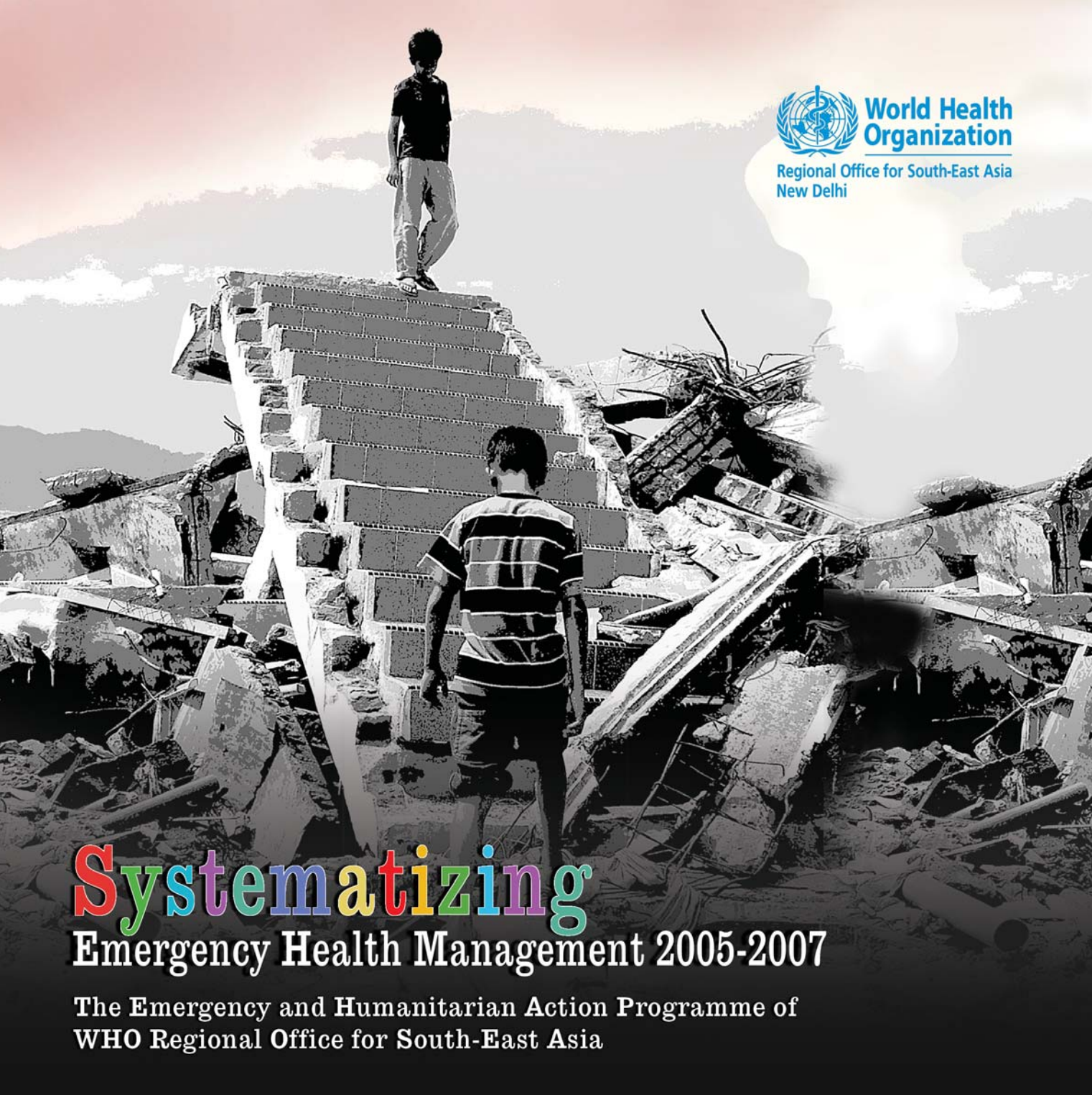

World Health Organization
Regional Office for South-East Asia
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Systematizing
Emergency Health Management 2005-2007

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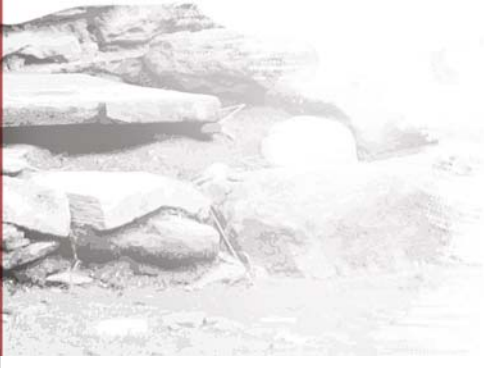

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From the Deputy Regional Director

In the last three years, the Emergency and Humanitarian Action Programme (EHA) has stepped up strategic planning and worked to systematize its many ongoing activities into a comprehensive and focused programme for effective emergency health management.

While EHA has worked towards improved emergency preparedness and response in the Member countries of the World Health Organization's South-East Asia Region for many years, a call for increased leadership and guidance has prompted the programme to strengthen both the framework with which we work and the ability to monitor, evaluate and measure the effects of our work.

This increasing demand from Member countries for WHO to take the lead in the health sector for preparedness and response in emergencies can be witnessed in World Health Assembly (WHA) Resolutions 58.1 and 59.22, as well as Regional Committee (RC) 57/3 and 58/3. The resolutions have been translated into concrete action in a number of ways, not least the formulation of benchmarks for preparedness in a participatory process involving all Member countries and key partners. A five-year EHA strategy has also been put in place, which identifies five main strategic areas that it is crucial to support to take the programme - and thus the country capacities - forward.

That South-East Asia is a disaster-prone area comes as no surprise, and this is unfortunately reinforced by the numbers in the last World Disasters Report (2006). They reveal that during the decade 1996-2005, around 58% of the total number of people killed in natural disasters was from countries of SEA Region. During this decade, the Asia Region had the highest number of natural and technological disasters. In total, they accounted for 44% of all disasters worldwide during this period.

Clearly, in terms of disasters, the South-East Asia Region has been particularly hard-hit in the recent past. The earthquake and tsunami of 26 December 2004, which affected more than six countries of this part of the world, was one of the worst natural disasters in recent history. Recovery efforts are still on today, more than two and half years after the waves swept the shorelines of the region. The earthquake in Yogyakarta, floods in Indonesia, India, Thailand and Nepal, and regular monsoon events in countries such as Bangladesh and Myanmar emphasize that there are risks and hazards to contend with regularly.

Although WHO responds to public health hazards following emergencies in the Region as requested and required, the strategic approach of EHA has a strong focus on improving preparedness levels of the Member countries. It is my firm belief that this is the right way to go if WHO is to succeed in its goal of reducing avoidable loss of life, the burden of disease and disability in emergencies and post-crisis transitions.

Dr Poonam Khetrapal Singh
Deputy Regional Director

Emergency Response

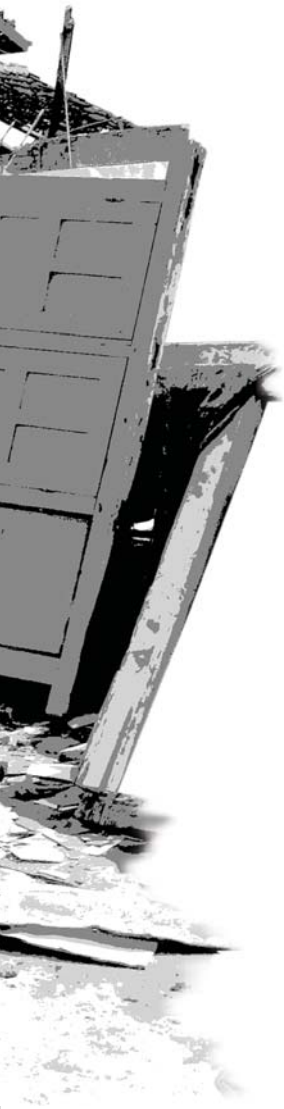
Highlights 2005-07

Recovery and rehabilitation

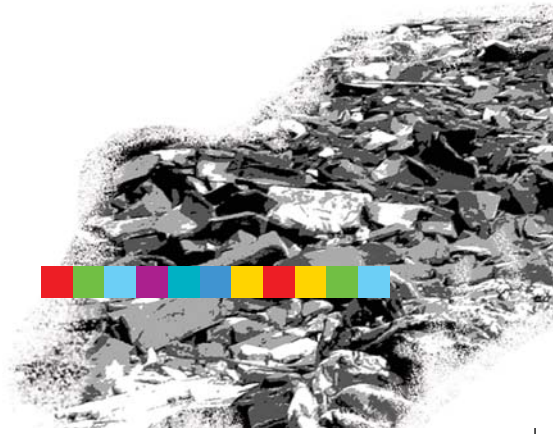
after the tsunami

The WHO response has gradually transformed in the two and a half years since the earthquake and Tsunami took place on 26 December 2004. From the initial emergency support to health authorities and other partners in India, Indonesia, Maldives, Sri Lanka and Thailand, the programme shifted to a longer-term focus on rehabilitation and recovery of systems, and on capacity building. Throughout the period, the main areas of support were health policy and coordination, health protection and disease prevention, provision of essential health services and medical supplies. As the head of the Health Cluster, WHO has played a strong normative role. Among recent initiatives are the establishment of a Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS) with the International Federation of the Red Cross and Red Crescent Societies (IFRC), and design and implementation of a new supply and procurement system for medical supplies in Maldives. In all the affected countries, numerous national training sessions have been organized that focus on technical issues ranging from mass casualty management, psycho-social support, nursing, communicable disease early-warning and surveillance, and laboratory support. The recovery efforts have aimed at improving overall emergency preparedness for future events in the countries and communities affected by the tsunami.

Yogyakarta earthquake–
translating lessons learned into action ■



On 29 May 2006, the two Indonesian provinces of Central Java and Yogyakarta were rocked by an earthquake measuring 6.2 on the Richter scale. In all, 5414 people were killed and a total of 36978 people received treatment for major and minor injures. The emergency response operation mounted after this earthquake greatly benefited from the experiences gained during the response to the 2004 earthquake and tsunami emergency in Indonesia. WHO headed the Health Cluster and a number of sub-clusters were formed to improve technical and response coordination. Guidelines already in place for Indonesia could quickly be adapted to the local context, and capacity building for improved emergency health management actively involved communities as partners. Overall, the response to the Yogyakarta earthquake was led by the Government. It was well coordinated, and public health needs were addressed according to the local context and resources, while public health gaps were dealt with through proper assessments in coordination with other sectors.



Managing public health

effects of extensive flooding

Although monsoon floods are an annual hazard in several countries in the SEA Region, the extent of the flooding that occurred in the last quarter of 2006 was greater than average. With simultaneous flooding in India, Nepal and Thailand within a short time period, more than 20 million people were affected. In all three countries, the response operations were managed by the national and local authorities. WHO country offices provided essential medicines and supplies, while the Regional Office served as backstop for technical assistance and logistical arrangements.

Increased internal displacement

from renewed conflict in Sri Lanka

The resumption of the conflict in the northeast of Sri Lanka between the Government Army and the Liberation Tigers of Tamil Eelam (LTTE) in 2006 caused the displacement of more than 200 000 people in that year alone. From May 2007, the Government initiated a programme of voluntary return, under which around 40000 internally displaced persons (IDP) returned from camps in Eastern Batticaloa to their villages in Western Batticaloa. With the return of a large number of IDPs, many IDP camps in Batticaloa were decommissioned, and those living in camps with poor conditions were relocated to better-structured ones while awaiting their return home. The persistence of displacement as well as problems related to road blockages in the northern districts, in particular Jaffna, adversely affects the overall health and nutritional status of IDPs and the host communities. Gaps in health service coverage in the conflict areas are considerable due to chronic understaffing and a shortage of skilled health personnel. The overstretched health facilities are providing healthcare services to IDPs with the help of international support. However, access to health services is generally reduced, and there are also worrying setbacks on immunization coverage. Funded through the Central Emergency Response Fund (CERF), WHO and its partners are implementing a programme aimed at meeting the immediate public health needs of IDPs in the conflict-affected areas.


T.I.R

Forest fires and haze in Thailand in 2007

In March, the Royal Thai Government declared its northernmost province of Chiang Rai a disaster zone after brush and forest fires produced intense smog and smoke. The government set up special clinics on location to care for people suffering from smoke inhalation and began a health education campaign in order to prevent the community from being affected by the forest fires and thick smog. WHO coordinated with the various departments and divisions of the Ministry of Public Health (MOPH). Through the Steering Committee on Environmental Hazards in the ministry, WHO collaborated in providing technical assistance, sharing best practices and developing appropriate public health communication. A "National workshop on Health Impact of Haze-related Air Pollution" was held in Chiang Mai on 24 April 2007. The workshop was organised by the MOPH, Chiang Mai University and WHO. The workshop was part of the recommendations coming out of a joint mission (MOPH / WHO) to the most-affected province of Chiang Mai in March 2007.

Transition support to vulnerable populations in Nepal ■

WHO has consistently monitored the effects of civil unrest and political events to assess and react to evolving humanitarian needs of vulnerable populations. In 2005, WHO participated in the joint UN, donor and NGO consolidated appeal process (CAP). The WHO project addressed public health needs in conflict-affected communities within a framework of improved information management and coordination, as well as support to district-level emergency preparedness efforts to build disaster response capacity. WHO Nepal received support from Sweden to implement part of the health-related project, which underwent substantial changes to reflect the changed political scenario after the civil uprising in April 2006. As part of the project, technical support has been extended to the Ministry of Health and Population and to local health authorities for addressing health needs of displaced persons and other vulnerable populations. In March 2007, a one day "Health in Transition" (HIT) workshop was organized to sensitize health planners and programme managers on policy issues and operational priorities related to working in a post-conflict setting. The CAP project was completed by 31 March 2007.

B Building Operational Readiness

The South-East Asia Regional Health Emergency Fund (SEARHEF)

The need for a financial mechanism within WHO to address the immediate health needs in the Region in emergency situations was identified at the regional meeting on emergency preparedness and response in Bali in June 2006. Consequently, the Bali Declaration highlighted the setting up of a Regional Solidarity Fund for Emergency Response. At the 24th Health Ministers Meeting in Dhaka, Bangladesh in August 2006 the same recommendation was repeated. On 12-13 April 2007, a regional consultation on the South East Asia Regional Health Emergency Fund (SEARHEF) took place in New Delhi, India. The consultation was organised by EHA/SEARO with the objective of discussing the SEARHEF proposal and building consensus with national counterparts from the Region. 6 countries participated in the consultation. In June 2007, a smaller working group consisting of representatives from Member countries formulated the proposed policies, principles and guidelines of the Fund at a meeting in Bangkok. These were presented for discussion and further refined during the Joint Meeting of the Health Secretaries of the Region and the Consultative Committee on Programme Management (CCPDM), which both took place in July 2007. The proposal for the establishment of the Fund will be presented to the Regional Committee in August during its sixteenth session in September 2007 in Thimphu, Bhutan for approval. The SEARHEF has a target launch date of 1 January 2008, that coincides with the beginning of the new biennium. The SEARHEF is not an instrument for funding bulk relief and recovery, or reconstruction and rehabilitation work. Established mechanisms such as Flash Appeals, Consolidated Appeals Process (CAP) and Central Emergency Response Fund (CERF) will continue to be the main funding sources.

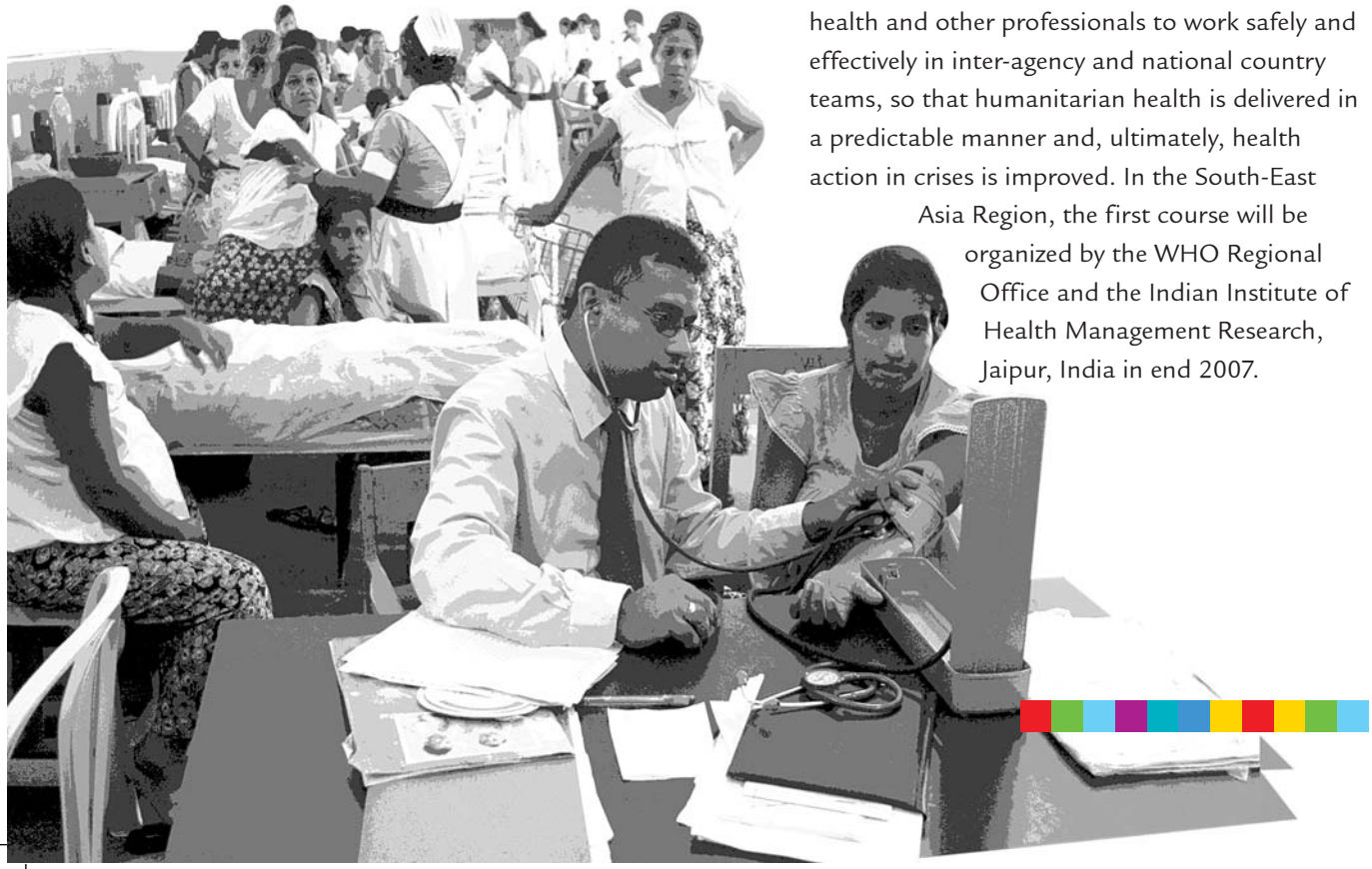
Roster of experts

The earthquake and tsunami of 26 December 2004 sharply highlighted the need for and importance of adequate emergency preparedness. The effectiveness of the national response to a disaster of that magnitude depended heavily on their level of preparedness. A web-based roster has been developed in order to be able to rapidly deploy experts to the field in support of the National Health Authorities' and the WHO Country Offices' emergency operations. The database contains regional and national experts who can be deployed to assist Member countries with emergency response. Areas of expertise covered are, among others public health, communicable disease surveillance and control, mass casualty management, logistics, information and communication, water and sanitation and nutrition. The roster will be updated and maintained by EHA / SEARO, and the identified experts will participate in training programmes of the Regional Office as required.


World Health
Organization

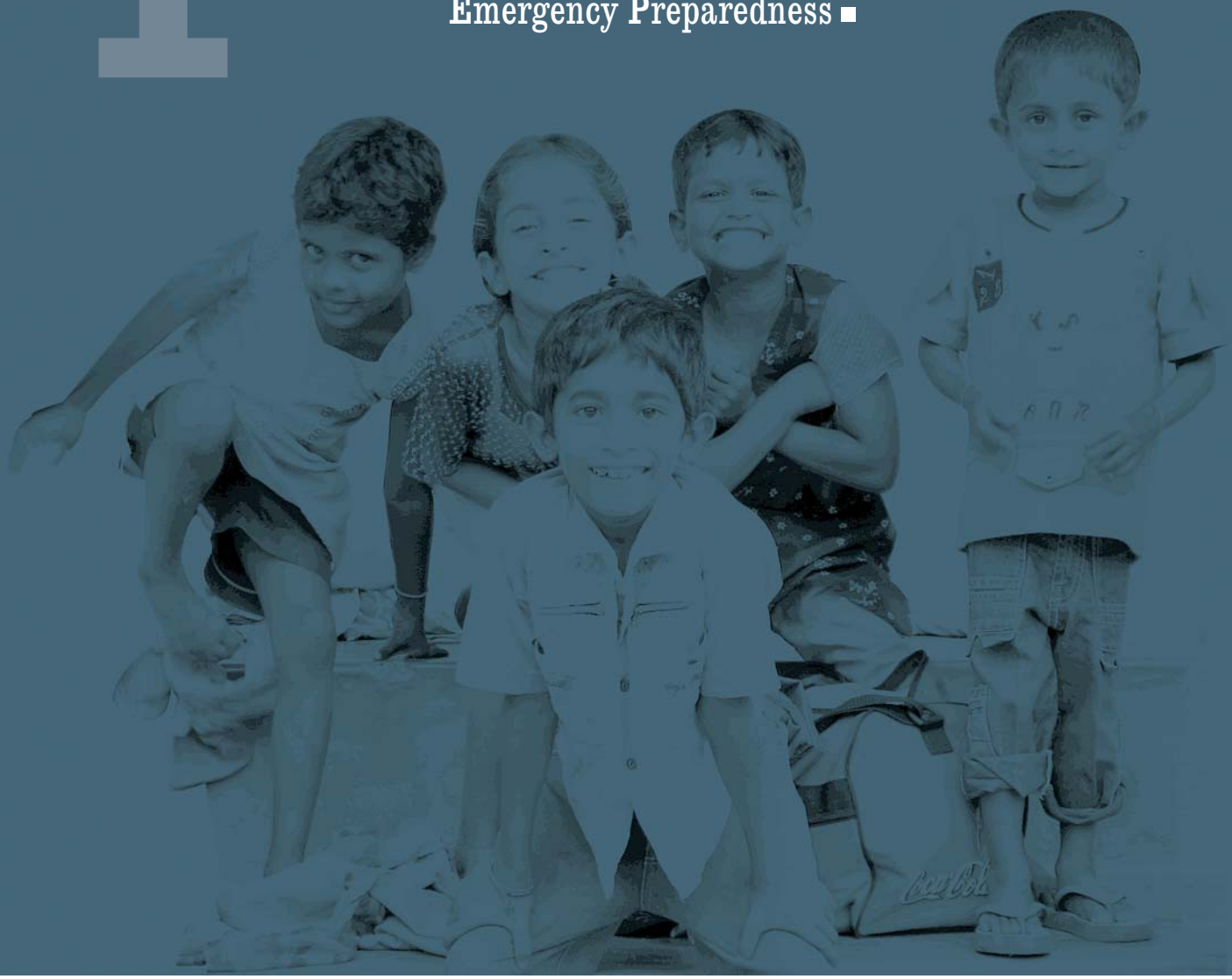
Public Health
Pre-deployment Course (PHPD)

The PHPD course is an important step towards improving the capacity of the international humanitarian community in dealing with emergencies. The course provides health and other professionals with the public health, personal and operational skills they need to work as part of public health response teams in emergency settings. The course integrates the humanitarian reform and new coordination mechanisms, including the United Nations Health Cluster approach that has been developed to improve coordination at the ground level. The overall objective of the course is to prepare public health and other professionals to work safely and effectively in inter-agency and national country teams, so that humanitarian health is delivered in a predictable manner and, ultimately, health action in crises is improved. In the South-East Asia Region, the first course will be organized by the WHO Regional Office and the Indian Institute of Health Management Research, Jaipur, India in end 2007.



Improving Regional

Emergency Preparedness



EHA 5-Year Regional Strategy ■

A 5-Year Regional Strategy covering the period 2008 to 2013 has been developed by EHA / SEARO together with country focal points and external experts to ensure that the emergency preparedness initiatives are taken forward within the Organization to assist Member States efficiently and effectively. It is envisioned that EHA / SEARO will provide regional and global leadership in 1) technical guidance and public health interventions in crises; 2) benchmarking and standard-setting in emergency/risk management; 3) coordination and management of stakeholders; 4) capacity building in Member States, and 5) information management and communications.

The overall goal of the strategy is to reduce avoidable morbidity and mortality in emergencies through improved community capacity and enhancement of health system resilience. Although the strategy formally covers the period beginning from 2008, it builds on ongoing activities in the programme. With the strengthened strategic approach embodied in the strategy, the planning and implementation of future activities will take place within a framework that clearly interlinks the various strains of emergency preparedness and response. The individual activities may thus not change substantially in nature, but the way they fit into the bigger picture is now clearer and more measurable.

Benchmarks

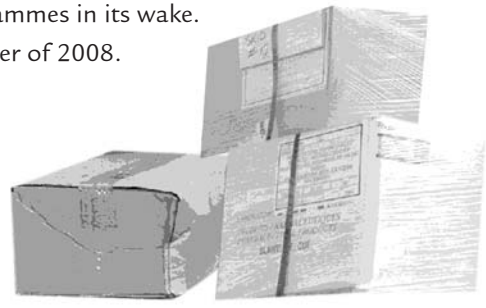
In November 2005, countries gathered in Bangkok to develop and agree on benchmarks to put in place a comprehensive national EPR system. Designed as a framework to turn lessons into action after the 2004 earthquake and tsunami, the benchmarks for EPR were developed by a multisectoral group drawn from all Member States. Priorities are different for each country since the systems and areas which require strengthening are different. In June 2006, six months after the adoption of the benchmarks, a complete regional review was carried out at a regional consultation for Emergency Preparedness and Response in Bali. To further assess priorities, key indicators and standards per benchmark have subsequently been formulated to guide national and sub-national authorities. The benchmarks have become the core guiding factor for the SEA Region EHA programme as they form a major component of Country and Regional workplans for 2008-2009 and the EHA Regional Strategy. The SEA Region benchmarks are a key contribution to developing standards and indicators for the discipline of health sector emergency preparedness and response. During the World Congress on Disaster and Emergency Medicine (WCDEM) in May 2007, several sessions focused on various aspects of these benchmarks. At the same time, a parallel workshop on "Safe and Resilient Hospitals" organized by Yale University New Haven Emergency Preparedness and Response Center, the Joint Commission and the Pan American Health Organization (PAHO) used four of the benchmarks to guide the process of developing standards and indicators for safe and resilient hospitals.

Systematic information management and dissemination

The area of information management and dissemination has been strengthened through several new initiatives and an increased focus on regular and ongoing ones. As a repository for health-related emergency preparedness and response information in the Region, the EHA / SEARO website is reorganized regularly to reflect the latest emergencies and events, best practices, and resources for planning and evaluation. The website can be accessed at www.searo.who.int/eha. As a supplement to the website, an electronic news update with information about events, activities and emergencies in the countries of the SEA Region is distributed to subscribers every second month. Focus, a magazine that takes up specific issues related to emergency preparedness and response, was launched in July 2007, with the theme of the first issue being floods. As the SEARO Benchmarks form an essential part of the work of the EHA programme in the Region, a publication has been produced that outlines the development process, key features and their application by Member States.

Research and evidence base

From Vulnerability to Preparedness is a new EHA / SEARO publication, which details hazard profiles, the national and sub-national disaster management systems, and main activities of the EHA programme in the 11 Member countries. To mark the second anniversary of the 2004 earthquake and tsunami, the response, recovery and rehabilitation programmes of WHO have been documented in the publication *From Relief to Recovery*. WHO coordinated global efforts to address post-disaster health consequences in Indonesia, Sri Lanka, India, Thailand, and Maldives. These countries bore the brunt of the tsunami, and the relief and recovery operations that followed have set the benchmark for emergency preparedness and response in the South-East Asia Region. Currently, another technical publication on the response to the tsunami is being written. This publication collates the many articles and written resource materials produced on various aspects of the tsunami response from a multitude of agencies and organisations, and aims to provide an in-depth analysis on all health-related issues of the response, recovery and rehabilitation programmes in its wake. The publication will be published in the first quarter of 2008.



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