

Health Action in Crises

Reducing the Impact of Crises on People's Health



World Health Organization
Department for Health Action in Crises
Geneva

- Vital capacity for national and local governments, civil society and the international community
- A key element of the UN system's efforts to support humanitarian action and recovery
- Essential for the success of efforts to realise the Millennium Development Goals

Suffering and ill-health during crises

© World Health Organization, 2003

All rights reserved. Publications of the World Health Organization can be obtained from Marketing and Dissemination, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791 2476; fax: +41 22 791 4857; email: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to Publications, at the above address (fax: +41 22 791 4806; email: permissions@who.int).

The designations employed and the presentation of the material in this publication 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.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

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 basic 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 (when food and water are in short supply), or because the institutions that underpin them are weak (when government and local services collapse because of staff shortage or lack of funds).

Crises 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, populations affected by chemical poisoning (such as Arsenicosis in south Asian communities), or the impact of an inflating level of a fatal disease (such as increasing HIV prevalence, particularly 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 prioritised and coordinated responses;
- results-based repair and recovery efforts.

During the last few years, the international response to food shortages in crises has greatly improved through a combination of better specifications of what is required, focused leadership, effective coordination, responsive delivery mechanisms and careful monitoring.

We need to achieve the same results for the health aspects of crises. The challenge is substantial. The international community is scaling up its work for people at risk of crises. This brochure describes the contribution of the World Health Organization (WHO) to this endeavour.

Within two years, WHO will become more crisis focused. It will work better for a reduction of death and suffering through anticipation and action.

All groups within WHO will focus on the impact of crises on people's health.

WHO will develop capacity within countries to coordinate preparation for, response to and recovery from the health aspects of crises. It will do this in ways that reflect best practices, promote health equity, contribute to the realisation of development goals and maintain life and health when basic systems fail.

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

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



**World Health Organization
Department for Health Action in Crises
20, Avenue Appia, CH-1211 Geneva 27, Switzerland
Fax: +41 22 791 4844, Email: eha@who.int
<http://www.who.int/disasters/>**

February 2004

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) outreach 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: 38 per cent of these countries are far behind reaching the seven goals. With regards to child and maternal mortality, only 11 per cent of those countries are on track: the remaining ones 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.

Country Focus

The WHO programme for better Health Action in Crises is a core element of the Organization's Country Focus strategy.

Preparing for and mitigating crises

National authorities undertake three actions:

- Identify natural or man-made 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. WHO helps ensure that a culture of—and a capacity for—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 preparedness actions.

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

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:

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.

The new WHO administration—led by Director-General Dr J.W. LEE as of 21 July 2003—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.

The new Health Action in Crises (HAC) programme and WHO/UN System priorities

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

The “3X5 Initiative”

Health Action in Crises is central in the implementation of the “3X5 Initiative”, the UNAIDS/WHO is drive to provide HIV/AIDS treatment to three million people by the end of 2005. Many of the countries hardest hit by HIV/AIDS are those within the CAP process, either entering or in transition from a crisis. In some of these countries, the severity of the HIV/AIDS pandemic alone can qualify as a crisis. The situation is often exacerbated by unmanaged conflict, natural disasters such as prolonged drought or flooding, and/or economic collapse. WHO plays an important role in combating HIV/AIDS in these countries by offering strategic guidance for enabling access to ARV-based treatment and for programmes aimed at preventing the spread of HIV. Women are particularly at risk and need special attention.

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

and Regional Offices, Collaborating Centres and/or technical networks.

- Evaluating the impact of crisis preparation and response work, and disseminating findings and lessons learnt.

In addition, WHO will work with UNICEF, UNFPA and other international and NGO stakeholders 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 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.

WHO's mobile response teams will bring together expertise in epidemic response, logistics, security coordination and management. They will be 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.

Repairing systems after crises

Crises are resolved when essential systems have been repaired and rebuilt. Humanitarian action should concentrate on bringing essential lifelines 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.

Iraq

During 2003, following a period of destruction, Iraqi social and economic systems were badly damaged. Working with national authorities, international organizations and NGOs, WHO's first initiative (starting in May) was to jump-start disease control, medicine supply and medical care systems so that services were up to pre-war levels. The next step (starting in August) was to work with national authorities and other stakeholders to take forward a process of needs assessments, prioritisation and strategic planning for the health sector that involved all stakeholders. It is now necessary to support the Iraqi Ministry of Health and local groups to ensure improved maternal and child health,

adequate supply systems and equitable, efficient care for all people. WHO's contribution is sustained through experienced and mobile teams based within and outside of Iraq.

Liberia

Following 14 years of civil war, basic services in Liberia have been devastated. People's health is at high risk and access to care is extremely limited. WHO works—often in close collaboration with UNICEF, UNFPA and IFRC— within the coordinated NGO, government, World Bank, UN System and donor response. Health needs are being assessed and prioritised by the establishment of disease and nutrition surveillance. Strategic health care facilities have been identified and are being helped, by different partners, to offer an essential package of health care. Vital services—such as measles immunisation, treated drinking water, essential medicine supplies and reproductive health—are now available. WHO has also helped coordinate the multi-sector needs assessment—and the agreement, by all stakeholders, of a prioritised transition plan—in preparation for the February 2004 reconstruction conference. WHO is now contributing to the implementation of this plan.

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.

WHO's commitment to increased action: a three-year programme

Each year, one WHO Member State out of five faces a major crisis. This grave reality has led the Organization to create a three-year program 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 emphasis is on better health preparation and response to minimize death and suffering, thus opening the way to sustainable and healthier livelihoods for all.

Key Functions

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 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 to support—technical back-up to country teams from specialist groups in Headquarters

must be given to the needs of women for reproductive health and access to essential health care.

As part of WHO's efforts to strengthen its presence and response to the humanitarian crisis in the region in 2003, activities are underway to contribute to the UN inter-agency effort on the nutritional aspects of the crisis. In addition, assessments of health sector capacity and health impact are being conducted. ARV-based AIDS care is now a cornerstone WHO activity in Southern Africa.

The WHO objectives for Southern Africa in 2004 are to:

- Ensure provision of essential health services, especially for women, including sexual and reproductive health, HIV prevention and treatment and emergency obstetric care;
- Control cholera through prompt interventions at the community level;
- Strengthen the capacity of affected districts to respond to priority diseases;
- Reinforce coordination of health interventions to increase efficiency in the allocation of resources;
- Scale up the community coverage of HIV/AIDS control and prevention methods, with particular attention to responding to gender-based violence and women's health risks including HIV infection and sexual ill-health.

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.

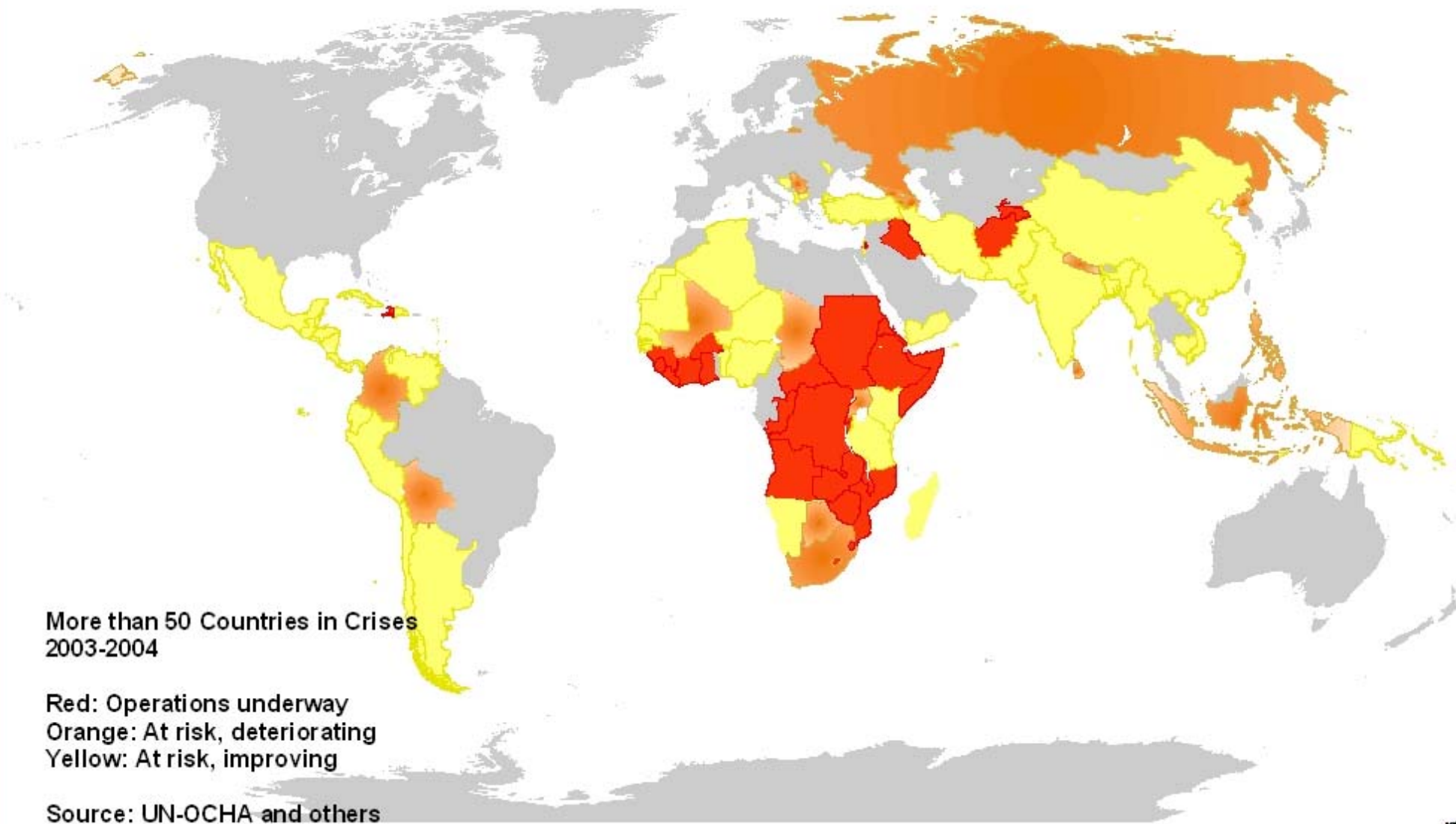
Ongoing conflict in the Greater Darfur Region of Sudan—resulting in an astounding number of Internally Displaced Persons (IDPs) and refugees—continues to exact a heavy toll on the health and survival of affected communities. As part of the UN's Greater Darfur Special Initiative, WHO calls for heightened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

- Provide basic and essential primary health care services to 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.

Southern Africa

Crisis affects millions of people in Southern Africa because HIV/AIDS, food shortage, and under-resourced systems prevent people's basic needs from being met. High death rates and extreme deprivation exist in focal areas or "hotspots". Seasonal cholera epidemics pose an additional threat to people's health in the region. The response must combine essential health services, ARV-based AIDS care, security and long-term support, particularly for young people. Particular attention

Health Action in Crises, overview 2003-2004



Source: ESRI Data & Maps CD
March 2000

