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Progress report on

Emergency preparedness and response: implementation of resolution EM/RC49/R.7 on health under difficult circumstances

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1. Introduction

This paper reports on the progress in implementation of resolution EM/RC49/R.7 on Health under difficult circumstances: the impact of war, sanctions and natural disasters on the Eastern Mediterranean Region, which was issued by the 49th Session of the Regional Committee for the Eastern Mediterranean in 2002. In the resolution, the Regional Committee urged Member States to:

- Build up national capacity for emergency preparedness and disaster reduction/mitigation and response, in order to reduce avoidable mortality and disability;
- Base policy and advocacy activities on the WHO core commitments in emergencies, in order to promote health as the leading concern in emergencies; and
- Implement interventions and activities based on credible operational research, taking into account lessons learned from previous emergencies.

It also requested the Regional Director to continue to provide the necessary technical assistance to support and expand public health programmes for vulnerable populations living in emergency situations, and requested the Director-General to allocate extrabudgetary resources to meet the urgent health needs of these vulnerable populations.

In the past 3 years the Eastern Mediterranean Region has been affected by a number of natural and man-made emergencies. Table 1 shows the number of the reported emergencies affecting populations in the Region. The frequency of crisis and major emergencies in the Region reflects the overall global trend in the past decade of steady increase in the number of crises resulting in significant loss of life, disability, infrastructure damage and economic loss and affecting large populations. Specifically, recent events such as the Darfur crisis, war in Iraq, earthquakes in the Islamic Republic of Iran and floods in Pakistan, coupled with protracted emergencies such as those in Palestine, Somalia and Sudan, have challenged both countries and organizations to provide effective assistance to populations most in need. These crises have highlighted the importance of health as a yardstick for measuring human survival in the wake of a crisis.

2. Progress in implementation of resolution EM/RC49/R.7

2.1 National capacity building: achievements and activities

Despite the challenges and constraints experienced in the past 3 years from the large number of emergencies and crises, some progress has been made in building national capacity for preparedness and ensuring that appropriate humanitarian relief is provided to affected populations in the wake of a crisis. This progress is evident in a number of key achievements made by national authorities, WHO and other partners in the Region.

- A regional strategy was developed addressing health aspects in crisis which clearly defines roles and responsibilities in order to assist countries and communities to better prepare for crisis, ensure appropriate action during a crisis and support affected populations to rapidly recover from crisis. The strategy is based on a multi-hazard approach taking into consideration technological, societal and natural risks.
- An organizational performance enhancement programme was developed for WHO which aims to support building national and local capacity as well as make emergency preparedness and response part of WHO's core work by defining four essential functions to be addressed throughout the emergency management cycle: 1) measuring ill health or tracking the evolution of health and promptly assessing health needs of populations affected by crisis; 2) supporting countries in coordinating action for health; 3) ensuring that critical gaps in health preparedness and response are identified and filled; and 4) revitalizing and building national and local capacity of health systems for preparedness and response.

Table 1. Natural hazards affecting populations in the Eastern Mediterranean Region, 2002–2004

Country	Type of reported disaster	Year(s)	Killed	Other affected ¹	Total population affected ²
Afghanistan	Flood	2002–2004	4244	323 964	328 208
	Earthquake				
	Epidemics ³				
	Landslide				
	Drought				
Djibouti	Flood	2004	51	100 000	100 051
	Landslide	2002–2004	27 183	657 130	684 313
Islamic Republic of Iran	Windstorm				
Earthquake					
Floods					
Morocco	Wild fires	2002–2004	743	38 482	39 225
	Flood				
Pakistan	Earthquake	2002–2004	759	1 528 266	1 529 025
	Flood				
	Earthquake				
	Windstorm				
	Extreme temperature				
	Epidemics ⁴				
	Landslide				
Somalia	Drought	2002–2004	392	308 074	308 466
	Flood				
	Drought				
	Tsunami				
Sudan	Epidemics ⁵	2002–2004	227	434 629	434 856
	Flood				
	Windstorm				
	Epidemics ⁶				

Source: Centre for Research on the Epidemiology of Disasters (CRED) international database, 2005 www.cred.be

¹ People requiring immediate assistance during a period of emergency, i.e. injured, homeless or displaced

² The accumulation of people killed, displaced and injured

³ Acute respiratory infections, pertussis and watery diarrhoea

⁴ Diarrhoea

⁵ Meningitis, diarrhoea and viral hepatitis

⁶ Measles and diarrhoea

- Countries such as Afghanistan, Jordan, Iraq, Islamic Republic of Iran, Palestine, Somalia, Sudan and Yemen have established or enhanced programmes for emergency preparedness and response by dedicating human and financial resources to ensure further development. Other countries such as Egypt, Kuwait, Lebanon, Morocco, Pakistan, Qatar, Saudi Arabia, Syrian Arab Republic and Tunisia are stressing medical aspects of emergencies by strengthening emergency medical systems and services.
- Human capacity is being developed in order to rapidly deploy skilled health professionals to affected areas in the event of an emergency. This was tested during the 2003 earthquake in Bam, Islamic Republic of Iran, the 2004 floods in Djibouti, the crisis in Darfur and the recent tsunami disaster.
- WHO has developed a series of training modules and courses which aim to boost national capacity for disaster reduction and risk management. To date, approximately 200 public health professionals from 20 countries have taken part in courses and training such as for the management of public health risks in disasters and health information management in crisis.
- WHO has enhanced its working relationships with sister United Nations agencies such as UNICEF, UNDP, UNESCO and UNFPA, and with the International Federation for the Red

Cross and Red Crescent movement and the private sector (Dubai Aid City) to support countries that are vulnerable to emergencies and crises.

- A new tool was developed using geographic information systems technology to identify and visualize hazards and risks to health in countries. This tool uses the science of risk management to identify where natural hazards occur in relation to populations and structures. It is currently being utilized as a tool to guide countries on the risks and threats populations are exposed to with the purpose of identifying and reducing the vulnerability of groups most at risk.
- The amount of funding for health programmes and projects in crisis affected countries has grown over the past couple of years, which is a positive indication that health interventions are viewed as paramount to survival. Previously the health sector was under-funded during emergencies and often competed with water, shelter, security and food aid. WHO and its partners have managed to draw attention to the direct and indirect linkages to health outcomes in the event of a disaster, which has increased the amount of funding for the health sector to be able to meet the needs of vulnerable populations. Very little funding has been allocated for disaster preparedness, however; this will limit national capacity-building in the Region.

2.2 Policy and advocacy for health action in crisis

Crises such as the tsunami, earthquakes and major conflict have resulted in high levels of mortality, morbidity and disability and adversely affected economic development. They have challenged international and national organizations to be able to provide effective and efficient relief aid to vulnerable populations and raised essential questions about the levels of national and local preparedness. As a result, governments, United Nations agencies and the private sector are re-evaluating efforts to provide humanitarian assistance and are addressing the need to build the capacity of countries to respond to crises. The global push for investing in emergency preparedness, improving emergency response and ensuring a smooth transition to recovery has been echoed in several international forums and meetings.

- The United Nation's Conference in Kobe, Japan adopted the Hyogo Declaration and Framework for Action¹ in early 2005, which highlighted the importance of safeguarding hospitals from major emergencies and investing efforts on risk reduction.
- The 58th World Health Assembly issued a resolution² on health action in relation to crises and disasters, calling for better organizational performance in times of crisis as well as greater investment in disaster reduction measures for Member States.
- A recent report³ by the United Nations Secretary-General entitled *In larger freedom: towards development, security and human rights for all* calls for the United Nations to ensure the achievement of the Millennium Development Goals, accelerate conflict resolution and address the need for national capacity building to handle large-scale emergencies.

The focus of most of these recent resolutions and discussions is the need for greater investment in emergency preparedness in order to mitigate the impact of destructive events on the health and well-being of vulnerable populations. Meeting this challenge will require dedicated and substantial resources and technical support to be directed towards promoting awareness of risks and hazards, enhancing contingency plans, building early warning systems, training and equipping skilled professionals, ensuring mechanisms for coordination are in place and applying best public health practices in the event of an emergency.

¹ A/CONF.206/6

² WHA/58.1 (2005)

³ A/59/2005

2.3 Lessons learned and applying best practices

In the recent Darfur crisis, an area comparable in size to France that has been underserved for decades now hosts approximately 3.2 million internally displaced people. To mitigate the adverse affects of the crisis, a health response strategy was developed which outlined WHO's technical and material support to national authorities and partners. This support includes: establishing systems to track patterns of life threatening diseases (disease surveillance); rehabilitating key referral care hospitals to be operational; establishing a mechanism for intersectoral coordination to ensure that gaps are identified and filled; building local capacity to address water and sanitation; and ensuring access to primary health care.

A number of lessons learned through the Darfur experience were internalized and integrated into the recent global response to the tsunami disaster. Most important of these is to ensure that health is at the centre of all relief efforts, given its clear linkages to overall outcomes. Lessons learned from these and other emergencies highlight the importance of certain key activities.

- Providing and sharing valid updated information about the health status of affected populations to partners in order to take decisions based on sound evidence.
- Coordinating the health sector to avoid duplication of services and ensure that gaps in assistance are identified and filled.
- Disseminating the global knowledge, standards and best practices to countries and partners in order to ensure effective response.
- Rapidly establishing operational platforms for affected countries in order to provide service and advice to partners.
- Establishing and maintaining networks of public health professionals experienced in humanitarian response to be trained and ready to serve in the event of an emergency.

3. Next steps

There are many challenges to efforts to ensure that countries in the Region are better prepared to respond to future crises. The process of building national and local capacity will take time, resources and the commitment of Member States. Many ministries of health in the Region have not formally established or enhanced emergency preparedness and response programmes. This is a critical first step. These ministries should ensure that health is a vital part of the preparedness, response and recovery efforts in the wake of crisis. In examining the various risks to health from both natural and man-made hazards, the health sector should engage other partners such as social welfare ministries, Red Crescent and Red Cross societies, civil defence authorities, national armed forces and relevant institutions to ensure coordination and collaboration in this area. Lessons and experience from recent crises have shown that countries must lead and coordinate relief aid to prevent duplication of services and inappropriate aid delivery. This is only possible if national and local capacity is developed for aspects of public health management in emergencies. These aspects include the delivery of humanitarian supplies and equipment, intersectoral coordination, provision of health services and reporting on the impact and evolution of the event.

Building national and local capacity for emergency preparedness and response in the Region will require a comprehensive multi-hazard approach focusing on identifying and responding to risks and threats to health in the Region. Given the number of crises experienced in the Region, this process should be accelerated. Accordingly countries in collaboration with WHO should take the following steps:

- Establish or strengthen emergency preparedness and response units in ministries of health to address hospital preparedness and health sector development for disaster response resulting in clear plans of actions.

- Build on available national expertise to establish a regional network of health professionals representing various institutions and organizations that are equipped and trained to address any type of emergency response in the Region.
- Develop a strategic approach to training health professionals by assessing needs at country level and establishing sustainable and relevant courses within medical, nursing and public health schools.
- Ensure the appropriation of resources for emergency preparedness and risk management programmes at national level through a number of sources, such as national resources, WHO regular country budget, donor funds and resources from other organizations such as the Red Cross and Red Crescent societies.
- Establish a regional emergency solidarity fund by which countries contribute regularly in order to allocate resources in the event of a major crisis.
- Establish a regional hub of logistics and supply management to be mobilized immediately in the event of a major emergency.