

Foreword

Chronic crises have become a constant feature of the global landscape. The current economic meltdown is bound to cause more social and political instability as poverty and inequality increase. Unrest mounts within countries and tensions rise between states.

As Director-General of WHO, Margaret Chan, recently stated on the impact of the global crisis¹: *“The world is in a mess, and much of this mess is of our own making. Events such as the financial crisis and climate change are not quirks of the marketplace, or quirks of nature. They are not inevitable events in the up-and-down cycle of human history. Instead, they are markers of massive failure in the international systems that govern the way nations and their populations interact. They are markers of failure at a time of unprecedented interdependence among societies, capital markets, economies, and trade. In short, they are the result of bad policies. We have made this mess, and mistakes today are highly contagious.”* This manual wants to contribute to understanding what is needed to avoid the negative impact of “bad policies” in the health sector.

The manual has a long story. It originated as an idea of Alessandro Loretto, a long-serving, now-retired WHO colleague, back in 2002.

The manual was commissioned to fill the gap existing in this area: neither guidance documents, nor training materials specifically devoted to the analysis of health systems in crisis were available, and the scarcity of analysts versed in this field was evident. It was hoped that a dedicated manual would shorten the learning process of analysts, and reduce the number of mistakes and false starts. Additionally, the multiplication of crises all over the world called for the expansion of this type of analyses.

The authors of this manual, Enrico Pavignani and Sandro Colombo, worked in Mozambique in the 1990s, where they had the opportunity to appraise the difficulty of conducting an analysis of a severely-disrupted health sector, as well as the benefits deriving from a better understanding of the system.

A large part of this manual was written in 2002–2003, but as the work progressed, it was felt that the sample of stressed health sectors on which the manual was built had to be enlarged. Progressively, Sudan, Liberia, Iraq, the Democratic Republic of the Congo, Somalia, Uganda and the occupied Palestinian territory were studied in some detail. Studies about other countries also became available. They provided grounds for verifying the soundness of the approaches proposed by the manual, and offered additional insights and materials to be included in it.

Many colleagues contributed to this manual and to the accompanying training materials. The modules composing the manual enjoyed a wide circulation, and were used by a variety of analysts, field workers and academics, who were generous with their feedback. A formal peer-review, conducted at the end of 2007 by the Department of Recovery and Transition Programmes in the Cluster of Health Action in Crises at WHO, resulted in further enrichment of the manual.

Along the way, three independent but closely-related training courses, co-sponsored by WHO, Merlin and IRC, were born from this manual. They gave the authors the opportunity to discuss the contents of the manual with participants coming from crisis-affected countries, and to test many exercises that were progressively incorporated in the manual. Other training events, conferences and encounters provided further occasions for strengthening the manual, clarifying some concepts and adding missing parts to it.

Peter Walker² has said that the main challenge of relief, and its essence, is *“to make hard decisions under pressure and with minimal information”*. The quote applies also to chronic emergencies, the subject of this manual. Also in these contexts, hard decisions taken can have huge implications on the life and well-being of the victims of emergencies, also beyond the end of the crisis itself. We hope that this manual may contribute to making right decision when facing hard choices to recover disrupted health sectors.



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1 Chan M (2009). The impact of global crises on health: money, weather and microbes. Address at the 23rd Forum on Global Issues, Berlin, Germany, 18 March 2009.

2 Walker P (1995). Coordination. Always finding the wrong answers to the right questions. In DHA Perspective 1995, Department of Humanitarian Affairs, Geneva; quoted in: Benini AA (1997). Uncertainty and information flows in humanitarian agencies. Disasters, 21 (4): 335-53.