WORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

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The Role of WHO Country, Regional and Headquarters Offices in Emergency Preparedness and Humanitarian Action

This document is a consolidated version of:

- the discussion paper submitted to the 4th meeting of GPC and adopted by the latter;
- the decisions of the GPC on the matter;
- the letter of the Director-General to Regional Directors dated 26 August 1994 as a follow-up to the GPC discussion;
- the discussion paper submitted by EURO, AMRO and EMRO to the third session of MDC;
- the conclusions of the MDC

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1. Introduction

Disasters are on the rise. Since the 1990s the number of disasters that the United Nations and its agencies have become involved in, is overwhelming their limited financial and human resources. Included in these crises are what are known as "complex emergencies" which have increased 35% since 1991. This type of emergency arises out of a convoluted variety of factors: socio-political, environmental, ethnic, etc.

Funds from the international community that were originally to have been allocated to help sustain long-term development in developing countries, are more often than not now having to be diverted for short-term relief purposes, thus canceling out whatever socioeconomic gains have been made in these countries.

Although many people are aware of the need to strengthen national capacities in emergency prevention and preparedness, the trend of *reacting to* an emergency rather than *preparing for* an emergency, continues. All the major players in emergencies are having to adjust their strategies to cope with "new realities", namely more crises needing more attention.

United Nations General Assembly resolutions 46/182 **(Annex 1)**, of 19 December 1991, and 48/57 **(Annex 2)**, of 31 January 1994, both called for the "strengthening of the coordination of humanitarian emergency assistance of the United Nations System." The resolutions emphasize, among other things, the need for organizations to develop "special emergency procedures". (UNGA resolution 46/182 was also acknowledged in World Health Assembly resolution WHA45.21 **(Annex 3)** regarding collaboration within the United Nations system: health assistance to specific countries, and in World Health Assembly resolution WHA46.6 **(Annex 4)** regarding emergency and humanitarian relief operations. Also of relevance in this context is the recent Draft Yokohama Strategy for a Safer World: Guidelines for Natural Disaster Prevention, Preparedness and Mitigation, which contains the appeal, the principles the strategy and the plan of action (**Annex 5**).

2. Definitions

For the purpose of WHO activities, the following definitions are used in this report

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

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

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

Emergency preparedness is a programme of long-term development activities whose goals are the strengthening of the overall capacity and capability of a country to manage efficiently all types of emergencies, and orderly transition from relief through rehabilitation back to development.

WHO mandate for humanitarian assistance in emergencies is to "act as the directing and coordinating authority on international health work" and 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 peoples of the trust territories." (WHO Constitution, Article 2(a),(d),(e).

3. Functions and responsibilities

3.1 WHO's scale of involvement

Under normal circumstances, in countries vulnerable to emergencies and disasters, WHO should encourage countries to allocate regular resources (including WHO budget funds) to build their emergency management capacities at national and subnational levels.

WHO should ensure that it has the managerial and technical capability to provide technical support to Member States in building their national emergency preparedness and response programmes.

After an emergency has been officially declared, the nature of WHO's involvement would depend entirely on the scale of the emergency.

In **small-scale emergencies**, such as a natural disaster of limited intensity, WHO would assist the country affected in emergency management and in evaluating interventions for "lessons learned" in order to further strengthen the national and subnational emergency preparedness programme.

In **major or complex emergencies**, which are beyond the coping capacity of the country affected, 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 take within the UN coordinated humanitarian assistance, full responsibility for direct planning, coordinating and implementation of all needed health-related humanitarian assistance.

3.2 Roles and responsibilities within WHO

WHO activities related to emergency management are of two types: *(a) emergency preparedness* and (b) *humanitarian action.*

Emergency preparedness aims to build national capacities of Member States vulnerable to emergencies and disasters of all kinds. It is of a developmental nature and thus should follow normal WHO procedures.

Humanitarian action aims to support Member States facing a major emergency, disaster or complex emergency. By the very nature of the assistance required, it needs special extraordinary procedures for efficient programming, planning, fund-raising and implementation

3.2.1 In the emergency preparedness field

***A state of emergency preparedness** exists in a country when it has established a supportive political, legal, managerial, financial and social environment for (a) the coordinated and efficient use of available resources by emergency services in minimizing the impact of hazards on communities, and (b) for the coordinated and efficient transition from emergency relief to recover, reconstruction and rehabilitation, in accordance with the existing goals and plans for national sustainable development.*

National emergency preparedness is an integral part of the entire development process of a country. As such, it is an essential part of the work of WHO at country and regional levels.

Emergency preparedness is a scientific, technical and managerial specialized area in its own right. It has five elements which aim to strengthen capacity and capability:

1) the development of national legislation and national policy for emergency management, which includes emergency/disaster prevention, mitigation preparedness and response, as well as recovery and rehabilitation at national and subnational levels;

2) the development of plans and procedures for emergency management and the coordination of emergency activities at national and subnational levels, as well as international humanitarian assistance;

3) the development of institutional and human resources for emergency management;

4) the development of programmes for public education, public awareness and community participation in emergency management;

5) the collection, analysis and dissemination of information related to emergencies and disasters.

Emergency preparedness is more than just *readiness* to respond. Readiness for emergency response is an integral part of organizing the existing technical capacity of a particular sector, institution or organization. Readiness can only be effective if it is part of a general emergency preparedness programme at national level. The elements of readiness are: refresher training; early warning system; stockpiling and buffer stocks; simulation

exercises; communication systems; information systems and databases; and dissemination of technical information related to particular hazards.

National emergency preparedness programmes are of a multisectoral nature The health sector plays a key role in this multisectoral undertaking and has the responsibility for the specific health-related component of such a programme.

WHO's role is to support the health sector in its multisectoral involvement and in developing the specific health-sector related activities.

WHO's technical support in emergency preparedness is delivered at all levels of the Organization, such as the following.

The **WHO Representative** should:

- promote the establishment of an emergency preparedness country programme and encourage the health sector to play a full role;
- encourage the integration of the programme in long-term socioeconomic development plans of the country in order to pursue its long-term sustainability and allocation of necessary resources.
- promote the development of necessary expertise and technical tools;
- advise the national authorities and help to allocate WHO regular country budget resources to the programme;
- keep the Regional Office informed and adequately advised on country programme orientation and achievements;
- inform the country about international trends and of opportunities of intercountry and international cooperation.

The **Regional Office** should have, as in the case of all other development programmes, full responsibility in managing country and intercountry emergency preparedness (EPR) programmes. This responsibility includes:

- directing and monitoring WHO country offices in implementing tasks described above and providing technical support to them;
- planning activities and organizing intercountry projects in support of country programmes;
- developing new project proposals for fund-raising (through Headquarters) and monitoring, evaluating and reporting on their implementation.

Headquarters' role should be restricted to global activities such as UN interagency undertakings, IDNDR (International Decade for Natural Disaster Reduction), the Expert Panel, 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 on developing and disseminating information, publications and material on emergency management, in full cooperation with the Regional Offices and the network of WHO collaborating centres

3.2.2 In the humanitarian action field

During the 1980s, the international community, including the United Nations and its agencies, became more and more involved in humanitarian assistance, in the aftermath of disasters and major emergencies. This involvement was built on a piecemeal, unsystematic approach by individual countries and agencies, which established separate procedures and tools to deal with requests from disaster-stricken countries in the field of humanitarian assistance. This resulted in anarchic undertakings, duplication of efforts and waste of resources. In addition, international assistance was much delayed, as donors received countless appeals from various NGOs, agencies and even segments of agencies

In the early 1990s, and with the new emerging "complex emergencies", the world felt the need for strong centralized **coordinated mechanisms** among all the participants in humanitarian assistance, including the need for special procedures to facilitate concerted, comprehensive and coordinated response in emergency situations.

This effort resulted in a series of coordinated mechanisms, led by the United Nations Department of Humanitarian Affairs (DHA), in accordance with United Nations General Assembly resolutions 46/182 and 48/57 (see Annexes 1 and 2). Among the coordinated mechanisms created were:

- **Department of Humanitarian Affairs** (DHA), which was established in accordance with United Nations General Assembly resolution 46/182, in order to ensure leadership of a system-wide coordinated response to major and complex emergency situations. DHA is headed by the Under-Secretary-General for Humanitarian Affairs;

- **Inter-Agency Standing Committee**, composed of the heads of all the UN operational humanitarian relief agencies and programmes, i.e., UNHCR, WFP, UNICEF, FAO and WHO, as well as ICRC, IFRC, and the International Organization for Migration. Relevant major NGOs also participate on an *ad hoc* basis;

- **joint interagency need-assessment missions** in which WHO participates and is expected to lead the health component of the missions which will result in.

- **Consolidated Appeals (CAP)**, which are issued by the UN Secretary-General and contains all partners and components in humanitarian assistance related to the

various technical areas such as health, food, shelter, etc. WHO communicates to donors through these appeals, through participation in joint UN agency donor meetings and press conferences and through regularly updated situation reports **(Annex 6)**;

- **Central Emergency Revolving Fund (CERF)** was established in accordance with UNGA resolution 46/182 and is a cash-flow mechanism to ensure the rapid and coordinated response of UN agencies to requests for emergency assistance. UN operational agencies and programmes can borrow from the CERF and then reimburse it **(Annex 7)**;

- **other unified reporting mechanisms** to donors, the UN Economic and Social Council (ECOSOC), the UN General Assembly, etc., once pledges and funds are received against the consolidated appeals.

Although the above mechanisms are still relatively new and suffer from many shortcomings, they have now been fully accepted by the international community, including donors who refuse to consider any request or undertaking submitted by individual agencies outside these coordinated mechanisms.

WHO is considered primarily as a development-oriented and technical specialized agency, and is included as a full partner in the list of operational agencies involved in this coordination mechanism (e.g., the Director-General is a member of the IASC), and thus is thus the Organization is expected to deliver its services accordingly.

Therefore, WHO needs to adapt its strategy and procedures if it is to fulfil efficiently its commitments, including the development of special emergency operational procedures for humanitarian action.

Consequently, a clear definition of roles and responsibilities of the various levels of the organization is needed on the basis of the various United Nations General Assembly and World Health Assembly resolutions that concern emergency and humanitarian action.

Roles and responsibilities of the various WHO levels, within the interagency coordinated mechanisms, could be defined as follows:

- **the WHO Representative** should supervise and be responsible for the implementation of country humanitarian activities undertaken by WHO. During the emergency phase, the WHO Representative should liaise directly and simultaneously with the Regional Office *and* headquarters. He/she also proposes redeployment of the available staff as well as reprogramming the WHO country resources for emergency needs;

- prior to as well as after the emergency, the **WHO Representative** should participate actively in the UN Disaster Management Team in his ex-officio membership and should take full responsibility for leading all health-related emergency activities undertaken by the United Nations. "Special procedures" are thus needed for the WHO Representative to fulfil this task, in line with those existing for other resident representatives of humanitarian agencies.

For more details on special emergency operational procedures, as suggested by the Task Force on EHA, see **Annex 8**.

- Once an emergency has been officially declared, **the Regional Office** is responsible for implementing technical activities at country and intercountry levels. This involves participating in interagency needs assessment missions, including providing technical support, elaborating plans of action, implementing agreed upon relief projects/activities through the country offices as appropriate, and periodic reporting back to the WHO Director-General.

- **Headquarters** (EHA/HQ) is responsible for coordinating activities related to the above-described interagency coordinated mechanisms. This responsibility consists of collaboration with DHA in planning and conducting assessment missions and leading the health component part of such missions; launching consolidated appeals and attending donor meetings; clearing plans of action; monitoring and evaluation; and reporting to DHA and the donor community on activities implemented by Regional Offices and WHO country offices.

  At the request of the Regional Office concerned, EHA/HQ should also contact other WHO divisions at Headquarters or WHO collaborating centres to obtain technical support for regional activities. When deemed necessary, EHA/HQ will also invite regional staff to attend donor meetings and participate in assessment missions, taking responsibility for technical input.

In carrying out the above-described activities undertaken at all WHO levels care will be taken to complement one another and fulfil the operational requirements for humanitarian assistance of the United Nations system, as directed by DHA. Building upon this approach in a "team spirit" based on full partnership, will enhance WHO credibility and optimize its support for those Member States who are in need of humanitarian assistance.

4. Prerequisites for WHO regional and country operational efficiency

WHO has recently assumed a stronger role in humanitarian action activities of the international community. In recognition of the importance of such operations for the Organization, the Executive Board (EB) and the Director-General of WHO have designated such activities as a priority area of the Organization. This implies that a series of changes in WHO's approach and procedures as regards programme implementation are needed to properly meet that role. The Task Force on EHA, established by the Director-General, is identifying all aspects of reform that may be needed and is making recommendations on changes necessary to maintain a high profile role in this area.

As far as the roles of the WHO Regional Offices and WHO country offices are concerned, in addition to changes needed in overall operating procedures, other considerations should be addressed to guarantee a prompt and efficient reaction by WHO during an emergency (e.g., stronger promotion and technical support to be given to national emergency preparedness programmes).

4.1 At regional level

As emergency preparedness and disaster prevention and mitigation have developed over the past two decades as a highly specialized technical discipline, and similarly, at international level, a new complicated culture is developing for humanitarian assistance, we can no longer afford to deal with this area on an *ad hoc* basis, as WHO used to do in the past

To play a full role in emergency preparedness and humanitarian action, Regional Offices and WHO Representative offices should consider this area as a technical responsibility that requires qualified expertise, adapted strategies and tools of work, as is the case in other major programmes of WHO. Consequently, some prerequisites are necessary, among which the most important are the following:

4.1.1 Specialized technical support

- In each Regional Office there is a need to establish at least one **full-time Regional Officer post** in Emergency Preparedness and Humanitarian Action. The incumbent of the position, in addition to his/her technical expertise in emergency preparedness, has an important role to play as a focal point for WHO humanitarian action activities at regional level. Thus, there is a need:

  - to coordinate between Member States, between the regions and Headquarters, and between other regional organizations and major NGOs;

  - to coordinate internally all technical assistance programmes of WHO to ensure that their capacities are fully in line with humanitarian action needs of Member States;

  - to assist and support Member States in handling and orienting international assistance provided to them in the aftermath of a disaster.

  In order to be effective, the Regional Officer must coordinate his technical programmes with all the regular WHO programmes of the Regional Office. This will ensure that each technical component of the health sector contributes to the overall emergency plans of the Region and Member States. This linking of WHO programmes can best be done if the post is supervised directly by the DPM.

- In addition to the full-time Regional Adviser post, a **regional roster of experts** should be established and its members trained and briefed on WHO emergency management strategies and procedures. This training/briefing should be done at regional level and arrangements made with countries of the regions for quick dispatch of these experts.

4.1.2 Availability of financial resources

- To ensure the long-term sustainability of technical support to intercountry and

country efforts in establishing national emergency preparedness programmes, funds should be allocated from the **regular WHO country budget and from regional and intercountry sources** for this activity. Already, some regions have been successful in doing this, which has resulted in an increase in self-reliance for some countries in handling their own emergencies. Given their success in this area, they have also attracted more funds from extrabudgetary resources to support their undertakings.

- A **Reserve Fund** for implementing immediate activities, after declaration of a major emergency, should also exist in each WHO region. This relatively small fund could guarantee immediate action and better credibility for the Organization, and could be tapped or even replenished through the subsequent extrabudgetary resources which would result from a consolidated appeal.

  In a major or complex emergency, the regional Reserve Fund could also be tapped by Headquarters' Emergency Response Fund and by the Central Emergency Revolving Fund (CERF), administered by DHA and which Headquarters could borrow from.

4.1.3 Establishment of special operational procedures

- Finally, the above measures cannot guarantee an efficient WHO involvement in humanitarian action if **special emergency operational procedures** are not adopted by WHO. The Task Force on EHA has already identified some of these procedures for country operations along those adopted by other operational agencies of the United Nations (**Annex 8**). Another set of procedures should be developed for regional and headquarters operational needs.

4.2 At country level

The key element of WHO's involvement in emergency and humanitarian action remains the WHO country office headed by the WHO Representative. The United Nations is focussing more attention on field coordination to boost operational efficiency. For WHO to play an active role in this area at field level, and meet the expectations of emergency-stricken Member States (as well as those of the international community), there is a need to meet certain prerequisites, which include the following.

4.2.1 Criteria for selecting a WHO Representative

In addition to the criteria being worked out by the WHO Development Team on the Role of the WHO Country Office for selection of WHO Representatives, the following should be added to the list of qualifications needed for those to be assigned to countries vulnerable to emergencies and natural disasters. These include:

- an ability and willingness to work under difficult circumstances, including the special circumstances of complex emergencies;

- knowledge, skills and physical aptitude concerning emergency management needs.

4.2.2 Availability of WHO expertise in emergency management

Given the wide range of tasks that a WHO Representative is already requested to supervise, it is unreasonable to expect WHO Representatives to follow the continuing changes in approach and practices, both technical and political, at international level in emergency management. This means that there is a need for full-time professional expertise to manage all complex tasks needed at field level in an emergency situation. The WHO Representative should be able to ask for, and preferably receive, once early warning signals are received, an **emergency management expert** to assist him/her. A roster of qualified and suitable experts should be maintained by EHA/HQ and qualified individuals would be selected from it for assignment at short notice, upon request by the WHO Representative or the Regional Office concerned.

To function effectively in a complex emergency, it is essential that these experts be familiar with senior staff at decision-making level in the United Nations and in its specialized agencies, and as such, be up to date with the latest developments in policy and practices in New York and Geneva. They also need to have had experience in working with donors in complex emergencies. This is a role that cannot easily be fulfilled by staff from the Regional Offices or by the WHO Representatives themselves.

The emergency management expert would support the WHO Representative in advising the government on all matters related to coping with the emergency/disaster, assist in needs assessment missions, participate in WHO and interagency field missions, coordinate the drafting of plans of action for WHO (using available resources) and of consolidated appeals (requesting additional resources), authorize allocation of funds for emergency activities, and monitor, evaluate and report on implementation of humanitarian assistance activities.

Funds for the recruitment of such an expert at the early stage of an emergency should be taken ideally from the country budget, as it is difficult to raise extrabudgetary contributions *prior* to a declared emergency. In the case when an emergency is so serious as to require special staff and suspension of normal development programmes, it is not unreasonable for country budget development funds to be diverted to deal with the crisis. An alternative source of financing could come from the Regional Director and Director-General Development Funds.

In addition, in the event of a declared emergency, available WHO professional staff (fixed-term, short-term and consultants) at country level could be reassigned (part-time or full-time) to implement emergency activities. Similarly, in a country that has declared an emergency, WHO professional staff should be considered "essential staff" for the purpose of emergency management and treated as such by the United Nations, as far as evacuation rules and procedures are concerned.

4.2.3 UN Disaster Management Team

The United Nations has established a programme of setting up a Disaster Management Team (DMT) in each Member State, especially in countries vulnerable to emergencies and disasters. The team is composed of representatives of all operational agencies in the country

(UNDP, UNICEF, FAO, WHO, etc.), as well as, in some cases, donors and NGOs. The team is lead by the United Nations Resident Coordinator and meets on a regular basis, either with heads of agencies (usually during the emergency or disaster), or with designated agency focal points (during non-emergency periods).

The role of the team is to coordinate UN activities in all phases of emergency management, including prevention, mitigation and preparedness, as well as relief, recovery and rehabilitation.

The WHO Representative should expect to participate actively in the work of the DMT. In participating, the WHO Representative should ensure that:

- WHO policy on emergency management at global and regional levels is known to the DMT and taken into consideration by them when decisions are made,

- WHO takes the role of lead agency in all health-related matters. In a DMT that has a subcommittee, the WHO Representative should chair the health subcommittee and provide representatives to other committees when health issues are discussed, such as food, water and sanitation;

- WHO is represented on the advisory staff in cases where a Special Representative of the Secretary-General has been appointed to coordinate humanitarian activities.

To participate effectively, the WHO Representative should maintain close contact with the EHA focal point in the Regional Office, as well as EHA/HQ This would ensure that he/she is familiar with the latest technical, administrative and political developments at regional and global levels.

When the DMT meets during an emergency relief operation, the WHO Representative could delegate his/her role to the emergency management expert that was recruited to assist the WHO Representative.

4.2.4 Training and briefing

At field level, emergency management requires specific skills and knowledge for efficient performance of tasks to be undertaken by WHO. Such skills and knowledge need proper training and regular briefings on the development of strategies, approaches and practices in this area, at global, regional and country levels. Therefore, it is suggested that

- a one- to two-day briefing on emergency preparedness and humanitarian assistance be included for newly recruited WHO Representatives, usually conducted by the Staff Development Programme (SDP) at Headquarters;

- a full training programme (one week) for WHO Representatives assigned to countries vulnerable to emergencies and disasters be established along the lines of the UNDP Disaster Training Programme for UNDP Resident Representatives;

- a one-day briefing on a regular basis (once every two years) at regional level for