

Summary report on the

# Consultative meeting on the regional operational guide for child and adolescent health in humanitarian settings

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Beirut, Lebanon  
18–19 October 2017



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

In order to identify and bridge the gaps in current approaches to child and adolescent health in humanitarian settings, and to develop guidance tools to address child and adolescent health issues during and after acute crisis situations, the World Health Organization (WHO) Regional Office for the Eastern Mediterranean proposed that a practical operational guide for child and adolescent health in humanitarian settings be developed. The operational guide will target child and adolescent health managers at ministries of health and related sectors, United Nations country partners, and implementing nongovernmental organizations. A key step towards finalizing this operational guide is to obtain feedback from countries of the Region and other regional and international experts on the draft of the guide and to agree on next steps.

In light of the above, the Regional Office organized a consultative meeting on the regional operational guide for child and adolescent health in humanitarian settings in Beirut, Lebanon, from 18 to 19 October 2017. The meeting was attended by 24 participants, including regional experts in child and adolescent health, staff from ministries of health involved in child health programming in countries affected by emergencies (Iraq, Lebanon, Libya, Sudan, Syrian Arab Republic and Yemen), child and adolescent health focal points from selected WHO country offices, WHO headquarters and Regional Office staff, and representatives of the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees (UNHCR) and Save the Children.

The objectives of the meeting were to:

- review the draft regional operational guide for child and adolescent health in humanitarian settings; and

- discuss and identify next steps, including guide dissemination, implementation modalities, and programmatic implications at country level.

In her opening remarks, Dr Jamela Al-Raiby, Regional Advisor, child and adolescent health programme, WHO Regional Office, highlighted the current regional situation whereby more than half of the countries of the Region are either directly or indirectly affected by emergencies. Dr Al-Raiby emphasized the urgent need in countries of the Region for operational guidance on child and adolescent health during emergencies to fill a significant gap in the continuum of care.

## **2. Summary of discussions**

Global and regional overviews of the current status of child and adolescent health were presented by WHO headquarters and the Regional Office respectively. This was followed by presentations on the outcomes of the WHO global child survival and health strategic review, and on the implications of this review for the Region.

Participants examined the current global and regional work on maternal, newborn, child and adolescent health in humanitarian settings, and noted that both the UNICEF review of child health in humanitarian response plans and the Regional Office rapid desk review, regional and country level survey and in-depth interviews, concluded that there was a significant gap in guidance on child and adolescent health in emergencies. Participants also stated that existing tools are either too narrow in scope or have not been updated or implemented.

Following discussions on the section of the operational guide on the involvement of child and adolescent health programme managers in emergency planning and coordination, participants noted that there was

a need for a maternal, newborn, child and adolescent health subgroup within the health cluster to ensure child and adolescent health remain high on the cluster agenda and that greater alignment was needed between the various initiatives of United Nations agencies.

In further discussions on service packages and supplies for child and adolescent health in humanitarian settings, participants agreed that among the numerous challenges related to child and adolescent health essential service packages and supplies in emergency contexts, a significant gap in related operational guidance exists at all levels. It was also agreed that there was an urgent need for a standard service package to facilitate the work of child and adolescent health managers in the field, and that the close link between service packages and required supplies should be taken into account when formulating that section of the operational guide.

In discussions on monitoring and evaluation indicators and tools pertaining to child and adolescent health interventions in humanitarian settings, participants emphasized the need to focus on indicators and proposed a number of extra indicators be considered for inclusion in the operational guide. It was also agreed that all indicators for emergencies should be disaggregated by age and sex to ensure child and adolescent health indicators are formulated accurately.

Child and adolescent health managers at ministries of health in countries of the Region are not involved in, or aware of, the United Nations cluster emergency response to child health; the operational guide can support child and adolescent health managers at all phases of emergency response. Early childhood development needs in humanitarian settings require greater focus. Child health responses, especially aged five and beyond, are not sufficiently reflected in national emergency plans and so improved advocacy efforts are needed within the health cluster.

Countries of the Region hosting refugees require more support in addressing children's and adolescents' health needs. Injury prevention, mental health and adolescent health are three recurring gaps in emergency response plans. Existing standards for health in emergencies (Sphere Project's handbook *The Humanitarian Charter and Minimum Standards in Humanitarian Response* and the Inter-agency Working Group on Reproductive Health in Crises' Minimum Initial Service Package) could be adapted in the regional operational guide to address children's health needs in emergency settings, with a particular focus on the needs of children aged five and over.

Existing emergency supply kits are not age specific, and their contents are generally disease/treatment focused, rather than addressing child and adolescent health. Instructions for modifying dosage/treatment for children and adolescents are needed in the emergency supply kits. The regional operational guide should not overlap with existing guides/mechanisms, but synergize with them wherever possible, and linkages between the regional operational guide and the recent UNICEF/Save the Children *Newborn health in humanitarian settings: field guide* (March 2016) should be established. There is a need to highlight emerging areas of child and adolescent health care, such as the prevention and management of injuries, mental health, noncommunicable diseases and school health interventions, when designing programmes for child and adolescent health in emergencies.



### **3. Next steps**

1. Ensure coordination between WHO headquarters and the Regional Office, and between WHO and UNICEF, to ensure country needs are adequately addressed in the regional operational guide.
2. Ensure that the significant differences in situations on the ground in countries affected by emergencies are taken into account when developing the operational guide.
3. Incorporate the comments and feedback of participants in the draft child and adolescent health operational guide by November 2017.
4. Develop the sections of the guide on service packages and supplies by November 2017.
5. The Regional Office will share the draft guide with participants by December 2017 to obtain their feedback.
6. Plan for an early implementation phase for the operational guide in selected countries; this phase should take place between January and June 2018.



World Health Organization  
Regional Office for the Eastern Mediterranean  
P.O. Box 7608, Nasr City 11371  
Cairo, Egypt  
[www.emro.who.int](http://www.emro.who.int)