

# 1 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.*

## 2 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.