized the work of its different members into technical “clusters” in mid-2005. WHO was asked to act as the lead organization in efforts to improve the coordination, effectiveness and efficiency of health action in crises in the areas of preparedness, response and recovery. The Humanitarian health cluster that was set up with participation of organizations of the United Nations system and other bodies thus provided the Organization with a platform for advocating the central importance of health in emergencies. The Cluster drafted a joint action plan to strengthen health response during crises and in March 2006, met in Geneva to agree on critical areas of coordinated action encompassing assessments of the health and nutritional situation in emergencies, training and capacity building, and advocacy. At global level, the Cluster aims to improve preparedness and technical capacity of health systems to respond to humanitarian emergencies. At country level, the aim is to strengthen the health coordination framework and response capacity. Activities undertaken in Pakistan under WHO’s leadership have been evaluated by the Secretariat and donors, and independently, and shown to be successful.

17. This development has major implications for the work of WHO at national, regional and global levels and require adjustment to both the normative and operational capacities of the Organization.

### **Action by the secretariat**

18. Resolution WHA58.1 requested the Director-General, among other actions, to intensify support to Member States affected by crises and disasters, to enhance WHO’s capacity to implement health-related emergency preparedness plans, to continue to cooperate with the International Strategy for Disaster Reduction, and to prepare for disasters and crises through timely and reliable assessments.

19. In response to resolution WHA58.1, the Secretariat is introducing several changes in order to improve its performance in emergency preparedness and response. Work has been reorganized around three main pillars: emergency preparedness, response, and transition and recovery programmes in order to respond better to the needs of Member States. **Emergency preparedness** includes elaborating strategies and programmes, setting up partnerships, organizing training programmes and developing systems, tools and capacities to improve performance. **Emergency response** covers development of the Secretariat’s operational and logistical capacity to provide support during acute crises, and of standard operating procedures for emergencies in order to ensure a uniform approach. Methodologies, tools and standards for post-conflict and post-emergency **recovery and transition programmes** will be developed, updated and disseminated, and support provided to Member States to assess, design, implement, monitor and evaluate such programmes.

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<sup>1</sup> Humanitarian Response Review.

20. On the bases of resolution WHA58.1, United Nations humanitarian reform initiatives, and lessons learnt from recent emergencies and crises, special emphasis will be laid on:

- technical assistance for the development of country emergency preparedness and response programmes, based on two main criteria: an all-hazard focus with multisectoral approaches, and multidisciplinary programmes with strong coordination and control mechanisms among public, private and nongovernmental health actors;
- development of international standards in technical areas such as health emergency planning, legislation, risk mitigation and management, development of human resources, and partnership building;
- close coordination and synergy with other organizations and programmes of the United Nations system and international humanitarian bodies;
- use of the expertise available in other WHO programmes in order to address the needs of communities and populations affected by crises, making such expertise available to Member States and other international health partners. Work under way is described below.

21. A strategy to promote country emergency preparedness and response capacities is in the final stage of preparation and will provide a road map for the Secretariat's future work in this area. A global survey on the status of emergency preparedness at country and community levels is ready for an initial phase of pilot testing. The survey protocol is designed as a tool for Member States to evaluate the level of their emergency preparedness and response programmes in order to build on existing strengths and overcome weaknesses. It includes a section for assessing ways in which WHO and international health partners can cooperate with countries to improve their preparedness and response capabilities.

22. Guidelines for, and approaches (including best practices) to, structuring mass-casualty management systems and developing the necessary human resources, tools and procedures for efficient implementation at local level are being drafted. A project to compile an international database of existing technical references, best practices and leading institutions in emergency preparedness and response will be launched during the second half of 2006.

23. The Three-year Programme to Improve WHO's Performance in Crises, which focuses on building WHO's capacity at country level, is now in its second year of implementation. Sixty field staff have been recruited and assigned to countries of strategic interest, mainly in the African Region. Their performance is closely monitored and assessed by a WHO interregional team. In partnership with other international health bodies, WHO has launched the Emergency Action Response Network, geared to development of human resources. After a pilot course held in November 2005, adjustments are now being made to cater for country and regional needs. At least four more training courses are planned during the biennium 2006-2007.

24. Currently, mortality and morbidity statistics in emergency and crisis situations are fragmented, difficult to compare, and lack standardization. Recent experience has placed the issue of mortality and morbidity tracking, together with quality criteria and formulation of an explicit data audit-trail, at the centre of concern for those working in humanitarian crises. A credible and impartial health tracking service is needed to measure mortality, morbidity and health performance in emergencies and crisis settings. Based on consultations within WHO and with international health partners, a proposal for a common health-tracking service has been drafted, and the project should be initiated during the second half of 2006.

25. Logistics, communication and other operational tools are the backbone of relief operations, especially in complex emergencies. Recent experiences have revealed several weaknesses in health-sector emergency operations. Because the development of such tools is expensive and time consuming, WHO has engaged in discussions with other organizations and programmes of the United Nations system in order to build on existing systems that could best serve the purpose of health-sector humanitarian action.

26. Predictable funding for emergency health operations is a major concern. Although the newly restructured United Nations Central Emergency Response Fund will help address this challenge, some Member States have suggested the establishment of a global emergency fund in WHO. At regional level, the Regional Committee for the Eastern Mediterranean requested the Director-General the decided in 2005 to create a regional emergency solidarity fund supported by voluntary contributions from Member States of the Region.<sup>1</sup>.

27. A global consultation is being organized on health aspects of transition and recovery and WHO's role within the framework of humanitarian reform. Methodologies and tools for health action in transitional and recovery phases will be developed, and will include a needs analysis for the formulation of consolidated appeals, post-crisis needs assessment, and planning and preparation of master plans for sectoral recovery and reconstruction. Emphasis will be placed on interagency collaboration and partnerships for transition and recovery phases, particularly joint work with the United Nations Development Group/Executive Committee on Humanitarian Assistance Working Group on Transition Issues, the World Bank and regional development banks.

#### **REVIEW BY THE EXECUTIVE BOARD**

28. At its 117th session, the Executive Board considered health action in relation to crises and disasters, with particular emphasis on the south Asia earthquake of 8 October 2005. A draft resolution calling on WHO to expand its work in emergencies was proposed. Several amendments to the draft resolution were proposed by Board members. As there was insufficient time to incorporate the amendments and adopt the revised draft resolution during the meeting, it was agreed that an electronic version of the revised draft resolution would be circulated to Board members for review and approval, before submission to the Fifty-ninth World Health Assembly.

#### **ACTION BY THE HEALTH ASSEMBLY**

29. The Health Assembly is invited to take note of this report and to consider the following draft resolution:

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<sup>1</sup> Resolution EM/RC52/R.2

The Fifty-ninth World Health Assembly,

Having considered the report on emergency preparedness and response;<sup>1</sup>

Aware of the suffering caused by natural and man-made disasters;

Noting that the resilience of nations and communities affected by crises is being eroded by the extreme pressures they face on a daily basis and over a protracted period;

Concerned that emergency preparedness in many countries is weak, and that existing mechanisms may not be able to cope with large-scale disasters such as the earthquakes in Bam, Islamic Republic of Iran, and, most recently, in northern India and Pakistan, the earthquakes and tsunamis in south Asia and the hurricanes Katrina and Rita in the United States of America;

Appreciating the progress made, particularly in the Eastern Mediterranean and South-East Asia regions with regard to emergency response to the south Asian earthquake;

Recalling resolution WHA58.1 on health action in relation to crises and disasters, with particular emphasis on the earthquakes and tsunamis of 26 December 2004, and the United Nations General Assembly resolution A/RES/60/124 on Strengthening of the coordination of emergency humanitarian assistance of the United Nations,

1. EXPRESSES its sympathy, support and solidarity for the victims of disasters, their families and their governments;
2. REQUESTS Member States to further strengthen national emergency mitigation, preparedness and response programmes through legislative, planning, technical, financial and logistical measures, with a special focus on building community resilience;
3. URGES Member States to provide support to affected countries, and to WHO so that it may address immediately, within its mandate, humanitarian health crises;
4. REQUESTS the Director-General, ~~in cooperation, when applicable, with the Office for the Coordination of Humanitarian Affairs, other specialized agencies, and the relevant international organizations,~~ to take the necessary steps:
  - (1) to provide the necessary technical guidance and support to Member States for building their health-sector emergency preparedness and response programmes at national and local levels, including a focus on strengthening community preparedness and resilience;
  - (2) to build on the Hyogo Framework for Action 2005-2015 stemming from the World Conference on Disaster Reduction (Kobe, Hyogo, Japan, 18-22 January 2005), when providing support to Member States to assess the status of health-sector emergency preparedness, including assessment of the resilience and risk-management capability of hospitals and other key health infrastructures;

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<sup>1</sup> Document A59/20.

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(3) to provide support for development and strengthening of regional centres for emergency preparedness and response;

(4) to ensure that WHO, within its mandate, is able to respond to emergencies and crises and, in doing so, continues to work closely with other organizations of the United Nations system under the coordination of the United Nations Office for the Coordination of Humanitarian Affairs;

5. REQUESTS the Director-General in particular:

(1) to explore and implement measures to enhance WHO participation in the overall humanitarian response through existing mechanisms such as the Central Emergency Response Fund, International Search and Rescue Advisory Group, or the United Nations Disaster Assessment and Coordination team;

(2) to develop, in line and in complementarity with the above-mentioned United Nations initiatives, an interregional network of trained and equipped health professionals and institutions, and to compile a global database of authoritative technical health references in order to facilitate health-sector response to emergencies and crises;

(3) to establish and maintain, in collaboration with relevant organizations of the United Nations system and other partners, a health tracking service that will provide timely information and a reliable assessment of suffering and threats to survival by using morbidity and mortality data;

(4) to take part in United Nations system-wide mechanisms for logistics and supply management which would assure immediate mobilization of vital supplies in emergencies and crises;

6. FURTHER REQUESTS the Director-General to report to the Sixtieth World Health Assembly, through the Executive Board, on progress in implementing this resolution.

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