

## 2. Humanitarian assistance

In the setting outlined above, humanitarian assistance – which includes emergency prevention, preparedness and response – has moved to the top of the international community agenda. As the lead United Nations agency for health issues, the World Health Organization (WHO) has accepted the responsibility for shaping, coordinating and putting into operation health-related emergency assistance programmes at the global level. WHO becomes involved in humanitarian assistance when a country requests it, or when the United Nations as a whole is required to take action.

The UN itself has restructured its humanitarian assistance in recent years, and WHO has not been slow to develop new strategies and tools to deal with the health aspects of humanitarian assistance in emergencies, working in partnership with the international community. Moreover WHO can draw upon the technical skills of its personnel at headquarters, in the six regional offices and in country representatives' offices, as well as tapping the skilled resources of its collaborating centres all over the world.

WHO's operational goals in this field are:

- to alleviate the health consequences of emergencies, and
- when they occur, to strengthen the capacity of countries to manage major emergencies on their own.

There is a longer-term goal too. WHO seeks to create emergency assistance programmes that will serve as a springboard for the long-term development of the health sector. A country whose health services are permanently on the alert to avert disasters, or to move into action in response to emergencies when they do arise, is a country well-prepared to face every eventuality that may impinge on its people's health.

### Impact on health systems

Disasters of all kinds tend to disrupt national health systems. Scarce money and manpower that had been earmarked for essential and timeless health needs are "temporarily diverted" to satisfy basic



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needs for food, water, sanitation and medicines, to prevent deaths from injuries and to guard against epidemics. But many disasters turn into chronic emergency situations that may last for years, thus hindering the regular provision of health services.

Disasters have an even more serious impact in the developing world because they subvert the development process. They wipe out any gains made in the health infrastructure (improvement of hospitals, laboratory networks, clinics and so forth), and in the general infrastructure that is needed to ensure a healthy population (jobs, roads, water and sanitation). The public health consequences of disasters may include large numbers of injured in need of rehabilitation, the spread of communicable diseases, psychological disorders and malnutrition, disruption of water and sanitation services, and the cessation of routine curative and preventive health activities.

All these are good reasons why WHO is active in emergency **preparedness** and not just

**On-the-spot visit:  
the Director-  
General of WHO,  
Dr Hiroshi  
Nakajima,  
examines a  
refugee baby in  
Afghanistan.**



Badly burnt by  
a molotov cocktail,  
a boy is treated  
without benefit of  
anaesthetics in  
war-torn Bosnia.



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emergency response. WHO treats emergency issues within the framework of long-term national development, rather than through a case-by-case response to disasters as they arise.

### New UN approach

In the newly-evolving international climate, and sensing the increasing public awareness of and interest in emergencies occurring everywhere in the world, the UN restructured its approach to humanitarian assistance, creating a new Department of Humanitarian Affairs (DHA) to coordinate UN action in this domain.

As the leading UN health agency, WHO in turn coordinates its work in emergency management with the general activities of the DHA. It particularly supports the UN's strong emphasis on linking humanitarian assistance with development. WHO sees this approach as being entirely harmonious with its own insistence on primary health care as the means of attaining the goal of "Health for all" and on the long-term development of national health systems and expertise.

In Afghanistan, 14 years of war resulted in one million deaths, two million injured or disabled and over five million refugees and displaced persons; the health infrastructure was badly weakened. Since 1989, WHO's Division of Emergency Relief Operations has been involved in carrying out health care programmes in rural Afghanistan, in collaboration with other UN agencies. WHO's approach focused on the rehabilitation and reconstruction of health care facilities and development of human resources – always with the primary health care approach in mind.

A Master Plan for the Health Sector was drawn up and agreed to by representatives of both warring sides in the country. This made WHO responsible for providing assistance to disabled Afghans, reconstructing health facilities, training medical staff and other health workers, undertaking immunization programmes, maternal and child health care, environmental health, and control of specific diseases (including malaria, tuberculosis, acute respiratory infections and diarrhoeal diseases), and setting up a health information system. □