

**Report**  
**Global Health Policy Forum on Humanitarian Health**  
**27<sup>th</sup> November 2014**

## **Summary**

A year ago, DG ECHO defined its role in humanitarian health in a single document in order to improve how they work, and to make it easier to work with them. Building on this, and especially in the context of the Ebola outbreak, now is a good time to take stock and see how DG ECHO, other Commission services and external partners can further improve how we work together for humanitarian health.

As part of this process, on 27<sup>th</sup> November DG ECHO and DG SANCO co-hosted the Global Health Policy Forum. The Forum was an opportunity for both the Commission and its partners to discuss their mutual roles in Humanitarian Health and how they work together. Furthermore, there was discussion around how the system can work better, including lessons learnt from Ebola. The international response to the outbreak has opened up many questions about Global Humanitarian Governance and Global Health Governance.

The Forum was one occasion to explore these questions but it is by no means the end of the discussion. We encourage all those with an interest in continuing this conversation to get in touch using the mailbox: [ECHO-HEALTH-CONSULTATION@ec.europa.eu](mailto:ECHO-HEALTH-CONSULTATION@ec.europa.eu).

We look forward to hearing your thoughts on the lessons we need to learn from the Ebola crisis; what more needs to be done to make humanitarian health responses more effective and more efficient; and how we can build resilient health systems.

## **Detail**

DG Claus Sorenson opened the Forum, referencing the timeliness of the event due to the Ebola crisis. He spoke about the weaknesses the crisis has exposed in the way health actors work together, and the importance of making our health systems more resilient.

Dr Jorge Castilla presented DG ECHO's new General and Technical Health Guidelines. The Guidelines are a useful tool for both ECHO and its partners. For those within ECHO, they are a form of operational memory, promoting a coherent response based on the knowledge and experience built up by the various experts over the years. For ECHO's partners, the Guidelines clearly set out our ways of working and our assessment criteria for health projects, including indicative decision trees. The technical guidelines also contain specific guidance on different scenarios; causes of death/disability; methods of delivery; and health systems.

The thinking behind the Guidelines can be seen in the following online interactive presentation <https://prezi.com/zdlvd6-f5ewm/c4dev-building-institutional-memory-in-echo/>

The tool can be downloaded from <http://ec.europa.eu/echo/files/policies/sectoral/HealthGuide2014.zip> It needs to be unzipped and opened from a USB, telephone or tablet (with the file start.html if used in a big/medium screen and android.html if small screen/smartphone).

Discussion on the Guidelines included:

- The fact that emergencies have common patterns but at the same time are always unique and advice needs to be contextualised. Dr Castilla stressed that the guidelines are indicative and can be adapted when necessary.
- Who is the intended audience of the Guidelines? ECHO, its partners, emergency and relief agencies, universities and academic organisations. Several universities already use the tool in their training.

Next, two staff from DG ECHO presented how the Commission works together with its partners on Humanitarian Health. Matthew Sayer (ECHO A.4) emphasised that discussion at the Forum should stimulate our thinking on how to best to address the challenges ahead. The Ebola crisis has put health high on the agenda, and accelerated some important novelties – such as EU medical evacuations – which we can now integrate into ECHO's response capacity. There will be other crises for which the EU and partners

need to be ready. The global capacity for humanitarian health is being outstripped by the needs. We need to:

- Work together better with the resources we have within the global humanitarian health sector;
- Agree on the priorities for increasing our global capacity (is it epidemics? is it secondary health?); and
- Engage better to link with resources and know-how available beyond the sector.

Matthew Sayer discussed the five pillars for Commission dedicated humanitarian health response (budget, Health Guidelines, health expert network, Capacity 4 Development memory platform, civil protection) and gave an overview of coordination with other Commission Services. This includes expertise exchange, such as with SANCO/ECDC on the cholera outbreak in Haiti; coordination with DEVCO on building the resilience of health systems; and links with DG Research on medical research for humanitarian situations.

Christina Brailescu (ECHO A.5) then presented in detail the role of Civil Protection in Humanitarian Health. She gave an overview of the EU Civil Protection Mechanism (ECPM); its role in building disaster preparedness; and the different types of medical 'modules' that can be deployed in an emergency. The Members of the Civil Protection Mechanism are the Commission, the 28 Member States, Norway, Iceland, the former Yugoslav Republic of Macedonia, and (shortly) Montenegro.

New legislation setting out how these modules will function under the European Emergency Response Capacity has just become operational in November 2014. Member States can now pre-commit response capacities for EU missions in return for financial support for adapting and transporting these capacities. The quality of the assistance is ensured through the establishment of quality criteria and a certification process.

Finally, Cristina gave an overview of the involvement of the ECPM Members in sending foreign medical teams to support the Ebola outbreak in West Africa.

During the discussion on the ECPM, the crucial role of Member States was played. While the Commission coordinates EERC responses, NGOs must

deal directly with Member States if they wish to participate as Member States are responsible for volunteering medical modules and arranging all aspects of logistics, including insurance.

In the afternoon, Kevin McCarthy (DEVCO B.4) presented on DEVCO's growing role in fragile and conflict-affected states. Of the 17 countries where DEVCO works which have chosen Health as a priority sector in 2014, 13 are fragile (compared to 16 out of 43 in 2013).

Kevin linked this to the EU's Resilience Approach, for which Council Conclusions and an Action Plan were published in 2013. Resilience is clearly more widely applicable than in the health sector, but in a time of increasing humanitarian crises it is important that we build health systems which can withstand these shocks and stresses and continue to function.

Anne Nicolay (DEVCO B.4) then presented the new EU Trust Fund for the Central African Republic as an example of an aid modality that links relief, rehabilitation and development (LRRD). This is a new funding instrument that aims to support CAR with all aspects of reconstruction. Within the Health sector, this will focus on providing a basic package of health services, supporting both local health districts and the Ministry of Health, and assisting with the procurement of high quality essential medicines.

Discussion on this topic included the difference between Resilience and LRRD, and if Resilience will work when LRRD did not.

Dr Emmanuel Baron, the Director of Epicentre, discussed some of the challenges and field constraints faced by researchers in both humanitarian situations and more stable settings. He explained why research is necessary to build the knowledge needed for further operational and medical decision-making. He finished by presenting some current 'unsolved questions'.

Birgit Van Tongelen (Research E.3) followed this with a presentation of how the Commission supports research in humanitarian health. She gave an overview of the Seventh Framework Programme for Research & Development (FP7), which ran from 2007-2013, and the funds allocated within it to infectious diseases. FP7 has now been replaced by Horizon 2020, running from 2014-2020 with a budget of nearly €80 billion. Both FP7 and Horizon 2020 contain flexibilities that have allowed the Commission to react quickly to support research on Ebola. The EU Commission and the EU pharmaceutical industry recently launched a

€280 million call for proposals to boost research on Ebola under the Innovative Medicines Initiative.

Two other important partnerships supported by DG Research include the European & Developing Countries Clinical Trials Partnership (EDCTP 2) and the Global Research Collaboration on Infectious Disease Preparedness (GloPID-R).

Dr Fernando Fernandez then elaborated in more detail about the Ebola outbreak in West Africa. While Ebola was not the intended focus of the day, it is an illustrative example of how the Humanitarian Health system works and why it needs to work better. Dr Fernandez gave a history of the outbreak, the strategies used and the many, complex challenges encountered. He discussed the links with research and innovation, EU medical expertise within SANCO/ECDC and the need for timely engagement of development actors to re-activate and strengthen the health care systems.

The final session of the day looked at the importance of collective action, first looking broadly at the need to improve the system and second giving a specific example of how partners are already trying to achieve this. Dr Michelle Gayer, Acting Director: WHO Emergency Risk Management and Humanitarian Response, began by discussing the unprecedented level of need and the challenges faced both by humanitarian actors in general and specifically humanitarian health actors. She presented WHO's current practices, her vision for the future, and her six-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)

Linda Doull, Global Health Cluster Coordinator, then explained the role of the Global Health Cluster (GHC). She recognised the need for the GHC to improve and discussed some possible ways to do this, including both

greater leverage of existing partners and reaching out to non-traditional partners; the investment needed to recruit, train and retain staff; and the importance of country level engagement.

Anna Oosterlinck, Consortium Programme Manager: Save the Children, finally presented the work being done by Save the Children and the International Medical Corps to try to address some of the gaps of the surge capacity within the GHC. Using funding from the ECHO Enhanced Response Capacity (ERC) budget, they have sent staff to four of the five Level Three and one of the Level Two emergencies across six countries. They are developing the Health Cluster Professional Development Strategy Report and Recommendations and are refreshing the Health Cluster Coordinator training materials. They see effective surge capacity as ensuring that we “get the right person in the right place in the right time – as simply, efficiently and safely as possible.”