



REGIONAL COMMITTEE

Provisional Agenda item 8.1

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Policy and technical topics:

Response to emergencies and outbreaks

The global scale of risks and needs associated with outbreaks and emergencies with health consequences is unprecedented. Their frequency and complexity are stretching the resources of the international community and WHO as never before. Since 2000, the world has faced a series of major public health emergencies and humanitarian crises. Currently, over 80 million people globally require humanitarian assistance.

Over the years, the Region has witnessed several events like SARS, H5N1, the tsunami of 2004; Cyclone Sidr (2007); Cyclone Nargis (2008); Sri Lanka complex emergency (2009); Kosi river floods (2009); Rakhine complex emergency (2012); and recently, the Nepal earthquake in 2015. Preparedness measures and capacity-building initiatives of the Region were put to test and proved effective during the Nepal earthquake. The ongoing Ebola outbreak in West Africa also saw the mobilization of resources from the South-East Asia Region to respond to this global emergency.

In various WHO governing body meetings, the international community has clearly indicated that it wants and expects WHO to play the leadership, coordination and operational roles that are required to effectively prevent, prepare for, respond to, and recover from outbreaks and emergencies with health consequences. WHO has clear responsibilities as custodian of the International Health Regulations (2005) and is the lead agency for the health cluster. The capacities to implement these roles, therefore, need to be strengthened.

With this global demand and regional occurrences, the Director-General has called for reforms in WHO's work in emergencies. Clearly, the Regional Director's flagship priority on strengthening country capacities in emergency risk management has positioned the Region to meet this global expectation and regional need. Continuous investment in improving the capacity of the WHO country offices in tandem with supporting more disaster-resilient health systems is key to addressing the lessons from past events.

The attached working paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The recommendations made by the HLP meeting for consideration to the Sixty-eighth Session of the Regional Committee are:

Actions by Member States

- (1) Expedite efforts and increase investments to scale up emergency risk management capacities covering IHR 2005 and SEAR benchmarks on Emergency Preparedness and Response.
- (2) Facilitate cooperation between concerned stakeholders to make health facilities structurally safer and functional even during disasters.

Actions by WHO

- (1) Scale up support to Member States to attain comprehensive capacities for emergency risk management through the regional flagship programme.
- (2) Advocate and provide technical support for keeping health facilities safer in disasters from all hazards in countries.
- (3) Document lessons learnt from various emergencies and facilitate learning across countries.

Introduction

1. This paper provides a summary of support extended by WHO towards emergencies and outbreaks between May 2014 and April 2015 covering the work in preparedness for more efficient response.
2. During the period, the WHO Regional Office for South-East Asia responded and supported six emergencies including those categorized as Grade 3 (highest on WHO's Emergency Response Framework), namely, the Ebola virus disease outbreak in West Africa (graded in July 2014) and the earthquake in Nepal (graded in April 2015). The Regional Office also supported Myanmar (complex emergencies) and Sri Lanka (flash floods and landslides) in 2014.

Preparedness and capacity development

3. The turning point in emergency preparedness in the Region was the tsunami of 2004 that affected six countries. It is from there that lessons were learnt and acted upon, setting up the following mechanisms.

- **SEAR Benchmarks¹ for Emergency Preparedness and Response** – Metrics for measuring comprehensive capacities in preparedness and response that have been supported by Member States and applied in 10 of 11 countries.
- **South-East Asia Regional Health Emergency Fund (SEARHEF)** – Established in 2008 through Regional Committee resolution SEA/RC60/R7, it has supported 25 emergencies, providing funding for the immediate needs in a response within 24 hours of a request.
- **WHO country office workshops/SOP workshops for operational readiness** – These workshops prepare country offices/Regional Office to respond to emergencies and have been held in five country offices in the past five years.
- **Regional surge training (2014)** – Training workshop for all key technical and administrative units of RO/CO together, including the Global Service Centre, to collaborate in contingency planning for various types of emergencies.

4. In the specific area of epidemics and outbreaks, SARS was the turning point for the Organization. The International Health Regulations (IHR 2005) came into force in 2007 and required States Parties to establish core capacities to detect, assess and report potential health threats by 15 June 2014. The Region has made considerable progress on the implementation of IHR (2005) in Member States with the support of the Secretariat, highlighting the vital importance of IHR (2005) to global health security. All except two States Parties (Indonesia and Thailand), in the South-East Asia Region requested an extension to establish and strengthen their core capacities. State Parties provided their implementation plans along with this request. All extension requests were granted by the Director-General following the convening of a Review Committee on second extensions for establishing national public health capacities and on IHR (2005) implementation which met from 13 to 14 November 2014.

¹ The SEAR Benchmarks for Emergency Preparedness and Response was a system developed with Member States after the Tsunami of 2004 to measure capacities for emergencies. There are 12 benchmarks defined by standards and indicators relating to 4 main areas – legislation and coordination; community capacities; early warning and surveillance and capacity development for health sector. Links to key publications on this site are available at <http://www.searo.who.int/entity/emergencies/documents/en/>

5. In 2014, in line with the relevant provisions of IHR (2005), the Director-General determined that events in West Africa concerning Ebola and the ongoing situation in relation to polio constituted public health emergencies of international concern (PHEIC).

Regional response to key emergencies

Ebola virus outbreak, West Africa

6. The Regional Office deployed over 30 staff with various expertise from the Region for Ebola control response. To learn from the event and prepare for such an eventuality, several technical support missions involving experts were undertaken to Member States of the Region. These assessed preparedness with regard to likely outbreak of Ebola virus and provided assistance with operational plans and monitoring capacities.

Earthquake in Nepal

7. On 25 April 2015, an earthquake of magnitude 7.8 struck Nepal, with the epicentre in Lamjung district, 70 km north-west of Kathmandu. Another earthquake of magnitude 7.3 followed on 12 May 2015. Both major earthquakes left over 8700 dead, over 22 000 injured, and displaced and affected approximately 2.8 million and 5.6 million people respectively. Fourteen districts of Nepal have been critically affected.

8. Over 500 000 houses were destroyed in 39 affected districts and approximately 280 000 were damaged. The number of public health facilities completely damaged was 439, while 564 facilities have been partially damaged. Over 100 000 patients have been treated.

9. Over 170 partners are working in the health cluster responding to the emergency. The Ministry of Health and Population (MOHP), Government of Nepal, coordinated 150 foreign medical teams and 47 national medical teams.

10. In this emergency, WHO deployed 37 staff from various offices to Nepal within five days and provided immediate financial assistance from SEARHEF (within 24 hours of the earthquake). Those deployed included experts in emergency management, public health, epidemiology, logistics, water and sanitation, and communications. WHO also immediately mobilized essential medicines and supplies to meet the needs of the affected population such that by the third week of the event, there were 26 tonnes of these items, managed and distributed by the Government. As the lead of the health cluster, WHO is preparing to respond effectively to the challenges posed by the onset of the monsoon, avalanches and landslides and continuing aftershocks.

Applying lessons

11. For the Nepal earthquake, all lessons learnt from the tsunami and the mechanisms in place assisted WHO and Member countries to: (1) work for a safer health facilities initiative (assessment and retrofitting of key hospitals in the country); (2) train health staff nationwide in contingency planning and mass casualty management; (3) invest in and implement country office preparedness; and (4) support an efficient and timely response with surge of key WHO staff, mostly from the Region.

12. In terms of the Ebola virus disease outbreak, the challenge has provided the Region with an opportunity to invest further in capacities to better prevent, detect and respond rapidly to PHEIC such as Ebola virus disease, Middle East respiratory syndrome coronavirus, poliomyelitis (maintaining the status) and avian influenza A(H5N1) and A(H7N9). Issues of concern in the Region are: establishment of effective surveillance and response at points of entry (PoE) and laboratory biosafety and biosecurity practices. Four of the nine countries that requested extension of IHR (2005) are still a concern.

13. In this regard, activities to strengthen infection prevention and control; preparedness for radiation emergencies, assessing readiness for EVD introduction, strengthening PoE capacities and emergency operation centres, building capacities of quality management system including biosafety, biosecurity, and bio-risk management in laboratories are taking place. The exercise is useful for all activities that contribute to the goal of the Region in ensuring that Member States become IHR-compliant.

Conclusions

14. WHO, through building the capacity of Member States under the International Health Regulations (2005) and emergency risk management programmes, has the duty to support countries in preventing and mitigating the health consequences of emergencies. The Organization also has a responsibility to lead – through policy development and technical guidance, coordination of partnerships such as the Global Outbreak Alert and Response Network and the Health Cluster, advocacy, and provision of health intelligence and analysis to guide emergency programmes.

15. Clearly, all the events of the past year have been providing the Region with more impetus in hastening its implementation of the regional flagship priority programme to strengthen the capacities of countries in health emergency risk management. The fundamental principle of the flagship priority programme is to build capacities for all types of emergencies caused by various hazards. It also aims to improve capacities that lead to better prevention; improved surveillance systems that can scale up during events; and preparedness and readiness mechanisms within the health systems of countries. Its main objectives are to:

- communicate key issues and needs of health emergencies in all phases across different partners and stakeholders;
- manage information to build the knowledge base in health emergency risk management;
- provide comprehensive and integrated technical support to counterparts for addressing the gaps identified from IHR core capacity and SEAR benchmarks assessments;
- prepare and respond to emergencies through strengthened RO/WCO; and
- engage in productive partnerships with emergency partners within and across sectors.

16. Responding to emergencies is also about learning from them to improve existing capacities. This is a key commitment in the Region through its flagship priority programme and is in line with the global work of the Organization in emergency reform.