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Responding to health aspects of crises

Report by the Secretariat

1. Health aspects of crises are generally characterized by high levels of suffering and mortality. Indeed, one indicator used to define crisis conditions is a death rate of more than one per 10 000 per day. There are three types of trigger for such crises:

- sudden, catastrophic disasters such as earthquakes, hurricanes, flooding, an industrial accident or deliberate use of a biological or chemical agent in order to harm a population
- complex, continuing emergencies related to conflicts,¹ more than 100 of which are currently rife, affecting millions of people – many of whom are displaced from their homes. Some have lasted for 30 or more years
- increasing, often insidious, threats such as widespread arsenic poisoning in the Ganges Delta, increasing prevalence of fatal HIV infection, or desertification.

2. Most of the morbidity and mortality associated with such crises stems from people lacking the essentials they need for life. Systems at local level that normally provide people with accessible food, water, shelter and sanitation, ensure personal security and protection from harm, and deliver health care, do not function, and national systems are unable to compensate.

3. Lack of basic needs in a crisis frequently endangers the health of the exposed population and leads to increased death rates. Each year, approximately one in five WHO Member States experiences a crisis of this nature, with systems at local level being overwhelmed, damaged or disrupted. Of the epidemics reported to WHO, 65% occur during complex emergencies. At present, as many as 2000 million people are at risk of, and more than 40 million are living in, crisis conditions. For these people, survival itself is at stake.

4. Nearly half the 50 or more countries currently affected by crises lag far behind in attaining the Millennium Development Goals. In 16 of them, under-five mortality is reported to have increased in

¹ A complex emergency has been defined as a humanitarian crisis in a country, region or society where there is considerable breakdown of authority resulting from internal or external conflict which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing United Nations country programme ... complex emergencies are typically characterized by: extensive violence and loss of life; massive displacements of people; widespread damage to societies and economies; the need for large-scale, multifaceted humanitarian assistance; the hindrance or prevention of humanitarian assistance by political and military constraints, and significant security risks for humanitarian relief workers in some areas (Inter-Agency Standing Committee, 1994).

the past 10 years. Greater attention to securing priority health outcomes in communities at risk of crises is vital for accelerating progress to fulfilment of these goals.

Effective preparedness, response, and recovery

5. **Preparedness.** Specific preparation for crises alleviates their impact on health systems and decisively reduces the level of suffering, spread of epidemics, and number of deaths. WHO regional and country offices, notably in the Americas, have a lengthy and successful record of providing support to Member States in their efforts to mitigate through effective planning the health consequences of both natural disasters and complex emergencies.

6. For the health sector, preparedness typically means assuring resiliency of: health facilities to extreme conditions, availability of priority hospital services (focusing on trauma, women's health, child care and chronic conditions), management and triage of mass casualties, evacuation of the injured and quarantine procedures, capacity for search and rescue operations, and the ability to establish disease surveillance and control measures rapidly. The key requirement is that those who need to respond are ready to do so; indeed, readiness to respond to crises should be a priority for all development programmes in crisis-prone settings. Careful planning is essential in order to assign responsibilities, identify challenges, introduce special procedures, and establish fall-back mechanisms. It should take account of the contribution of civil society, government and international organizations. Preparations and training should focus on identifying essential staff, establishing roster systems, testing procedures, and stockpiling essential supplies.

7. The World Conference on Disaster Reduction (Kobe, Japan, January 2005) will focus on options for minimizing the risks and consequences of disasters. Member States will be able to review the impact of natural disasters and consider the benefits of ensuring the safety and resilience of health systems, starting with hospitals and other health facilities, particularly in earthquake- and hurricane-prone regions.

8. **Response.** Speedy response to a crisis should be geared to ensuring the survival, and protecting the well-being, of affected populations. Essential elements of the response include equitable access to adequate safe water, hygienic sanitation, and food and shelter, and protection of affected populations from ill-health and violation. Responses should give priority to the most vulnerable people: women (especially when pregnant), young children, older people and persons who are disabled or chronically ill.

9. The positive influence on health of prompt response was evident in the Islamic Republic of Iran immediately after the Bam earthquake in December 2003; in the Democratic People's Republic of Korea after the train accident in Ryongchon in April 2004, and in Djibouti after severe floods in April 2004. The need to ensure that the most vulnerable population groups gain access to functioning health services without threat to their security has been highlighted in 2004 during conflicts in Haiti, the Gaza Strip, the Darfur region of Sudan, refugee camps in Chad, and in parts of Iraq.

10. The national ministry of health plays a pivotal role as coordinator of health actions undertaken by national institutions, international agencies and organizations of the United Nations system. After rapidly assessing the health situation of people at risk and identifying urgent priorities, minimal essential health care is made available. Damaged services are repaired where necessary. Response includes the provision of logistics to support the deployment of skilled personnel and supplies, the anticipation of longer-term needs, and the regular tracking of progress.

11. WHO's country office plays an essential role in providing support for situation assessments, health-sector coordination and supply of essential services. Dangers faced by relief personnel and breakdowns in communications and supply chains often impede relief efforts, particularly during conflicts. The challenges are evident when the WHO Secretariat offers specialist collaboration, such as investigation of the hepatitis E outbreak among refugees in Eastern Chad from Darfur in August 2004, or psychological support for affected children in Beslan, Russian Federation in September 2004. Such activities as disease surveillance, outbreak investigation, and coordination of disease control, primary health care or hospital services, all depend on WHO's country offices for transportation and accommodation of experts, movement of supplies and equipment, and both voice and electronic communications.

12. In-country humanitarian organizations, together with local and national authorities, are key contributors to an effective response that saves lives and protects health. When expertise is needed from outside the affected community, it must be provided promptly. To do so, a rapid response mechanism must be available to serve Member States.

13. The ability of WHO's Secretariat to respond rapidly to health needs in crises is being scaled up. It is based on the ready availability of high-calibre public health professionals, backed up with the necessary technical, logistic and administrative support. WHO's Secretariat provides this support in close cooperation with the secretariats of UNICEF, UNFPA, the United Nations Office for the Coordination of Humanitarian Affairs, other organizations of the United Nations system, the Red Cross and Red Crescent movement, and international nongovernmental organizations.

14. The full range of WHO specialist support has been harnessed throughout the Organization in response to the crises occurring in 2004. The Secretariat has assessed health needs, measured mortality, and established systems for the detection of outbreaks and surveillance of communicable diseases. It has helped to manage chronic diseases and rebuild primary health and hospital services; strengthen community-level mental health care and services for women and children; minimize user charges in hospitals and improve environmental health; and coordinate interventions and monitor progress. It has devised and introduced medical-supply management systems and logistic support services complete with purpose-developed software.

15. **Recovery.** From a health perspective, crises are resolved when essential health systems have been repaired and rebuilt; when the major health needs of the most vulnerable populations receive attention; and when the health-care environment is secured for both patients and health personnel. To achieve this, WHO joins with national authorities and international agencies in drawing up and agreeing on a sector recovery plan, which frequently forms the health component of a Consolidated Inter-Agency Appeal and transition planning.

16. Such plans focus on essential lifelines to those in need, the restoration of services in primary health centres and hospitals, rehabilitation of laboratory services, disease surveillance and public health programmes. They include the identification of vital staff, their support and training, and the provision of essential supplies and equipment. Well-functioning alliances are crucial at times of recovery. They improve prospects for joint fundraising and effective management of recovery. Thus WHO's Secretariat has provided support to ministries of health and others as they work together for health system recovery, in the Balkans region during the past decade, and more recently in Iraq and Liberia.

Enhancing WHO's contribution to health action in crises

17. At country level organizations of the United Nations system, and nongovernmental organizations work with Member States to ensure effective response to crises. A well-developed interagency mechanism exists under the stewardship of the United Nations Humanitarian Coordinator. The health aspects of this coordination depend on the participation of the WHO Representative, with the support of experienced staff from WHO's regional offices and headquarters.

18. Member States and organizations of the United Nations system frequently request stronger support from WHO to help tackle the health aspects of crisis preparedness and response. Four specific functions are expected of WHO country teams:

- assess health aspects of populations at risk of crisis, in advance and as crises evolve, so as to enable all concerned to set priorities and monitor progress
- collaborate with health stakeholders in order to encourage open communication and joint action around the priorities¹
- identify gaps in response to crises, and ensure that they are filled²
- improve capacity for crisis preparedness, response and recovery within local and national health systems; rehabilitate key institutions; train health personnel.

19. At times of crisis, WHO country teams quickly become overstretched and need back-up to perform these four functions. The Secretariat has not been able to provide this support in a predictable manner, and performance in crises has sometimes been suboptimal.

20. To address this difficulty, a three-year programme for enhancing WHO's performance in crises was established in 2003 under the guidance of the Director-General. This work is the outcome of a consultative process involving more than 400 experts from national authorities, organizations of the United Nations system, nongovernmental organizations and other health stakeholders. It includes a global framework for action and a unified work plan that incorporates WHO's six regional offices.

21. The goal of the programme is the prompt reduction of avoidable loss of life, burden of disease, and disability in crises. The agreed objectives are to work with countries to prepare for, and respond to, health needs in crises; empower national authorities to rebuild health systems that promote equitable health outcomes; and respond dynamically to Member States' needs during crises with streamlined financial, administrative, and operational procedures.

22. The programme is being implemented in close collaboration with regional and country offices. A forum has also been established for Member States to review WHO's contribution to health action

¹ Typically, WHO works in coordination with UNICEF, UNFPA, UNHCR, the United Nations Office for the Coordination of Humanitarian Affairs, the Red Cross and Red Crescent movement, the International Organization of Migration and nongovernmental organizations such as *Médecins sans Frontières* and the International Medical Corps.

² Gaps in crisis response commonly include the surveillance and management of communicable disease outbreaks; adequate safe water supplies and functioning sanitation; access to health care for women and children; functioning and accessible hospital services for trauma, gynaecology, obstetrics and management of priority chronic illness; and professional responses to mental ill-health, nutritional services and other needs.

in crisis, together with a technical group that enables health professionals and stakeholders to examine specific concerns in depth.

ACTION BY THE EXECUTIVE BOARD

23. The Executive Board is invited to take note of this report.

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