

## Annex

The Division of Emergency Relief Operations (ERO) was renamed in June 1993 as the **Division of Emergency and Humanitarian Action (EHA)**. EHA, as of 31 December 1993, was composed of six units:

- (i) Response for Africa and the Middle East (RAM)
- (ii) Response for Asia and the Pacific (RAP)
- (iii) Response for Europe and the Americas (REA)
- (iv) Afghanistan Programme (AFP) (as of June 1993, operating out of EMRO)
- (v) Emergency Preparedness and Planning (EPP)
- (vi) Emergency Information System (EIS)

A Task Force has been formed to restructure the Division, and its work is expected to be completed in 1994.

### ***WHO Mandate in the Field of Emergency and Humanitarian Action***

#### **Background and basic constitutional mandate**

Humanitarian assistance – which includes emergency prevention, preparedness and response – is at the top of the international community agenda. In any disaster situation, whether natural or man-made, human health is invariably at risk. As the lead United Nations agency for health issues, the World Health Organization has the mandate and the responsibility to assume a lead role in planning, coordinating and managing health-related international emergency assistance programmes. WHO believes that health can be an instrument for peace. Thus, the Organization intends to make its specific contribution towards the Secretary General's "Agenda for Peace" and a more peaceful world.

The WHO Constitution states that WHO will "act as the directing and coordinating authority on international health work" and "furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments". The Constitution also gives WHO a mandate "to provide, or assist in providing, upon the request of the United

Nations, health services and facilities to special groups". These groups are not necessarily congruent with political boundaries, nor do they always follow the classical distinction between soldiers and civilians. Target groups for WHO emergency health assistance exist wherever people are suffering from disease, injuries or malnutrition, be they military, civilians, refugees or displaced populations.

Since its inception, WHO's many technical programmes, such as Communicable Diseases, Immunization, Water and Sanitation, Mental Health, Essential Drugs, have incorporated emergency preparedness elements in specific programmes for health development in Member States.

WHO formally established an emergency unit in the 1970s to coordinate the technical support of other divisions to regional offices for emergency preparedness activities at country level. In the 1980s, when natural disasters, technological disasters and political conflicts increased in number and scope, Member States called on WHO to tackle disaster relief as well. Countries voted overwhelmingly to adopt several World Health Assembly resolutions to strengthen emergency response.<sup>1</sup> As a result, an expanded Emergency Relief Operations Division (ERO) was formed in 1989, incorporating the former Emergency Preparedness and Response Programme (EPR) and a newly created Emergency Relief Programme (REL).

WHO's involvement in Emergency Preparedness received an important boost with the advent of the International Decade for Natural Disaster Reduction (IDNDR) (United Nations General Assembly Resolution 44/236) in 1989. UNESCO and WHO were the only agencies in the United Nations system to have passed a specific resolution of its Governing Bodies (Resolution WHA 42.16) on IDNDR, urging the Organization to make an increased contribution towards the national and international IDNDR efforts. An Inter-Agency Working Group for the IDNDR was subsequently created, of which WHO is a member.

WHO's new relief arm originally focused on the relief and reconstruction issues facing Afghanistan, Namibia and the occupied Arab territories in the Middle East. With its new mandate, however, ERO quickly expanded its emergency relief operations to support regions in dealing with troubled areas such as

<sup>1</sup> WHA28.45, WHA34.26, WHA44.41, WHA46.6.

Angola, Cambodia, the Gulf region, the Horn of Africa, Lebanon, Liberia, Malawi, Mozambique, ex-Yugoslavia, the former Soviet republics and others.

In December 1991, the United Nations General Assembly adopted resolution 46/182 on the strengthening of the coordination of humanitarian emergency assistance of the United Nations. A new Department of Humanitarian Affairs (DHA) and an Inter-Agency Standing Committee were established to coordinate the work of the organizations within the UN system more closely, under the leadership of the Secretary-General and the Under Secretary-General for Humanitarian Affairs. In response to the widely-felt need for closer coordination and more rational distribution of emergency responsibilities among the various United Nations organizations, WHO in 1992 restructured its emergency division once again by creating relief units with a clear geographical focus and adding an emergency information unit.

Recently, the Organization has engaged in a comprehensive review process of its global operations in the humanitarian relief area in order to adapt its organization and procedures to the requirements of this fast-changing field. The objective of these reforms is to enable the Organization to assure its lead role in the planning and management of health-related emergency interventions by providing stepped-up support to its partners in United Nations-wide emergency response activities.

### **Objective and scope of WHO's involvement in emergency and humanitarian action**

The Organization's emergency management activities will help countries or Member States coordinate, implement and monitor health policies, infrastructure development and health relief operations in order to meet health challenges of wide-scale emergencies such as epidemics, droughts, famines, cyclones, floods, earthquakes, chemical spills, civil unrest and armed conflicts.

In emergency preparedness, WHO's objective is to strengthen the national preparedness capabilities through close collaboration with Member States. Through capacity-building at the national level as well as by ensuring a maximum congruence between emergency relief, rehabilitation and long-term development efforts, the Organization aims at promoting increased self-reliance of affected countries in dealing with emergency situations. Thus, it intends to make its contribution towards implementing the guiding

principles stated in UNGA Resolution 46/182, which affirm that special attention should be given to disaster prevention and preparedness by the governments concerned, as well as by the international community.

In its emergency relief operations, WHO's objectives are to provide where appropriate initial relief assistance in the aftermath of disasters in the humanitarian health field, to ensure that health relief efforts are efficient, relevant, effective, and carried out in a coordinated fashion; and subsequently to support and rehabilitate health care systems, emphasizing the primary health care approach as well as the need to provide special groups with needed health services and facilities. A primary focus of WHO's efforts in relief will be to ensure that as much as possible of the initially built-up medical relief structures can be utilized to strengthen the general health infrastructure later on, in line with the principle that emergency assistance should be provided in ways that will be supportive of recovery and long-term development, as stated in UNGA Resolution 46/182.

### **WHO's approach in emergency and humanitarian action**

In order to achieve its main objectives, WHO as a lead agency for health-related emergency issues will utilize a combination of technical advisory services as main public health adviser to other partners with a view to structuring the concerted intervention of all relief agencies, direct interventions and delegation of certain activities within its mandate to sister agencies or NGOs as required, using the existing United Nations coordination bodies and governmental structures as partners in the delivery of humanitarian assistance. It is also intended to create appropriate mechanisms to enable the Organization to devote a higher share of its core funds to EHA activities and to facilitate reprogramming of country budgets in emergencies.

Internally, the WHO Division of Emergency and Humanitarian Action (EHA) assumes an overall coordination role in the formulation of policies and the delivery of humanitarian assistance. It will continually review and update the technology of humanitarian assistance by drawing upon the vast scientific and technical resources of more than 25 divisions and over 100 technical programmes at WHO headquarters and in six regional offices, as well as over 1200 scientific and technical institutions linked to WHO as collaborating centres, nine of which are directly related to emergency preparedness and relief. The WHO Repre-

sentatives and WHO regional offices and field staff in general have a key role to play in the implementation of EHA activities. New emergency procedures will enable a more rapid decision-making process by the Organization's Executive Management and, in general, a faster response of WHO in all EHA-type situations.

The aim of WHO's emergency activities is above all to encourage self-reliance and national development of Member States by increasing their own capacity to manage emergencies. Mindful of the principle expressed in UNGA Resolution 46/182 that there is a clear relationship between emergency, rehabilitation and development, WHO's relief efforts will be integrated into longer term plans for health and social development and rely on in-country expertise as much as possible. The Organization will also step up its efforts to encourage countries to include disaster prevention, mitigation and preparedness measures in their mid-term and long-term socioeconomic plans, in close collaboration with the DHA Secretariat for the IDNDR, of which WHO is a key partner. In order to better assist in this process and to constitute focal points of expertise in this area, WHO is also planning

to increase the utilization for emergency activities of its world-wide network of collaborating centres and to strengthen its country representative offices through stepped-up training efforts and other appropriate measures. The objective of all these measures is to enable them to serve as effective focal points for implementation of emergency activities in the future.

Within the framework of DHA-led inter-agency coordination, WHO intends to focus its efforts mainly on areas where it possesses special expertise or other advantages and to exploit existing synergies with sister agencies working in adjacent areas to the maximum, in order to avoid duplication of efforts and maximize its operational leverage. Special collaboration will be sought with the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC), particularly in order to develop the humanitarian advocacy aspect of emergency humanitarian work. Expansion of WHO's collaboration with NGOs in the medical emergency field is deemed to be particularly important in view of their strong presence in this area and their proven strength in the implementation of field projects.