



Health Action in Crises

Strengthening WHO's institutional capacity for humanitarian health action

A five-year programme

Progress report
December 2009



**World Health
Organization**



Message from the Assistant-Director General

During the first year of its “Five-Year Programme to Strengthen Institutional Capacity for Humanitarian Health Action”, WHO has focused on strengthening its ability to lead the health response in countries in crisis. This has involved training WHO representatives in countries, expanding the roster of trained health cluster coordinators and developing – together with Global Health Cluster partners – guidance and tools for use at country level. At the same time, WHO has continued to work with its Member States to strengthen emergency preparedness and disaster risk reduction programmes, so that cluster implementation in countries supports and builds on national priorities and capacities.

While progress has been significant, so too are the challenges that lie ahead. WHO has invested heavily in

training staff, but it must also be able to retain them, for they are its most important asset. Moreover, WHO has continued to attract direct donations for its emergency response operations in countries, but has been less successful in obtaining sustainable funding to build its institutional capacity for humanitarian health action.

My hope is that this report will demonstrate WHO’s commitment to its humanitarian health role by outlining the concrete steps it is taking to improve its performance and that of its partners. Only through such positive actions can it hope to spur donors and encourage Member States to support its core activities.

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Health Action in Crises*





Progress on achievements

HAC's five-year programme for institutional capacity building for 2009-2013, introduced to donors in 2008, sets out the Organization's agenda to improve its emergency preparedness response and recovery capacity and that of its Member States and partners. The five-year programme identifies two pillars that provide the capacity that WHO needs to achieve the strategic objectives to reduce the health consequences of emergencies, disasters, crises and conflicts and minimize their social and economic impact. The fundamental actions are grouped in eight strategic areas that describe specific goals and planned actions to attain them.

The following pages summarize WHO's main achievements in each of the eight areas described in the five-year programme, and report on the attainment of each milestone identified for 2009. WHO has made good pro-

gress on many of the targets it set over one year ago, before the impact of the global financial crisis began to be felt.

The 8 strategic areas of the five-year programme

- 1 Implement the Health Cluster approach in all priority countries
- 2 Enhance response and recovery capacity
- 3 Improve health information and operational intelligence
- 4 Provide baseline information on health risks, health risk reduction and emergency preparedness
- 5 Support the development of health risk reduction, emergency preparedness and response capacities in countries most at risk
- 6 Support community-based best practices in emergency preparedness and risk reduction
- 7 Build emergency preparedness knowledge and skills through training, guidance, research and information services
- 8 Strengthen the core enabling factors that underpin WHO's emergency work



Implementing the Health Cluster



WHO is committed to its role as lead agency of the Global Health Cluster (GHC) and has made notable progress building the internal capacities needed to lead humanitarian health action. A Health Cluster headed by a WHO-appointed Health Cluster Coordinator (HCC) has been established in 24 countries with protracted humanitarian situations. Many of these HCCs have been recruited from the GHC roster of trained specialists during 2009. Ten countries faced with acute, sudden on-set emergencies also used the cluster approach to coordinate the emergency health response.

WHO has worked with its GHC partners to clarify the roles and responsibilities of the cluster lead agency, the HCC and other Health Cluster partners. The Organization has trained staff worldwide on the cluster approach and WHO's role as cluster lead agency.

The role of the WHO Representative (WR) in countries is crucial: WHO trained its WRs throughout the year on the cluster approach via induction workshops for new WRs, the annual global meeting of all WRs, and three-day workshops dedicated to the challenges of leading health partners in emergencies. WHO and the GHC also held three HCC training courses, where participants acquired the skills needed to coordinate the work of the



Health Cluster, and conducted a country training workshop for senior NGO representatives.

At country level, WHO and partners are building staff capacity to conduct joint assessments and monitor the adaptation and use of GHC tools including the intersectoral rapid assessment tool (IRA) and the health resource availability mapping system (HeRAMS). Other new products include the *Health Cluster Guide* developed by the GHC. This roadmap for Health Cluster implementation in countries has been integrated in all WHO and GHC training courses for staff deployed during emergencies.

2009 Milestones

Milestone	Achieved	Partly achieved	Delayed
1 HCC deployed in 10 countries	●		
2 One GHC training course for WRs	●		
3 Two HCC workshops	●		
4 MOH & partners briefed on HC		●	
5 HC well coordinated in countries		●	
6 Best practice workshop for HCCs			●
7 Global tools adapted / used in countries		●	

● Achieved ● Partly achieved ● Delayed



Implementation (as of 23 November 2014)

- Countries with Humanitarian Coordinators: Afghanistan, Burundi, Central African Republic, Chad, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea, Haiti, Indonesia, Iraq, Kenya, Liberia, Myanmar, Nepal, Niger, occupied Palestinian territory, Pakistan, Somalia, Sri Lanka, Sudan, Timor-Leste, Uganda, Zimbabwe and Yemen.
- Onset emergencies in countries with Resident Coordinators: Bangladesh, Dominican Republic, El Salvador, Georgia, Honduras, Lao People's Democratic Republic, Lebanon, Madagascar, Mozambique, Philippines, Samoa and Tajikistan.
- Countries with Humanitarian Coordinators not using the cluster approach: Eritrea.



Enhancing response and recovery capacity

Recruiting high-quality emergency staff and improving the skills of the emergency workforce both inside and outside the Organization are top priorities. To increase the pool of staff who are available for emergency deployment, WHO conducts regular two-week public health pre-deployment

(PHPD) courses that prepare WHO staff and partners to work safely and effectively in emergency settings. A wide range of technical and administrative staff have been trained through the PHPD. Another key training course offered by WHO focuses on analysing disrupted health systems. This popular course has been instrumental in helping humanitarian professionals and countries analyse and address the root causes of weak health systems.

While strengthening its own and partners' capacities, WHO has continued to build a central logistics platform to support its work in the field responding to humanitarian crises as well as to public health emergencies under the International Health Regulations. In addition to its standard medical kits, WHO has expand-

2009 Milestones

1	Respond to 2 new simultaneous major crises	●	
2	Supplies pre-positioned 5 regions	●	
3	Common logistics/training platform		●
4	1 SOP workshop per region		●
5	WRs briefed on SOPs		●
6	Emergency roster operational		●
7	Two PHPDs in 2009		●
8	Health recovery strategy implemented in 5 countries		●
9	Clearinghouse on health recovery with 15 countries		●
10	4 courses on disrupted health systems		●
11	comp. of CAPs formulated/ Health implemented	●	

● Achieved
 ● Partly achieved
 ● Delayed



ed its range of emergency stocks to include tents, staff and office deployment kits and a newly overhauled ICT kit. Minimum stocks of all items are stored in UN supply hubs in five WHO regions. In parallel, WHO is briefing staff at all levels on the scope and purpose of its emergency standard operating procedures and how they can be used to accelerate WHO's emergency response and improve health outcomes for millions of people affected by crises.

WHO supported the formulation of the health components of the CAPs and Flash Appeals, engaging humanitarian partners in the process. This improved the quality of the projects and the scope of the activities prioritized.



Strengthening health information

WHO's core functions in crises include coordination and the production of health information. These functions are brought together in Health Cluster bulletins issued in countries in crisis. Under WHO's leadership and coordination, Health Cluster bulletins are currently being produced in the Democratic Republic of the Congo, Indonesia, Pakistan, the Philippines, Somalia, Sudan and Yemen. During










recent crises, similar bulletins were issued in Myanmar, the occupied Palestinian territory, Zimbabwe and other countries. These bulletins report the results of joint assessments, describe the activities being carried out by health partners, list the gaps in the health response and specify actions needed to overcome them. WHO and partners are using the "Who Does What, Where" matrix and map




(WWW) developed by OCHA to display these activities in graphic form, and are monitoring the availability of health services using the HeRAMS mapping tool described above.

WHO continues to host the Health and Nutrition Tracking Service / HNTS), an inter-agency initiative to improve the availability of up-to-date health information for countries in crisis. An HNTS epidemiologist based in Goma, Democratic Republic of the Congo is helping local partners review assessment and survey protocols, develop monitoring and analytical tools, and gather data to track health and nutrition indicators.

WHO's global early warning system, launched in January 2009, notifies emergency staff worldwide of events that have the potential to develop into full-blown humanitarian crises.

2009 Milestones

1	National data manager in HC countries			
2	Global early warning system in place			
3	Data analysis module in 2 training courses			
4	HC bulletins in 15 countries			
5	Decision-making tool applied in 1 country			
6	Health component in PDNAs/PCNAs in 6 crises			

 Achieved
  Partly achieved
  Delayed



Risk reduction and emergency preparedness capacities

World Health Day on 7 April 2009 marked the launch of a yearlong campaign to “Save Lives: Make Health Facilities Safe in Emergencies”. Using its health leadership, and backed by a strong advocacy campaign, WHO was able to speak out to a global audience on the vital importance of ensuring hospitals are resilient and able to withstand crises. The international film star Jet Li – a WHO Goodwill Ambassador – attended the campaign’s global launch in Beijing and is helping spread its message of making hospitals safe during emergencies. All WHO regions participated and launched vibrant regional campaigns with posters, public service announcements and advocacy messages. Building on this momentum, WHO is also leading the development of a global programme for safe hospitals and work-

ing with the International Strategy for Disaster Reduction (ISDR) and the World Bank on a two-year campaign for safer hospitals.

WHO is using its country cooperation strategies (CCSs) to ensure health risk reduction and emergency preparedness programmes are integrated into country priorities. The CCS, jointly developed by WHO and individual

Member States, sets out the medium-term strategic framework for WHO’s cooperation with a particular country.

2009 Milestones

- | Milestone | Progress |
|--|----------|
| 1 30% of MS with national multi-hazard emergency plans | Achieved |
| 2 National emer. prep. progs in countries at risk supported by WHO | Achieved |
| 3 10% of countries have safe hospitals programmes | Achieved |
| 4 World Health Day 2009 implemented | Achieved |

● Achieved
 ● Partly achieved
 ● Delayed



Community-based best practices

In August, WHO and partners launched a Call-to-Action for pandemic (H1N1) 2009, emphasizing the importance of community-level involvement in H1N1 preparedness and response. Since the beginning of the pandemic, WHO's emergency and disease outbreak teams have collaborated on pandemic preparedness in humanitarian settings. H1N1 training packages focusing on pandemic preparedness at national and community

levels have been prepared and field tested in regional and national training workshops.

WHO is continuing its work on a strategy to integrate health risk reduction and emergency preparedness into primary health care

2009 Milestones

- | | | |
|---|---|-----------------|
| 1 | Guidance/training packages to integrate emer. prep. & PHC | Partly achieved |
| 2 | Training packages on community preparedness | Achieved |

● Achieved ● Partly achieved ● Delayed





Baseline information on health risk



The Vulnerability and Risk Assessment and Mapping (VRAM) programme at the WHO Mediterranean Centre in Tunis aims to help countries develop their capacity to assess health risks and incorporate the results in their emergency preparedness programmes. VRAM - a new initiative - is currently building relationships with centres of excellence, assessing countries' capacity to conduct risk assessments, and developing a website to house collab-

orators' knowledge and expertise and share country data.

WHO's revised survey tool on national emergency preparedness has been field-tested in several countries in the European region and will shortly be introduced in other WHO regions. The survey approach and methodology have been endorsed by an independent review team.

2009 Milestones

- | Milestone | Progress |
|--|-----------------|
| 1 2 nd global survey on emergency preparedness | Partly achieved |
| 2 VRAM implemented in 3 countries | Partly achieved |
| 3 Decision-making analysis tool developed/applied to 1 country | Partly achieved |

● Achieved
 ● Partly achieved
 ● Delayed



Emergency preparedness and response knowledge and skills

WHO is continuing to build its capacity and that of partners through an ambitious training programme that encompasses all health aspects of emergencies. WHO has trained hundreds of staff and partners at global training events hosted by its Mediterranean Centre in Tunis. In South East Asia and the Western Pacific, over 200 national emergency focal points have

attended training courses on public health emergency management and have gone on to build similar training programmes in their own countries. WHO's Regional Offices for Europe and the Eastern Mediterranean have organized similar courses that have trained over one hundred national focal points and representatives from partner agencies.

WHO has also continued to build awareness of the need to protect those who are most vulnerable in an emergency. A briefing paper on humanitarian action and older persons prepared by HelpAge International together with WHO and partners has been widely disseminated by the Inter-Agency Standing Committee.

2009 Milestones

1	Guidance on people with disabilities and elderly persons developed/adapted for training	  
2	Training courses at global, regional, country levels	
3	Internet portal for health emergency info	
4	HELID updated	

 Achieved  Partly achieved  Delayed



Core enabling factors

Throughout the year, WHO highlighted its humanitarian work on its web site and through social media, regular press briefings at headquarters and in countries, and one-on-one interviews with major media outlets. WHO issued a steady stream of advocacy materials and photographs to highlight its work in countries. Emergency staff in the African region have been trained in communications and photography, and all new WRs are trained on emergency and risk communications.

WHO is integrating streamlined procedures for emergencies into its Global Management System. Other innovations include a new emergency

fund – the Rapid Response Account (RRA) – to improve the availability of immediate response funds. Thus far, donors have contributed over US\$1 million to the RRA. WRs, emergency staff, HCCs and NGO partners have

been trained on writing grant proposals for the CERF and other funding mechanisms. These efforts are part of a continuing process to improve the institutional capacity of WHO and its partners.

2009 Milestones

	Achieved	Partly achieved	Delayed
1 Media/comms in 2 training courses	●		
2 15 MOUs signed with partners			●
3 SOPs for GSM		●	
4 Common operational platform		●	
5 Staff trained on CERF grants		●	
6 Joint monitoring mission to 2 countries	●		
7 Mechanisms for fast fund allocation to field		●	
8 News coverage of all new major crises	●		

● Achieved ● Partly achieved ● Delayed



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