



WORLD HEALTH ORGANIZATION

FIFTY-THIRD WORLD HEALTH ASSEMBLY
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Collaboration within the United Nations system and with other intergovernmental organizations: health emergencies

Report by the Secretariat

1. Within the United Nations system, WHO is the focal point for all health matters related to emergency preparedness, emergency response and disaster reduction. It participates in the various coordinating bodies of the United Nations so as to fit health into an overall humanitarian strategy and to help ensure the effective coordination of emergency and humanitarian action. To this end, the Organization works with the United Nations Inter-Agency Standing Committee (through the participation of the Director-General), its various mechanisms and related bodies, such as the working group on internally displaced persons, the reference group on humanitarian action and human rights and the sub-working group on gender and humanitarian assistance. WHO is also a member of the Executive Committee on Humanitarian Affairs. The much-improved interagency mechanism has become a genuine instrument for the coordination of emergency and humanitarian action across the United Nations system and an appreciated forum for debate.

2. The consolidated interagency appeal process (CAP) is used by United Nations organizations to describe the activities needed to save lives during acute disasters; to help populations affected by war and natural disasters to move from extreme vulnerability to recovery and sustainability; to promote human rights; and to build peace. The consolidated appeals for 2000 were launched on World Humanitarian Day (23 November) in 1999, on which occasion the Director-General noted their special significance for WHO. Currently, WHO is involved in appeals for Afghanistan, Angola, Burundi, countries of the Great Lakes region and Africa, Congo, Democratic People's Republic of Korea, Democratic Republic of the Congo, East Timor, Eritrea, Ethiopia, Indonesia – Maluku, Northern Caucasus, Sierra Leone, Somalia, south-eastern Europe, Sudan, Tajikistan and Uganda. Funding has been uneven in support of the WHO component of the appeals, a situation to which the Inter-Agency Standing Committee and the United Nations Office for the Coordination of Humanitarian Affairs have been alerted; both bodies have promised their support. Over the past year, WHO provided support to, for example, Botswana, Madagascar, Mongolia, Mozambique, Turkey and Zimbabwe through interagency country-specific appeals. WHO also provided relief assistance and support to Venezuela.

3. As a special example of interagency collaboration, WHO, in the context of the humanitarian crises in the south Balkans and East Timor, organized an Interagency Medical/Health Task Force as an informal forum to provide guidance on the best practices and measures to deal with technical and operational problems at the field level. The task force for the south Balkans comprised WHO, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, the International Organization for Migration, UNICEF, UNFPA and UNHCR; that for East Timor included the same organizations as well as WFP and *Médecins sans Frontières*. A report on the

activities of the task force for the south Balkans is now available¹ and another on East Timor is being prepared.

4. WHO organized, in December 1999, a consultation of experts to identify key elements in the planning of preparedness for, and mitigation of, the health effects of complex emergencies in vulnerable countries. These components include the needs of health systems in order to withstand a crisis and the essential services that these systems should be able to deliver in spite of the circumstances.

5. WHO also closely collaborates with the United Nations in Kosovo, Federal Republic of Yugoslavia, and East Timor. In the former, WHO executes a large programme funded by the international community. It also actively supports the United Nations Mission in Kosovo through the secondment of a senior staff member who, as Health and Social Services Commissioner, is responsible for the health sector in the United Nations Civil Administration. WHO's work in East Timor has unfolded similarly: WHO implements its humanitarian assistance programme, funded by the international community, while a senior WHO official heads the new health administration of the United Nations Transitional Administration in East Timor to oversee the reconstruction and organization of health services. Both experiences underline WHO's continuing effort to ensure that health is a major part of a concerted United Nations response to increasingly diverse kinds of emergencies and humanitarian crises.

6. WHO has recently supported Member States faced with the effects of natural disasters such as drought, floods, hurricanes, volcanic eruptions and winter storms in full cooperation with the United Nations Disaster Assessment and Coordination system, which is designed to assist in meeting international needs for early and qualified information during the first phase of a sudden-onset emergency and, when necessary, in the coordination of international relief operations at the site of an emergency.

7. In the context of emergency preparedness, WHO participated in the activities of the International Decade for Natural Disaster Reduction and has expressed a formal interest in its successor mechanism, the International Strategy for Disaster Reduction. The Organization so aims to strengthen the capability of Member States to manage efficiently all types of emergency – through prevention of and preparation for disasters and mitigation of their health consequences – by ensuring best public health practices in emergencies. It also aims to create synergy between emergency action and sustainable development through advocacy and training at international, national and subnational levels.

8. WHO's activities for emergency preparedness and responses are also coordinated through memoranda of understanding with UNHCR, the Norwegian Refugee Council and the International Organization for Migration. Similar instruments with UNDP, the International Committee of the Red Cross, UNICEF and WFP are under discussion.

FOLLOW-UP TO RESOLUTION WHA52.12

9. The Fifty-second World Health Assembly adopted a resolution on support to Central American countries affected by Hurricane Mitch which requested, *inter alia*, an intensification of assistance provided to health programmes, and a report to the Fifty-third World Health Assembly.

¹ Document WHO/EHA/00.01.

10. During the reconstruction phase after Hurricane Mitch, WHO closely coordinated the assessment of needs and priorities with UNDP, UNICEF and WFP at country level. Collaborative projects have been developed with special emphasis on reducing the vulnerability of hospitals, health facilities and water systems. In a meeting jointly organized to review lessons learned, WHO launched the idea of an initiative to provide technical support and expertise in disaster mitigation in cooperation with the Office for the Coordination of Humanitarian Affairs, UNDP and UNICEF. This proposed coordinated approach is under review by other bodies of the United Nations system. In addition to this collaboration within the United Nations system, WHO provided leadership and guidance on health matters to bilateral agencies and the European Community Humanitarian Office, and nongovernmental organizations, such as *Médecins sans Frontières* and the International Federation of the Red Cross and Red Crescent Societies, that are also involved with reconstruction. Furthermore, health activities and projects have been integrated into a five-year plan approved by the presidents of the affected countries and are being implemented with Central American intergovernmental institutions, such as the Central American Integration System and the Center for Coordination of the Prevention of Natural Disasters in Central America.

IRAQ – OIL FOR FOOD AND MEDICINE (SECURITY COUNCIL RESOLUTION 986)

11. WHO has participated in the implementation of the United Nations Security Council resolution 986 (1995), which permits Iraq to sell its petroleum and petroleum products in exchange for food, medicine and other humanitarian supplies, since Iraq's acceptance in 1996. This resolution has been extended six times. The programme is the largest relief operation in the history of the United Nations, allocating humanitarian assistance to the Iraqi people valued at more than US\$ 10 000 million to date. It also envisages aid for specific projects to reconstruct Iraq's civilian infrastructure in health, education, water and sanitation, electricity and agriculture.

12. In central and southern Iraq, WHO acts as an observer, verifying the equitable distribution of commodities imported into the country. WHO conducts visits within the 15 governorates and has introduced a pharmaceutical tracking system. Findings are presented to the relevant authorities and corrective measures are implemented. Where feasible, WHO has established electronic links to facilitate this process. In northern Iraq, WHO plays a dual role of observer and implementer. The use of supplies is regularly checked, and support is provided to the staff in charge of drug dispensing. Other activities include intensive training programmes and workshops for medical assistants and nurses, rehabilitation of nursing schools and secondary and tertiary hospitals, and the improvement of quality control in the water and sanitation sector. To implement these activities WHO has so far administered US\$ 91 million, while another US\$ 59 million have been earmarked for the current phase of the programme of oil for food and medicine.

ACTION BY THE HEALTH ASSEMBLY

13. The Health Assembly is invited to note the report.

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