

---

## **Emergency preparedness and response**

### **Executive summary**

1. Despite an increasing number of major emergencies and crises in the Eastern Mediterranean Region over the past five years, the level of emergency preparedness and the capacity for crisis response and recovery remains low, especially with regard to the health sector. Every year, natural and man-made hazards, societal unrest, armed conflict and other emergencies threaten the lives, livelihoods and health of millions of people. Political instability and civil conflict also threaten health security, rolling back the progress in health gains made over years of progressive development. The risks posed by epidemics, major accidents, earthquakes, floods, drought, and chemical and radiological events are compounded by complex humanitarian crises, political instability and armed conflict which have become all too common in recent years and are devastating parts of the Region. In the past two years, 13 countries in the Region have experienced large-scale emergencies, affecting more than 42 million people.

2. In the face of such existing and emerging health threats, across the Region, national capabilities to improve health security need to be built up in such a way that health systems and, ultimately, communities are protected from, prepared for, and resilient to the wide range of risks. This requires strengthening, in conjunction with all related sectors, of the emergency health preparedness and response systems, at local, state and national levels, following an all-hazard and whole-health approach. A key lesson learnt from managing health crises in the past decade is that effective response to emergencies cannot be achieved by having ‘stand-by’ systems that are activated only when they are urgently needed. It can only be achieved by strengthening day-to-day detection, risk mitigation and response programmes so that they can be scaled up quickly, following well established and tested contingency plans. The ultimate goal of such a long-term developmental focus is both to promote self-reliance for emergency risk management and to address everyday health challenges. In addition, heavy reliance on international support in times of emergency and crisis exposes countries to several strategic risks and may further weaken community and national ability to cope with such events in future. Member States need to give priority to, and take the lead in, developing national capacity complemented by intercountry and regional arrangements for effective response, in order to promote national and regional self-reliance as well as mutual intercountry assistance.

3. This region shoulders the biggest share of major emergencies and crises in the world. Member States can, and must, achieve self-reliance in crisis management through ensuring proper risk reduction and emergency preparedness as well as through concrete arrangements for prompt and efficient mutual aid that can be deployed when an affected country calls for it. National security in general, and health security in particular, cannot be guaranteed without the strengthening of such capacities.

### **Introduction**

4. Every year, natural and man-made hazards, societal unrest, armed conflict and other emergencies threaten the lives, livelihoods and health of millions of people. Political instability and civil conflict also threaten health security, rolling back the progress in health gains made over years of progressive development. Along with the growing frequency of natural hazards and conflict, new and emerging health threats continue to evolve with geographical and political boundaries powerless to

prevent them spreading. Recent examples include pandemic influenza, Ebola and the Middle East respiratory syndrome coronavirus (MERS-CoV).

5. The WHO Eastern Mediterranean Region, home to over 500 million people, is no exception to this global trend. The risks posed by earthquakes, floods, drought, and chemical and radiological events are compounded by complex humanitarian crises, political instability and armed conflict which have become all too common in recent years and are devastating parts of the Region. In the past two years, 13 countries in the Region have experienced large-scale emergencies, affecting more than 42 million people.

6. Most recently, with the upsurge in violence and conflict millions of Iraqis have been displaced and have sought shelter in host communities. The needs of over 250 000 registered Syrian refugees in northern Iraq have further stretched the capacity of health authorities and aid agencies. Equally challenging is the situation in Gaza where access to hospitals and clinics is restricted for millions of Palestinians because of insecurity. Hospitals, clinics and ambulances have been significantly damaged or destroyed by military strikes. Even before the current situation escalated, health authorities were reporting major shortages of essential medicines and consumables. Several hospitals are also experiencing high levels of debt due to limitation of resources.

7. In the face of such existing and emerging health threats, across the Region, national capabilities to improve health security need to be built up in such a way that health systems and, ultimately, communities are protected from, prepared for, and resilient to the wide range of risks. This requires strengthening, in conjunction with all related sectors, of the emergency health preparedness and response systems, at local, state and national levels, following an all-hazard and whole-health approach.

8. The objective of this paper is to re-emphasize the need for Member States to develop national capacity to ensure self-reliance in managing emergency risks and consolidating humanitarian response, as an integral part of national and regional health security.

### **Managing all-hazard emergencies**

9. The all-hazard approach to emergency preparedness and response lies at the heart of the sustained capability of every country's health sector to mitigate and manage emergency events. It is broadly divided into two areas.

#### *a) Emergency risk management*

10. Emergency risk management is purely developmental and consists of capacity development at national and local levels to manage any emerging event or hazard to which the community is vulnerable with a multisectoral approach. It covers four categories of risk:

- biological risk: epidemics or pandemics;
- technological risk: hazardous chemical releases, radiological emergencies, transport accidents and infrastructure failure;
- natural risk: hydrometeorological and geological hazards; and
- societal risk: social unrest, conflict, displacement and mass gatherings.

11. Apart from causing higher than normal morbidity, mortality and displacement, such risks may also cause – in a short period of time – social and economic disruption, and often challenge the long-term health development goals of a country.

12. One of the primary responsibilities of any government is to protect the health and safety of its people along the three key elements of health security: prevention and mitigation wherever possible; early detection; and timely and effective response.

13. A key lesson learnt from managing health crises in the past decade is that effective response to emergencies cannot be achieved by having ‘stand-by’ systems that are activated only when they are urgently needed. It can only be achieved by strengthening day-to-day detection, risk mitigation and response programmes so that they can be scaled up quickly when needed. The ultimate goal of such a long-term developmental focus is both to promote self-reliance for emergency risk management and to address everyday health challenges.

*b) Humanitarian response and recovery*

14. The second area of work of the all-hazard approach focuses on humanitarian action. It is aimed at providing and maintaining access to vital health services and relief in the aftermath of an emergency or a crisis where the existing local or national capacity becomes overwhelmed. Health care and the responsiveness of the overall health system are considered imperative for saving lives during this phase. At the onset of an emergency or a crisis, and at the request or acceptance of the affected country, this action may be guided by relevant resolutions of the United Nations General Assembly and World Health Assembly which trigger relief operations. A range of surge capacities, including foreign response experts, supplies and relief items, are managed through a central response mechanism led by the United Nations.

15. If national institutions and systems are well prepared, and ready to lead the coordination of international humanitarian interventions, the benefits to affected countries of such humanitarian response and recovery functions are quick recovery and rehabilitation of health services and, often, health investments in areas of national interest. Indeed, these recovery functions, if properly coordinated and managed, not only support communities to rebuild their lives after emergencies. They can also help communities to develop resilience to future health crises, to advocate for the voices of those affected to be heard and to build on experiences gained during the response and recovery phases.

**Way forward**

16. Despite the escalation in the number and type of emergencies across the Region, the capacity of Member States to prevent, detect and respond to health threats remains alarmingly unadapted and in many cases rudimentary. The level of emergency preparedness and the capacity for crisis response and recovery remain fragmented, grossly uncoordinated and generally low, especially with regard to the health sector.

17. Heavy reliance on international health support in times of emergency and crisis exposes countries to several strategic risks and may further weaken community and national ability to cope with such events in future. Member States need to give priority to, and take the lead in, developing national, intercountry and regional capacity for effective response in order to promote national and regional self-reliance, as well as mutual intercountry assistance. This can be achieved through a) better prepared health systems; b) strong multisectoral coordination; and c) pragmatic strategies/policies for coordinating foreign aid, including medical teams, supplies etc.

**Priority actions for consideration**

18. With the goal of increasing the resilience of countries to emergencies, disasters and other health crises, and subsequently ensuring effective public health response to such destructive events, a set of strategic priorities are outlined here for consideration by Member States.

*a) At national level*

19. The national health system must have the resilience and capacity to prevent, mitigate, respond to and recover from major emergencies and catastrophic events. The foundation for such a national capacity comprises: a well trained health work force acquainted with emergency response; the functional ability of hospitals and health centres to withstand the impact of natural and man-made hazards; the necessary policies and legislation governing emergency health action; and well established coordination mechanisms with other key sectors based on contingency plans.

20. The following key elements should guide national strategy in this area.

- Promote an integrated and institutionalized approach that will build national health security based on an all-hazard, whole-health and multisectoral collaborative framework.
- Build functional partnerships with regional institutions/countries to develop the capacity of the health workforce, including community volunteers, for emergency preparedness and response.
- Ensure the safety of health facilities based on hazard analysis through assessment and development.
- Develop the evidence base for health emergency and risk management, collaborating with regional research and academic institutions.

*b) At regional level*

21. As and when emergencies, disasters and other crises overwhelm national capacities, Member States should be able to tap into regional and international expertise, logistics and material aid to support national and local health response programmes. Past experiences in the Region illustrated the power of solidarity as health care workers provided support in Gaza, Iraq, Libya, Syrian Arab Republic, Yemen and other countries during the respective crises there. Other capacities and lines of support exist through deployment of field hospitals and mobile clinics. Such capacities need to be mapped, strengthened, organized and coordinated for future use. Finally, financial resources are the key to mounting any response. Despite the Region's diversity of wealth, health appeals continue to be grossly underfunded. Mechanisms endorsed by previous sessions of the Regional Committee, such as the regional solidarity fund, should be implemented and scaled up to meet the growing health needs in the Region.

22. Consequently, and in order to complement the country and intercountry response capacity, the following actions are urgently needed at regional and international level.

- Build a regional cadre of trained public health experts to respond to future health threats through proper selection and training and formal agreement with respective countries and employers for rapid deployment.
- Formalize the establishment of a global hub for logistics and operations in Dubai in order to improve WHO's surge capacity in responding to emergencies, ensuring rapid deployment of regional stockpiles and logistic support to affected countries.
- Promote the development and signature of memorandums of understanding for mutual aid between countries of the Region as well as between WHO and its Member States.
- Urgently advance the implementation of the Regional Emergency Response fund as decided by the Regional Committee in 2006 and confirmed in 2013.

## **Conclusion**

23. The Eastern Mediterranean Region shoulders the biggest share of major emergencies and crises in the world. Member States can, and must, achieve self-reliance in crisis management through ensuring proper risk reduction and emergency preparedness, as well as through concrete arrangements for prompt and efficient mutual aid that can be deployed when an affected country calls for it. The health sector can show the way in this direction. Political will and committed efforts to secure human, material and financial resources will ensure the achievement of this common goal. A well structured emergency preparedness and response programme, with the requisite expertise and tools of work, is the way to achieve this target. Only when such measures are in place will the Region be able to talk confidently about national and regional health security based on an all-hazard and whole-health approach.