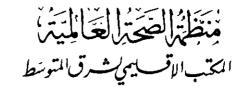
WORLD HEALTH ORGANIZATION Regional Office for the Eastern Mediterranean ORGANISATION MONDIALE DE LA SANTE Bareau régional de la Méditerranée orientale





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**PROGRESS REPORT** 

### THE ROLE OF WHO IN EMERGENCIES AND DISASTERS

## EM/RC46/INF.DOC.2

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### 1. INTRODUCTION

In recent years the international community has become increasingly alarmed at the scale and number of emergencies and disasters that are constantly occurring around the world. They take many forms and result from one or more of a wide range of events, both natural and man-made. The term "disaster" refers not only to the manifest effects of sudden natural events, such as earthquakes, floods and volcanic eruptions, but also to the effects of drought, such as crop failure, and other events that are much slower to develop. Disaster is a term used also to describe the damaging or destructive effects of accidents that take place in the course of normal human activities, such as oil spills, atmospheric contamination, transport accidents and the deliberate acts of war and civil strife.

There are many examples of large-scale disasters that have struck countries in the Eastern Mediterranean Region during the past decade, including floods, earthquakes and wars, result in huge human as well as material losses. The Region is also one of the most heavily mined regions in the world. Based on information provided by the United Nations Mine Action Service, 18 countries of the Eastern Mediterranean Region are infested with landmines; the most severely affected are Afghanistan, Egypt, Islamic Republic of Iran, Iraq, Somalia, Sudan and Republic of Yemen.

In view of the importance of developing and implementing emergency preparedness and response plans at the national level, the Regional Committee for the Eastern Mediterranean Region discussed the role of WHO in emergencies and disasters at its Forty-third Session in October 1996. In a technical paper on the subject, Member States were recommended to:

- 1. Confirm their political commitment to reduce their vulnerability to disasters and take necessary action at the highest level.
- 2. Develop comprehensive national disaster management plans, if not already existing, with emphasis on disaster reduction, and encourage continued mobilization of domestic resources for disaster reduction activities.
- 3. Establish and implement educational and information programmes aimed at generating public awareness, with special emphasis on decision-makers in order to ensure support for, and the effectiveness of, disaster reduction programmes.
- 4. Incorporate disaster prevention, mitigation, preparedness and relief in their development plans and ensure implementation of sustainable development policies.
- 5. Develop sufficiently education and training programmes and facilities for professional staff as well as for the public at large, with a focus on ways and means to reduce disasters.
- 6. Create technical and scientific reference centres throughout the Region.
- 7. Enhance and improve the utilization of nongovernmental organizations in the mobilization of financial and human resources during disasters.

The Regional Committee adopted resolution EM/RC43/R.13 calling upon Member States to:

- 1. Reaffirm their political commitment to reducing national vulnerability to disaster and raise awareness among policy-makers and decision-makers;
- 2. Establish functioning systems for the collection and dissemination of information relevant to preparedness and response and develop, if they have not yet done so, comprehensive national disaster management plans;
- 3. Implement programmes aiming at raising the awareness of the public.

The resolution also requested the Regional Director to follow up on the implementation of the recommendations and report to the Regional Committee on progress. This report is in accordance with that resolution.

### 2. PROGRESS IN IMPLEMENTATION OF RESOLUTION EM/RC43/R.13

### 2.1 General

Until relatively recently, the overwhelming tendency was to respond to disasters rather than to anticipate and plan for them. With the repeated occurrence of emergencies and disasters, and constant evidence of their negative impact in terms of health, population displacement, nutrition, environment and the overall socioeconomic development of many countries, and with the increased awareness of nationals with respect to the importance of planning, training and education in the field of emergency preparedness and response, the climate has changed. Recent years have seen steady progress in the political commitment of national authorities in the Region to having pre-established systems to prevent and mitigate emergencies and to establish preparedness measures so that response to these extraordinary events is timely and effective. More countries are now considering human resources development and pre-disaster planning and preparedness in the field of emergency preparedness and humanitarian action as being among their priorities.

### 2.2 Advocacy and awareness building

Countries have made efforts to raise awareness about the importance of developing national programmes for emergency preparedness and response, including pre-disaster preparedness and planning. Efforts have also been made to establish a formal organization with clear lines of authority and well-defined tasks and functions for emergency planning and implementation and to establish participation of and coordination with all sectors that can play a role during emergencies. The development of a clear policy, in which the authority and role of each level of government, the role of nongovernmental organizations, and the relation between each level of administration, whether governmental or nongovernmental, are all well defined, has been the focus of emergency preparedness and humanitarian action country programme development.

As a reflection of the importance given by countries to the emergency preparedness and humanitarian action programme and of the increased awareness of its value, the number of countries including emergency preparedness among their programmes of collaboration with WHO increased, from nine in 1996–1997 to 15 in 1998–1999. The majority of the activities planned for this biennium are in national capacity building, especially human resources development.

### 2.3 Human resources development

The following activities were supported by WHO in the field of human resources development.

- 18 in-country training sessions and national workshops were conducted in Afghanistan, Bahrain, Islamic Republic of Iran, Iraq, Pakistan, Palestine, Somalia, Sudan and Syrian Arab Republic.
- The International Diploma Course in Emergency Preparedness and Health Risk Reduction organized by WHO is an important opportunity for the development of country and regional human resources for the management of major events. The Regional Office supports the use of this project by countries and has ensured that country focal points benefit from the course; 25 nationals have been trained through in the International Diploma Course on Emergency Preparedness and Health Risk Reduction since 1996.

In addition, four nationals received training through the Health Emergencies in Large Populations Training Course (HELP); and two WHO staff and one national emergency and humanitarian action focal point received training through the Logical Framework Approach Training Workshop.

- Teaching/learning materials on different topics related to emergency and humanitarian action have been collected from reputed international institutions and centres dealing with emergencies. These materials have been reviewed and modified and are being used for in-country training programmes related to emergency and humanitarian action in the Region. They are also distributed to the participants during the training sessions, and to the Ministry of Health unit concerned.
- The Regional Office organized an intercountry workshop on emergency preparedness and response in November 1998 for emergency and humanitarian action focal points of Ministries of Health, from 11 countries of the Region. The workshop was facilitated by international experts from WHO and other agencies involved. The workshop participants reviewed progress in the Region, exchanged experiences, identified constraints and recommended actions for the further improvement of programme performance in the Region. The workshop also standardized the country profiles' format and recommended the essential components of the regional plan of action for the emergency preparedness and humanitarian action programme for the coming three biennia.

## 2.4 Coordination with regional and international reference centres and institutions

• Collaboration and cooperation with different institutions and centres, including the Emergency Health Training Programme for Africa, the WHO Mediterranean Centre for Vulnerability Reduction, the Crisis Research Unit of Ain-Shams University, the Disaster Management Programme of Coventry University, the Libyan Medical Congress, and WHO headquarters was strengthened. An internship programme with Coventry University was started; one intern from the disaster management programme of the University successfully completed his internship programme in the Regional Office and in the WHO Office in Sudan in 1998 and two others will complete the programme in 1999. The internship programme has been of mutual benefit to both the students and the Regional Office in experience and outcome. WHO supported the newly established library of the Crisis Research Unit of Ain-Shams University, Cairo by providing relevant reference materials and other publications. Regional Office staff participated in the annual conference of the unit in 1998, presenting a technical paper. The WHO Representatives for Djibouti and Somalia participated in a planning workshop on the Emergency Health Training Programme for Africa which was held in Harare in July 1998. The workshop was aimed at developing a common understanding on emergency health management and at prioritizing activities.

• Coordination between different government agencies, nongovernmental organizations, United Nations agencies and other relief organizations was improved in those countries of the Region which face continual disasters. In the Islamic Republic of Iran, a coordination body, under the chairmanship of UNDP and with membership from United Nations agencies including WHO and nongovernmental organizations, was established and had a very positive impact on the relief operation following the 1997 earthquake which hit the country. In Afghanistan, WHO is an active member of the Emergency Relief Task Force which was established in Kabul to coordinate relief action following the devastating earthquake in 1998. In Sudan the improved and effective coordination between different departments of the Federal Ministry of Health, other ministries, nongovernmental organizations and United Nations agencies resulted in better management of flood disasters in the country. In Somalia, WHO participated in coordinated action taken during and after the devastating floods of early 1998, particularly with regard to malaria and diarrhoeal disease control.

### 2.5 Support to the establishment of the Mediterranean Vulnerability Reduction Centre

The Regional Office supported the establishment of the Mediterranean Vulnerability Reduction Centre, based in Tunisia. It started to function in November 1997 with the main aim of serving as a regionwide technical institution and centre of reference and excellence for the Mediterranean basin. The Centre's primary concern is to develop the technical approaches and programmes needed to help communities at risk to strengthen their own capacity for vulnerability reduction and risk management.

The scope of activity of the Mediterranean Centre for Vulnerability Reduction includes the following types of risks:

- natural risks, such as floods, earthquakes, cyclones, and landslides;
- technological risks, including chemical, radiological and other events caused by the failure of sociotechnical systems, such as industrial sites, infrastructure and transportation;
- societal risks, such as those caused by social exclusion, extreme poverty and group violence, with the exception of complex emergencies;
- epidemics caused by infectious diseases.

### 2.6 Publications and manuals

The Regional Office provided necessary support and collaborated in developing and printing *Health emergency systems*, published by the Ministry of Health and Population, Egypt in Arabic. This publication aims at consolidating the strategy of advance emergency preparedness and response. It also provides the various levels of health personnel with guidelines for advance preparedness and response to all types of health emergencies, with emphasis on maximum self-reliance.

The Regional Office participated in revision of Part XV.4 of the WHO Manual, on emergency and humanitarian action, with the aim of developing more flexible administrative procedures to facilitate prompt and effective field responses and mechanisms based on experiences and lessons learned in humanitarian action programmes in WHO's various regions.

The Regional Office actively participated in the preparation and field testing of the *WHO emergency handbook*, which is the main reference for WHO staff who have responsibilities in the conduct of emergency programmes at all levels.

### 2.7 Country profiles

The process of developing emergency country profiles of countries is in progress and emergency profiles for 15 countries in the Region have been prepared.

### 2.8 Assistance to land mine victims

In the area of assistance to victims of land mines, the Regional Office is in the process of collecting information on the magnitude and scope of the problem of land mines in the Region and their impact on health and overall socioeconomic development. The Regional Office participated in the United Nations Interagency Mine Assessment Mission to the Republic of Yemen during September 1998. The mission defined the scope and nature of the land mine/unexploded ordinance problem in the Republic of Yemen, identified constraints and opportunities relating to the development of mine action initiatives, and made recommendations for a comprehensive response. The same type of mission was also accomplished in Jordan and Lebanon and is expected to take place in Egypt during 1999.

The WHO Representatives for Djibouti and Somalia, together with concerned national authorities of Djibouti, Somalia and Sudan participated in the Inter-regional Workshop on a Concerted Public Health Response to Land Mines, in September 1998. The workshop was aimed at formulating clear strategies and developing country plans of action.

### 2.9 Country support

In Iraq, WHO continued its humanitarian activities within the overall framework of United Nations efforts under Security Council Resolution 986 and carried out its role as observer to ensure the equitable distribution of commodities imported into the country. A tracking system to follow up the distribution process and identify problems was introduced by WHO. During 1998, more than 30 short-term consultants and over 300 local staff were recruited to implement the resolution.

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In Sudan, WHO actively participated in the assessment missions undertaken by the United Nations disaster management team together with the Government following major natural disasters in the past few years. WHO also participated in the preparation of consolidated appeals for funding of projects and programmes for relief and rehabilitation activities. A guideline for hospital emergency preparedness was prepared and emergency and humanitarian action focal points at the federal as well as governorate levels were trained. In order to further strengthen the communications network of the emergency preparedness and humanitarian action programme of the Federal Ministry of Health, 10 new radio communication sets were installed in different states of Sudan and a six-month training course for radio technicians was successfully completed during 1998. In addition, 88 radio operators were trained.

WHO strengthened its involvement in relief operations in south Sudan. A WHO sub-office for the south of Sudan was established and a coordinator was recruited. The sub-office prepared a plan of action in order to improve the health situation in this area. The Regional Office participated in assessment of the nutritional situation in the Bahr El-Ghazal area of south Sudan, and in the assessment mission to investigate an unknown illness in some parts of south Sudan.

The Regional Office actively participated in the preparation of contingency planning for emergencies in the Middle East. Three international experts were recruited who assisted the national authorities in Jordan and the Syrian Arab Republic to develop contingency plans of preparedness for and response to biological, chemical or nuclear accidents. Contingency plans for possible influx of refugees were also prepared for Iraq, Jordan and the Syrian Arab Republic.

Following major disasters in Afghanistan, Islamic Republic of Iran, Somalia and Sudan, the Regional Director made emergency funds available to initiate relief action.

### 3. **RECOMMENDATIONS**

The recommendations made in the technical paper EM/RC43/9 on the Role of WHO in Emergencies and Disasters and Regional Committee resolution EM/RC43/R.13 are still very valid and need to be implemented. The following additional recommendations are complementary to those made previously.

### Member States should:

- Facilitate collaboration among all concerned government and nongovernmental bodies and set in place appropriate mechanisms for regular exchange of information and joint planning and operation at all levels.
- Develop emergency management training for health staff through medical faculties, nursing and other health professional schools.
- Facilitate the strengthening and growth of technical and scientific reference centres throughout the Region.
- Develop and implement community-based sustainable development programmes and activities, as means to poverty alleviation and vulnerability reduction.