

# Emergency and Humanitarian Action

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1996 ACTIVITIES

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DIVISION OF EMERGENCY AND HUMANITARIAN ACTION  
WORLD HEALTH ORGANIZATION  
GENEVA  
1997

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**Design by WHO GRAPHICS**

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## Introduction

Health is an investment for peace, and WHO's role in promoting the attainment of health by all peoples has been particularly highlighted in 1996 during complex emergencies, when emergency and humanitarian health endeavours have sought to build a bridge for peace between parties in conflict.

Information provided by the United Nations Department of Humanitarian Affairs (DHA) gives an indication of the broad spectrum of emergencies and disasters of all kinds with which the international community was faced. A total of 17 consolidated inter-agency appeals were initiated or on-going during 1996, aiming to respond to complex emergencies affecting millions of people struggling to exist in a precarious environment. In addition, DHA addressed a total of 62 natural disasters which occurred in 1996.

In order to respond effectively to the health needs caused by emergencies, WHO relies on partnership and complementarity, and works in close cooperation with other humanitarian organizations. WHO's partners include regional and international organizations and institutions as well as governmental and nongovernmental organizations with which WHO has established relations. A network of WHO collaborating centres also provides substantial support for activities in the area of emergency and humanitarian action.

Within WHO, the Division of Emergency and Humanitarian Action (EHA) has acted to support the planning, fund-raising, coordination and evaluation of programmes undertaken with more than 25 headquarters divisions. Linked with outside scientific and technical institutions, these divisions have provided technical resources, such as guidelines for treatment of the most common diseases and specialists to carry out rapid health assessments, as well as logistical and communications support.

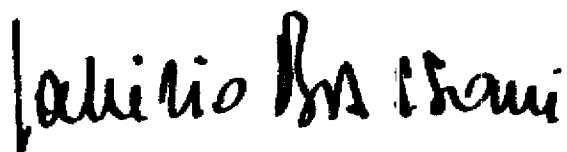
The following chapters outline some of the important emergency humanitarian activities with which EHA has been associated in 1996. Alongside the field support to relief and rehabilitation activities undertaken to meet the urgent health needs to be faced in the wake of numerous complex emergencies and severe natural disasters, EHA has continued to give priority to efforts to prevent or mitigate the nefarious effects of emergencies by concentrating on emergency preparedness, safety promotion and injury control, bearing in mind the impact of

violence on health. The focus has been on building readiness at country level, by undertaking pragmatic activities to strengthen national capacities.

Advocacy for the respect and protection of health personnel and infrastructure in conflict situations, as well as more general humanitarian advocacy for the health of people facing emergencies, has been an integral component of EHA's public information activities.

EHA is constantly building up its capacity to provide technical expertise and to set in motion an immediate response to emergencies, in particular by making a rapid health assessment of the situation and identifying priorities for action. On the basis of experience gained since 1993, the Division undertook a review of its functions and organization in order to streamline its work and achieve greater effectiveness. The new structure, to become operational in 1997, will allow the Division to fulfil its core functions with highly qualified professional and support staff.

It is with great pleasure that I present this annual report, which reflects the major activities carried out by EHA in conjunction with its partners during 1996.

A handwritten signature in black ink, reading "Fabrizio Bassani". The signature is written in a cursive, flowing style.

**Dr F. Bassani**

Director

Division of Emergency and Humanitarian Action

## **The Division of Emergency and Humanitarian Action**

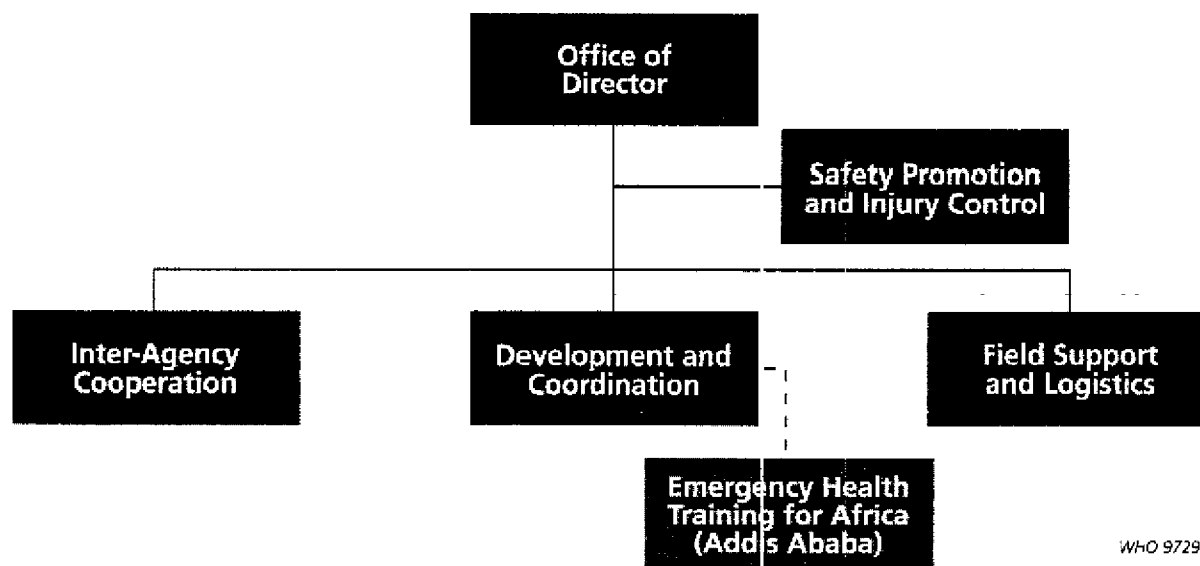
The Division of Emergency and Humanitarian Action (EHA) works to provide prompt and effective public health support, coordination and interventions, with the field presence of emergency health officers and the necessary logistical support. Just as the strength of EHA lies in its network of partners, so EHA's capacity to implement emergency humanitarian action resides in its ability to work innovatively through existing channels, thereby maximizing the usefulness of these channels, avoiding duplication of effort, and giving the core EHA staff far greater leverage than they would otherwise enjoy. Many field activities are funded, directed and carried out by EHA's partners, as part of collaborative and coordinated emergency and humanitarian action.

EHA's activities are not confined to providing a rapid response to emergencies and disasters, but also comprise long-term preventive efforts, including advocacy and training. By endeavouring to establish and enhance emergency preparedness, readiness at country level, safety promotion and injury control, EHA hopes, in some measure, to ward off or lessen the impact of human violence and natural disasters.

During 1996, a fundamental restructuring of EHA was planned, based on the experience of the past three years, with a view to enabling the Division to respond still more effectively to emergency and humanitarian needs. The new organizational structure of EHA is shown below.

In terms of outreach, the closest interface is between EHA and its focal points in the regional offices. This mechanism provides links with WHO Representatives who in turn keep EHA in touch with the reality of complex emergencies, disasters and epidemics on the ground. The policy and principles of emergency and humanitarian action espoused by WHO, in accordance with the wishes of its Member States and as reflected in the guidance provided by the World Health Assembly and the Executive Board, are put into operation by EHA on the basis of the human and health dimensions of emergencies. The continuous presence of WHO at country level before, during and after emergencies ensures that the Organization has an understanding of general health conditions and of the factors affecting the health status of the population. When an emergency occurs, WHO stands ready to shoulder the health-related responsibilities of an integrated inter-agency humanitarian response coordinated by the United Nations Department of Humanitarian Affairs (DHA). EHA has built up a roster of technical

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**Structure of the Division of Emergency and Humanitarian Action**


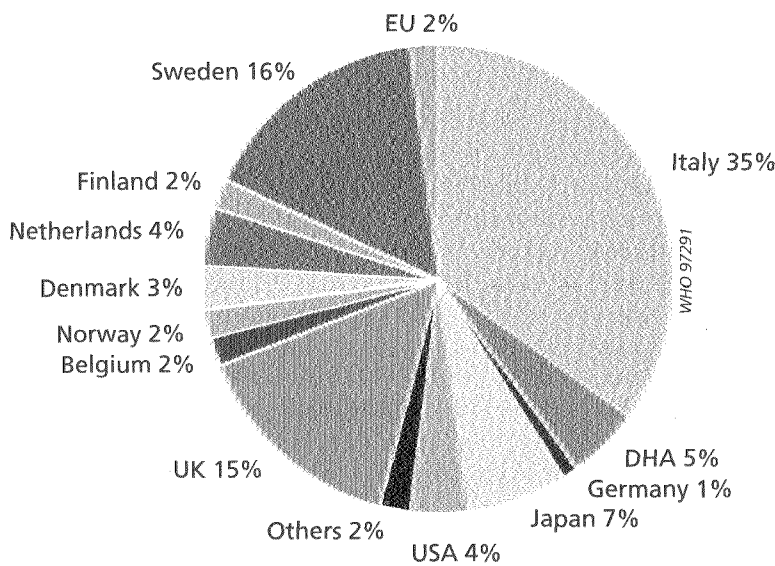
experts who can be sent immediately to the emergency area to make a rapid health assessment of the situation and to offer advice and technical support on priorities for action. In some cases, WHO provides supplies and carries out the necessary health interventions, in other cases the operational activities are implemented by partner agencies on the basis of WHO's technical advice.

Emergency humanitarian action is made possible through funding, and it is thanks to the generosity and support of donors that much of EHA's work has been accomplished. Of the total funds available to EHA in 1996, some US\$ 2.5 million came from the WHO regular budget, while around ten times that amount (US\$ 25 million excluding contributions in kind) was provided by extrabudgetary sources. Contributions in kind represented a value in the order of US\$ 1 million. As shown in figure 1 below, the largest donors in 1996 were Italy, Sweden, the United Kingdom and Japan.

The destination of funds available to EHA is shown in figure 2 and is a reflection of the major field support activities implemented in 1996. The main focus of funding was on the group of countries comprising Bosnia and Herzegovina, Croatia and the Federal Republic of Yugoslavia. A large proportion of funds was also devoted to countries in Africa, in particular to Rwanda. The significant level of funding set aside for rapid response and readiness comprises three components. First, there is a stockpile of health kits and medical supplies stored in a warehouse in Pisa, Italy, together with funds to replenish the stockpile as necessary, enabling EHA to respond flexibly and immediately to emergen-

Figure 1

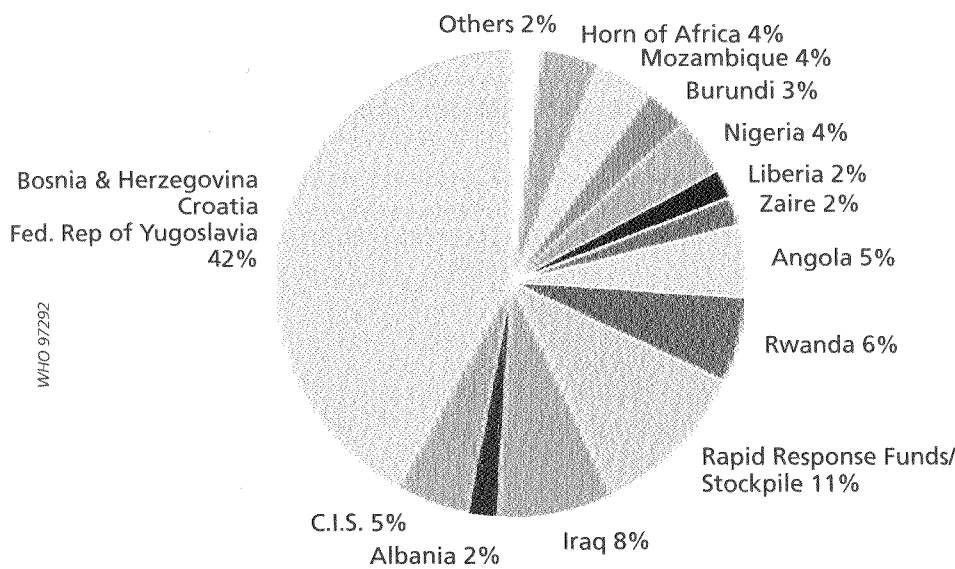
Donors 1996 (excluding contributions in kind)



Total US\$ 25 million

Figure 2

Beneficiaries 1996



Total US\$ 25 million



cies. In 1996, the Italian Government provided US\$ 655,000 to replenish items in the warehouse. Second, an emergency response fund of around US\$ 1.3 million was made available by the Italian Government for use at short notice when emergency strikes. Third, a sum of US\$ 750,000 was provided by the Japanese Government for emergency response information and training.

Governments provided the highest proportion of contributions to the work of the Division (77% in the period 1994-1995), while the corresponding proportion of contributions of intergovernmental bodies was 21%, with private contributions accounting for only 2%. With some notable exceptions (namely, Afghanistan, Bosnia and Herzegovina, Croatia, the Federal Republic of Yugoslavia, and Iraq), the health sector has generally been under-funded in the DHA consolidated appeals process, with WHO receiving on average about one-tenth of its requirements. As shown in figure 3, the general trend in donors' contributions to EHA from 1990 to 1996 has been steadily increasing, although there was a decrease of US\$ 14 million between 1995 and 1996, when there were fewer new complex emergencies.

Figure 4 shows disbursements by type of expenditure and indicates a focus on the provision of material and human resources. A comparison between the disbursements on technical personnel and supplies in the biennium 1994-1995 with the corresponding levels in 1996 indicates an increase in expenditure on technical personnel and experts, and a decrease in expenditure on supplies. This is in line with the greater emphasis being given by the Division to the provision of expertise and technical support to the coordination and management of complex emergencies and natural disasters throughout the world.

Figure 3

**Donors' contributions to EHA, 1990-1996 (excluding contributions in kind)**

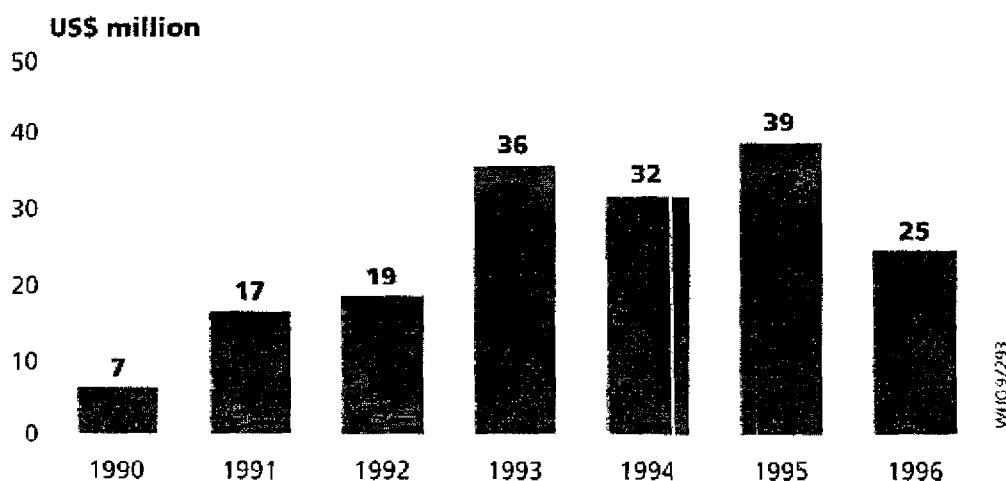
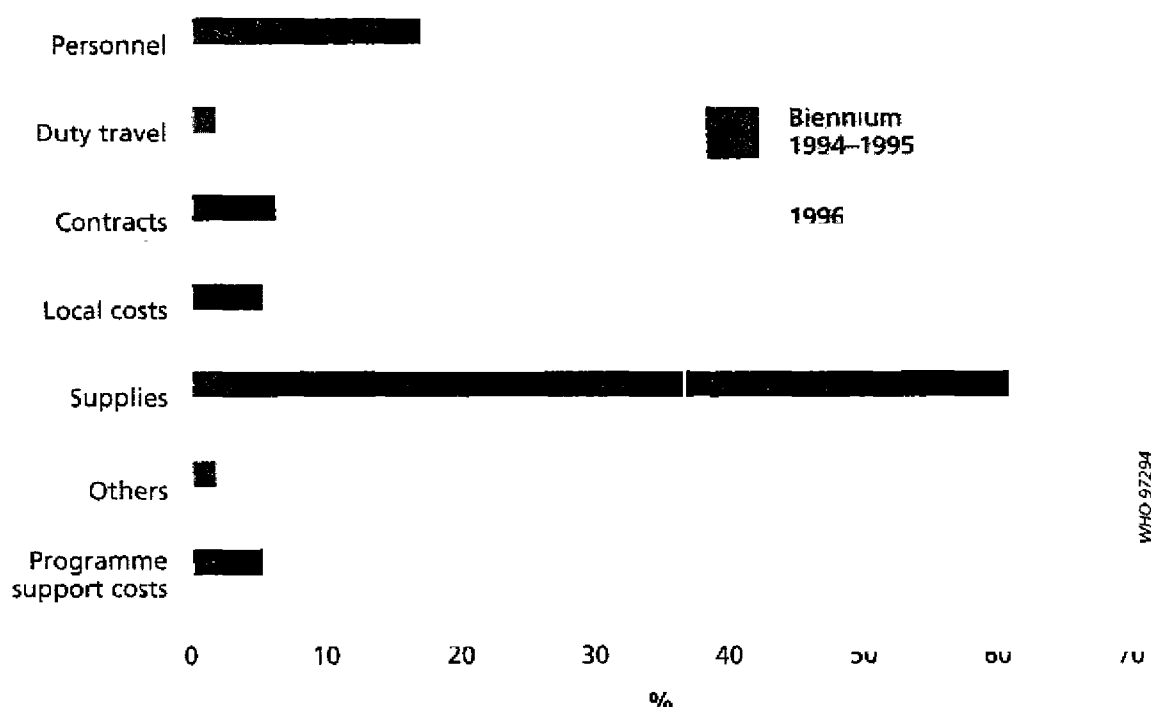


Figure 4

### Disbursements by expenditure type: comparison between biennium 1994-1995 and 1996



WHO 97294

### WHO's constitutional mandate for humanitarian assistance in emergencies

"The objective of the World Health Organization . . . shall be the attainment by all peoples of the highest possible level of health

...

In order to achieve its objective, the functions of the Organization shall be:

- (a) to act as the **directing and co-ordinating authority on international health work;**
- (b) to establish and maintain **effective collaboration** with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate,
- (c) to assist Governments, upon request, in **strengthening health services,**
- (d) to furnish appropriate **technical assistance and, in emergencies, necessary aid** upon the request or acceptance of Governments,
- (e) to provide or assist in providing, upon the request of the United Nations, **health services and facilities to special groups,** such as the peoples of trust territories;
- (f) to establish and maintain such administrative and technical services as may be required, including **epidemiological and statistical services,**
- (g) to stimulate and advance work to **eradicate epidemic, endemic and other diseases,**
- (h) to promote, in co-operation with other specialized agencies where necessary, the **prevention of accidental injuries,**

"

Extract from the Constitution of WHO, Articles 1 and 2 (emphasis added).

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### **Guidance by the World Health Assembly on emergency and humanitarian action**

"The Forty-eighth World Health Assembly,

...

REQUESTS the Director-General within available resources:

#### **A. in emergency preparedness and disaster reduction**

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, bilateral and country emergency-preparedness programmes,
4. to intensify support for the emergency and humanitarian action programmes in disaster-prone countries,
5. 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;
6. to ensure the coordinated participation of appropriate WHO technical programmes in disaster reduction and preparedness,
7. to strengthen further the technical and structural capability of regional and interregional emergency preparedness centres,

#### **B. in emergency response and humanitarian action**

1. to emphasize the Organization's responsibility for technical and normative guidance while retaining the necessary flexibility to carry out certain operational activities, when necessary,
2. to strengthen its partnerships with governments, local authorities, organizations of the United Nations system, particularly with the Department of Humanitarian Affairs, and with other humanitarian organizations, in the planning, implementation and monitoring of emergency, rehabilitation and recovery programmes,
3. to improve WHO's internal coordination and its capacity to provide effective coordination of health sector activities undertaken in response to emergencies in the field;
4. to strengthen the ability of WHO field offices, particularly in disaster-prone countries, to respond to early warning signals;

#### **C. in humanitarian advocacy**

1. to strengthen WHO's advocacy for the respect and protection of health personnel and infrastructure in conflict situations, in accordance with the concept of health as an investment for peace,
2. to advocate the protection of non-combatants and the setting-up of effective treatment and rehabilitation programmes for the victims of anti-personnel mines, as well as the systematic management of delayed health effects of mental and physical injuries in situations of collective violence,
3. to present a progress report to the Executive Board at its ninety-ninth session "

*Extract from resolution WHA48.2 adopted by the World Health Assembly in May 1995*

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## Inter-agency cooperation 2

WHO has continued to strengthen its capacity for emergency humanitarian preparedness and response in order to provide effective assistance to populations affected by emergencies and disasters of all kinds. This has been done in close cooperation with the United Nations Department for Humanitarian Affairs (DHA), agencies of the United Nations system, nongovernmental organizations and other institutions concerned. Coordination mechanisms have been reinforced within WHO headquarters and the regional offices to allow for the more efficient and rapid mobilization of WHO's technical potential.

Economic and Social Council resolution 1995/56 requests the Secretary-General to submit a report on a review and strengthening of humanitarian assistance in the United Nations system to the Council at its substantive session of 1997. In compliance with this resolution, the Inter-Agency Standing Committee (IASC) created a task force to consider the indicative list of issues attached to the Council's resolution and decided that for the purpose of reducing any gaps and inconsistencies, and if needed establishing new frameworks for action, a number of policy and strategic issues should be defined and discussed in a series of sub-working groups, to be convened by DHA.

WHO has participated fully in the process through EHA and has been engaged in the parallel process of updating its collaboration with other agencies and reviewing its responsibilities and delivery capacity in this field. The Council's request provided an incentive for the Organization to further review its capacity in the light of recent experience and related structural changes within WHO.

Currently, WHO's functions include the responsibility for the assessment of emergency health needs, the provision of related technical guidance and assistance, the monitoring and coordination of emergency health assistance, as well as the training of national health and health-related staff in emergency preparedness and related tasks. It is important that these responsibilities be reaffirmed and that the means to fulfil them be ensured.

In recent complex emergencies, WHO and the other agencies involved in relief activities have found themselves in a geopolitical context very different from the non-crisis situation, where the Organization deals primarily with the ministry of health. Complex emergencies are characterized by internal strife, political tension and, in some cases,

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### Mechanisms for inter-agency coordination of humanitarian assistance

The **United Nations Department of Humanitarian Affairs (DHA)** was set up by the General Assembly in 1992 to strengthen coordination within the United Nations system in responding to major or complex emergencies.

The **Inter-Agency Standing Committee (IASC)** was also established in 1992 to serve as the primary mechanism for inter-agency coordination relating to humanitarian assistance in response to complex and major emergencies, under the leadership of the Emergency Relief Coordinator. The IASC comprises the heads or their designated representatives of the United Nations operational agencies (United Nations Development Programme, United Nations Children's Fund, Office of the United Nations High Commissioner for Refugees, World Food Programme, Food and Agriculture Organization of the United Nations, and WHO). In addition, there is a standing invitation to the International Organization for Migration, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, and the Office of the United Nations High Commissioner for Human Rights. The nongovernmental organization consortia International Council of Voluntary Agencies (ICVA), InterAction and the Steering Committee for Humanitarian Response (SCHR) are also invited on a permanent basis to attend. The IASC has responsibility for:

- making strategic policy decisions;
- making operational decisions;
- arbitration where no consensus can be reached at the Working Group level,
- advocating common humanitarian principles, collectively or individually, on behalf of the IASC,
- approving the general work programme of the IASC and the Working Group,
- bringing issues to the attention of the Secretary-General and the Security Council, through the Emergency Relief Coordinator,
- designating the humanitarian coordinators and selecting coordination arrangements

The members of the IASC are also represented by senior management in the **Working Group of the Inter-Agency Standing Committee**, which has responsibility for:

- formulating the agenda for IASC meetings;
  - making non-strategic policy and operational decisions;
  - preparing options and recommendations for the IASC on strategic policy issues and major operational issues;
  - considering and reviewing decisions taken by ad hoc groups
- 

absence of government. In such situations, the effectiveness of the work of WHO depends on international relief coordination, locally through the disaster management team, led by the United Nations Resident Coordinator/Humanitarian Coordinator, and globally through the mechanisms decided by IASC and the secretariat of DHA. In the absence of or in addition to legitimate national government counterparts, WHO has been requested to provide technical support to other organizations of the United Nations system and other implementing partners. Since the creation of DHA in 1992, WHO has given full support to its mandate, coordinating role and activities, in a spirit of full partnership and with a view to achieving complementarity of action within broad and comprehensive humanitarian programmes. WHO has participated in the preparation of consolidated appeals with other agencies. WHO has access to the Central Revolving Fund and has taken part in the discussions on possible restructuring of this Fund. Furthermore, the Organization is continuing its work with the other agencies to establish systems for the monitoring of performance in accordance with a possible common inter-agency framework for evaluation. In the field of staff development, WHO has strongly supported and actively participated in the work of the complex emergencies training initiative.

Experience of numerous emergency situations has confirmed the importance of WHO's normative role, in other words its ability to draw on its proven technical expertise in order to support the coordination of emergency and humanitarian action wherever and whenever its assistance is needed. This role is enshrined in the Constitution of the WHO and has been repeatedly recognized by the World Health Assembly.

Within WHO, emergency and humanitarian activities are coordinated by the Division of Emergency and Humanitarian Action (EHA). The Division's responsibility is to guide WHO's activities in the emergency humanitarian field, by drawing on its widespread network of available technical expertise and experience. Thus EHA's strength stems from WHO as a whole and its network of WHO collaborating centres dealing with emergencies and injury prevention, as well as from the wider context of the humanitarian assistance capacity of the United Nations system, with the essential backing and cooperation of donors and non-governmental organizations, both international and national