In emergencies and crises, health comes first

WHO STRATEGIC OBJECTIVE 5: “To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact”
“Supporting countries affected by crises and mobilizing resources to quickly restore essential health services is a priority for the Regional Office.”

Zsuzsanna Jakab
WHO Regional Director for Europe

Introduction

Public health emergencies are largely unpredictable. They can hit communities at any time, causing massive human suffering and loss of life. They can also have grave economic repercussions. If health systems are not well prepared to cope with emergencies, affected communities will be more severely impacted and more vulnerable to continuing health threats in the aftermath of a crisis.

Over the past few decades, numerous public health emergencies have endangered human health and security in the WHO European Region, including armed conflicts, flooding, wildfires and earthquakes.

The WHO Regional Office for Europe provides ongoing support to Member States in preparing for, responding to and recovering from public health emergencies. Activities to strengthen preparedness include risk assessments, workshops, training, technical support and documentation. WHO works with Member States to help them implement the requirements of the International Health Regulations, which are intended to help countries prevent and respond to acute public health risks. When disaster does strike, WHO leads the global health cluster to coordinate humanitarian health action. In this capacity, WHO/Europe collaborates with international partners and local and national health authorities to meet the immediate health needs of the affected populations. In the aftermath of a crisis, WHO supports recovery plans and ongoing reconstruction efforts to restore, and where necessary improve, health systems and infrastructures. The institutional capacity of the WHO Regional Office for Europe to maintain such support requires sustainable resources and predictable funding mechanisms.
Emergency preparedness: The WHO Regional Office for Europe supports Member States in evaluating the capacities of their health systems to manage a potential health crisis. Findings are translated into action plans that include the development and implementation of national policies for risk reduction, crisis preparedness and crisis management. At local level, WHO works with communities to improve their resilience and coping strategies. Specific activities include technical support for health information management, Public Health and Emergency Management training, and safety and vulnerability assessments of hospitals.

Emergency response: Immediately after disaster strikes or as a crisis unfolds, humanitarian assistance has to be quickly mobilized to reach the sick, injured and/or displaced. WHO leads the Inter-Agency Standing Committee (IASC) global health cluster, a partnership of United Nations agencies, international organizations and NGOs working in the health domain. Based on a joint work plan, the various actors in the health cluster can provide coordinated, effective and rapid assistance to those in need.

Recovery: The initial short-term humanitarian response to a crisis should be accompanied and followed up by sustainable efforts to protect survivors and rebuild and improve the systems and infrastructure needed to further safeguard public health. Such long-term recovery efforts are part of a wide range of WHO activities aimed at ensuring efficient health policies and strengthening health systems.
Preparedness

A health system that anticipates the potential health impact of a disaster can effectively respond to the health needs of disaster victims. It saves lives. To make this possible, it is crucial that countries develop crisis preparedness and response plans and carry out exercises and drills. An effective and continuous preparedness process clearly defines roles and responsibilities, and helps to identify potential gaps and key areas for further capacity building.

While hazards vary in source (natural, technological, societal), they often challenge health systems in similar ways. WHO/Europe therefore promotes an all-hazard approach for the preparedness planning process. The concept comprises risk reduction, emergency preparedness, response actions and community recovery activities, implemented along the same model, regardless of the cause. Experience shows that a substantial part of essential response actions are generic (health information in crises, emergency operations centre, coordination, logistics, public communication, etc.) irrespective of the hazard and that prioritizing these generic response measures generates synergies to better address the hazard-specific aspects.

Response

Health systems often cannot cope with the immediate health consequences of a crisis, because they are overwhelmed by the sudden increase in demand for essential health services or because institutions are weak and cannot ensure that the population receives life-saving interventions in times of disaster.

As the lead agency for the global health cluster, WHO/Europe works closely with international partners to help local authorities and civil society respond to the health needs of people threatened by a health crisis. This significant role reflects the technical expertise and unique capacity WHO has built up over the years to be the interface between national and international health partners. In the European Region, the health cluster has been activated recently to coordinate humanitarian health response and recovery actions in Georgia, Tajikistan and Kyrgyzstan.
Recovery

Immediately after a disaster, humanitarian action needs to concentrate on mobilizing life-saving interventions for those in need – but it cannot stop there. Parallel to the acute response activities, well-informed efforts need to be initiated to identify gaps in social, economic and security systems and build them back to full functionality. Rehabilitation and reconstruction activities must furthermore be integrated into the overall development approach to strengthen health programmes. Examples in the WHO European Region of effective integration of recovery and development efforts can be found in post-conflict areas in the Balkans, particularly in the United Nations Administered Province of Kosovo, Georgia and in the Northern Caucasus (Russian Federation).

Challenges and needs

The European Region remains vulnerable to several types of public health threats that demand vigilance and a high level of preparedness:

- Many of the 53 WHO European Member States are located in high-risk zones for earthquakes and other natural disasters.
- Incidences of diseases such as TB and HIV/AIDS are increasingly interconnected, and new cases of diseases, such as polio, could signal the re-emergence of some communicable diseases.
- Deepening social inequalities are increasing health risks, as poorer populations are disproportionately affected in times of crisis.
- Pockets of political or cultural tension still exist that have the potential to escalate into conflict.

The need for concerted action is compounded by the emergence of global health challenges:

- Predicted increase in the frequency and severity of extreme weather events due to the effects of global climate change;
- Continuing high potential risk of an influenza pandemic;
- Potential deliberate use of biological, chemical or radio-nuclear agents;
- Increasing trade and transportation of hazardous substances.

Table 1. Crises (excluding conflicts) and their consequences in the WHO European Region (1990-2010)

<table>
<thead>
<tr>
<th>Type of event</th>
<th>Number of events</th>
<th>Deaths</th>
<th>Total affected</th>
<th>Economic damage (thousands of US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents</td>
<td>719</td>
<td>19 424</td>
<td>163 117</td>
<td>13 751 707</td>
</tr>
<tr>
<td>Drought</td>
<td>36</td>
<td>2</td>
<td>15 875 969</td>
<td>15 488 309</td>
</tr>
<tr>
<td>Earthquake</td>
<td>107</td>
<td>22 002</td>
<td>5 702 222</td>
<td>38 649 449</td>
</tr>
<tr>
<td>Epidemic</td>
<td>59</td>
<td>676</td>
<td>216 043</td>
<td>n/a</td>
</tr>
<tr>
<td>Extreme temperature</td>
<td>159</td>
<td>81 457</td>
<td>3 452 957</td>
<td>16 865 750</td>
</tr>
<tr>
<td>Flood</td>
<td>442</td>
<td>4 221</td>
<td>12 437 525</td>
<td>90 666 061</td>
</tr>
<tr>
<td>Mass movement*</td>
<td>59</td>
<td>2 298</td>
<td>199 181</td>
<td>1 594 389</td>
</tr>
<tr>
<td>Storm</td>
<td>315</td>
<td>1730</td>
<td>8 861 009</td>
<td>76 582 849</td>
</tr>
<tr>
<td>Volcano</td>
<td>4</td>
<td>0</td>
<td>7000</td>
<td>19 600</td>
</tr>
<tr>
<td>Wild fire</td>
<td>77</td>
<td>345</td>
<td>1 295 267</td>
<td>10 768 811</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1 977</strong></td>
<td><strong>132 155</strong></td>
<td><strong>46 915 023</strong></td>
<td><strong>264 386 925</strong></td>
</tr>
</tbody>
</table>

* Mass movement includes: avalanche, landslide, rockfall and subsidence

What the WHO Regional Office for Europe is doing

Preparedness

Assessing and strengthening the crisis preparedness of national health systems

WHO/Europe has developed and applies a comprehensive assessment methodology that focuses on all components of a health system. It analyses crisis preparedness and response capacities from stewardship and governance to health financing and critical managerial and professional skills of the health workforce. The obtained country-specific data are compiled and analysed and the findings translated into practical recommendations and action plans. WHO/Europe supports countries to implement action plans and develop sustainable capacity building programmes to improve the responsiveness of the system.

Supporting Ministries of Health in institutionalizing risk reduction and crisis preparedness

It is the health sector and the Ministries of Health that have the overall responsibility to coordinate the health response during crises and disasters. Failure to do so or insufficient preparedness of health institutions can cost lives. Disaster risk reduction and health security need to be integrated and institutionalized as a core function of the Ministry of Health. With the help of WHO, specialized units for risk reduction and crisis preparedness have been established or strengthened in Moldova, Kyrgyzstan and Tajikistan.

Promoting effective national policies

WHO provides technical support to governments, so that they develop and implement national policies for prevention, mitigation, preparedness, response and recovery. Crucial success factors are the multi-sector coordination and the sustainability of funding mechanisms. Once established and enacted, such policies constitute a framework for governmental commitment to crisis preparedness and crisis management. A recent example of such work is the new national health sector policy for mass casualty management in Albania. WHO also advocates for the establishment of contingency funds for certain health risks, national budget allocations for risk reduction measures, and mechanisms to ensure free access to health care for crisis and disaster victims.

Reducing the vulnerability of critical health facilities

Worldwide, hundreds of hospitals and health facilities are destroyed or damaged every year in disasters. When a hospital stops functioning, the affected communities are left without even basic emergency care. Keeping a hospital safe from natural or human-made threats goes beyond the protection of its physical structure; it requires preserving the infrastructure as well as the workforce that keeps the facilities operational.

WHO applies a “Hospital Safety Index” tool to assess hospitals’ vulnerabilities. Safety and vulnerability assessments have been conducted in a number

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1 Hospital Safety Index: Washington, DC, Pan American Health Organization, 2008.
of priority countries (Armenia, Azerbaijan, Croatia, Georgia, Kyrgyzstan, Montenegro, Republic of Moldova, Serbia, Tajikistan and the former Yugoslav Republic of Macedonia). These countries together with WHO/Europe have identified low cost - high impact measures to mitigate the impact of a crisis and to ensure that hospitals remain functional in emergencies, when they are needed most to save lives.

Collecting and sharing best practices
WHO promotes an evidence-based approach for countries to develop and prepare emergency response plans for hospitals and primary care units. We broadly disseminate best practice examples and have developed and piloted a standard template for hospital emergency response plans (ERP) in Poland and Albania. Apart from the generic principles, the template includes guidance on how Ministries of Health can adapt it to the local context and develop a specific national template. WHO/Europe's long-term aim is to have operational emergency response plans in place for every hospital in the Region.

Implementing the International Health Regulations (2005)
The International Health Regulations (IHR), which came into force in June 2007, are a unique global framework for public health security, involving 194 states parties worldwide. Under the IHR, states parties are committed to report to WHO any public health risk and any event that may constitute a public health emergency of international concern, and to follow certain standardized procedures for risk assessment and response. A health crisis in one country can affect livelihoods and economies in neighboring countries or even in other parts of the world. Such crises can result from communicable diseases or from other emergencies such as chemical spills, or nuclear accidents. The IHR are intended to help the international community prevent and respond to acute public health risks, while minimizing the disruption of international traffic and trade. WHO/Europe supports countries in building the required core capacities for surveillance, preparedness, response, communication and laboratory systems. All countries in the Region have assigned their own national IHR focal points, who continuously receive support from WHO to contain health emergencies at their source.

Preparing for emergencies triggered by climate change
WHO/Europe works to strengthen the capacities of health systems to protect the public from the potentially detrimental effects of climate change. This includes assessments of potential health risks and the development of health adaptation strategies. Preparedness for and response to extreme weather events, in particular to heat-waves, cold spells, floods, droughts and forest fires, also requires institutional capacity building. For this purpose, WHO/Europe provides countries with public health prevention and preparedness tool kits.

Building plans to mount sustained responses to a pandemic
Pandemics caused by a new strain of influenza can occur at any time and have a range of severity and impact on health, as well as disrupt society. Prior to the 2009-2010 pandemic, WHO/Europe assisted Member States with the development of national pandemic preparedness plans. Specific plans to prepare for a pandemic are necessary because the response must be sustained over an extended period of time (up to two years), this requires planning for surge capacity in health and essential services sectors, as well as a the application of a whole-of-society approach. These pandemic plans can be built on generic emergency plans which cover the early stages of the response, namely detection and assessment. Although many countries in the European Region were considered to be well prepared for a pandemic, the 2009 pandemic was relatively mild and more work needs to be done in order to be better prepared for a more severe pandemic.
Countries are evaluating their response and using this information to revise their national pandemic plans. WHO/Europe assists with this through the provision of guidance, country missions, trainings and meetings. WHO/Europe coordinates its activities in this area with the European Commission and with the ECDC.

Supporting health information management
Effective emergency preparedness requires information systems that map local hazards as well as the vulnerability of populations and the critical infrastructure. WHO supports Member States in developing local capacities, including geographical information systems (GIS), which allow for the development of focused preparedness activities to reduce the impact of crises, and thus keep them from developing into full-scale disasters. WHO/Europe is engaged in two key activities in this field. The e-atlas, which has been developed so far for the central and eastern parts of the European Region, will allow an overview of selected natural hazards faced by countries. The vulnerability and risk analysis and mapping programme (VRAM) is being introduced in selected Member States, starting with Kazakhstan. It allows countries and communities to assess, visualize and analyse health risks from disasters, integrating data on response capacities, hazards and communities' vulnerabilities.

Improving knowledge and upgrading skills
WHO/Europe supports and organizes training and capacity building initiatives aimed to develop professional and managerial skills within communities or institutions, which are needed to reduce risks and to effectively respond to a health crisis. A wide range of regional and sub-regional workshops and training courses cover various technical topics related to disaster preparedness and response, based on the best practice examples developed by WHO/Europe. The PHEM Euro (Public Health and Emergency Management) training concept - with a globally coordinated curriculum - has been adapted to the regional context and is jointly implemented with academic institutions. This is complemented by supporting countries to develop national PHEM capacity building programmes, specifically designed to match a country's situation and needs. WHO also provides ad-hoc capacity building measures. In 2009, various Member States requested special training in hospital emergency preparedness, with a particular focus on pandemic preparedness. WHO/Europe published a “hospital preparedness checklist for pandemic influenza”, which was used in country workshops to support hospital managers in preparing their health facilities for the influenza pandemic (H1N1) 2009.

Supporting local communities
At the local level, much can be done to make communities at risk more resilient and to prevent or mitigate the effects of emergencies. A participatory approach that takes gender, cultural and other context-specific issues into account can empower local groups to take preventive action.

WHO/Europe works with NGO partners like the International Red Cross and Red Crescent Movement to help communities integrate risk reduction and emergency preparedness into local emergency management structures and primary health care. Communities are also encouraged to set up a health communication and social mobilization programme to facilitate a rapid response in the event of an emergency.

Response
Ongoing efforts are directed to strengthening the capacities of WHO and our Member States to respond quickly and effectively to any type of health emergency. An effective response involves:
health intelligence
- understanding what is happening, when and how the health of communities and vulnerable groups is affected;
- concentrating on morbidity, mortality and their causes, vital needs and systems, communicable diseases, the health of women, children and older people, nutritional status, mental health and access to essential care, including care for chronic conditions;

health coordination
- mobilizing technical, logistic and support teams for an optimal response;
- drawing on the best national and international expertise;
- supporting country capacity and focusing on essentials such as assessment, outbreak response, repairing and jump-starting critical services, tracking progress and coordinating actors;
- establishing the essential health actions that are immediately needed;
- anticipating long-term needs, and the conditions under which they should be met;
- offering standardized tool kits and techniques for assessment, for organizing and coordinating response, and for supporting the recovery of local systems.

Recovery

Our efforts to support recovery include:
- rebuilding health system capacities, including family health, mental health, and emergency medical services;
- establishing early warning systems for communicable diseases and natural disasters;
- developing a health policy framework; and
- acting as a technical focal point for public health programmes.

CASE STUDY
Civil Unrest in Kyrgyzstan, June 2010

In June 2010, civil unrest affected approximately 400,000 people in the country’s south, of which some 300,000 were internally displaced and 75,000 temporarily fled into neighbouring Uzbekistan. Health facilities were initially overwhelmed by the large number of trauma cases, requiring an upgrade in rehabilitative services to help those injured. Psychosocial trauma is still regarded as one of the most serious health impact of this crisis.

As a coordinator and lead agency of the health sector response, WHO has been working closely with the Ministry of Health and with local health partners. The local health cluster coordination facilitated the development and roll out of a series of response and recovery projects to rebuild the capacity of health facilities in southern Kyrgyzstan. Mobile medical teams were supported to ensure access to medical care and to provide mental health care for affected people.
What additional progress can be achieved with more resources?

Mobilizing sustainable funding for preparedness activities has always been a challenge. The current financial crisis has further aggravated resource constraints and left critical preparedness activities seriously underfunded. The funding gaps are jeopardizing further progress to build generic all hazard emergency preparedness capacities at the country level and to develop and strengthen the IHR core capacities, particularly in countries with limited resources. Funding gaps for emergency preparedness are also affecting WHO/Europe’s capacity to quickly mobilize support to countries affected by a health crisis.

These gaps are particularly serious in light of the emerging challenges to global health security that could magnify existing vulnerabilities in the Region. It is vital, for example, to prepare for more extreme weather events and to put in place effective early warning and early action mechanisms, integrated into comprehensive health-oriented preparedness strategies and plans.

Health security requires comprehensive cross-sector preparedness. The Regional Office will continue to coordinate and collaborate with Member States and partners to build sustainable capacities to effectively manage health crises. At the pan-European level, it will continue working with the institutions of the European Union, in particular with the European Commission and with the European Center for Disease Prevention and Control (ECDC).

These complex and evolving partnerships are necessary to ensure that the evidence base and lessons learnt are shared and integrated and reflected in preparedness, response and recovery strategies for national health systems. Continuing consultations with Member States are needed to guide, identify and jointly agree on priority areas for coordination, collaboration and intervention. Furthermore, as more and more countries adopt the cluster approach, WHO will need to enhance its internal and external capacities to sustain and expand its leadership mandate.
To date, key partnerships include:

Agency for Support and Coordination of Russian Participation in International Humanitarian Operations (Emercom): http://www.emercom.ru/main_e.html


Health Protection Agency (HPA), United Kingdom: http://www.hpa.org.uk/

Inter-agency Standing Committee (IASC): http://www.humanitarianinfo.org/iasc/

KfW Bankengruppe (KfW) Germany: http://www.kfw.de/EN_Home/index.jsp


Ministry of Health of Israel: http://www.health.gov.il/english/Pages_E/default.asp

Swiss Agency for Development and Cooperation (SDC): http://www.sdc.admin.ch/


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WHO’s Strategic objectives

With a specific focus on inequalities, social determinants of health and health in all policies, 2020 provides a European platform for achieving the 11 Strategic Objectives which frame the work of WHO in the European Region.

Briefings are available in each of the Strategic Objective areas:

1. Reduce the health, social and economic burden of communicable diseases.

2. Combat HIV/AIDS, tuberculosis and malaria.

3. Prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

4. Reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.

5. **Reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.**

6. Promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

7. Address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.

8. Promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.

9. Improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development.

10. Improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

11. Ensure improved access, quality and use of medical products and technologies.