Collective action in delivering health assistance in acute emergencies

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Context

- An unprecedented 100 million people are in need of aid
- The most IDPs ever recorded
- The second largest number of refugees ever recorded (after WW2)
- $18 billion required for humanitarian emergencies
- Between Jan 2013-Aug 2014 – five Level 3 emergencies
- **Currently 5 WHO Grade 3 emergencies: Syria crisis, Iraq, CAR, South Sudan, and Ebola**

Challenges of emergencies today

- Spectrum
- Unprecedented number and scale
- Complexity – non-state actors, lack of respect for IHL, lack of access, remote programming, risk management, operating environment and living conditions
- Weak governance

Challenges for health response (1)

- Attacks on health workers and assets widespread
- Very weak health systems (Ebola)
- Health care services are highly specialized
- Partners less engaged in direct health service provision
- Many areas inaccessible to international partners

Challenges for health response (2)

- Insufficient HR capacity locally and globally
- Insufficient funding – health SRPs between 20-75% funded depending on country

Leading to…

- Many crises – we are not meeting the life-saving needs of *target* populations, let alone *total* people in need

WHO's current practices

- Internal Emergency Response Framework (ERF) since 2012 - more predictable actions in humanitarian emergencies
- Under revision to enhance applicability to ALL HAZARDS & improve ACCOUNTABILITY
- Fully integrates Cluster Approach & Transformative Agenda
- Strengthening partnerships for surge – ECHO-funded NGO pilot project, Standby Partners
- Best practice guidance/tools for assessment, planning, project monitoring and reporting in progress
- Strengthening readiness : updating SOPs, surge trainings globally and in regions; exercises and with cluster partners

Predictable actions

- **Leadership / Coordination**
  - Replaced Head of Country Office or deployed supporting leadership (all G3)
  - Strong health cluster coordinators incl. from NGOs
  - Foreign Medical Team coordination (PHL, Ebola)
  - Agreed package of basic health services
  - Access negotiations (SYR, CAR)
- **Information**
  - Public Health Risk Assessments (analysis of current and future health risks)
  - HeRAMs (mapping functionality of facilities, number and type of staff, service availability) (Mali, SYR, CAR)
  - HC bulletins (reporting cluster activities and indicators)

Predictable actions

- **Technical Expertise**
  - Strategic Response Plans
  - Recovery/Transition plans (Mali, oPT, Balkans, CAR - based on HeRAMs)
  - Disease surveillance / EWARN (e.g. > 600 sites in SYR)
  - Control measures for chemical weapons release, cholera, measles, polio, leishmaniasis outbreaks
- **Core Services**
  - Extending subnational presence – local NGO-MOUs, national FPs in affected areas, HC hubs (8 in PHL)
  - Massive drugs/supplies procurement & distribution esp. PHL, SYR, Ebola
  - Surge of expert personnel (e.g. >300 to PHL, CAR, SSN, SYR crises; over 500 to Ebola-affected countries)

Vision for the future (1)

1. **Country preparedness and capacity to respond**
   - Support and strengthen health systems
   - Comprehensive all-hazards approach
   - Inter-sectoral collaboration
   - Network of local actors / national NGOs
   - Community-focused

Vision for the future (2)

2. Better global capacity for flexible, collective action at scale

- Many countries will continue to rely on international coordinated response
- Planning/coordination but also service provision (FMTs)
- Large, trained, standing/surge capacity from multiple sources
- Increased secondary care capacity

6-point plan for collective action

1. Oversight, policies, best practice, procedures
2. Staffing / Standing or surge capacity – local, regional, global
3. Mechanisms for deployment
4. Training & exercises/drills
5. Efficient and equipped deployments
6. Multi-year, multi-donor, multi-agency funding (incl. for rapid response)

Funding

- Rapid response health fund for all hazards
- Core funding for country preparedness and agency readiness
- Non-traditional donors
- Realistic in difficult operating environments
- Bridge preparedness and response
- Health systems and workforce

Role of the Health Cluster

- Engage partners to enhance service delivery capacity
- Expand & simplify model for surge of cluster partners to fill cluster functions
- Develop a cadre of high preforming health cluster coordinators /teams.
- Support country health clusters technically through capacity building
- Evidence & advocacy