Health Action in Crises
19 September 2008

PROPOSED STRATEGY FOR
HAC
2008-2009
Strategic Overview
- From Driver to Delivery -

External requirements in emergencies → WHO Mandate → HAC Humanitarian Mission → Drivers for Change → HAC Priority functions to implement SO5

WHERE → WHY → WHO → HOW → WHAT
Strategic Overview
- From Driver to Delivery -

Priority Functions -> Structure -> HR Plan....
What are the requirements in emergencies?

**Beneficiary demands**
- Speed
- Predictability & Reliability
- Access & Equity
- Special Care
- Information
- Effectiveness
- Sustained assistance
- Community preparedness

**Partners demands**
- Wide variation and increase in crisis type
- Capacity for different crises
- Increased players in humanitarian space
- CNN Effect
- Enhanced data gathering and analysis
- Increased insecurity

**Influencing Factors**
- Coordination & Leadership
- Bigger return on investment
- Professionalism & competency
- Facilitation of entry
- Visibility
- Information & Reporting
- Transparency
- Regional/National/Community preparedness

**Humanitarian/moral principles**
- Humanitarian imperative
- Neutrality
- Impartiality

**Greater numbers of survivors demands greater capacity & preparedness!**
WHY should WHO respond to emergencies?

WHO's Humanitarian Mandate

Member states expect WHO to expand its humanitarian work and embrace a more operational role.

- Health Security
- Health Development
- Health systems capacity
- Evidence and Information
- Performance
- Partnerships

WHO is designated leader of the Global Health Cluster, responsible, with partners, for promoting and supporting the cluster approach at field level.

WHAs 58.1, 59.22 and G8, July 2006 + DG's 6-Point Agenda (matrix) + H.R. Review 2005
Strategic Overview
- From Driver to Delivery -

External requirements in emergencies

WHO Mandate

HAC Humanitarian Mission

Drivers for Change

HAC Priority functions to implement SO5

Beneficiary demands

WHO 58.1

WHA 59.22

DG

6 Point Agenda

G8

July 2006

In implementing the provisions of WHO's Strategic Objective 5, we will help reduce the suffering of people in crises through programmes that prepare the health sector to deal with emergencies and that improve health during and after crises, applying professionalism and humanitarian principles.

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**Drivers for Change**

- TYP Recommendations
- IASC Cluster Review
- AFRO Emergency Operations Internal Audit Recommendations
- 6 Lessons Learned

**HOW**

**External requirements in emergencies**

- Beneficiary demands
  - WHA 58.1
  - WHA 59.22
  - DG
  - 6 Point Agenda
  - G8
  - July 2006

- Partners demands

- Influencing factors

- Humanitarian/moral principles

**WHO Mandate**

**HAC Humanitarian Mission**

**HAC Priority functions to implement SO5**
Evaluations and Reviews

External Evaluation of the Three-Year Programme (TYP) in 2007
Cluster Approach Evaluation in 2007
Emergency preparedness and response evaluation in countries in transition in the African Region by the WHO Office of Internal Oversight Services in 2007
Nine field missions carried out under the Three-Year Programme
Recommendations to WHO for better health emergency management

Recommendations of Reviews
• The two functions – gap filling and capacity building – left more room for improvement;
• Improve the analysis and interpretation of the data collected in the needs assessment
• Provide increased support to capacity building at all levels of crisis countries' health systems for risk reduction and preparedness strategies;
• Adequate provision of technical, administrative and logistic support to the HAC experts at local level;
• Pooled predictable funding;
• Regional/revolving Emergency Fund.

Lessons Learned
• Strengthen preparedness and develop national capacity to manage risk and reduce vulnerability;
• Ensure adequate expertise at local level during humanitarian interventions;
• Ensure the availability of up-to-date, relevant and reliable information at community, country and regional level as baseline data for rapid assessment and performance monitoring;
• Strengthen joint work within WHO and with other health partners through the Health Cluster;
• Build reliable logistics support hubs and ensure adequate, capable staffing, rosters of experts and emergency standard operating procedures;
• Ensure closer coordination with other clusters, particularly Nutrition and Water, Hygiene & Sanitation, and with other key players in emergencies.
What can WHO do to implement SO5 and respond to the demands of the changing emergency environment?

• WHO must **re-affirm its commitment** to help countries at risk, developing their capacities in emergency **preparedness & risk reduction** and the **four priority functions** of response.
• WHO must use it’s **comparative advantages** in emergencies i.e. the wealth of recognised technical expertises.
• WHO must implement **professional**, humanitarian operations
• WHO must set **standards** for emergency health roles.
• WHO must show **strong leadership** at the Global and country level.
• WHO must **coordinate the actions of agencies** in the health sector.
• WHO must be **seen** and **heard**.
• WHO must be driven by **humanitarian principles**.
Strategic Overview
- From Driver to Delivery -

External requirements in emergencies

Beneficiary demands +
Partners demands +
Influencing factors +
Humanitarian/moral principles

WHO Mandate
WHOA 58.1
WHO 59.22 +
DG 6 Point Agenda +
G8 July 2006

HAC Humanitarian Mission
In implementing the provisions of WHO's Strategic Objective 5, we will help reduce the suffering of people in crises through programmes that prepare the health sector to deal with emergencies and that improve health during and after crises, applying professionalism and humanitarian principles

Drivers for Change

TYP Recommendations
IASC Cluster Review

AFRO Emergency Operations Internal Audit Recommendations

6 Lessons Learned

HAC Priority functions to implement SO5
1. Preparedness and risk reduction
2. WHO capacity & readiness
3. Surge capacity
4. Health Information
5. Coordinated Technical Support
6. Partnership & Relationship development
7. Donor relations
8. Communication
9. Strategy & Policy
10. Administrative efficiency
11. Monitoring and Evaluation

WHAT
Health Action in Crises
19 September 2008

Strengthening WHO's work in Health Action in Crises
5-year Programme for 2009-2013
WHO Health Action in Crises
Pledges and Cash Contributions 2000-2008

Preliminary data only Jan- Sep 2008
WHO Health Action in Crises
Assessed Contributions Budget 2002-2008

<table>
<thead>
<tr>
<th>Years</th>
<th>Assessed Contribution Budget</th>
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<td>2008-2009</td>
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</table>
The way forward 2009 - 2013

• Scaling-up WHO's field presence
• Developing tools, standards and norms
• Establishing training programmes
• Creating emergency administrative procedures and instruments
• Strengthening collaboration with other UN agencies and key partners
## The way forward 2009 - 2013

<table>
<thead>
<tr>
<th>Pillar 1:</th>
<th>Pillar 2:</th>
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<tr>
<td>Improve WHO’s institutional capacity to</td>
<td>Improve WHO’s institutional capacity to support Member States in</td>
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<td>implement its response and recovery work,</td>
<td>advancing emergency preparedness and risk reduction activities</td>
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<tr>
<td>ensuring the cluster approach is applied</td>
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<td>whenever and wherever feasible</td>
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<td></td>
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<td>Health information and intelligence</td>
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<td>Expanded Health Cluster roll-out in countries</td>
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<td>Surge &amp; Supplementary capacity</td>
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<td>Enabling factors</td>
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</table>
## The way forward 2009 - 2013

**Pillar 1:** Improve WHO's institutional capacity to implement its response and recovery work, ensuring the cluster approach is applied whenever and wherever feasible

- Institutionalizing risk reduction and emergency preparedness programmes in health authorities through an all-hazard/whole-health programme

- Encouraging and supporting community-based all-hazard risk reduction and emergency programmes

- Assessing and monitoring baseline information on the status of risk reduction and emergency preparedness in the health sector at regional and country levels

- Improving knowledge and skills in risk reduction and emergency preparedness and response in the health sector

**Pillar 2:** Improve WHO's institutional capacity to support Member States in advancing emergency preparedness and risk reduction activities
**Required annual financial investments**
*(in US$ millions)*

<table>
<thead>
<tr>
<th>Organization-wide Expected Results (OWER)</th>
<th>Pillar 1: Response And Recovery</th>
<th>Pillar 2: Emergency Preparedness</th>
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## Required annual financial investments

**For HAC (in US$ millions)**

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### RESOURCES REQUIRED FOR WHO'S INSTITUTIONAL STRENGTHENING IN SO5: 2009-2013

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