



Health Action in Crises

Rapid Response Account

Report 2009-2010 Operations



Purpose

WHO's Rapid Response Account (RRA) for Health Action in Crises was established in 2009 to ensure that the Organization had immediate access to funds for its humanitarian work. The RRA has been crucial in allowing WHO to promptly deploy the necessary staff, supplies and equipment to ensure a timely, structured and coordinated response to emergencies while waiting for earmarked contributions from donors.

WHO's emergency work has expanded rapidly in recent years. In 2010, the Organization carried out response operations in almost 50 countries. Unlike other UN humanitarian agencies which receive a large proportion of their funding in the form of flexible or broadly earmarked contributions, practically all the emergency funds received by WHO are tightly earmarked for projects to be implemented under Consolidated Appeals and/or other funding appeals.

Delays in receiving funds, together with the tight earmarking of contributions, often hamper WHO's ability to address urgent health needs. The RRA allows WHO to respond more effectively to World Health Assembly (WHA) resolutions 58.1 and 59.22 calling for greater investment in emergency preparedness and response. By making funds instantly available, the RRA enables the kick-start of field operations and the immediate deployment of experts, supplies and equipment to allow WHO to fulfil its four core functions in an emergency (assessing needs, coordinating, filling gaps and building capacity).

Funding available & operations supported by the RRA

Between 2009 and 2010 WHO received over US\$ 1 million for the RRA from Finland, Ireland and the United Kingdom. Most of the funds WHO withdrew from the RRA were given as loans to countries, to be repaid once new donor contributions for specific crises were received. However, not all countries received enough new contributions to repay the loan. Part of the funds were given as grants. See summary table at end of document.

During 2009 and 2010 funds from the RRA were used to support the following emergencies:

Benin: floods

At the end of September 2010, unseasonably heavy rains fell across the entire country, causing substantial flooding of the Oueme and Mono rivers. At least 43 people were killed and nearly 100 000 were made homeless. Although Benin suffers annual flooding during its two rainy seasons, the extent of the 2010 flooding was unprecedented.

More than 680 000 people in 55 municipalities were affected, 43 were killed and 1000 were injured. Health Cluster partners assessed health needs and developed a joint health sector response plan. Funds from the RRA were used to support coordination efforts. WHO, as lead agency of the health cluster, coordinated health sector activities

and provided technical assistance to the Government and to health partners.

Côte d'Ivoire: post-election crisis

In December 2010, the post-election crisis in Côte d'Ivoire led to the displacement of thousands of people. Around 20 000 internally displaced people (IDPs) took refuge in western Côte d'Ivoire (Duékoué, Man and Danane), and another 32 000 people crossed the border into neighbouring Liberia. As of February 2011, Nimba County in Liberia had received around 32 000 refugees from the Côte d'Ivoire. The crisis also spilled over into Burkina Faso, Ghana, Guinea and Mali.

WHO, UNHCR and other health partners are supporting basic health care services for IDPs and refugees. Communicable disease outbreaks are now a major concern. A measles outbreak, with 100 cases and two deaths, has been reported from the areas where the refugees have settled. Moreover, an outbreak of yellow fever has been reported among the IDPs in the western part of the country. Twelve of the 64 suspected cases have been laboratory-confirmed, and there have been 25 deaths in four districts (Béoumi, Katiola, Séguéla and Mankono). There has also been a cholera outbreak in Abidjan, with 61 cases and eight deaths reported.

Since the onset of the crisis in December 2010, the humanitarian community has expended considerable efforts to strengthen local capacity to respond to the health needs of both the IDPs and the refugees. WHO used funds from the RRA to support the health cluster in both Abidjan and in the west (Man). The Health Cluster has held weekly coordination meetings with all partners, participated in joint needs assessments, and disseminated disease surveillance and health information through a weekly health cluster bulletin. Other activities carried out with RRA funds include the training of health workers in the case management of cholera, and a vulnerability analysis of different health districts.

Haiti: earthquake

The January 2010 earthquake killed over 217 000 people and injured another 300 000. Port-au-Prince and surrounding areas were badly hit. More than a quarter of the two million people who lost their homes moved to other parts of Haiti to look for shelter.

Following the disaster, WHO's Regional Office for the Americas (PAHO/WHO) dispatched a team of experts to support the emergency response. WHO's office was damaged in the earthquake, and the team had to relocate to premises near the airport.

PAHO/WHO opened a sub office in Jimaní in the Dominican Republic, on the border with Haiti. The sub-office acted as a logistics hub and supported local health facilities that were overwhelmed with casualties (over 3000 patients admitted in the first few days).

PAHO/WHO distributed medical supplies from the PROMESS warehouse to all health facilities and NGO partners, assessed damages to health facilities, set up a disease early warning system, disseminated health information, and helped the Ministry of Health coordinate some 400 health partners including UN agencies, NGOs, military forces and other institutions. RRA funds were used to kick-start the response until the first voluntary contributions arrived.



Haiti: cholera outbreak

In October 2010 Haiti experienced its first cholera outbreak in many decades. The outbreak began in the department of Artibonite and spread throughout the country. Almost 4000 people died and over 200 000 contracted the disease. About 20% of people infected with cholera develop acute watery diarrhoea with severe dehydration which, in the absence of treatment, puts them at risk of death. People with low immunity – such as malnourished children or people living with HIV/AIDS – are at greater risk of dying from the disease.

The response to cholera required a multi-sector approach focusing on water and sanitation, health, shelter and food. WHO and other UN agencies and NGOs developed a joint response strategy that focused on supporting the Ministry of Public Health

and partners; training community health care workers on early detection and treatment measures; facilitating access to health care; establishing cholera treatment centres; reinforcing disease surveillance, and strengthening environmental health programmes.

WHO withdrew funds from the RRA to deploy international experts in epidemiology, emergency management, water and sanitation engineering, risk communication and case management to Haiti and the Dominican Republic.



© WHO/PAHO (Haiti)

Kyrgyzstan: civil unrest

In June 2010, widespread violence and destruction triggered by civil unrest in and around the cities of Osh and Jalal-Abad affected over 765 000 people and displaced an estimated 300 000. According to the UN, some 2600 households suffered substantial damage. Many IDPs took refuge with host families or in tents near their destroyed houses.

Health Cluster partners (UNFPA, UNICEF, WHO and NGOs) mobilized health kits, medical supplies and orthopaedic equipment, and supported the training of health care professionals. WHO deployed several staff to support its country offices in Kyrgyzstan and Uzbekistan, and established a sub-office in the city of Osh, where many Uzbek refugees had gathered. WHO also donated surgical supplies and provided laboratory equipment to strengthen disease investigation.

WHO worked closely with the protection cluster to ensure access to health services for all ethnic groups. Access to mental health care and psychosocial assistance was considered a priority. WHO supported training in this area for government representatives, NGOs and participants from various ethnic groups.

WHO used RRA funds to support the rapid deployment of staff and the opening of the sub-office in Osh.

Niger: acute malnutrition

In 2010 the Nutrition Cluster predicted there would be around 378 000 new cases of severe acute malnutrition in the country, 20% of which were likely to involve medical complications that would require intensive treatment. It also forecast that 1.2 million new cases of moderate acute malnutrition would be registered in Niger in 2010. Medical complications arising from acute malnutrition – dehydration, septic shock, heart failure, hypoglycaemia, hypothermia, severe anaemia, etc. – lead to a high death toll.

WHO withdrew funds from the RRA to support on-the-job training of supervisors in therapeutic feeding centres countrywide. RRA funds were also used to finance a review of national protocols on the management of malnutrition.

Nigeria: lead poisoning

A series of incidences of lead poisoning in Zamfara State led to the deaths of at least 163 people, including 111 children, between March and June 2010. A total of 18 350 people, including 3670 children under five years of age, were affected. RRA funds were used to train health workers on the management of lead poisoning, support disease surveillance, raise awareness and promote risk mitigation among the affected communities, and provide technical assistance to state authorities.



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Philippines: Mindanao crisis

The fighting that broke out between government military forces and separatist rebel groups in the Philippine southern island of Mindanao in August 2008 led to the displacement of up to half a million

people. WHO provided technical and material assistance and helped the Ministry of Health coordinate the health sector response in the affected regions. The funds were also used to support the opening of a sub-office in Mindanao, near the site of the crisis.

Philippines: tropical storm Ketsana

Tropical storm Ketsana hit the Philippines in August 2009. The water flooded villages and roads in and around the capital, Manila. Almost 300 people lost their lives and over 680 000 people were forced to take shelter in 726 evacuation centres.

A state of national disaster was declared in the affected regions. Many hospitals and health facilities were flooded. Health care staff were not able to report due to the impact of the floods on their own homes and families. Health threats included disrupted water and food supplies, a rise in water- and food-borne diseases such as leptospirosis, dengue and diarrhoea, an increase in non-communicable diseases, and mental health concerns.

Although the Philippines received a grant from the Central Emergency Response Fund (CERF), it was insufficient to meet needs. An additional grant from the RRA was given to continue the response operations. The funds were used to procure medical supplies, conduct vaccination campaigns and support primary health care services in the affected areas.

Republic of the Congo: polio outbreak

On 18 November 2010, 346 cases of acute flaccid paralysis (AFP) and 154 deaths were reported in the area of Pointe Noire. Most of the cases and deaths involved young adults from 15 to 29 years old.

Stopping the outbreak in Congo was a top international public health priority due to its deadly nature and the high risk of its further national and international spread. Moreover, polio is slated for global eradication: rapidly stemming the persistent poliovirus transmission in central Africa (i.e. Angola, DRC) and stopping new polio outbreaks such as the one in Congo are of critical importance.

The polio outbreak in Congo was worse than other recent outbreaks due to its extraordinarily high mortality rate and its explosive nature, with the poliovirus rapidly circulating through a susceptible population. Despite this, experience has shown that such outbreaks can be rapidly controlled with swift, high-quality vaccination activities. The speed of the response is vital to stopping the further spread of the disease.

Using funds from the RRA, the WHO country office purchased medical supplies and equipment to treat AFP patients with respiratory difficulties. The funds were also used to begin preparations for a polio vaccination campaign.

Somalia: displacement and insecurity

Over the past two years, more than 1.5 million people have fled renewed heavy fighting in Mogadishu and other parts of south central Somalia. Over 3.6 million people remain in desperate need of humanitarian assistance. The escalating violence, new population displacements, shrinking humanitarian space and limited health services present acute risks to the health of Somalia's IDPs. Increasing gaps in essential health care services, together with a lack of safe water and sanitation, are leading to increased outbreaks of communicable diseases, growing rates of severe acute malnutrition, and dramatically low immunization rates.

WHO's work in Somalia focuses on three areas: 1) expanding health services to cover vulnerable populations, including IDPs; 2) strengthening disease surveillance and response; 3) emergency preparedness, coordination and information sharing. As a result of a decrease in specified donor contributions for Somalia, WHO withdrew funds from the RRRA to ensure the continued presence of key international and national humanitarian staff in Somalia until new contributions were received from donors. Working with local authorities, WHO trained national health care staff, monitored health needs, supervised health services, assessed gaps, rehabilitated health facilities and carried out Child Health Day vaccination campaigns.



Sudan: Darfur crisis

WHO's country office in Sudan requested a loan from the RRA to cover a funding shortfall for the Sudan Workplan 2009. Health authorities in Darfur were concerned about the rising incidence of acute watery diarrhoea and other communicable diseases. The funds were used to support Darfur's disease early warning and response network. Health personnel in El Fasher, Kutum, Kabkabyia, Malite and Saraf Omra were trained on information management and on the definition, case management and control of acute watery diarrhoea. Laboratory assistants were trained on routine investigation and microscopic examination.

Funds were also used for key environmental health activities such as spraying campaigns for mosquitoes and other vectors. Lastly, the funds were used to strengthen primary health care (PHC) services by ensuring that national PHC protocols and guidelines were implemented in North Darfur.



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Uganda: landslides

After days of heavy rain in March 2010, landslides and floods hit the areas around Mt. Elgon in eastern Uganda. The landslides buried three whole villages in Nametsi Parish of Bukalasi sub-county. Almost one hundred people were killed and another 5000 were forced to relocate to other areas. RRA funds were used to deploy health care workers and national consultants to manage the health unit at the IDP camp, train community health care workers,

investigate disease outbreaks, support rapid health assessments and coordinate the health response. WHO also deployed a public health officer to provide technical assistance.

Contributions received by WHO under the RRA

Contributions		
Donor	Amount in US\$	Date receipt
Finland	80,608	June 2009
Finland	421,348	November 2009
Ireland	25,000	August 2009
United Kingdom	500,000	August 2009*
Finland	24,516	December 2010
Ireland	100,703	December 2010
Other funds	28,849	2010
Total Contributions	1,181,024	

Total Funds available as at 31 December 2010: US\$ 385,343

* Transferred from an existing emergency fund.

Emergency Country Action*			
Country	Amount in US\$	Date	Loan or Grant
Sudan	300,000	June 2009	Loan
Philippines-Mindanao crisis	75,000	August 2009	Grant
Philippines tropical storm Ketsana	421,348	November 2009	Grant
Somalia	120,000	December 2009	Loan
Haiti earthquake	80,000	January 2010	Loan
Uganda	50,000	March 2010	Loan
Kyrgyzstan crisis	50,000	July 2010	Loan
Nigeria lead poisoning	120,000	September 2010	Loan
Niger acute malnutrition	45,000	October 2010	Loan
Benin floods	10,000	November 2010	Grant
Republic of Congo polio outbreak	50,000	November 2010	Loan
Haiti cholera outbreak	100,703	December 2010	Grant
Cote d'Ivoire post-election crisis	100,000	December 2010	To be confirmed

* *Note: Some of the funds were given as loans, to be repaid once earmarked contributions were received from donors. However not all countries received enough new contributions to repay the loan. Some of the funds were given as grants.*

Management of the RRA

1. WHO's humanitarian donors contribute unspecified funds for the RRA, either through direct contributions or by authorizing HAC to re-programme unspent balances from other contributions.
2. The RRA is used as a revolving fund/loan mechanism pending receipt of funds from other sources, including CERF grants and Flash Appeals.
3. RRA funds are used only for emergency operations.
4. The decision to activate the RRA is taken by the Assistant Director-General for Health Action in Crises, who determines the amount to be withdrawn after due consideration and in consultation with the relevant regional office.
5. RRA funds may be used to facilitate the work of other technical departments who contribute to the emergency response as part of WHO's Common Technical and Operational Platform.
6. If funding of the RRA falls below specified levels, WHO prepares an appeal to donors for its urgent replenishment.
7. WHO maintains a record of contributions received for the RRA and prepares an annual report on the use of the funds.

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