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Collaboration within the United Nations system and with other intergovernmental organizations: health emergencies

Report by the Secretariat

1. WHO participates in various coordinating bodies of the United Nations so as to support the effective coordination of emergency and humanitarian action. To this end, the Organization works with the United Nations Inter-Agency Standing Committee and its various related bodies on the consolidated interagency appeal process (CAP), gender and humanitarian response, post-conflict reintegration, human rights and humanitarian action, and the initiatives on emergency telecommunications, the humanitarian consequences of sanctions and humanitarian assistance training.
2. The CAP is used by the United Nations for emergencies that need a coordinated response from all concerned organizations of the system, in consultation with the affected State. The consolidated appeals for 2001, launched by the United Nations Secretary-General in November 2000, embrace 23 countries, and seek a total of some US\$ 2650 million. WHO participated in the appeals for 21 countries – 11 in the African Region, three in the Eastern Mediterranean Region, five in the European Region and two in the South-East Asia Region – with components amounting to US\$ 91 million. In 2000, funding for the WHO components of the appeals was uneven – only 35% of requirements were covered; the Inter-Agency Standing Committee called for greater support for non-food requirements in the CAP.
3. Besides the CAP, over the past year WHO contributed to country-specific appeals in response to the drought in the Horn of Africa, floods in Cambodia, Madagascar, Mozambique and Viet Nam, the extreme weather conditions (the *dzud*) in Mongolia and earthquakes in El Salvador and India.
4. To support Member States faced with the effects of natural disasters, WHO fully cooperates with the United Nations Disaster Assessment and Coordination team, which assists in providing early and qualified information in the early phase of sudden-onset emergencies and in the coordination of international health relief operations in the field. Through its web site,¹ WHO provides country-specific technical guidance, situation reports, epidemiological surveillance data, maps and links to related sites, that is, public health information to complement the data on the ReliefWeb site of the Office for the Coordination of Humanitarian Affairs.² In the interagency system, WHO's position is that survival and health are cross-cutting objectives and measures of success of all humanitarian

¹ <http://www.who.int/eha/disasters/>

² <http://www.reliefweb.int>

endeavour. WHO's presence and field operational ability are necessary for coordinated public health management for optimal immediate impact, collective learning and health sector accountability. In line with resolution WHA48.2 on emergency and humanitarian action, WHO has defined the essential public health actions – the nine core corporate commitments – that need to be implemented in order to reduce avoidable loss of life, burden of disease and disability in emergencies and post-crisis transitions.

5. A good example of interagency collaboration was the response to the earthquake in El Salvador where WHO/PAHO provided technical coordination and leadership for all public health activities, from water and sanitation to nutrition, immunization and reproductive health, while operational responsibilities were shared between WHO/PAHO, UNICEF and UNFPA. In another example, WHO strengthened the office of the regional United Nations Humanitarian Coordinator for the drought in the Horn of Africa in Addis Ababa by seconding a senior public health specialist and a senior nutritionist.

6. Further examples of interagency collaboration are WHO's support to the United Nations missions in the south Balkans and East Timor. In Kosovo, Federal Republic of Yugoslavia, WHO has the leadership in the health sector, through policy development and initiating and supporting a range of initiatives. In 2000, WHO took responsibility for drawing up health policy guidelines for Kosovo which were endorsed by the United Nations Interim Administration Mission in Kosovo. A senior WHO official supports the health administration of the United Nations Transitional Administration in East Timor, overseeing the reconstruction of the health services, with focus on access, sustainability and appropriate medium- and long-term policies. A document on the role and function of WHO in East Timor with a plan for 2001 was issued in Dili and widely distributed in December 2000.

7. In view of the increasing health and security risks encountered by humanitarian workers, WHO called for an interagency reference group to be established on health and security of humanitarian workers. The reference group will include members of the Inter-Agency Standing Committee Working Group, the United Nations Office of the Security Coordinator and United Nations medical services.

8. The Inter-Agency Standing Committee Reference sub-Working Group on HIV/AIDS in Complex Emergencies includes FAO, WHO, UNICEF, UNHCR, UNFPA, UNAIDS, the Office for the Coordination of Humanitarian Affairs, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, the International Organization for Migration, and Médecins sans Frontières on behalf of the International Council of Voluntary Agencies. In 2000 the group produced a document on priority needs and existing capacities for control of HIV/AIDS in countries at war and with civil strife. The next step will be to develop standard responses comprising both essential interventions that can be applied in the acute phase of a crisis and the means of evaluating them.

9. WHO promotes transparency and accountability in the management of supplies in response to disasters through the Humanitarian Supply Management System (SUMA) developed by WHO/PAHO. In this context, WHO proposed setting up an interagency reference group (a) to review the adverse consequences of inappropriate in-kind donations; (b) to propose a common position for the Inter-Agency Standing Committee in this respect; (c) to review existing mechanisms for setting up a common inventory and for exchange of information among humanitarian agencies and national institutions; (d) to make recommendations on the suitability of SUMA for interagency use, and (e) to study the feasibility of launching a global interagency education campaign for the general public. The issue will be further debated in the CAP working group of the Standing Committee.

10. WHO's activities for emergency preparedness and response are the subject of memoranda of understanding with UNHCR, WFP (see below), the International Organization for Migration and the

Norwegian Refugee Council. Similar instruments with UNICEF, UNDP and the International Committee of the Red Cross are under discussion.

11. In the context of the storage and dispatch of emergency relief supplies, WHO and WFP signed in May 2000 a Memorandum of Understanding on the use of the United Nations Humanitarian Response Depot in Brindisi, Italy, which is managed by WFP. WHO has used the facilities to provide supplies *inter alia*, to Afghanistan, Democratic Republic of the Congo, El Salvador, Eritrea, India, Mozambique, Palestinian Self-Rule Areas and Turkey. PAHO and WFP are drafting a memorandum of understanding on collaboration in disaster reduction and the logistical management of humanitarian food and non-food supplies.

12. WHO remains committed to disaster reduction through global efforts for prevention, preparedness and mitigation and participates as an observer in the United Nations International Strategy for Disaster Reduction, the successor arrangement to the United Nations International Decade for Natural Disaster Reduction. The Director of PAHO, in his capacity as member of the Inter-American Committee on Natural Disaster Reduction, has been designated by the Organization of the American States to represent the Americas on the Inter-Agency Task Force for Disaster Reduction. WHO also follows the activities of the World Bank's ProVention Consortium, a global coalition aimed at reducing disaster risks and impacts in developing countries and making prevention and mitigation integral parts of development efforts.

13. WHO contributed to an Inter-Agency Standing Committee publication that describes both how to link humanitarian activities with human rights in practice and projects that can give substance to the protection of human rights in emergencies,¹ as well as to a *Resource kit on gender and humanitarian assistance* (produced by the Committee's sub-Working Group on Gender and Humanitarian Response, and available on CD-ROM) which aims at ensuring that humanitarian activities and policies take gender into account.

14. During the Humanitarian Affairs Segment of the United Nations Economic and Social Council in July 2000, which focused on the strengthening of the coordination of emergency humanitarian assistance, WHO presented papers on its work on internally displaced persons and health and on natural disasters, information and communication technology. It also organized an exhibit on reducing the impact of natural disasters, illustrating the contribution that a health perspective can make.

15. Another key instrument in interagency coordination is the Senior Network on Internal Displacement, set up by the Inter-Agency Standing Committee to recommend follow-up arrangements and to strengthen future interagency responses to internal displacements. WHO sees the predicament of internally displaced persons beginning with a progressive loss of health and culminating in flight for survival. Throughout this process, health relief can and must complement the individual's own coping strategies and contribute to durable solutions. Public health principles form the basis of WHO's cooperation with Member States and its partners in the Inter-Agency Standing Committee to mitigate the plight of such displaced people. WHO has participated in review missions under the aegis of the network. These reviews confirmed that there are still serious gaps in the United Nations' responses to the needs of internally displaced people.

16. WHO organized an international consultation on Mental Health of Refugees and Displaced Populations in Conflict and Post-Conflict Situations (Geneva, 23-25 October 2000) that endorsed a

¹ Inter-Agency Standing Committee. Growing the sheltering tree: protecting rights through humanitarian action, programmes and practices gathered from the field.

declaration of cooperation¹ and validated technical instruments for assessing and evaluating relevant programmes. Participants included UNHCR, the United Nations High Commission for Human Rights, other organizations in the United Nations system, the Red Cross and Red Crescent Societies movement and nongovernmental organizations.

17. At the Ministerial Conference on Regional Cooperation and Coordination in Crisis Management for Europe and the Newly Independent States, the Fribourg Forum (Fribourg, Switzerland, 15-16 June 2000), WHO drew attention to the centrality of health to humanitarian action and indicated its readiness to work with the governments of its Member States to strengthen capabilities for civil emergency management.

18. WHO has also reviewed the report of the Panel on United Nations Peace Operations (the "Brahimi Report"). WHO is working with the Inter-Agency Standing Committee towards achieving a consensus on the relationship between humanitarian action, peace-keeping operations, and peace and security.

IRAQ – OIL FOR FOOD AND MEDICINE

19. As reported to the Fifty-third World Health Assembly,² WHO participates 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. This resolution has now been extended eight 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\$ 25 000 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.

20. In central and southern Iraq, WHO verifies the equitable distribution of commodities imported into the country. It introduced a pharmaceutical tracking system in 15 governorates; findings were presented to the relevant authorities and corrective measures were implemented. In northern Iraq, WHO plays a dual role of observer and implementer. The use of supplies is regularly checked, and support is given to the staff in charge of drug dispensing. Activities in the north aim at comprehensive rehabilitation of the health system and include technical support to the main public health areas. In addition, WHO continues to be in charge of procurement of medical equipment for the north and distribution of drugs and medical supplies. To implement these activities WHO has so far been allocated US\$ 409 million, and another US\$ 115 million has been earmarked in the current phase of the programme of oil for food and medicine.

ACTION BY THE HEALTH ASSEMBLY

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

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¹ Declaration of Cooperation – Mental Health of Refugees, Displaced and Other Populations Affected by Conflict and Post-Conflict Situations, WHO, Geneva, 2001.

² Document A53/26 Add.1.