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Five years into the Syrian conflict: WHO steps up its humanitarian response

Five years since the conflict began in Syria, millions of people across the country continue to suffer from limited access to basic medical care services because of ongoing conflict and a deteriorating health system. Over 11 million people are in need of health assistance that many hospitals and primary health clinics are unable to adequately provide. More than 4.8 million people have taken refuge in neighbouring countries and beyond.

“We urge all parties to the conflict to allow medical and surgical supplies to be included in the humanitarian convoys sent to besieged areas,” says Elizabeth Hoff, WHO Representative in Syria. “When timely access to surgical care is undermined, serious and long-term consequences impact the health of individuals and communities. Without continuous access to basic medicines, people with chronic diseases risk serious complications and death. WHO renews its calls on parties to the conflict to lift the siege, and allow unhindered and sustained access to communities across the country.”

WHO action

Since 2012, the annual number of treatments WHO provided has increased from 1 million to 17.2 million to meet shortages in medicines and medical supplies. In 2015, almost one third (30%) of WHO’s deliveries were to hard-to-reach, opposition-controlled and besieged areas.

WHO’s operations in Syria and the region over the past five years have been made possible thanks to generous support from Australia, Canada, China, the Central Emergency Response Fund (CERF), the European Commission’s Humanitarian Aid and Civil Protection department (ECHO), Finland, Hungary, Ireland, Japan, Italy, Kuwait, the League of Arab States, Luxembourg, Norway, Russia, Saudi Arabia, the United Arab Emirates, the United Kingdom, the United States and other contributors, including country-based pooled funds.

Watch a video of WHO’s Representative to Syria speaking about the conflict.

WHO Humanitarian Response Plans 2016 to be presented on 5 April

WHO will launch its Humanitarian Response Plans 2016 on 5 April in Geneva. In 2016 there are over 87 million people living in countries or regions affected by crises. The risks to health posed by humanitarian emergencies are at all-time highs – and worsening. Developments such as climate change, urbanization, population growth, and worsening civil conflict are increasing the frequency and severity of many types of emergencies.

WHO’s Humanitarian Response Plans 2016 provides an overview of how WHO and its partners plan to meet health needs in 24 countries, territories and regions facing protracted emergencies this year. Collectively, health sector partners need US$ 1.6 billion to respond to protracted humanitarian crises in 2016. Of that amount, WHO is appealing for US$450 million. As sudden onset emergencies may occur throughout the year, people affected and health needs are likely to rise.
WHO provides health emergency assistance to Fiji following Tropical Cyclone Winston

In response to Fiji’s call for international assistance in the aftermath of February’s Tropical Cyclone Winston, the World Health Organization (WHO) provided emergency medical supplies and additional personnel to support Fiji as it organized relief efforts for the survivors.

Tropical Cyclone Winston was a Category 5 cyclone, reported to be one of the most severe ever to hit the South Pacific, that hit Fiji’s two largest islands on 20–21 February. Fiji declared a 30 day State of Natural Disaster.

As many as 40% of Fiji’s population live within 50 kilometres of the cyclone’s path. In worst affected areas, an estimated 80% of structures severely damaged or destroyed, and 100% of agricultural crops.

“The World Health Organization expressed its support to the Government of Fiji in its emergency response and humanitarian and recovery efforts following the devastation caused by Tropical Cyclone Winston. Damage and needs assessments reported that health needs include access to clean water, trauma care, detecting and controlling increased communicable disease transmission, food safety, continuity of chronic disease case management and psychosocial support,” said Dr Liu Yunguo, WHO Representative to Fiji.

"Following serious disasters such as Cyclone Winston, disruption to water and sanitation infrastructure, compromised hygiene, and overcrowding commonly lead to increased disease transmission and outbreaks, particularly outbreaks of diarrhoeal disease," he continued.

As of 29 February, Government sources reported 42 deaths, 45 people hospitalized and at least 151 injured. Over 62 400 people have been displaced in 875 evacuation centres. Key areas for action are the provision of housing, restoring health systems and providing equipment and supplies. All major hospitals remain operational but 28 health facilities were damaged. The Ministry of Health and Medical Services (MHMS) has confirmed that all sub-divisional hospitals are maintaining health services.

The WHO Representative Office in Fiji, together with the Regional Office in Manila and headquarters assisted the Ministry of Health and Medical Services in the coordination of health partners and in setting up systems for early warning and response to disease outbreaks, food safety, health resource assessment and risk communications. WHO in Fiji also provided an Interagency Emergency Health Kit (IEHK) with medicines and renewable medical devices for 10 000 people for approximately three months; ten basic kits designed to support health care for 1000 people for three months; and eighteen diarrhoea kits. Since 23 February, WHO has provided 54 000 water purifying tablets to the communities where water supply was damaged by the cyclone.

WHO is appealing for US$ 2 150 000 for the provision and restoration of clinical and public health services for the populations affected by Tropical Cyclone Winston.

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This report, which is not exhaustive, is designed for operational use and does not reflect any official position of the WHO Secretariat. The designations employed and the presentation of the material do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.
Since April 2015, continuing violence and insecurity has led to a collapsing health system that has left more than 14 million Yemenis in need of healthcare services. Almost 25% of all health facilities have shut down due to damages, and there are critical shortages of staff and life-saving medicines.

The World Health Organization (WHO) plans to use US$ 8.9 million from a recent grant from the Yemen Humanitarian Pooled Fund administered by OCHA to provide essential health supplies and services to nearly 700 000 people still reeling from last year’s back-to-back cyclones and Yemen’s ongoing conflict.

“Imagine being caught in a conflict with the health system crumbling and then within one week you have two brutal cyclones roll through your country,” Dr Ahmed Shadoul, WHO Representative to Yemen. “This is what we are still dealing with in parts of Yemen.”

The grant will be used to pay for essential health services and supplies, such as deploying medical and surgical teams, provision of medicines, fuel, trauma and interagency emergency health kits. The grant is the largest that WHO has received to date from UN country-based pooled funds, which unite funds from different donors. Managed locally by the UN Office for the Coordination of Humanitarian Affairs, country-based pooled funds are used to address humanitarian needs and priorities in a particular country, and allocated to different UN agencies, such as WHO, and other partners.

“The Humanitarian Pooled Fund is an effective financing tool, allowing us to respond quickly to the needs of the Yemeni people as the situation unfolds,” said Mr. Jamie McGoldrick, UN Humanitarian Coordinator for Yemen. “Owing to WHO’s technical expertise and traditional national presence it was deemed best placed to deliver the medical supplies required to save countless lives.”

Read full story.

Dr Margaret Chan, Director-General of the World Health Organization, spoke at the inauguration of the EU’s European Medical Corps in Brussels on 15 February. Intended to mobilise medical and public health teams and equipment for emergencies, the European Medical Corps is Europe’s contribution to the Global Health Emergency Workforce set up by WHO at the request of Member States.

Dr Chan said the inauguration “is the culmination of joint WHO/EU work over the past year to establish standards for quality assurance, classify, and register emergency medical teams. What the EU and WHO are now jointly doing brings order to a situation that grew chaotic as the number, scale, and severity of health emergencies reached unprecedented levels. The establishment of the European Medical Corps draws on lessons from the Ebola outbreak but also on earlier lessons from the response to sudden onset emergencies, like earthquakes, floods, and tropical storms.”

When a large-scale disaster strikes and national resources are overstretched, WHO’s Global Emergency Medical Team gets skilled staff rapidly to the scene. Emergency Medical Teams (EMTs) are groups of health professionals (doctors, nurses, paramedics, and others) that treat patients affected by an emergency or disaster. They come from governments, NGOs, militaries and international organizations. They work to comply with the classification and
minimum standards set by WHO and its partners, and come trained and self-sufficient so as not to burden the national system.

WHO’s EMT Classification List sets minimum standards for international health workers and allows teams to clearly outline their services and skills.

“Once registered and vetted on the system, WHO can match and deploy the most appropriately skilled medical team to a particular disaster at the request of the affected country,” says Dr Ian Norton, who leads the work on EMTs at WHO.

Since WHO launched the EMT List in July 2015, more than 57 organizations or teams from 23 countries have applied to be listed. By mid-2016, WHO expects to have 100 medical teams signed up and ready for swift deployment.

WHO co-organizes post-Sendai conference with Thailand and UNISDR

Government officials from 54 countries as well as representatives from inter-governmental organisations, health, science, academia, media, business, and NGOs gathered for the International Conference on the Implementation of the Health Aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 from 10-11 March in Bangkok.

The Conference was jointly organized by the Royal Thai Government, the United Nations Office for Disaster Risk Reduction (UNISDR), and WHO. The Bangkok event was opened by the Minister of Public Health for Thailand, Clin. Prof. Emeritus Mr. Piyasakol Sakolsatayadorn.

Participants from various sectors called on countries to put health resilience at the heart of disaster risk management in the face of crises. They agreed to seven recommendations to help countries face up to the fact that biological hazards “are part of the new normal and are here to stay”, in the words of Dr Bruce Aylward, WHO’s Executive Director a.i. Outbreaks and Health Emergencies.

The so-called ‘Bangkok Principles’ place strengthened coordination at the heart of efforts to reduce risk from biological hazards. They call for an inter-operable, multi-sectoral approach to promote systematic cooperation, integration and, ultimately, coherence between disaster and health risk management.

Financial contributions to WHO’s humanitarian response operations

Visit the WHO Humanitarian Health Action Donor Centre to learn how you can support WHO.

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WHO would like to thank the following donors for their contributions to WHO’s work in humanitarian emergencies in February 2016.

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