Health Action in Crises today

Dr Ala Alwan
Assistant Director-General
Health Action in Crises
Latest developments in the area of health and emergencies (1)

• 58th and 59th World Health Assembly:
  – Member States request WHO to improve and expand its work in emergency preparedness and response.

• G8, St Petersburg:
  – Reaffirmation of the importance of the coordinating role of the UN in emergency and humanitarian operations.
  – Recognition of the central importance of health in emergencies and WHO's efforts in strengthening its operational capacity in crises.
"Given the increasing importance of WHO's work in health crises, I have decided to make Health Action in Crises into a Cluster, to coordinate WHO's work in preparing for and responding to humanitarian emergencies, conflicts and disasters, and to support Member States in transition and recovery programmes."

Dr Margaret Chan
Director-General
22 February 2007
Latest developments in the area of health and emergencies (2)

• General Programme of Work and the Medium-term Strategic Plan for 2008-2013: Strategic Objective 5:

'(…) to reduce the health consequences of emergencies, disasters, crises and conflicts'.
Latest developments in the area of health and emergencies (3)

- WHO's Programme Budget 2008-2009: The Budget for WHO's work in emergencies and crises is expected to increase further:
Latest developments in the area of health and emergencies (4)

WHO and the Humanitarian Reform

• The Humanitarian Health Cluster (2006)
  – Brings together agencies with a similar mandate
  – WHO, as the leader of the Health Cluster, works with more than 30 UN and NGO partners

• The Central Emergency Response Fund (CERF)
  – It has enabled WHO to conduct and support life saving activities in 26 countries with grants amounting to USD 41 million.
  – Provides rapid funding for crucial operations
  – Reinforces needs based allocation
Making Progress in HAC's areas of Work

- Emergency Preparedness & Capacity Building
- Emergency Response & Operations
- Recovery & Transition
Global Survey on the Status of Emergency Preparedness and Response

– Most countries reported an emergency or disaster in the past 5 years

– Widespread shortage of human resources

– Increasing importance of non-governmental and inter-governmental organizations
Addressing gaps in emergency response


– Consultation on Nursing and Midwifery in Emergencies (November 2006) – Role and competencies of nursing and midwifery in emergencies

– Maternal and Newborn Health (July 2007)

– Public Health in Emergencies (August 2007)
Enhancing WHO's capacity to face the new challenges

- Significant increase in the number of WHO personnel working in emergencies

- New partnership with the World Food Programme on joint logistics services

- Build a pool of experts through the Public Health Pre-deployment training

- Standard Operating Procedures for emergency operations

- Development of a HAC Alert database
The way ahead (1)

National capacity building for risk management and vulnerability reduction is essential.

Global Survey on the status of preparedness in countries reveals widespread shortage of human resources
The way ahead (2)

Health and Nutrition Tracking Service
IASC Health and Nutrition Clusters

Health partners are now engaged in making the Service operational.
The way ahead (3)

Three Year Programme (TYP) to enhance WHO's Performance in Crises will end in December 2007.

Bring forward a strategic planning process to develop an institutional capacity programme.
The way ahead (4)

• Strengthening operational capacity for response

• Consolidating support to the implementation of humanitarian reforms

• Addressing the challenges in transition and recovery work
We count on your advice and support to bring this crucial agenda forward.
Health Action in Crises
in Figures
Contributions for emergency country action in 2006-2007 (as of April)
Cash contributions received in 2001-2006

Year

2001
2002
2003
2004
2005
2006

Amount in Million US$

25
31
48
124
139
114
Firm pledges and cash contributions by donor group
January 2006 – March 2007

US$ Millions

- Bilateral contrib.: 69.6
- UNCERF: 38.5
- Iraq Trust Fund: 31.2
- ECHO: 22.2
- Pooled Fund for Sudan: 7.1
- Pooled Fund for DRC: 2.5
- Others: 3.3
CERF financial impact on WHO's emergency operations

WHO/HAC has received US$ 38.5 million from CERF during the last 12 months
CERF allocations by agency
March 2006 – March 2007

US$ Millions

- WFP: 99.4
- UNICEF: 90.2
- UNHCR: 40.4
- WHO: 38.5
- FAO: 28.4
- IOM: 8.6
- UNDP: 3.7
- UNFPA: 3.3
Cash contributions and firm pledges by donor
1 January - 31 December 2006

Graph showing contributions of various donors, with bars indicating contributions and pledges.
Monthly cash contributions received
2004-2006
Preparedness and Capacity Building
What does Emergency Preparedness and Risk Reduction mean?

The “Flood Cycle” in Bangladesh

- Flood
- Flood of LL workshops
- Flood of assessment teams
- Flood of non requested goods
Country achievements (1)

- In the 1990s, Bangladesh engaged into an ambitious community-based emergency preparedness and risk reduction programme centered around proper multisectoral emergency planning, early warning, public education campaigns and building shelters for communities at risk along the coastal area…
…As a result:

• Bangladesh is no longer dependant on foreign assistance for emergency relief and
• Losses have decreased 700 times for similar disasters:
  – 140 000 deaths in 1991 (wind speed 225 km),
  – 188 deaths in May 1994 (WS: 275 Km),
  – better results were registered in the 1997 cyclone and after.
Emergency Preparedness and Risk reduction in WHO

• This area of work was well positioned within WHO emergency undertaking in the 1980s to the mid 1990s.

• Its importance decreased substantially thereafter with the increase in numbers and in gravity of crises and in the level of involvement of the Organization in addressing their health consequences.
Regained Interest
Global policy orientations (1)

- The Hyogo Framework for Action, the WHA and the WHO Regional Committees' Resolutions, together with the Humanitarian Reform and the G8 meeting in St. Petersburg, all called for intensified efforts in building the capacity of member states in the field of Emergency Preparedness and Risk Reduction with a focus in each country on those communities most at risk...
Global policy orientations (2)

• More specifically WHA Resolution 59-22 requests the DG:
  – to provide the necessary technical guidance and support to Member States for building their health-sector emergency preparedness and response programmes at national and local levels, including a focus on strengthening community preparedness and resilience;
  
  – to build on the Hyogo Framework for Action 2005 – 2015 stemming from the World Conference on Disaster Reduction, when providing support to Member States to assess the status of health-sector emergency preparedness, including assessment of the resilience and risk management capability of hospitals and other key health infrastructure;
Preparedness and Risk Reduction: recent achievements

• Consequently, a full Unit in HAC has been entirely dedicated to this area of work.
• WHO's Five Year Strategy for the Health Sector Emergency Preparedness and Risk Reduction developed through a global consultation, and being published.
• Global assessment of national health sector emergency preparedness and response: 100 countries covered so far.
• Global consultation on mass casualty management. Mass casualty management system guidelines being published.
• Consultation on chronic diseases during emergencies.
• Workshop on the role of nursing and midwifery during emergencies.
WHO-supported countries with emergency preparedness programmes

Source: WHO, 2007

Total Number of Countries= 118
WHO-supported countries with emergency preparedness programmes

Source: WHO, 2007
Preparedness and Risk reduction: outlook 2007 (1)

- Campaign on Safe Hospitals 2008-2009.
- A health sector wide emergency technical platform for training and other technical activities is envisaged in partnership with other agencies in order to decrease costs and build on comparative advantages.
- Public Health Pre-Deployment courses will continue to be implemented in partnership with selected academic and technical institutions as well as other health partners.

A six-year (2008-2013) global mid term programme on Emergency Preparedness and Risk Reduction is being developed.
Final remark

Emergency Preparedness and Risk Reduction is a set of strategies and actions for local communities to prevent risks from developing into emergencies and emergencies into disasters. It is designed to protect local development achievements and to prevent dependence on external aid.
Emergency Response
Readiness and Response

Human survival and health are the objectives and the measures of success of humanitarian assistance.
Emergency Response

Identification of Health Sector Priorities
- Immediate
- Medium/Long term

Operational Platform

Crisis Alert

Assessment
- Surveillance
- Partnerships

Coordination

Strategy

Filling critical gaps
Building Capacities

Projects

Best Possible Health Outcomes
Readiness and Response: The HAC ALERT

HAC ALERT Database
Type of alert monitored 1 Jan - 20 April

HAC ALERT Database
Alerts monitored 1 Jan - 20 Apr

AFRO AMRO EMRO EURO SEARO WPRO
Major operations 2006-2007

- Pakistan
- Eritrea
- Ethiopia
- Kenya
- Yogyakarta
- Cote d'Ivoire
- Lebanon
- Chad
- Guinea
- Mozambique
- Madagascar
- Philippines
- Somalia

- Staff
- Security
- Transport and communication
- Equipment and supplies
- Office and housing space
- Finance and administration
Operations: Pakistan

- 80 experts
- 5 sub-offices in the field
- Assessments & epidemiological bulletins
- Health cluster
- Medical kits for 1 million people
Readiness and Response:
Information HAC website

- **Highlights** – a weekly overview of the main crises
- **Background** information on all crises where WHO is present (e.g. Chad or Horn of Africa pages)
- **Technical Guidelines** – guidelines, references and templates:
  What to do in crisis response and
  How to do it
- **The Donor Centre**, with information on funding and appeals
Emergency READINESS

- Public Health Pre-Deployment Course
- Emergency Roster
- Humanitarian Response Depots
- WHO Standard Operating Procedures
Public Health Pre-Deployment Training

- **Three courses** held: 2005, 2006 and 2007 (Geneva and Moscow)
- Average **32 participants**: WHO, other UN agencies, NGOs and Donors
- **Two weeks** to give participants the public health, personal and operational skills they need to work as part of a team in emergency settings
- **Continuously improved** by feedback from participants and progress of humanitarian reform, new coordination mechanisms, etc
- Best participants enter **Roster** for deployment
- Course to be repeated in **Middle East** and **Asia**
- Funded by the Swiss Government, the Russian Federation, European Community (ECHO), United Kingdom, Sweden and Canada
Emergency Roster

- Health Cluster Field Coordinators
- Best participants from Pre-deployment Courses
- WHO Technical and Administrative Staff
- External Technical and Administrative candidates: Stand-by Partners
Building capacities

- Network of 5 logistics hubs in the WFP managed Humanitarian Response Depots
  - WHO logistics staff on post
  - pre-positioned health supplies & equipment
- Not an exclusive club, but a joint logistics service
  - a key component in emergency operations for all health partners: UN agencies, governments & NGOs
The Humanitarian Response Network

Panama City
Brindisi
Accra
Dubai
Subang
Standard operating procedures (SOPs)

• WHO's emergency SOPs were developed last year, involving regional and country offices as well as HQ.

• They cover all aspects of emergency operations: contracts, deployment, travel, finances, logistics, procurement and project management.

• There are plans to pilot-test the SOPs in selected locations in 2007.
The way forward 2007-2008

• Strengthen the information and Alert system

• Strengthen and decentralize capacities for operations

• Strengthen capacity to take full advantage of humanitarian reform: Cluster, HC System and CERF
Recovery and Transition
Trends in natural disasters

• The number of natural disasters shows a progressive increase

• more people reported affected or killed by natural disasters in recent years

IFRC, 2006
The Magnitude of the Humanitarian Problem in Transition and Recovery Situations (1)

• Between 1987 and 1999 there was a fourfold increase in the number of UN peacekeeping operations

• Excess mortality and malnutrition is generated as a consequence of conflicts and takes a long period of time for reaching the pre-conflict levels
The Magnitude of the Humanitarian Problem in Transition and Recovery Situations (2)

• The number of violent campaigns that intentionally target civilians increased by more than half between 1992 and 2006

• During the period 1999-2005
  – an average of 12 million people were refugees or asylum seekers
  – An average of 22 million people were internally displaced
The Magnitude of the Humanitarian Problem in Transition and Recovery Situations (3)

Democratic Republic of Congo

• Close to four million deaths since the beginning of the conflict in 1998
• Close to 24 million persons affected (out of 60 million)
• 3.4 million IDPs and returnees and 500,000 refugees in neighboring countries
• Five provinces most affected: North Katanga, South Kivu, North Kivu, Maniema and Oriental (Ituri)
The Magnitude of the Humanitarian Problem in Transition and Recovery Situations (4)

Central African Republic

- 3.8 millions inhabitants with 60% living under the poverty line & limited access to health services
- Life expectancy dropped from 49 years to 40
- Maternal mortality increased from 680 to 1100 per 100,000
- Infant mortality raised from 97 to 115 per 1000
- HIV/AIDS: prevalence about 15% among 15-49 year olds with around 300,000 people living with HIV/AIDS, and 110,000 children orphans
- Malaria: mortality rate 132 per 100,000 (777 per 100,000 in < 5 years)
- TB: 7,500 new cases/year aggravated by HIV/AIDS prevalence and 30% resistance to common treatments
Comparing Mortality in the DRC with All Natural Disasters Globally

From P. Salama, UNICEF, 2007
Recovery and Transition: Key issues

• Need to simultaneously:

  – protect lives and reduce disease, malnutrition and disabilities among the vulnerable populations in the affected areas (the humanitarian imperative),

  – strengthen the institutional capacity to pursue longer term health development goals, to discharge the essential public health functions, to provide critical health services and to extend social protection in health (the developmental imperative).
Major gaps in transition and recovery situations

– Regular instruments of developmental work are not fully operational
– Acute phase of relief linked to humanitarian action has come to an end
– Important funding challenges
– Need for shielding public health actions that protect lives and reduce avoidable disease and disability
– Need for intensified action for the attainment of the health related MDGs which are lagging behind in countries affected by protracted crises.
Health Cluster Work in Transition and Recovery Situations

• Need for defining the operation of the clusters beyond the acute relief phase of humanitarian action
  – Constitutes the best mechanism for advancing the agenda of harmonization and alignment in health in complex environments
  – Need to incorporate the IFIs, whose role is more relevant in this phase, differently to the situation during relief operations.
  – Need to include the national counterparts and stimulate their leadership role
Key issues related to humanitarian and transition/recovery programmes (4)

- Post Conflict Needs Assessment (PCNA) has emerged as a critical instrument to plan strategic interventions in support of transitions.

- Usually led by the UN and the World Bank, the PCNA is carried out in close consultation with national authorities of the country in transition and other important national groups signatories of peace agreements (e.g. Sudan and Somalia).

- The end result is a prioritized recovery programme, intended to inform donors pledging decisions. The Results Based Transition Matrix is usually developed to help all concerned to plan actions and monitor progress towards outcomes.
Funding of transition and recovery programmes

– Funding of the CAPs is low and slow.

– There are critical gaps between the relief phase and the reestablishment of regular mechanisms to finance the development agenda.

– Recent studies have revealed that multi-donor trust funds do not meet the funding needs in a timely manner, and have large transaction costs.

– A fast track financing facility that can disburse quickly is required.
Goals and objectives of WHO work in Recovery and Transition (1)

- Generate norms, standards, methodologies, tools and guidelines for health action in transitional and recovery phases after acute emergencies and crises.

- Develop institutional capacity at country, subregional, regional and global levels, for planning and implementing transitional and recovery actions related to health.
Goals and objectives of WHO work in Recovery and Transition (2)

• Orchestrate WHO's action at global, regional and country level in support to Member States' needs during the transition and recovery phases.

• Develop inter-agency collaboration and partnerships, especially with NGOs, for the transition and recovery phases with special emphasis on the joint work of the Health Cluster
Goals and objectives of WHO work in Recovery and Transition(3)

• Monitor health situation in chronic protracted emergencies

• Develop strategies for mobilizing resources for WHO's work in Transition and Recovery and support Member States in their own resource mobilization efforts.
SESSION II
WHO in the Humanitarian Reform
Video: WHO in Action
Inter-Agency Standing Committee (IASC) Health Cluster
## Partners of the Global Health Cluster

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<th>Cluster Lead</th>
<th>Non-UN Partners</th>
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<td>WHO</td>
<td>International Council of Voluntary Agencies</td>
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<td>International Federation of the Red Cross and Red Crescent</td>
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<td>African Humanitarian Action</td>
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<td>American Medical Doctors Association</td>
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<td>UN Partners</td>
<td>Center for Disease Control</td>
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<td>FAO</td>
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<td>OCHA</td>
<td>Harvard Humanitarian Initiative</td>
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<td>RSGIDP</td>
<td>International Centre for Migration and Health</td>
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<td>UNAIDS</td>
<td>International Council of Nurses</td>
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<td>UNDP</td>
<td>International Medical Corps</td>
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<td>UNFPA</td>
<td>International Rescue Committee</td>
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<td>UNHCHR</td>
<td>Johns Hopkins University, Center for Refugee &amp; Disaster Response</td>
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<td>UNHCR</td>
<td>Merlin</td>
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<tr>
<td>UNICEF</td>
<td>Office of Foreign Disaster Assistance, USAID</td>
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<td>WFP</td>
<td>Save the Children, UK</td>
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<td>Save the Children, USA</td>
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<td>Terre des Hommes</td>
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<td>World Vision International</td>
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Strategic areas of the Global Health Cluster

Strengthen system-wide preparedness to respond to humanitarian emergencies by ensuring sufficient capacity in five strategic areas:

– Guidance and Tools
– Information Management
– Rosters and Stockpiles
– Capacity Building of National Counterparts
– Operational Support
Successes at country level

- Improved coordination
- Joint work
- Information sharing
- Pooled funding
- Recognized leadership
Challenges at country level

- Sub-national coordination
- Partner participation
- Government participation
- Under-funding
- Information flow
- Inter-cluster linkages
- Meeting overload; parallel structures
- Perception of cluster approach as a UN structure
- Lack of guidance and tools
- Difficulties in identifying and addressing gaps
Needs at country level

- Better communication
- Increased promotion
- Merging of existing coordination mechanisms
- Increased government ownership
- Engagement of donors
- Resources for response and for transition
- Training
- Health Cluster Field Coordinators
- Guidance, tools and resource materials
- Standardized information systems and indicators
Central Emergency Response Fund (CERF)
Central Emergency Response Fund (CERF)

- Funds received 06-07: $41 million
  - Rapid response grants: $25.7 million
  - Under-funded grants: $15.4 million
- Countries receiving CERF grants: 26
CERF grants to WHO
CERF grants by region 2006-2007 (in USD)

- AFRO: 30,980,441
- EMRO: 9,001,439
- AMRO: 797,162
- SEARO: 787,050
- WPRO: 357,500
- EURO: 

Total: 46,840,702
**Natural disasters**
- Drought
  - Djibouti
  - Somalia
  - Afghanistan
- Typhoon
  - Philippines
- Floods
  - Indonesia
  - Mozambique
  - Bolivia

**Diseases**
- Cholera
  - Sudan
  - Angola
  - Rep. of Congo
- Meningitis
  - DRC
  - Côte d'Ivoire
  - Guinea Bissau
  - Zimbabwe
- Malaria
  - Ethiopia
  - DRC
- Acute watery Diarrhoea
  - Ethiopia
- Measles
  - Liberia
  - DRC
- Yellow & Rift Valley Fever
  - Côte d'Ivoire
  - Kenya
- Malnutrition
  - Burkina Faso

**Vulnerable persons**
- IDPs and refugees
  - Sri Lanka
  - Mozambique
  - Chad
  - Burundi
  - Eritrea
- Pregnant women
- Children
  - CAR
  - DRC
  - Eritrea
Advantages and challenges

Advantages:
• Quick source of funds
• Needs based allocation
• Enhances inter-agency collaboration

Challenges:
• Continuity after CERF funds
• Extension of implementation periods:
The CERF is not an alternative to direct WHO emergency funding, direct donor contributions to WHO are needed to ensure continuity.
HAC's strategic orientation
Medium Term Strategic Plan (MTSP) 2008-2013
Strategic Objective No 5

"Reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact"

• is one of the 13 Strategic Objectives WHO will undertake across all levels of the Organization in the next 6 years

• is a 5% share of the total programme budget proposed for 2008-2009 (US$ 218 million out of 4.2 billion) with a major increase with respect to 2006-2007

• US$ 137.9 million are proposed for country level, 50.9 for regional level and US$ 29.5 million for HQ
Strategic Objective 5
Indicators and targets

Crude daily mortality
• Target: Mortality of populations affected by major emergencies maintained below 1/10000/day during initial emergency response phase

Access to functioning health services
• Target: 90% of affected populations reach levels of access similar to pre-emergency conditions, or better, within one year

Weight for height
• Target: Less than 10% of the affected population below 80% weight for height measure
Scope of SO5
Organization-Wide Expected Results

• Health sector emergency preparedness
• Risk and vulnerability reduction within the ISDR framework
• Needs assessment of affected populations
• Response to the health needs during emergencies and crises (including communicable diseases, nutrition, and water and sanitation)
• Transition and recovery health actions in post-conflict and post disasters situations
• Fulfilling WHO's mandate within the framework of the Humanitarian Reform
• Global alert and response system for environmental and food safety Public Health Emergencies
Strategic Directions 2008/2009 (1)

• Speeding up the implementation of the Emergency Preparedness Strategy

• Further strengthening of emergency response capacity and operational platforms

• Fulfilling commitment as the lead agency of the IASC Cluster and consolidating work on the roll-out of the cluster approach in countries with ongoing crises or during recovery
Strategic Directions 2008/2009 (2)

- Stepping up the formulation (and piloting) of health recovery strategies jointly with other WHO departments and UN partners

- Further strengthening of country presence and reinforcing joint work with other partners including NGOs
Core areas requiring predictable funding (1)

- Emergency Preparedness and Risk reduction: qualifies for both development and humanitarian funding and would be delivered within WHO like any other technical programme
- Institutional Capacity Development for predictable, coordinated, timely and effective response
- Technical norms and standards as well as information, simplified for emergency use accessible to health humanitarian partners and to countries
Core areas requiring predictable funding (2)

- A reliable emergency operational platform including stockpiles.

- Rosters of deployable, well trained and well equipped experts covering core health emergency areas

- WHO Emergency Response Funding
Potential sources of funding

• Increase in regular budget + (HQ and regions)

• Increase in non-specified funding +

• Global and Regional Emergency Funds ++

• Maintain humanitarian funding to meet core needs and increasing demands
  - Stronger capacity in project management
  - Better skills for fund-raising
  - Private sector collaboration