

This section provides the ECHO **frame** to the technical guidance and to the decision trees. While it provides a summary and extracts, this particular document is best read in the full text.

The overriding **objective** of DG ECHO's health assistance is to **limit excess preventable, mortality, permanent disability, and disease associated with humanitarian crises.**

General principles

- 1. To adhere to the basic humanitarian principles of **humanity, neutrality, impartiality, and independence**. While DG ECHO is a **needs-based** donor, the general principle that should guide the humanitarian health response to emergencies is that **progressive access to the highest attainable standard of health** is one of the fundamental human rights of any individual or group irrespective of gender, ethnicity, religion, political belief and economic or social status.
- 2. To allocate funding in an unbiased way to **those with the greatest need** and the highest level of vulnerability and in a way that allows all beneficiaries, women, girls, boys and men, to maintain dignity.
- 3. The interests of the **crisis-affected population are always at the centre of interventions and are considered above all other concerns** of those providing assistance.

General **principles** (cont...)

- 4. To provide humanitarian assistance with strict adherence to the generally accepted **standards and norms** of international practice.
- 5. To deliver assistance in a way that is intended to **do no harm**.
- 6. Interventions are conducted in a manner that allows for unhindered, **objective**, and independent **monitoring**.
- 7. To systematically identify, and where feasible, act on **opportunities to reduce vulnerability to future** humanitarian crises without compromising humanitarian principles.

Principles specific to the Humanitarian Health Sector

- 1. Interventions should be of high **quality** and **focus on those most in need** (as per assessment).
- 2. Health interventions should be **evidence based** with priority to those that are the **most effective**.
- 3. As possible, **reinforce disrupted essential health services** and to provide **additional services, as required on a short-term basis**. In protracted crises, consider **local capacity building**.
- 4. When feasible, the health needs of the **population living in close proximity** to those affected will be addressed, as a function of their vulnerability and risk.

Principles specific to the Humanitarian Health Sector (cont...)

- 5. All DG ECHO-funded assistance in the humanitarian health sector will adhere to recognised international standards (**WHO, Global Health Cluster, Sphere...**). **Pharmaceutical products and medical supplies** and equipment will be of documented acceptable **quality**.
- 6. All **efforts** will be made to ensure the **safety of health staff** and to **protect health** facilities, ambulances and supplies.
- 7. Have the **clearly focused objective of saving lives and limiting disability and disease during emergencies**.
- However, while not always feasible, health interventions should facilitate the **rapid recovery** of health services and their return to normality.

ENTRY & EXIT CRITERIA

- The **forecast of risks** linked to the **type of scenario**.
- The **magnitude and severity** of the crisis.
- The **capacity** of the community and/or of **local**, national, or regional government authorities to adequately respond.
- The degree of expected independent **access and monitoring**.
- The **comparative advantages** or disadvantages of the humanitarian **financial instrument** at its disposal.

For disasters that are amenable to a **short-term** response, DG ECHO will consider **phasing out when morbidity and mortality rates have stabilized**.

In **protracted** crises or recurrent crisis, initiatives should be identified for the **progressive** phasing out of DG ECHO support.

Improve quality of interventions via:

- Standards
- Do No Harm
- Multi-sectoral and Integrated approaches
- Needs assessment and Response
- Monitoring and Evaluation.

Please refer to the full text, the boxes and case studies for each of those titles. **Note: also reflected in the decision tree**

Note that

- As a **general rule, health services** provided under DG ECHO funding should be **free at the point of health care delivery**.
- The **initiation** of humanitarian assistance **does not need** necessarily **to wait** for a quantitative needs assessment to be completed, early initiation of certain common interventions can be carried out without waiting for its results, according to the nature of the disaster and its magnitude.

Responses can be further improved via:

- **Innovation and research.**
- **Resilience, DRR and Preparedness**
- **Local capacity building**

Note: also reflected in the **decision tree**

Innovation and research elements in an ECHO project requires that:

- a) Research should **always** be in the **immediate interest of the beneficiaries**.
- b) Research is **secondary to operations** and **should not be the entry point** for the initiation of any program.
- c) Any research must adhere to the highest international ethical **standards and protocols** must have been approved by the relevant **ethical review boards**.
- d) Research **results**, positive or negative should always be **reported**.
- e) **Partners** should have the required technical **expertise** to conduct research.

Coordination. DG ECHO will

- Support the **Humanitarian Reform** and **Transformative Agenda**.
- Aim at **coordination** with other parts of the **EU** and with other **donors**.
- Comply with **national standards and regulations** related to the implementation of health activities (as long as they **do not contradict** the basic **principles**, otherwise see section **advocacy**).
- Subscribes to the global health cluster position paper on **civil-military coordination**.

Advocacy:

- On the respect of **IHL** in conflict as well as of humanitarian **principles** and space should include health workers, health facilities and ambulances safety.
- To **improve evidence-based** actions for health interventions in humanitarian settings .
- For **durable solutions** before, during and after humanitarian emergencies
- Will consider **engagement** in common humanitarian advocacy **platforms**.

End: Return to the main document