



# WORLD HEALTH ORGANIZATION

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY  
Provisional agenda item 13.3

A58/6  
14 April 2005

## Health action in relation to crises and disasters

### Report by the Secretariat

1. There are three types of trigger for crises and disasters:
  - 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,<sup>1</sup> more than 100 of which are currently 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. Lack of basic needs in a crisis frequently endangers the health of the exposed population and leads to increased suffering and mortality. Indeed, one indicator used to define crisis conditions is a death rate of more than one per 10 000 per day. The increased risk 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. Each year, approximately one in five WHO Member States experiences a humanitarian crisis, at which time systems at local level are overwhelmed, damaged or disrupted. Hundreds of millions of 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

---

<sup>1</sup> 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, 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) focused on options for minimizing the risks and consequences of disasters. Member States reviewed the impact of natural disasters and agreed on the benefits of safe and resilient health systems, starting with the buildings that house hospitals and other health facilities, particularly in earthquake- and hurricane-prone regions.

8. **Response.** Speedy response to a crisis should ensure survival and protection of affected populations. This calls for adequate supplies of safe water, hygienic sanitation, food, shelter, and protection from ill-health and violence. Women (especially when pregnant), young children, older people and persons who are disabled or chronically ill are the most vulnerable: they must be given first priority.

9. Prompt and well-planned responses maintained the health of affected populations for example 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. Conflicts in Haiti, the Gaza Strip, the Darfur region of Sudan, refugee camps in Chad, and in parts of Iraq have shown that vulnerable people must be able to access health services without threat to their security.

10. The national ministry of health should coordinate health actions undertaken by national institutions, international agencies and organizations of the United Nations system. During a crisis, these outside agencies help by assessing the health situation of people at risk, identifying urgent priorities, and making essential health care available. Damaged services are repaired where necessary. The response includes supply systems, deployment of skilled personnel, preparation for longer-term needs, and the regular tracking of progress.

11. During crises, WHO's country offices are called on to support situation assessments, health-sector coordination and supply of essential services. The country office has to address the dangers faced by relief personnel and the breakdowns in communications and supply chains that often impede relief efforts. WHO's Secretariat offers specialist collaboration, for example the investigation of disease outbreaks (such as hepatitis E among refugees in Eastern Chad from Darfur in August 2004), or psychological support (as with affected children in Beslan, Russian Federation in September 2004).

12. In-country humanitarian organizations, together with local and national authorities, are key contributors to an effective response. Expertise from outside the affected community must be provided promptly. This calls for a coordinated and efficient rapid response that serves Member States. WHO is expected to help with assessments (ideally through disease surveillance), prioritized action (such as outbreak investigation and advice on disease control, together with planning and supervision of health care or hospital services), and coordination of external help. The WHO country office helps arrange accommodation of experts, movement of supplies and equipment, and both voice and electronic communications. The Secretariat's regional offices and headquarters provide immediate assistance to establish this "operational platform".

13. WHO's Secretariat is improving its capacity to respond rapidly in crises. Working closely with 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 nongovernmental organizations, WHO can make high-calibre public health professionals available within hours, and provide them with technical, logistic and administrative support.

14. The full range of WHO support has been harnessed in response to the crises of 2004. It has included health-needs assessments, mortality measurements, studies of health needs faced by women in crises, and systems to detect outbreaks of communicable diseases. WHO has helped to manage chronic diseases and to rebuild primary health and hospital services in crises; to strengthen community-level mental-health care and health services for women and children; to sustain hospital services while minimizing user charges, and to improve environmental health; to coordinate interventions and monitor progress. It has devised and introduced software for the management of medical supplies and logistic support.

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 fund-raising and effective management of recovery.

17. 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, Liberia and Sudan.

## **WHO'S CONTRIBUTION TO HEALTH ASPECTS RELATED TO THE TSUNAMIS IN ASIA, DECEMBER 2004**

18. In the early hours of the morning of Sunday, 26 December 2004 a massive earthquake measuring 9.0 on the Richter scale struck the west coast of northern Sumatra, Indonesia. The epicentre was some 30 kilometres under the seabed and 250 kilometres south-southwest of Banda Aceh. The first quake was followed by aftershocks ranging from 6 to 7.3, themselves large enough to destroy thousands of lives and livelihoods. The quake triggered powerful tsunamis reaching 10 metres in height, and these moved through neighbouring parts of the Indian Ocean at over 500 kilometres an hour, wrecking coastal areas in India, Indonesia, Maldives, Sri Lanka and Thailand, and also in Myanmar, Seychelles, and Somalia.

19. An estimated 280 000 people lost their lives. In the affected areas economic life has ground to a halt; businesses have collapsed. Millions of people have seen their families and communities torn apart. The trauma caused by this devastating catastrophe cannot be underestimated.

20. WHO contributed to the response from the start of the crisis. Emphasis was laid on ensuring that reliable information about health dangers reached all relief personnel quickly, and that public health guidance was made available on the spot. WHO put in place a regional operational platform to enable the effective implementation of emergency response activities over the following six months. Operations rooms have been set up at the Regional Office for South-East Asia to provide support to the emergency taskforce established under the leadership of the Regional Director and Deputy Regional Director. Skilled mobile "response" teams consisting of technical experts in epidemiology, surveillance and early warning systems, environmental health, health infrastructure, logistics, communications, security, finance and administration were deployed in the affected countries to work with national authorities in order to strengthen or help re-establish public health systems.

21. Hundreds of staff were mobilized, together with treatment kits, medical equipment packs and technical support materials to meet the immediate needs of affected populations. They were made available in response to WHO's situation assessments, so as to provide a credible, timely and meaningful programme of work in a diverse, demanding and, in some areas, risky operational environment. Managing a programme of this scale and complexity called for expertise in logistics, coordination, project design and management. Effective management systems have been established within the South-East Asia Region to ensure efficient and effective implementation of activities supported under the United Nations "flash appeal" of January 2005. Further monitoring will ensure that WHO-provided assistance meets the needs of affected populations so as to save lives, reduce suffering and contribute to sustained improvements in population health. WHO is planning a conference to review health aspects of the Asian tsunamis, and examine aspects of both the response and the immediate recovery period (Phuket, Thailand, 3 to 6 May 2005). The lessons learnt through this analysis will inform preparations for major disasters and crises; the intention is to prevent loss of life on such a massive scale, given the awful possibility that such natural disasters may strike at any time. The need for preparedness was further emphasized in the light of the earthquake that occurred off the coast of Sumatra on 28 March 2005, affecting especially populations on the smaller islands off Sumatra.

## **ENHANCING WHO'S CONTRIBUTION TO HEALTH ACTION IN CRISES**

22. 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.

23. 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 priorities
- identify gaps in response to crises, and ensure that they are filled<sup>1</sup>
- improve capacity for crisis preparedness, response and recovery within local and national health systems; rehabilitate key institutions; train health personnel.

24. 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.

25. 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 workplan that incorporates WHO's six regional offices.

26. 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.

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

---

<sup>1</sup> 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 pregnant 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.

## **REVIEW BY THE EXECUTIVE BOARD**

28. At a special day-long meeting at the start of its 115th session, the Board considered health action in relation to crises and disasters, with particular emphasis on the Asian earthquakes and tsunamis of 26 December 2004. It emphasized key functions for WHO in preparing for, responding to and mitigating the impact of crises, stressing the need for prompt WHO presence at the heart of a crisis, for reliable assessments of need, for prioritization of public health responses, and for a much stronger WHO capacity to support Member States in coordinating offers of external assistance.<sup>1</sup>

29. The Board adopted a resolution for submission to the Health Assembly that emphasized health aspects of the Asian tsunami disaster. It also requested amendments to the emergency preparedness and response section of the Proposed programme budget 2006-2007 so that it reflected the resolution.<sup>2</sup>

## **ACTION BY THE HEALTH ASSEMBLY**

30. The Health Assembly is invited to consider the draft resolution contained in resolution EB115.R11.

= = =

---

<sup>1</sup> See document EB115/2005/REC/2, summary record of the first, second and twelfth meetings.

<sup>2</sup> See document PB/2006-2007.