



World Health Organization

REDUCING THE IMPACT OF CRISES ON *Health* HEALTH

 World Health Organization
Health Action in Crises
<http://www.who.int/hac/>

Health Action in Crises
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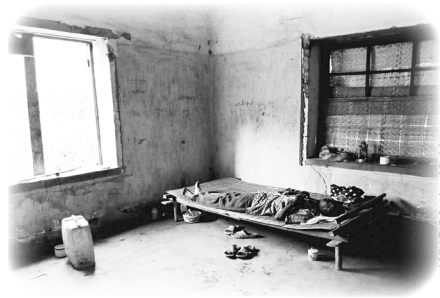
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Suffering and ill-health **SUFFERING AND ILL- HEALTH DURING CRISES**

People in crises suffer—usually in misery, often in silence and sometimes with disastrous consequences. Only occasionally are we made aware of the true extent of this suffering, and even then our exposure is brief, through the eye of a TV cameraman. We can assume, though, that in crises, those who are affected often lack the base essentials they need for life. They may not be able to access what **we** take for granted, and they suffer.

People are exposed to a crisis when local and national systems are overwhelmed and are unable to meet their basic needs. This may be because of a sudden increase in demand (food and water become insufficient), or because the institutions that underpin them are weak (e.g. government and local services collapse because of staff shortage or lack of funds).



WHO/Marco Kokic

Crisis can be triggered by:

- ❑ *Sudden catastrophic events* - like earthquakes, hurricanes and sudden toxic spills.
- ❑ *Complex and continuing emergencies* - including over 100 violent conflicts, associated displacement and often dramatic political transformations.
- ❑ *Slow onset processes* - such as the gradual breakdown of a country's social institutions due to economic downturn, desertification, chemical poisoning, environmental pollution or degradation, or the impact of high prevalence of a fatal disease (such as increasing HIV prevalence, e.g. in Southern Africa).

People threatened by crises face heightened risks to their health primarily as a result of common illness made more dangerous by crisis conditions. Those who are most vulnerable experience excessive suffering and high death rates.

Excessive suffering and death during crises **can be** avoided through:

- better preparation;
- focused efforts at mitigation;
- prompt prioritized and coordinated responses;
- results-based repair and recovery efforts.

WHO is focusing on the impact of crises on people's health.

WHO is developing capacity within countries to coordinate preparation for, response to and recovery from the health aspects of crises. This capacity building reflects best practices, promotes health equity, contributes to the realisation of development goals and saves lives and preserve health by maintaining basic systems against crises.

WHO country teams provide services in ways that support national institutions, within the overall response by the international community.

WHO country teams draw on additional support, when needed, from Regional Offices and Headquarters, and other qualified groups. This involves the time-limited deployment of health crisis response and recovery teams.

WHO's key functions in a crisis are to:

1 Promptly assess health needs of populations affected by crises and measure ill-health, identifying priority causes of ill-health and death;

2 Support Member States in coordinating action for health;

3 Ensure that critical gaps in health response are rapidly identified and filled;

4 Support restoration of essential public health functions;

5 Revitalize health systems and build up their capacity for preparedness and response.

Preparing **PREPARING FOR AND MITIGATING CRISES**

NATIONAL AUTHORITIES UNDERTAKE THREE ACTIONS:

- Identify natural or man-made vulnerabilities and threats to people's health that might develop into crises.
- Build scenarios for possible major incidents, epidemics, and bio-terrorism, and their health consequences.
- Convene stakeholders to agree on ways to help cope with and manage threats, and establish and agree on criteria for implementing standard mitigation procedures.

Crisis response plans, exercises and training are vital. These focus on the impact of crises on people's health and health care systems. They assign responsibilities, identify potential gaps and indicate fall-back mechanisms.

Public institutions and utilities—like hospitals and water systems—should be made resistant to the effects of hurricanes, earthquakes and other natural hazards. The challenge is to ensure that appropriate consideration is given to structural safety when installations are planned and built, as subsequent strengthening is costly. Responding effectively to the needs of people threatened by crises.

WHO helps ensure that a culture of—and a capacity for—mitigation and crisis preparedness exists in Ministries of Health, NGOs, UN agencies and other bodies concerned with health. In this regard, WHO works with national authorities and international organizations to take forward critical mitigation and preparedness actions.

Responding **RESPONDING EFFECTIVELY TO THE NEEDS OF PEOPLE THREATENED BY CRISES**

Along with other international organizations and NGOs, WHO works with local authorities, civil society and international partners in responding to the health aspects of crises. We strive for optimal performance, by all concerned, in these key areas:

HEALTH INTELLIGENCE

- Understanding what is happening, where, and how different groups of people are affected.
- Concentrating on mortality and its causes; vital needs and systems; communicable diseases; the health of women, children and older people; nutritional status; mental health; and access to essential care, including care for chronic conditions.

BEST PRACTICES

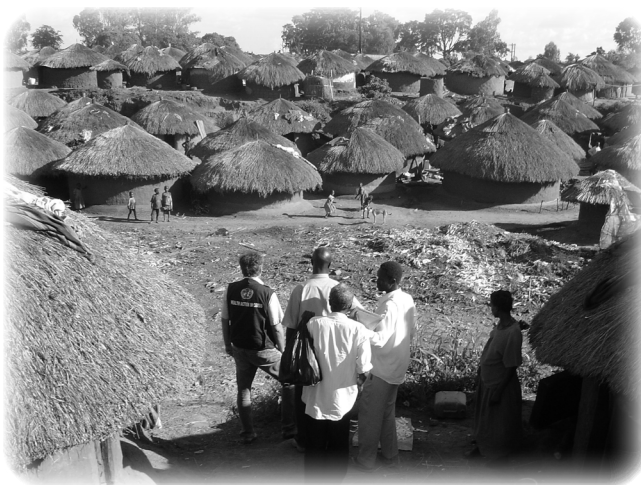
- Establishing the minimal essential health actions that are immediately needed.
- Anticipating longer-term needs, and the conditions under which they should be met.
- Offering standardised tool kits and techniques for assessment, for the organisation and coordination of response, and for supporting the recovery of local systems.

“SURGE” CAPACITY TO RESPOND QUICKLY

- Convening technical, logistic and support teams for an optimal response.
- Drawing on the best national and international expertise.
- Supporting in-country capacity and focusing on essentials such as assessment, outbreak response, repairing and jump-starting critical services, tracking progress and coordinating actors.

WHO's mobile response teams bring together expertise in epidemic response, logistics, security coordination and management. They are combined with mobile teams provided by the UN as a whole (by UNICEF, UNFPA, UNDP, UNHCR, IOM, and WFP, in particular). They will empower the UN Country Teams to better address the health aspects and crises.

At all levels of WHO, whether it be in Country Offices, Regional Offices, and Headquarters, the WHO network for Health Action in Crises (HAC/EHA) serves as a convenor and conduit. It provides information and services, and mobilises partners to agree on standards and courses of action.



WHO/Jose Rovira

Reducing the Impact on Crises on Health

Repairing

REPAIRING SYSTEMS AFTER CRISES

Crises are resolved when essential systems have been repaired and rebuilt. Humanitarian action should concentrate on bringing essential life-lines to those in need. But relief should be supplemented, from the start, by well-informed efforts to identify key elements of former social, economic and security systems, and get them working again. For the health system, the priority is to ensure a secure and safe working environment for national and international personnel. Once this is achieved, it is then essential to repair fundamental services.

SOUTH EAST ASIA EARTHQUAKE AND TSUNAMI



WHO/Jim Holmes

The *South East Asia earthquake and tsunami*, which struck at the end of December 2004, affected nine countries, killing more than 180 000 and displacing an estimated 1.2 million. The crisis required governments, civil society, humanitarian actors (including non governmental organizations and donors) and the UN to respond on a scale that has never been seen before.

WHO was able to respond to this disaster thanks to an extraordinary effort at all levels of the Organization, with regional and headquarters staff joining colleagues in WHO's South East Asia Region to plan and implement WHO's response. Over 200 staff were deployed to the affected countries in the weeks following the disaster. More than 50 departments were involved in providing expertise and technical backup to the field operations, confirming, once again, that effective disaster management needs strong coordination and a multisectoral approach.

WHO's first concern was to support national health authorities in their efforts to protect the

health of survivors, particularly the most vulnerable. The Organization's technical expertise was called on to develop early warning systems and response plans for disease threats and assist the recovery and rehabilitation of the affected countries' health systems. One year on, the health systems of the countries affected by the tsunami have recuperated, with the assistance of donors and development agencies. They are also much better prepared to face similar challenges in the future.

SUDAN

The peace process in the South of Sudan brings opportunity for millions of people. The challenge is to repair and rebuild social and economic systems quickly and in ways that promote peace and stability. This will contribute to health equity and the achievement of development goals.

Key to this process is the activation of partnerships through shared situation assessments, co-owned surveillance, functional communications, coordination by consent and decisions that reflect available evidence.

Working with national authorities, UNICEF, UNFPA, and other international organizations and stakeholders, WHO helps build national capacity to:

- Establish a viable vision and strategy for the health of Sudan's people.
- Define a package of essential health actions.
- Secure agreement on its implementation.
- Design procedures for managing people, medicines, structures, services and finance.
- Implement and monitor progress.

Ongoing conflict in the Greater Darfur Region of Sudan—resulting in a large number of Internally Displaced Persons (IDPs) and refugees—continues to extract a heavy toll on the health and survival of affected communities. As part of the UN's Greater Darfur Special Initiative, WHO calls for heightened and renewed efforts to:



Photo WHO

- Provide basic and essential primary health care services to the IDPs and their host communities.
- Prevent and control outbreaks of communicable diseases and epidemics.
- Improve the nutritional status of high-risk groups (i.e., children younger than five years and pregnant women) by establishing nutritional surveillance systems for the enhanced targeting of resources.
- Strengthen the technical capacity of the Darfur State Ministry of Health to respond to the ongoing situation.

SOUTH ASIA EARTHQUAKE

On 8 October 2005, a powerful earthquake (7.6 on the Richter scale) struck in *Pakistani Kashmir*, near the border of India. The Pakistani Government reported over 73 000 dead, about 70 000 seriously injured and another 59 000 with minor injuries. Approximately 3 million people were left homeless and without health services, many of them living in inaccessible areas.

The impact of the earthquake was catastrophic in terms of the number of casualties requiring trauma care and surgery, and the damage to the health care system, including the death of health personnel and destruction of health facilities, administrative buildings, equipment and vehicles.

A joint Ministry of Health/WHO emergency health coordination centre was established in the Pakistani Institute of Medical Sciences in Islamabad within a week. WHO worked closely with national and local authorities to restore primary health care services, coordinate health action and set up in collaboration with other major health partners an early warning disease alert and response system in the affected areas. WHO provided large quantities of urgently needed medicines, equipment and other health supplies such as vehicles and communications equipment.

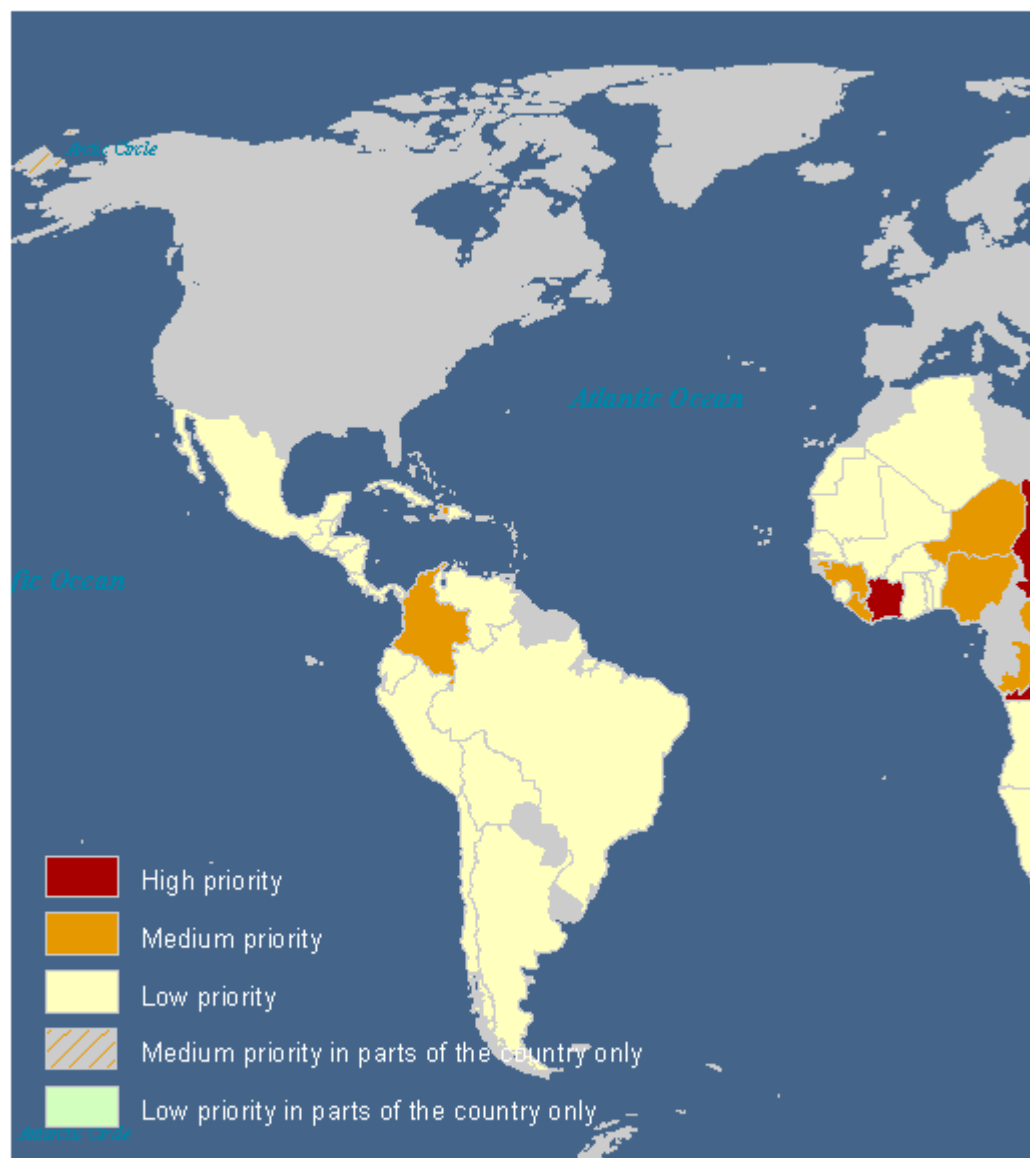


WHO/Chris Black

Severe damage to the water and sanitation systems, lack of access to adequate shelter and food posed serious health risks. However, several weeks after the event, the early warning system showed that mortality rates had been kept below the humanitarian emergency threshold, thus confirming that the joint measures had been effective.

Achievements can be summarized as follows: rapid deployment of staff within a strategic framework based on needs and priorities; quick set-up of basic operational structures and field presence; rapid mobilization of medical kits and other relief supplies; and timely production of situation.

WHO Health Action in Crisis Areas Red - Orange

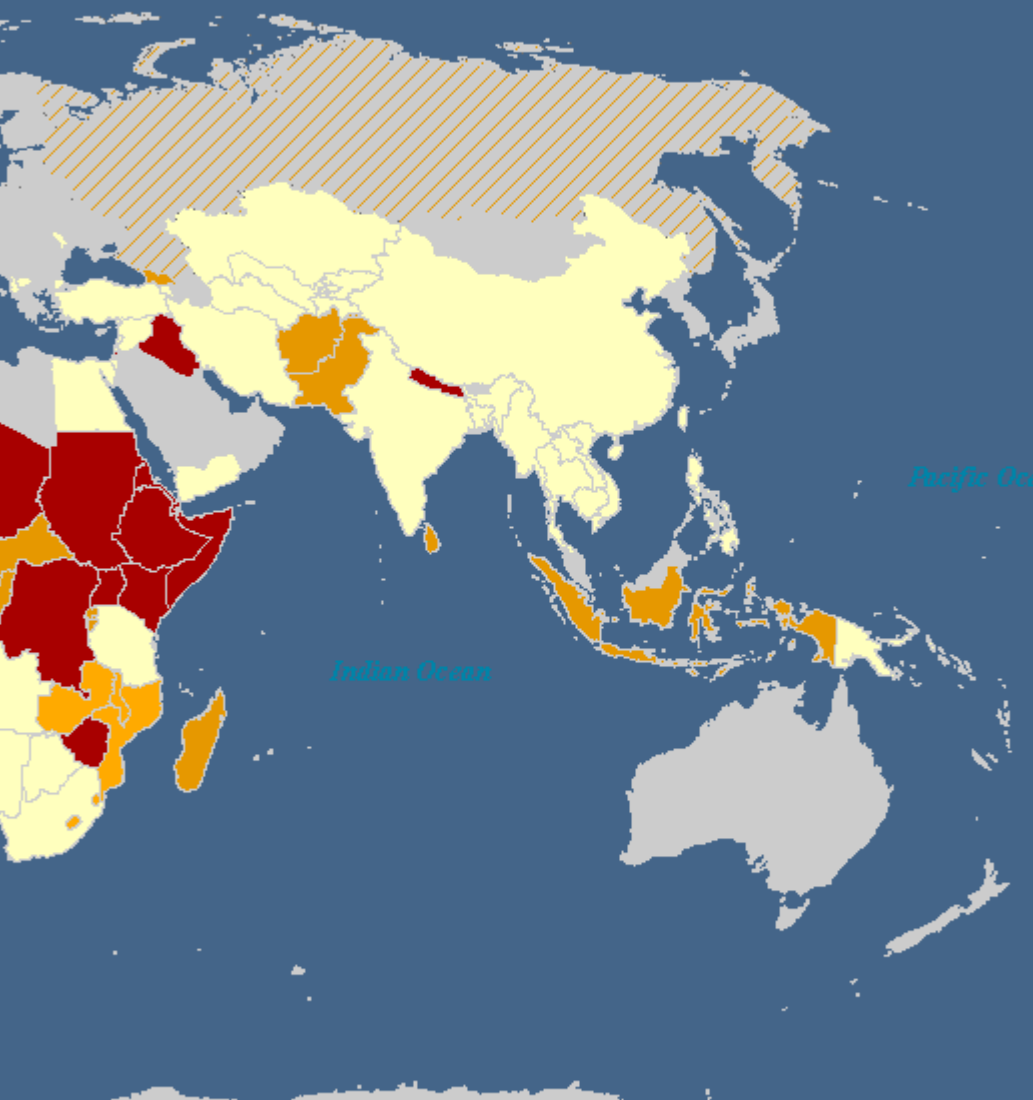


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Crisis Countries of Concern - Yellow List

Update 28 April 2006



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Data Source: WHO/HAC
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WHO's commitment
**WHO'S COMMITMENT TO
INCREASED ACTION:**

A THREE-YEAR INITIATIVE

Each year, one WHO Member State out of five faces a major crisis. This is matched by an obvious gap in the capacity of the international community to prepare for and respond effectively to crises. In 2004, WHO launched a three-year initiative to dramatically scale up Health Action in Crises (HAC) operations. The strategy will make the entire Organization more reliable and effective in supporting health stakeholders in crises. The Three Year Programme (TYP) aims at harnessing the resources of the many specialized technical and administrative programme of WHO and catalysing organizational change for improved, predictable health action in emergency preparedness, response and early recovery. It focuses on improving WHO's capacity for delivering its core functions in crises settings and aims at ultimately minimizing death and suffering in emergencies.

HEALTH ACTION IN CRISES STRATEGY

The new strategy will result in the full engagement of technical and general management departments—at all levels of WHO—to support Health Action in Crises. Specifically, the strategy will mandate that WHO be accountable for the following key functions within the next three years:

- Tracking the evolution and progression of crises in countries, ensuring that proper health assessments are undertaken and acted upon.
- Coordinating support for, and the strengthening of, WHO country teams as they contribute to more effective preparation and response by governments, civil society and all other stakeholders.
- Managing—and re-routing funds, human resources and life saving supplies for technical back-up to country teams from special-

ist groups in Headquarters and Regional Offices, Collaborating Centres and/or technical networks in order to ensure that critical health gaps are addressed.

- Support restoration of essential public health functions;
- Ensuring support for national and local capacity building for managing crises effectively.

In addition, WHO will work with UN, Red Cross Movement, NGOs and national partners on:

- Establishing standards for optimal Health Action in Crises, agreeing on the levels of service to be provided by WHO in countries, monitoring organizational performance and instituting additional actions when necessary.
- Organizing a regular and focused programme of competency development with training and specific guidance.
- Building and maintaining effective links for technical and programme issues with other agencies in the UN System, NGOs, the Red Cross and Red Crescent movement, and crises-active donors (including through the OCHA and IASC mechanisms).
- Mobilizing the right kinds of resources from donors for health action to anticipate, mitigate, and respond to crises, and support repair and recovery work. Tracking and reporting on these resources.
- Participating in planning and action for system repair and recovery after crises.
- Ensuring optimal operational, logistic, administrative, security, human resource and related support for Health Action in Crises work to maximize effectiveness of all inputs in full cooperation with UN System joint services.
- Disseminating reliable information for Health Action in Crises to interested parties and—when appropriate—to the wider public.

The Three-Year Programme to Enhance WHO's Performance in Crises focuses on building WHO's institutional capacity at field level. Since the beginning of the project sixty field staff have been recruited, briefed extensively on the goals of the TYP, and assigned to countries of strategic interest, mainly in the African region. Their performance is closely monitored and assessed by a WHO inter-regional team.

WHO administration has demonstrated its commitment to the greater involvement of the entire Organization in the execution of the above functions. The Director-General has appointed a Special Representative for Health Action in Crises and brought the Department for Health Action in Crises directly into his office.



WHO/Torgim Halvari

The New Health Action

THE NEW HEALTH ACTION IN CRISES (HAC) INITIATIVE AND WHO/UN SYSTEM PRIORITIES

The new WHO strategy forms an essential component of other WHO and UN system priorities, three of which have been highlighted below.

WORLD HEALTH ASSEMBLY RESOLUTION 58.1

World Health Assembly resolution 58.1 calls on WHO to intensify its support to Member States affected by crises and disasters in the field of preparedness, response and recovery. WHO has been called on to enhance its capacity to implement health-related emergency preparedness plans, cooperate with the International Strategy for Disaster Reduction, and prepare for disasters and crises through timely and reliable assessments. WHO is also requested to enhance its capacity to respond to the critical health needs of people in crises, mobilize WHO health expertise for response operations conduct timely and reliable assessments and strengthen its logistics services. In countries recovering from crises, WHO has been asked to enhance its capacity to plan and implement rehabilitation programmes and sustainable recovery, and develop models and guidelines for rapid health impact assessments after crises.

In order to address the growing challenges in this area of work and to implement the mandate issued by the 58th World Health Assembly, the Secretariat is introducing several changes across the three levels of the Organization for improving WHO performance in emergency preparedness and response.

In autumn 2005, WHO's Health Action in Crises department in headquarters was reorganized around its three main pillars of work (emergency preparedness, response, and transition and recovery programmes) in order to better respond to the needs of Member States.

The Emergency Preparedness and Capacity Building Group is responsible for developing emergency preparedness strategies, programmes and partnerships with Member States and internal and external partners. The group is also responsible for training programmes and

for developing systems, tools and capacities to improve performance.

The Emergency Response and Operations Group is responsible for developing WHO's operational and logistics capacity in support of countries during acute crises, as well as for developing standard operating procedures for emergencies in order to ensure a uniform approach of WHO to crises that demand an immediate response.

The Recovery and Transition Programmes Group is responsible for developing, updating and disseminating methodologies, tools and standards for post-conflict and post-emergency recovery and transition programmes. The group also assists Member States with the assessment, design, implementation, monitoring and evaluation of recovery and transition programmes in countries.

Based on World Health Assembly resolutions, the United Nations humanitarian reform and the lessons learned from recent emergencies and crises, WHO's emergency work will focus during the coming years on the following:

- Technical assistance for the development of country emergency preparedness and response programmes, based on two main criteria (an All-Hazard focus with multisectoral approaches and multidisciplinary programmes with strong coordination and control mechanisms among health actors (public, private and non governmental organizations).
- The development of international standards in various technical areas including health emergency planning, legislation, risk mitigation and management approaches, human resource development, and partnership building.
- Close coordination and synergy with other UN agencies and programmes as well as other international humanitarian actors.
- Building on the expertise available in other WHO technical programmes in order to address the needs of communities and populations affected by crises. In other words, WHO will build on its strengths and comparative advantages and make them available to its Member States and other international health partners.



THE FOLLOWING MAJOR INITIATIVES HAVE BEEN LAUNCHED:

- A global survey on the status of emergency preparedness at country and community levels has been developed. The survey is meant as a tool for member states to assess the level of their emergency preparedness and response programmes in order to build on existing strengths and overcome weaknesses.
- A partnership programme has been initiated with the department of Violence and Injury Prevention to formulate guidelines, approaches and best practices to structure mass casualty management systems and develop the necessary manpower, tools and procedures for their efficient implementation at local level.
- A project for developing an international database on existing technical references, best practices and leading institutions in the various areas of emergency preparedness and response will begin in 2006.
- WHO has launched, in partnership with other international health actors, a human resource development project (HEAR-NET). A pilot course was successfully implemented in November 2005. The project is now being adjusted to cater for country and regional needs.
- There is a pressing need for a credible and impartial Health Tracking Service measuring mortality, morbidity and health performance in emergencies and crisis settings. Based on consultations within WHO and with international health partners, a project proposal for a common health tracking service has been developed.
- Predictable funding for emergency health operations is a major challenge. Although the newly restructured United Nations Central Emergency Revolving Fund will help address this challenge, some member States have proposed the establishment of a global Emergency Fund in WHO. At the regional level, the Eastern Mediterranean Regional Committee decided in 2005 to create a regional emergency solidarity fund supported by voluntary contributions from Member States of the Eastern Mediterranean Region.

The UN Emergency Relief Coordinator commissioned a humanitarian response review in 2005. The review concluded that international humanitarian action needed major improvements with respect to capacity, predictability, effectiveness, and accountability. Shortcomings needed to be filled, and systems established to assess needs, performance and impact. Human survival and health are, self-evidently, the focus of the humanitarian enterprise. Partnerships among UN agencies, Member States, the Red Cross and Red Crescent Movement (ICRC), the International Organization for Migration (IOM) and non governmental organizations (NGOs) are crucial to improve the survival and health of communities affected by crises. The effectiveness of the health component of crisis response is indicative of the adequacy of the overall humanitarian action. Hence the creation of the Humanitarian Health Cluster Working Group by the Inter-Agency Standing Committee (IASC), the primary mechanism for inter agency coordination of humanitarian assistance. The Health Cluster is led by WHO and consists of entities in the UN system, the ICRC, the IOM and NGOs networks. The Health Cluster has established a joint initiative to improve humanitarian health outcomes consisting of a prioritized action package of interrelated measures. These are intended to strengthen early warning systems, preparedness, capacity-building, assessments and strategies, country-based management, review, reporting and lesson-learning, and advocacy and resource mobilization. The IASC Health Cluster approach, successfully implemented in Pakistan under the leadership of WHO, has been evaluated by WHO and its donors as well as independently.

UN RECONSTRUCTION PROCESSES

WHO, in conjunction with other UN System agencies, is becoming increasingly involved in the planning of the transition from crisis to recovery . Ensuring health in post-crisis situations entails going beyond technical guidance specific to the health sector. It requires taking a cross-cutting and in-depth assessment of national actors and systems necessary for: 1) the sustained functioning of health services; 2) the elimination of sources of ill-health, including violence, food insecurity, or inadequate water supply and sanitation facilities, among many others; and 3) out reach to particularly vulnerable populations, such as Internally Displaced Persons, returning refugees, and victims of violence and sexual assault. Reconstruction work carried out in all sectors/areas has direct implications for the health of the population.

MILLENNIUM DEVELOPMENT GOALS

The Millennium Development Goals (MDGs) have become an established UN-wide framework for measuring human progress. In the more than 50 countries currently struck by crisis, advances in attaining the MDGs—which address health, poverty, education, equality and empowerment, environmental sustainability, and partnership—are often in the extreme negative: the majority of these countries are far behind reaching the seven goals. With regards to child and maternal mortality, only a small minority of those countries are on track: many are actually slipping back. As for the control of HIV/AIDS, only two countries, worldwide, have managed to reverse the spread of epidemic once it has reached crisis proportions, while few others have succeeded in preventing its early spread. In the Southern Africa Region, 14 million people face a humanitarian crisis marked by excessive malnutrition and hunger, exacerbated poverty, high child and maternal mortality rates, and the unchecked presence of HIV/AIDS, malaria, and tuberculosis. New strategies and approaches for Health Action in Crises, particularly in situations such as that of the Southern Africa Region, are key components in laying the groundwork for ensuring advances towards the MDGs.

WHO/Marko Kokic

