Health Action in Crises

- Sickness kills many in communities affected by crises and disasters
- Governments, NGOs, UN agencies seek WHO’s help to prevent crisis-related illness and death
- There is a need for experienced WHO staff – rapidly – at the heart of major crises
- They provide guidance and expertise on the spot: WHO Representative at centre; also Regional Office, HQ, Collaborating Centres; and via WWW and media
South Asia Earthquake and Tsunamis:
26 December 2004

Destruction in Aceh: In the region - over 150,000 dead, 5 million affected
Vital systems and lifelines broken: many areas inaccessible even 3 weeks after the disaster

Relief Priorities:
Food, safe water and sanitation, shelter and medicines and access to basic health services
The first response: Community members helped each other, with Government support.

Health workers had to focus on the needs of vulnerable groups.
The most vulnerable: children; poorest of the poor, the elderly, women and those with chronic illness and disability.

Main message: Clean water and sanitation saves lives, protects health.
Working with affected communities – hygiene and sanitation, healthy environments

Special attention to keeping families together and helping communities to heal
WHO was asked to help

Ensuring that at risk populations benefit from

- Early warning of life-threatening diseases: ability to respond to outbreaks
- Dependable access to essential health care
- Basic needs for good health (water, sanitation, food, nutrition, plus care for chronic diseases and mental trauma), and
- Medical supply chains that respond – well – to needs

Ensuring that health actors can coordinate, agree strategies and act jointly
WHO Immediate Response

Help local authorities:

- Provide life-saving care
- Mobilize supplies
- Assess needs
- Public health expertise – on the ground
- Bring health actors together

After 3 weeks

- 120 staff moved into the region, equipped and connected
- Medical supplies for 2 million people, cholera kits for a million more
- Sub offices in affected communities with telecommunications
- Joint assessments being completed
- Surveillance in place
- Money to countries within days
### WHO Scope of Work

<table>
<thead>
<tr>
<th>Primary Functions</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting local and national authorities with:</td>
<td></td>
</tr>
<tr>
<td>1 Communicable Disease Early Warning, Surveillance, and Response (polio, malaria, diphtheria, dengue, tetanus)</td>
<td>In place</td>
</tr>
<tr>
<td>2 Public Health Strategies and Action (water, nutrition, sanitation, immunization, environmental and mental health, women’s health)</td>
<td>Water and Sanitation, environmental and mental health</td>
</tr>
<tr>
<td>3 Ensuring access to Dependable Health Services (Assessments and Support for Service Improvements)</td>
<td>Assessments in place</td>
</tr>
<tr>
<td>4 Sustaining an effective Health System Supply Chain</td>
<td>Logisticians deployed, systems developed</td>
</tr>
<tr>
<td>5 Coordination of all health actors: Joint plans and action</td>
<td>Health co-ordination in place</td>
</tr>
<tr>
<td>6 Health System Repair and Rehabilitation</td>
<td>WHO working with national authorities; with Development Bank</td>
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<tr>
<td>6 WHO Operational Platform</td>
<td>Sub-Offices being set up</td>
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</tbody>
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### A rapid operational response

- Strategic Health Operations Centre in Geneva
- Operations Rooms in SEARO and Country Offices
- "Operational Platforms" established in Country Offices and Sub-Offices
- Other Five WHO Regions provide people and expertise
- All Departments in HQ and SEARO offer Administrative and Technical Support
- Key role of Communicable Disease Surveillance and Response
- Global Outbreak Alert and Response Network Activated
Sri Lanka

- 600 km narrow coastal belt devastated
- Prompt assistance to displaced
- Rapid disease surveillance
- No outbreaks
- Hospitals functioning and repair underway

Indonesia

- Massive infrastructure destruction
- Assessments still underway
- 50% health staff dead or missing
- Trauma, outbreak risks, malaria and dengue pose threats
- Co-ordination good: strong civil-military co-operation
- Linking response to assessments - supply systems are critical
Indonesia – Aceh
Systematic Health Assessment

Maldives

- Small number of deaths
- Islands badly affected
- Communicable disease threats
- Shortage of Drinking Water
- Disease Surveillance established
- Health facility assessments underway
India

- Large numbers of people affected
- Extreme needs in Nicobar and Andaman Islands
- Injured survivors given medical care
- Priority to safe water supplies, sanitation infrastructure and hygiene
- Strengthened disease surveillance network
- Mental health prioritized
- Measles immunisation commenced
- India provides relief to neighbours

Thailand

- 6 Provinces on W Coast
- Safe drinking water, sanitation and hygiene for displaced people
- Identification of those who died (forensic medicine challenge)
- Disease surveillance introduced: No outbreaks
- Major mental health and psychological support programme
Myanmar and Malaysia

- Myanmar
  - Affected: 15,000
  - Deaths: 59
  - Displaced: 3,295 homeless
  - Missing: 3

- Malaysia
  - Affected: NW states of Penang and Kedah
  - Deaths: 68
  - Displaced: 8,000 homeless
  - Missing: 6

Somalia

- 30,000 affected, 4000 displaced, more than 150 dead

Somalia WHO Action

- Working with Ministry of Health to collect surveillance data to measure disease and assess needs
- Distribution of Emergency Health Kits and treatment for injured
- Health sector coordination
- Mobilizing response teams
We must look beyond immediate relief to rebuild lives, livelihoods and systems.

Relief must support recovery and health systems reconstruction.
Key features of the response

- WHO staff committed from start
- WHO support for economic recovery, health system reconstruction and healthy futures
- Inter-UN coordination
- Member States at the centre
- Civil – Military Cooperation (assessments and response)
- Repair and Reconstruction already underway
- Next month – focus on recovery of vital systems
- Capacity to contain outbreaks now in place – but continued need for vigilance
Global vulnerability to natural disasters and crises

- Two billion at risk of crisis conditions
- Health is a major concern
- People in as many as forty Member States experiencing crisis – most as a result of conflict
- During the past 20 years, natural disasters have killed at least three million people; adversely affecting 800 million more, with 96% of deaths occurring in developing countries
WHO is improving health action in crises

- Responding to calls from Member States
- Strategy in place
- Resources mobilized, people engaged
- Three Year WHO-wide performance improvement programme started in April 2004
- Emphasis on mitigation, preparedness, response and recovery

Four core functions

1. Assessing health status (including death rates)
2. Coordinating action
3. Filling gaps
4. Strengthening local systems and building capacity
Function 1: Measure ill-health and promptly assess health needs of populations affected by crises, identifying priority causes of ill-health and death.

Function 2: Support Member States in coordinating action for health
Function 3:
Ensure that critical gaps in health response are rapidly identified and filled

Function 4
Revitalize and build capacity of health systems for preparedness and response
In three years...

Results expected in three years

- Crisis-competence within WHO to respond well and quickly
- Better working with other UN agencies and key partners
- WHO admin procedures upgraded for operational effectiveness
We must act:
We know that WHO CAN make a difference

The longer term:

- Contribution to transition and post conflict recovery
- Better attainment of MDGs in Fragile States
- HIV/AIDS, gender and women's health, mental health, health systems repair in crisis
We examine what we have done, learn lessons and apply them