

# **Coping with Major Emergencies**

**WHO Strategy and Approaches to Humanitarian Action**

**World Health Organization**

**Division of Emergency and Humanitarian Action**

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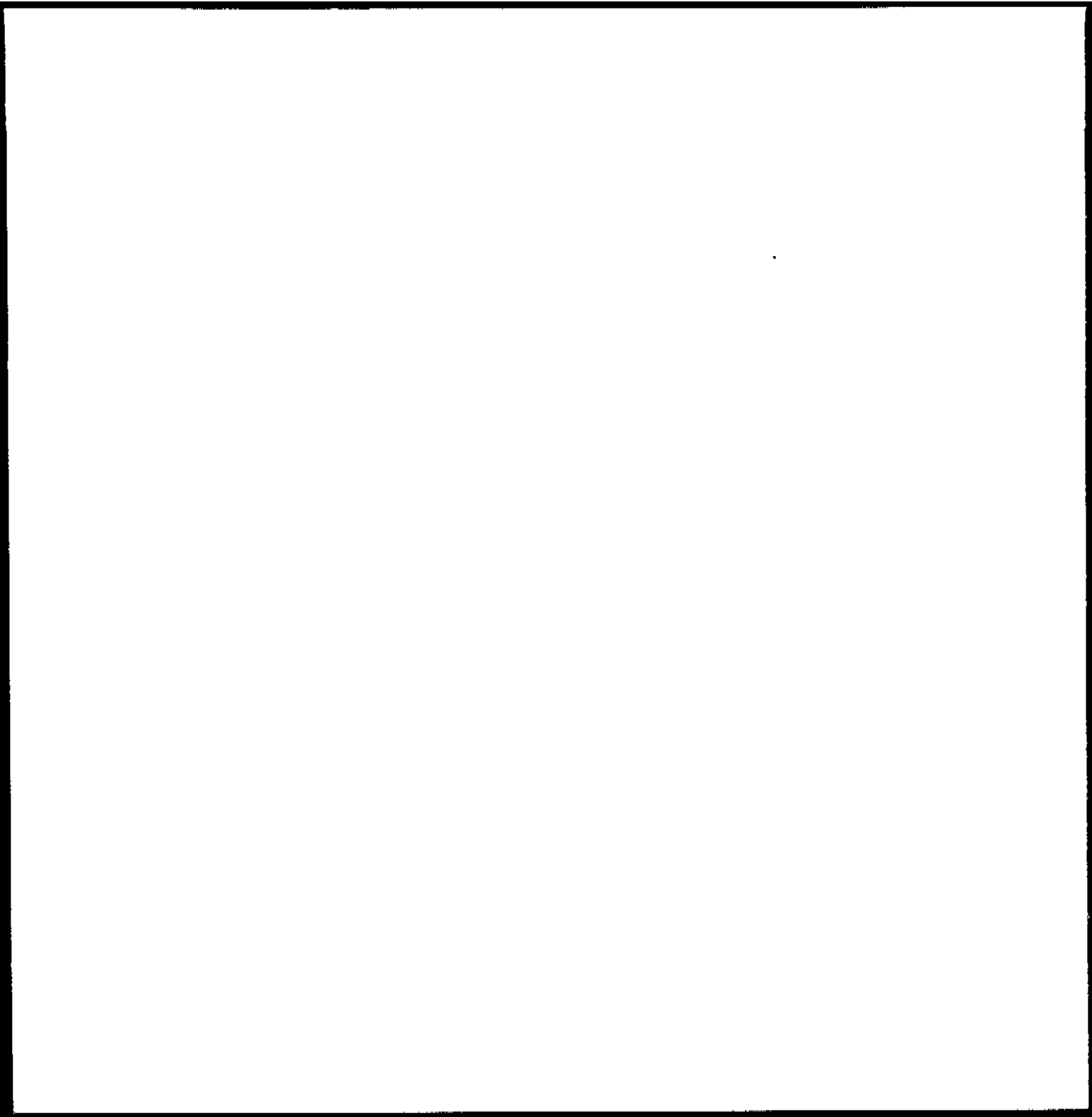


# Coping with Major Emergencies

## WHO Strategy and Approaches to Humanitarian Action

World Health Organization  
Division of Emergency and Humanitarian Action

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# Foreword

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The end of the east-west political and economic confrontation known as the Cold War has not, unfortunately, brought about any decline in the numbers or severity of emergencies affecting all parts of the world. On the contrary, there has been a dramatic and continuing rise in both natural and man-made disasters.

The cumulative impact of complex emergencies on the international aid community has been profound, and has led to the diversion of large amounts of resources from developmental to relief purposes.

At the same time, it has also provoked widespread centralization in the management of major crises, linked to the need to make optimal use of limited resources and to reduce overlap. The international community is, today, very conscious of the urgent need to deal more systematically with the preparation of emergency response programmes in various parts of the globe, with resource mobilization and monitoring activities, and with establishing effective relationships between cooperating partners and with the media.

WHO is resolved to improve its rapid response capability at the country, regional and global levels, and to ensure effective teamwork and communication among all levels of the Organization. As a first step, I have decided to handle personally, in close collaboration with the regional directors concerned, all complex emergency situations

having major political dimensions, and hence being dealt with under the direct leadership of the Secretary-General of the United Nations, assisted by the Security Council and the Department of Humanitarian Affairs (DHA). In this perspective, I have set up an Emergency Task Force which will meet every month to review on-going and planned EHA activities relating to WHO response to complex emergency situations, as well as internal policy and administrative issues arising, within WHO, from its participation in complex emergency response programmes.

The Organization will also look carefully at all issues arising from WHO's membership in the United Nations Inter-Agency Standing Committee (IASC) which has been set up by the Secretary-General to bring about improved coordination in the management of emergency response programmes. The IASC brings together, for the first time, not only the relevant United Nations humanitarian agencies but also the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies and major consortia of nongovernmental organizations engaged in humanitarian relief. WHO has been an active participant in the work of the IASC and will continue to give its full support.

Resolution EB95.R17 adopted by the Executive Board in January 1995 urged Member States to include disaster reduction and emergency preparedness in their national development plans and to allocate budgetary resources for

this purpose. It called on the donor community to give greater priority to health aspects in their humanitarian assistance programmes. The resolution required WHO to support the efforts of Member States in this domain as well as to seek extrabudgetary resources to help protect the development achievements of countries and reduce the vulnerability of communities at risk. Specifically, in the field of emergency response and humanitarian action, the resolution called for improved internal coordination and emergency response capacity, and for strengthened ability on the part of WHO field offices, particularly in disaster-prone countries, to respond to early warning signals.

Within WHO, the overall aim is to create "a culture of emergency response and humanitarian action" so that our Organization can quickly and efficiently translate intentions into actions.

It is with a view to making all WHO country representatives and WHO staff generally aware of what is required of them in the related fields of emergency preparedness, emergency response and humanitarian action that this brochure has been prepared. I am pleased to commend ***Coping with Major Emergencies*** to the attention of all of you.

# A World Fraught with Dangers

In recent years - and particularly since the end of the Cold War - the number of major and complex emergencies in the world has grown steadily larger. The effects of natural disasters, often made much worse by demographic and environmental pressures, have also tended to become much more severe. A great many factors are at work - whether social, cultural, economical, political or environmental - which predispose communities around the globe to emergencies of one kind or another.

Every disaster, whether natural or man-made, has serious implications for health. Since the 1980s, the number of such events in which the United Nations and its agencies have become involved has threatened to overwhelm their limited financial and manpower resources.

The cumulative impact of complex emergencies on the international aid community has been immense. Firstly, large amounts of funds which were intended to help countries to sustain their long-term development have been diverted for short-term relief purposes. Secondly, both bilateral and multilateral organizations are tending to centralize the management of major crises, as a means of making optimal use of limited resources and reducing overlap. This tendency springs from the widely perceived need to prepare emergency response programmes more systematically in various parts of the globe, to mobilize resources efficiently and to establish effective relationships with cooperating partners and with the media.

Indeed, television, radio and the print media have left the general public in no doubt that the challenge of these global emergencies must be met. But the tendency to think in terms of reacting to an emergency, rather than minimizing the chances of its happening through effective preparation measures, is deep-rooted. The international community now increasingly realizes that it must invest in building up the capacity of vulnerable countries to handle at least the first phases of major emergencies and to integrate that capacity into overall development objectives, if emergency management is in the long run to succeed and be cost-effective at the national level. Sustainable development cannot be achieved if countries fail to bring about sustainable improvements in their public health status because of the severe setbacks that inevitably follow from emergencies and from which they must, ultimately, recover on their own.

Because of these pressures and the growing concern expressed by the international community, the Director-General of WHO has decided to take much more direct responsibility for the management of complex emergencies through the structure that is being set up under the Division of Emergency and Humanitarian Action (EHA). He is also taking drastic steps to increase the Organization's capacity to play its normative role, within the health sector, in the coordinated emergency response programmes that these complex situations increasingly call for. These steps include:

- Establishing an **Emergency Task Force** expressly to deal with policy issues arising within the context of complex emergency management, and with issues relating to WHO's association with other partners in this work.
- The organization of **Health Emergency Teams** to assess the health status and needs of the affected populations at the start of an emergency, and to give direction to the overall response it calls for in the health sector. These teams will normally be led by a WHO staff member and will be able to draw upon focal points designated in each region and in WHO's concerned

technical divisions and programmes, as well as calling on specialized consultants.

- The setting up of a network of senior **Emergency Health Coordinators**, drawn from WHO as well as from other institutions, that will be on standby and ready to assume leadership for the coordination of health sector responses called for by complex emergency situations.
- The strengthening of the headquarters' **Emergency Response Fund**; each WHO region may also create a reserve fund to meet sudden and unexpected needs.



- The **Stockpiling** and maintenance of buffer stocks will be made easier through the willingness of the Government of Italy to make available warehouse facilities at Pisa airport for storing some of the essential supplies used by WHO in emergency relief operations.

- The revision of WHO **field operational procedures** in order to bring them into line with those of other agencies working in this field.

Starting within its own house, WHO is seeking to create "a culture of emergency response and humanitarian action." This "culture" should embrace technical programmes existing in-house as well as logistics, fund-raising and information management activities. Operating

hand-in-hand with the regional offices and country representatives, the "culture" will, it is hoped, also permeate health ministries as well as other concerned ministries, and eventually the public at large. Instead of simply "fire-fighting," response to emergencies will become a well-structured blend of emergency preparedness and response capacity. ■

## Defining Emergencies and Disasters

WHO has compiled the following rule-of-thumb definitions:

**Emergency:** a sudden occurrence demanding immediate action that may be due to epidemics, to natural or technological catastrophes, to strife or to other man-made causes.

**Disaster:** any occurrence that causes damage, ecological disruption, loss of human life, or deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community or area.

**Complex emergency:** a form of man-made emergency in which the cause of the emergency as well as the assistance to the afflicted is complicated by intense levels of political considerations.

# Global Changes in the Field of Humanitarian Action

## Coordinating the UN response

*The UN's Department of Humanitarian Affairs (DHA) was created in order to strengthen coordination within the UN system in responding to major or complex emergencies.*

*DHA's Inter-Agency Standing Committee (IASC) comprises the heads of the UN operational humanitarian relief agencies and programmes (UNHCR, WFP, UNICEF, FAO and WHO, as well as ICRC, IFRC and the IOM); relevant major NGOs also participate on a regular basis. The IASC Working Group focuses on policy and strategic issues, and there are a number of specialized IASC Task Forces. Both the committee and the working group are supported by an Inter-Agency Support Unit (IASU), which is made up of staff seconded from the IASC member organizations.*

*UN Disaster Management Teams (DMT) exist in most countries that are highly vulnerable to emergencies and disasters. Headed by the UN Resident Coordinator, each team comprises representatives of the operational agencies in the country (besides WHO, they usually include UNHCR, UNICEF, FAO, WFP) and sometimes NGOs. Where DHA has nominated its own humanitarian coordinator, it also participates in the DMT.*

The United Nations has long been committed to offering all possible humanitarian assistance to assist its Member States in the event of a major emergency, whether stemming from natural or man-made causes. As in the case of WHO, the UN's mandate and its role have evolved over the past decades as the volume and nature of emergencies worldwide have changed.

Similarly, perceptions by the public and by Member States of the evident need for the international community to meet the challenge of ever-increasing global emergencies have helped to spur a general review of the approaches that had been used hitherto and had been found wanting. As part of this ongoing process, in April 1992 the UN Secretary General established a new **Department of Humanitarian Affairs (DHA)**. DHA incorporates the former UNDRO as well as former UN emergency units for Africa, Afghanistan, Iraq and South-East Asia.

DHA operates in New York and Geneva. Policy coordination takes place in New York, and the Under-Secretary-General for Humanitarian Affairs, who is also the **UN Emergency Relief Coordinator**, is based there. The New York office works closely with the UN Secretary General and with relevant UN political, peace-keeping, security and development bodies. The Geneva office is the focal point for operational support, relief coordination and disaster mitigation.

The United Nations General Assembly Resolution 46/182, which sets out the policy framework for EHA, was a major policy landmark for UN humanitarian assistance. It set the tone and thrust for a new Department of Humanitarian Affairs, calling for greater coordination by all partners (not only by the UN) in the planning and delivery of UN emergency assistance, and for greater links between relief and development. Specifically, it underlined that "in order to ensure a smooth transition from relief to rehabilitation and development, emergency assistance should be provided in ways that will be supportive of recovery and long-term development. Thus, emergency measures should be seen as a step towards long-term development." In this spirit, the same

resolution also called for greater UN efforts to prevent and mitigate natural disasters and emergencies, to assist developing countries to strengthen their capacity to respond to disasters, and to improve the pooling, analysis and dissemination of early warning information on natural disasters and other emergencies.

The resolution also called for improved reserve and other contingency funding arrangements, including a complementary central funding mechanism to ensure adequate resources *"for use in the initial phase of emergencies that require a system-wide response."* And it called for all concerned agencies to issue an initial consolidated appeal as quickly as possible, in consultation with the affected country, after the onset of an emergency.

To address this agenda, the DHA has set up the UN **Inter-Agency Standing Committee (IASC)** which, along with its working group and several task forces, focuses on urgent humanitarian issues. Both IASC and the working group are back-stopped by an **Inter-Agency Support Unit (IASU)**, which is made up of staff seconded from the agencies and NGOs.

The IASC meets the need for more centralized management of emergency response programmes. It brings together, at the **Executive Heads'** level, all the relevant UN agencies, the ICRC, IFRC, IOM and major NGO consortia engaged in humanitarian relief, and is charged with formulating coherent and timely responses to major disasters and complex emergencies. It meets regularly in conjunction with sessions of the ACC, ECOSOC or the UN General Assembly. The IASC is continually seeking to streamline the consultation process between agencies and other actors in the relief response structure, and thus make it more effective. Ideally, the interagency coordination mechanism will be lean, simple, unbureaucratic and clear.

Besides strategic and policy issues relating to specific emergencies, the IASC discusses thematic issues of general and global concern which go beyond the mandate of any individual IASC member, while affecting all of them. These issues include protec-

tion of humanitarian mandates, the security of relief personnel, internal displacement, demining, demobilization, sanctions, and the role of relief agencies when peace-keeping or peace-making operations are undertaken in parallel with the protection of relief workers carrying out humanitarian response programmes. Additionally, the IASC deals with operational, administration and implementation issues.

The IASC's main operational arm is the **IASC Working Group** which acts as a clearing-house for issues being put forward to IASC members for discussion and decision. It is composed of the directors of the emergency units or divisions of the IASC agencies, and it is specifically charged with focusing on policy and strategic matters which concern the UN system's overall capacity to address humanitarian needs effectively, as well as formulating system-wide responses to country-specific emergencies.

Since its formation, the IASC has also established several **Inter-Agency Task Forces**, either mandated by the IASC itself, through the IASC Working Group, or on the initiative of the **Emergency Relief Coordinator**. These task forces have dealt with such subjects as field-level coordination, consolidated appeals, internally displaced people, landmines, sanctions and the relief-to-development continuum, as well as complex, country-specific and regional emergencies. In the context of prevention, preparedness and mitigation, the DHA now hosts the Secretariat for the **UN International Decade for Natural Disaster Reduction (IDNDR)**.

The IASC's main operational tools include the task forces, the Inter-Agency Consolidated Appeal process which incorporates joint needs assessment missions, and the central emergency revolving fund.

The **Inter-Agency Consolidated Appeal Process (CAP)** is essentially field based. It includes:

- a) early warning and pre-disaster planning;

- b) strategic planning where the field situation is analysed with the government, with a view to design an effective response to immediate requirements as well as to link relief and rehabilitation activities;
- c) needs assessment, and
- d) appeal formulations.

The Inter-Agency Consolidated Appeals are issued by the UN Secretary-General and cover the main humanitarian assistance components - food aid, logistics, health, shelter and essential agricultural inputs. Such appeals respond to the needs arising from a major or complex emergency in one or more countries, and whenever possible are developed in closest collaboration with the authorities of the country or countries concerned. Since donors will not respond to individual appeals, WHO - for resource mobilization purposes - communicates its emergency health requirements to the donor community primarily through these interagency appeals, through participation in joint UN agency donor meetings and press conferences, and through regularly updated situation reports.

The **Joint Inter-Agency Needs Assessment Missions** are intended to ensure that effective assistance is brought to stricken areas with a minimum of delay, in keeping with an objective, credible assessment of urgent needs at field levels. It is appropriate that WHO should take the lead responsibility for the health component of these missions, in cooperation with other concerned agencies and NGOs.

The **Central Emergency Revolving Fund (CERF)** is a cash-flow mechanism intended to facilitate a rapid response of UN agencies at the onset of an emergency, before funding has been mobilized through the launching of interagency consolidated appeals. WHO has made use of the CERF on several occasions. Only heads of UN operational agencies that are members of IASC can borrow from it, and they subsequently reimburse it. Use of the resources of the CERF is intended to be complementary to the efforts of organizations and entities directly concerned with

relief efforts. Operational agencies have made use of the CERF on an average of once every three weeks.

The coordination mechanisms set up by DHA (see boxes) should encourage governments of disaster-prone countries, UN agencies, major NGOs and donors to move away from a limited strategy of crisis management to a strategy that emphasizes prevention, mitigation and preparedness for disasters. Instead of piecemeal, short-term and ad hoc approaches to disaster, there are signs that a proactive, well-coordinated, risk-reduction approach is developing. ■

## **Joint Operational Tools**

***Joint Inter-Agency Need-Assessment Missions** visit stricken areas as early as possible after an emergency occurs. WHO has lead responsibility for the health component of these missions.*

***Consolidated Appeals** are issued by the UN Secretary-General and comprise all partners and components in humanitarian assistance. WHO communicates its requirements to donors through these appeals.*

***The Central Emergency Revolving Fund (CERF)** is a cash-flow mechanism to facilitate a rapid response of UN agencies to urgent emergency assistance requirements.*

# WHO's Mandate in Emergencies

WHO's Constitution specifically mandates the Organization in the field of humanitarian assistance in emergencies "to act as the directing and coordinating authority on international health work", "to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments." WHO is also mandated "to provide, or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the people of the trust territories."

The Organization has also long been designated as the lead agency within the UN system for health-related aspects of emergencies, and should advise the other partners on coordination in this field. This health coordination role, as distinguished from operational support, makes WHO a key partner of DHA, and of other emergency-oriented agencies represented on the IASC. It must be strengthened and developed.

In emergency preparedness, WHO's goal is to strengthen national preparedness capabilities through capacity-building at the national level and by ensuring maximum congruence between emergency relief, rehabilitation and long-term development efforts. The net effect should be to promote increased self-reliance in the affected countries.

Throughout its emergency relief and humanitarian action operations, WHO's objectives are to provide, to the best of its abilities, initial relief assistance in the aftermath of man-made and natural

disasters; to ensure that health relief efforts are efficient, relevant and carried out in a coordinated fashion; and subsequently to support and help to rehabilitate health care systems, emphasizing the primary health care approach as well as the need to provide special groups with the health services and facilities they need. A primary focus of WHO's efforts in relief is to ensure that, wherever possible, previous health relief structures are built on with a view to strengthening the affected countries' general health infrastructure in the months and years to come. ■

## The Assembly's Endorsement

*Resolution WHA46.6 passed by the World Health Assembly in May 1993 urged Member States to strengthen their capabilities for preparing for, preventing and mitigating disasters, and to increase their budget allocations for this purpose. It also urged further improvements in related staffing and technical capacities at WHO headquarters and stronger regional mechanisms for efficient health management in emergencies. WHO Representatives and field staff should receive adequate training and instruction to fulfil their tasks. The Organization itself should be better prepared to give early warning of disasters in general, and disease epidemics in particular, to complement the UN's own early warning mechanisms.*

# A New Focus for WHO's Emergency Action

Much more than in the past, WHO now intends to take the initiative in emergency situations where its technical skills in the health field can usefully be brought to bear. The new focus is on ensuring a better response in complex emergencies. Part of this task will consist of gathering and disseminating information, responding to emergency health needs and problems, restoring and maintaining health services, and making sure that other partners are aware of the new WHO potential.

In the past, apart from its familiar and longstanding Emergency Preparedness programme, WHO's involvement in emergency management chiefly took the form of response to specific individual emergencies in what were considered to be high-priority areas for WHO's attention, such as Mozambique, Namibia, the Occupied Arab Territories, the Gulf and Somalia. WHO's former Emergency Relief Operations Division was never in a position, whether financially or in terms of staff, to undertake all the vital technical functions that are indispensable factors in the field of health emergency relief.

WHO's involvement in humanitarian action is relatively recent in a field already overcrowded by many other agencies. Given that the health issues of major emergency situations were addressed by so many other partners who filled the gap during the "inactive period" of WHO in this area, there is now a need for WHO to re-direct its strategy on the basis of scientific and normative functions and technical expertise. So it is essential that WHO's Member States, UN agencies and NGOs operating in the health field, as well as donors, should be fully informed and that they endorse WHO's more active role in emer-

gencies. And if WHO is to have its credibility and acceptance by others fully restored in this particular area, it is no less essential that the Organization makes sure that it can indeed deliver the goods.

It was to address this issue that the revised mandate of the **Division of Emergency and Humanitarian Action (EHA)** was proposed by a task force expressly set up in August 1993 to recommend to the Director-General and the Management Development Committee just how the Organization could best adapt to the requirements of fast-evolving emergency situations.

The task force envisaged two distinct areas of activities:

- (i) humanitarian action, including operational coordination and emergency support services;
- (ii) emergency preparedness and national capacity building.

With regard to humanitarian action, the division neither intends nor is it structured to carry out most field activities by itself or through its own resources. Rather, it sees itself as the planner, coordinator and evaluator of relief efforts, all such tasks to be undertaken in close collaboration with all other parts of WHO. In line with this strategy, EHA has stepped up its partnerships with WHO technical programmes. At the same time, regional and country offices are correspondingly taking on an increasing share of responsibility in the field.

In complex emergencies, however, an important coordinating role remains for WHO headquarters. Complex emergencies require a UN system-wide response under the leadership of the Secretary-General and DHA. The official role of WHO in the complex process managed through the Inter-Agency Standing Committee is discharged by headquarters, since no individual regional office is accountable for the whole range of responsibilities in emergency management. While carried in full and close cooperation with field and regional offices, fund-raising, approval of programme planning, project monitoring and evaluation, financial and substantive reporting, and official communications with donors remain part of the functions of headquarters. ■

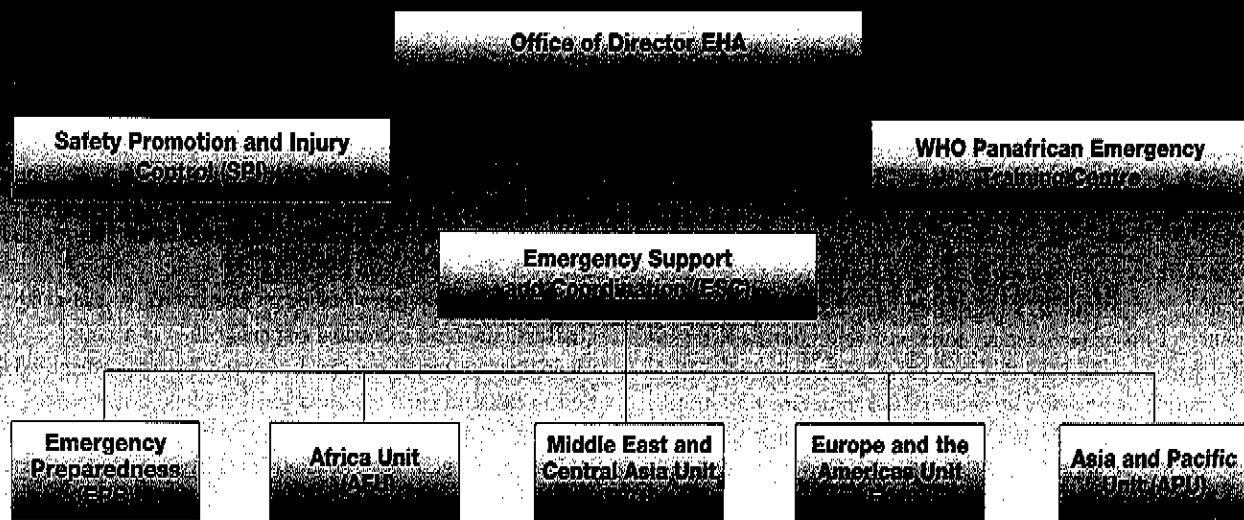
# WHO's Role and Responsibilities

Under normal circumstances, countries vulnerable to major emergencies and disasters should be encouraged by WHO to allocate regular resources (including WHO budget funds) towards strengthening their emergency management capacities at national and sub-national levels. WHO in turn should ensure that it has the managerial and technical capability to provide technical support to Member States in building up their national emergency and response programmes.

After an emergency has been officially declared, the nature of WHO's involvement will depend on the scale of the emergency. In small-scale emergencies - for instance, a natural disaster of limited intensity or an epidemic - WHO, through the national and regional office concerned, would assist the affected country in emergency management and in evaluating interventions for "lessons learned" in order to further strengthen the national and sub-national emergency preparedness programme.

In major or complex emergencies which are beyond the coping capacity of the affected country, WHO should extend full assistance to respond to the health effects caused by the disaster. In complex emergencies where no national authority is left to manage needed services, WHO should - within the framework of UN coordinated humanitarian assistance - take full responsibility for directly planning, coordinating and putting into effect all necessary health-related humanitarian assistance. ■

## Structure of the Division of Emergency and Humanitarian Action (EHA)



# Emergency Preparedness

## Defining Emergency Preparedness

*Emergency Preparedness: a programme of long-term development activities whose goals are to strengthen the overall capacity and capability of a country to manage efficiently all types of emergency, and bring about an orderly transition from relief through rehabilitation, and back to sustained development.*

**E**mergency preparedness aims to build up the national capacities of Member States that are vulnerable to emergencies and disasters of all kinds to handle their impact. It is of a developmental nature and therefore should follow normal WHO procedures. In fact, national emergency preparedness is an essential part of the work of WHO at country and regional levels, and comprises five elements, all aimed at strengthening capacity and capability in the health sector response:

- the development of national legislation and national policy for emergency management (including emergency and disaster prevention, mitigation and preparedness as well as response, recovery and rehabilitation);

- the development of plans and procedures for emergency management and the coordination of emergency activities at national and sub-national levels;
- the development of institutional and human resources for emergency management;
- the development of programmes for public awareness, public education and community participation in emergency management;
- the collection, analysis and dissemination of information related to emergencies and disasters.

In this context, **the WHO representative's role is:**

- to promote the setting up of an emergency preparedness country programme and to encourage the health sector to play a full role;
- to encourage the integration of the programme in the country's long-term social and economic development plans;
- to promote the development of the necessary expertise and technical tools;
- to advise the national authorities, and help to allocate WHO regular country budget resources to the programme;
- to keep the regional office and headquarters informed and adequately advised on country programme orientation and achievements;
- to inform the country about international trends and about opportunities for intercountry and international cooperation;
- to participate actively in the work of the UNDMT at country level.

**The regional office** will have full responsibility for managing country and intercountry emergency preparedness programmes, which are essential for the success of any global emergency and humanitarian action undertaking. Its role will include:

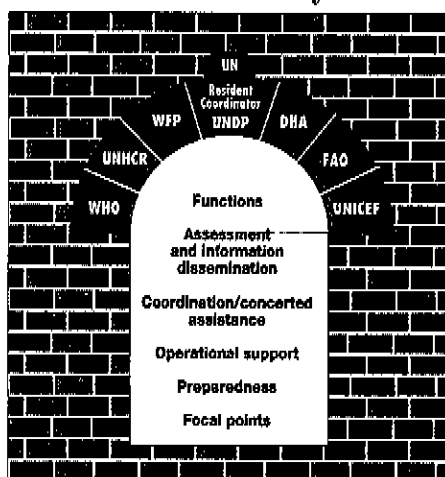
- directing and monitoring WHO country offices in implementing the tasks described above and providing them with technical support;

- planning activities and organizing intercountry projects in support of country programmes;
- developing new project proposals for fund-raising (through headquarters) and monitoring and evaluating them.

The role of **headquarters** should be limited to global activities such as UN interagency undertakings, the UN International Decade for Natural Disaster Reduction (IDNDR), the development of a pool of experts and support for regional undertakings through:

- fund-raising for project proposals submitted by the regions;
- building a strategy orientation and guidelines for WHO emergency preparedness activities through mainly regular interregional meetings, and developing a network of WHO collaborating centres;
- collaborating with other agencies at international level in developing and disseminating information, publications and material on emergency management, in full cooperation with the regional offices and the network of WHO collaborating centres. ■

### UNDMT at country level



### In Emergency Preparedness and Disaster reduction

*The Resolution EB95.R17, adopted by the Executive Board of WHO in January 1995, "requests the Director-General within available resources:*

- 1- to continue to support the efforts of Member States to strengthen their capacity in the field of emergency preparedness so as to protect the development achievements of countries and reduce the vulnerability of communities at risk;*
- 2- to seek extrabudgetary resources which will complement regular budgetary funds for this purpose;*
- 3- to promote and support the development of regional and country emergency preparedness programmes;*
- 4- to continue to promote and actively take part in establishing, with appropriate partners in the United Nations system, a comprehensive, integrated and institutionalized approach to disaster reduction with the objective of ensuring comprehensive support to country programmes and related technical activities;*
- 5- to ensure the coordinated participation of appropriate WHO technical programmes in disaster reduction and preparedness;*
- 6- to further strengthen the technical and structural capacity of regional and interregional emergency preparedness centres."*

# Emergency Response

## Defining Emergency Response

*Emergency response: the provision of support to countries facing a major emergency, disaster or complex emergency. By its very nature, this calls for special, tailor-made procedures for efficient programming, planning, fund-raising and implementation.*

In the field of emergency response, the role of the **WHO representative** is both primary and critical. He or she has to participate in the planning of emergency response programmes as well as to support, monitor and help coordinate emergency response activities in the health sector. When DHA interagency missions are fielded, he forms an integral part of the WHO team. When inputs are required for appeals, his office is responsible for the preparation of initial proposals. During the emergency phase, the WHO representative should liaise directly and simultaneously with the regional office and headquarters. He or she may also propose redeployment of the available staff as well as re-programming the WHO country resources for emergency needs, request specific support from the regional office or headquarters, or in some circumstances might consider hiring an expert on crisis management.

Prior to as well as after the emergency, the WHO representative should participate actively in the UN Disaster Management Team and should take full responsibility for leading all health-related emergency response activities undertaken by the United Nations. "Special

procedures" are under study to help the WHO representative to fulfil this task, in line with those existing for other resident representatives of humanitarian agencies.

Once an emergency has been officially declared, the **regional office** is responsible for initiating technical support activities at country and intercountry levels. This may include participating in needs assessment missions, providing technical support, elaborating plans of action, putting into action agreed relief projects and activities through the country offices as appropriate, and reporting back periodically to the Director-General.

**Headquarters**, through the Division of Emergency and Humanitarian Action (EHA), is responsible for interagency coordinating activities. This involves collaborating with DHA in planning and conducting assessment missions and leading the health component part of such missions; finalizing the WHO components of consolidated appeals and attending donor meetings; clearing plans of action; monitoring and evaluation; and reporting to DHA and the donor community on activities undertaken by regional offices and WHO country offices.

At the request of the regional or country office concerned, EHA/HQ contacts other WHO divisions at headquarters or WHO collaborating centres to obtain technical support for regional activities. When necessary, EHA/HQ may invite regional and/or national staff to attend donor meetings.

The activities undertaken at the various WHO levels should complement one another and fulfil the operational requirements for humanitarian assistance of the UN system, as directed by DHA. Engendering a team spirit based on full partnership will increase WHO's credibility in this field and will ensure maximum support for Member States in need. At the same time, the stronger role that WHO has now assumed in emergency response activities of the international community will call for changes in overall operating procedures at regional offices and WHO country offices in order to guarantee a prompt and efficient reaction by WHO during an emergency. ■

# Operational Tools for Humanitarian Action at WHO

1. An **Emergency Task Force** has been established by the Director-General expressly to deal with policy issues arising within the context of complex emergency management. It will meet every month to review on-going and planned EHA activities as well as internal policy and administrative issues arising within WHO from its participation in complex emergency response programmes, including its membership in the IASC. The Emergency Task Force will also meet on an ad hoc basis at the request of the Director-General or of one of its permanent members to discuss specific issues requiring urgent consideration.

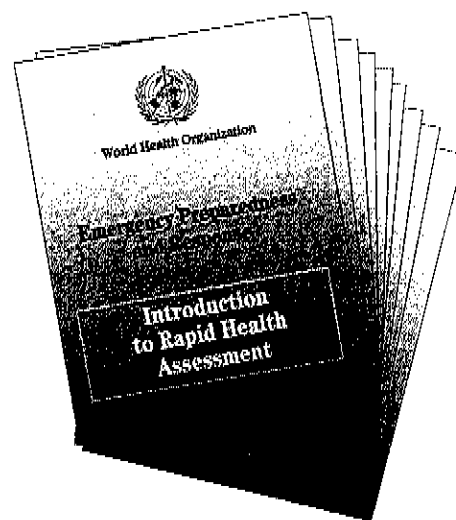
2. Another **Interregional Task Force** on Emergency and Humanitarian Action has been established by the Global Policy Council. It has the following terms of reference:

- to review and make suggestions for the revision of the WHO Manual with the aim of developing more flexible administrative procedures facilitating WHO response mechanisms;
- to distill the experiences and lessons learned in humanitarian action programmes in WHO's various regions into operational guidelines, for the benefit of future involvement of the Organization in this area.

3. **Health Emergency Teams** will be charged with making rapid assessments of the health status and needs of affected populations at the start of an emergency, and giving direction to the international community's response to the given crisis. Such teams are likely to include an epidemiologist, a public health officer, a water and

sanitation expert and a logistician, although their final composition will depend on the nature of the crisis and the availability or unavailability of expertise on the spot. These teams will be led by a WHO staff member (an emergency response officer, if possible). The teams will be able to draw upon focal points and experts designated in each region but also in WHO's technical divisions and programmes, as appropriate. For the sake of uniformity and technical credibility, **rapid assessment protocols** are being standardized and it is desirable for team members to be trained in their use. **Situation reports (SITREPS)** consist of a summary report within 24 hours followed by an in-depth assessment within the first week. The same team should be despatched for **evaluation** purposes at various stages and phases of the operation.

4. **Emergency Health Coordinators** are senior staff drawn from WHO as well as from other institutions, such as medical faculties, schools of public health or in medical NGOs, who can be released to WHO to help manage and coordinate health responses to unforeseen major emergencies. These will be considered as on permanent standby and ready to assume leadership for the coordination of health sector responses to the needs arising from complex emergency situations.



5. To guarantee a sustained response in certain emergency situations, there is often a need for **Emergency Logisticians and Administrators** - either professional or general service staff - who are familiar with WHO procedures related to finance, supplies and personnel, and this staff, who are already in place, will receive additional training in emergency management.

6. An **Emergency Response Fund** is maintained at headquarters, but in addition each WHO region may maintain a reserve fund to meet sudden and unexpected needs.

7. The **Central Emergency Revolving Fund (CERF)** is administered by DHA and accessible through the Director-General.

8. **Stockpiling** and the maintenance of buffer stocks are essential to support the Organization's readiness to meet needs arising from a sudden emergency. An agreement has already been reached with the Government of Italy and DHA to make use of warehouse facilities in Pisa for stockpiling essential supplies for use by WHO in emergency relief operations. This will involve the employment of a pharmacist/logistician, and purchase of non-perishable medical supplies and administrative materials for storage at Pisa.

9. **Revised WHO field operational procedures.** The revision of such procedures is under way in order to bring them into line with those of other agencies working in this field.

10. In the regions, at least one full-time **Regional Officer post in emergency preparedness and humanitarian action** needs to be in place to serve as the focal point for activities at regional level, coordinating between Member States, between the regions and headquarters, and between other regional organizations and major NGOs. The technical divisions and programmes of WHO have already appointed their own focal points. Additionally, it is important for country representatives to recognize their role as the focal point in the event of an emergency of any kind arising. ■

## **Security of Staff**

*In most kinds of emergency, there is likely to be an increased measure of physical risk for WHO staff working in the field. The UN Security Coordinator in New York has the overall responsibility for the security of staff throughout the UN system, based on the Security Plan outlined in the UN Security Handbook. The Security Plan includes arrangements to be used, if required, for the movement to safety of staff members and their family members. In common with the other UN agencies, WHO has its own Security Coordinator (the Director of Personnel), who deals with all matters related to staff security, in close liaison with the UN Security Coordinator. At most duty stations, a senior staff member is named by the UN Security Coordinator as designated official, with overall responsibility for the security and protection of staff members and family members; usually this person is the UNDP Resident Representative. The designated official should at all times be responsible for the movement to safety of staff and their family members. In certain duty stations, residential security measures - such as the installation of window bars or the services of security guards - are authorized by the UN Security Coordinator, based on the recommendations of the designated official. A briefing system should be in place to ensure that staff members are aware of specific precautionary measures which they should take. Security matters are reviewed and discussed at interagency meetings convened regularly by the UN Security Coordinator.*



# Financial Resources

In order to ensure the long-term sustainability of technical support to intercountry and country efforts in establishing national emergency preparedness programmes, funds will need to be allocated from the regular WHO country budget and from regional and intercountry sources for this purpose. Some regions have already been successful in doing this, and it has resulted in more countries moving towards self-reliance in dealing with their own emergencies. In turn, those countries have also succeeded in attracting more supporting funds from extra-budgetary resources.

Each WHO region should maintain a reserve fund for carrying out immediate activities, upon the declaration of a major emergency. This relatively small fund could guarantee immediate action and also give greater credibility to the Organization. In a major or complex emergency, the regional reserve fund could also be supplemented by resources from the headquarters emergency fund as well as the Central Emergency Revolving Fund (CERF) administered by DHA.

Interagency consolidated appeals, as we have seen, are issued by the UN Secretary-General and have become the central resource mobilization mechanism of the UN system as a whole. Donors respond less and less to individual agencies' appeals, pending the preparation of a consolidated one. It is therefore essential that WHO should participate actively and effectively in their elaboration.

It is recognized throughout the UN system that a severe shortfall in financial resources increasingly affects its humanitarian response capabilities and that overall donor funding is often weak. This

situation will call for special fund-raising mechanisms to be devised to cope with emergencies, wherever they may arise. WHO needs to convince donors with sound technical arguments why they should support specific activities and to show that, if they are funded, WHO will indeed be able to carry them out in timely and effective fashion. It is all the more crucial, therefore, that WHO's country representatives should be prepared to undertake fund-raising activities in the field in the event of an emergency. ■

## Executive Board Resolution

*WHO's Executive Board, meeting in January 1995, approved Resolution EB95.R17 which urges Member States to include disaster reduction and emergency preparedness in their national development plans and to allocate budgetary resources for this purpose. It calls on the donor community to give greater priority to health aspects in their humanitarian assistance programmes. And it requests the Director-General to support the efforts of Member States in this domain and to seek extrabudgetary resources, so as to protect the development achievements of countries and reduce the vulnerability of communities at risk. In the field of emergency response and humanitarian action, the resolution calls on WHO to improve internal coordination and its response capacity, and to strengthen the ability of WHO field offices, particularly in disaster-prone countries, to respond to early warning signals.*

# Conclusions and Recommendations

In view of the decision by the Director-General to take much more direct responsibility for emergency management, the two key requirements are, first, that WHO should respond more speedily and effectively than in the past to the needs of people caught up in complex emergency situations, and second, that it should keep on top of all developments as they occur so that global response can be directed quickly and efficiently to often rapidly-evolving emergency health needs. This is indispensable if WHO is to maintain productive contacts with the donor community as well as responding promptly to the growing stream of queries from Member States and from the media.

Major complex emergencies - an example is the recent crisis in Rwanda - are clearly beyond the capacity of either headquarters or the regional offices to "go it alone." Only by combining the energy, knowledge and resources of the entire Organization in a unified team approach will it be possible to keep pace with the growing demand. The Director-General himself intends to make the fullest appropriate use, through the regional director concerned, of the operational strength of WHO's regional structure.

While a conflict-related complex emergency represents a special case calling for special managerial arrangements, the handling of other emergency situations linked to natural disasters or clearly sectoral in nature will continue to be handled directly and comprehensively by the regional offices, with the full backing of headquarters.

In summary, WHO's new approach to emergency management is based on three concepts:

- The Organization's position as a "health facilitator" in this field, drawing as it does upon the vast pool of qualified health experts who are at its disposal (over 100 technical programmes), six regional offices, over 100 country representatives and more than 1200 collaborating centres;

**DG's Direct Responsibility**

*In his letter of 26 August 1994 to all regional directors, the Director-General wrote: "There has been a widespread centralization in the management of these major crises, linked to the need to make optimal use of limited resources and to reduce overlap.... There is also a general need to deal more systematically with the preparation of emergency response programmes in various parts of the globe, with resource mobilization and with establishing effective relationships with cooperating partners and the media. In the light of the above .... I have decided to take a much more direct responsibility for the management of complex emergencies through the structure that is being set up under EHA."*

- Its complementary role, in view of its specialized health knowledge and authority, within the UN framework of emergency management coordination and in cooperation with the NGO community
- Its insistence on linking emergency management policy to development, in order to help affected countries to achieve long-term improvements in public health status - a prerequisite for sustainable development.

Finally, the "culture of emergency response and humanitarian action" which WHO is seeking to engender should infuse the whole of the Organization, and eventually should permeate health ministries, governments of Member States and - in the long run - the public at large. ■

### **The Global Policy Council spells it out**

*WHO's Global Policy Council (GPC) has made the situation very clear: when disasters strike, WHO must respond, must be seen to respond and must react promptly. WHO's emergency assistance must cover all aspects of the functioning of the health care system. While WHO will participate in UN fact-finding missions, it should not await their outcome before taking action. The GPC also underlined that the size and complexity of the emergency should be analysed by the regional director in consultation with the Director-General to determine the extent of the response required. And all WHO country programmes should include an element of emergency preparedness.*

