THE WAY W(H)E WORK

EMERGENCIES AS OPPORTUNITIES:
STRENGTHENING THE
HEALTH, DEVELOPMENT, PEACE NEXUS

Dr. Dorit Nitzan
A/ Regional Emergencies Director
WHO European Region
Hazard, Exposure and Vulnerability
The European Region is vulnerable to health threats

- Measles epidemics
- Outbreaks of West Nile Virus (WNV) and Crimean-Congo haemorrhagic fever (CCHF)
- Natural disasters (earthquakes, floods, forest fires, landslides)
- Man-made disasters (chemical or radiation leaks)
- Armed conflicts and spill over from neighbouring emergencies
Health emergencies affect lives and livelihoods

In a typical year, Europe suffers economic losses of €10 billion* from disasters and emergencies, and hundreds of people die or become severely ill.

Public health needs to be protected across the whole health emergency cycle.
Health System Resilience

The ability of health system exposed to a shock to **resist, absorb, accommodate and recover** from the effects of the shock in a timely and efficient manner, including through preservation and restoration of its essential basic structure and functions through risk management.


15 European countries have been identified by WHO for priority action

Albania
Bosnia & Herzegovina
North Macedonia
Republic of Moldova
Serbia (including Kosovo*)

Armenia
Azerbaijan
Georgia

Kazakhstan
Kyrgyzstan
Tajikistan
Uzbekistan

Turkey
Ukraine

*in accordance with UNSCR 1244
What mandates do we have?

1. UN Resolutions
2. WHO Constitution, Regulation
3. WHO Resolutions, Decision
4. Strategies and Actions Plans (Global and Regional)
5. GPW13

“UHC and health emergencies are cousins – two sides of the same coin. Strengthening health systems is the best way to safeguard against health crises”

Dr Tedros Adhanom Ghebreyesus, WHO Director General
“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

Three entry points

1. Article 2
   (d) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments;
   (e) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories;

2. Article 28
   (i) To take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action. In particular it may authorize the DG to take the necessary steps to combat epidemics, to participate in the organization of health relief to victims of calamity and to undertake studies and research the urgency of which has been drawn to the attention of the Board by any Member or by the DG.
A special fund to be used at the discretion of the Board shall be established to meet emergencies and unforeseen contingencies
THE UNIVERSAL DECLARATION of Human Rights

In a world of injustice and suffering, and of the denial of human rights, the United Nations has declared the Universal Declaration of Human Rights. The Universal Declaration of Human Rights, adopted by the United Nations General Assembly on December 10, 1948, is a fundamental document that sets out the rights and freedoms to which all human beings are entitled. It serves as a common standard of achievement for all peoples and all nations, and as a yardstick against which the progress of nations and individuals is measured.
In 2015, three UN Landmark Agreements were adopted:

1. **The Sendai Framework for Disaster Risk Reduction 2015 – 2030**
2. The Sustainable Development Goals (SDGs)
3. The **Paris Agreement on Climate Change**
Important UN Resolution: Sustaining Peace

On 27 April 2016, UN General Assembly and UN Security Council unanimously adopted identical resolutions on “sustaining peace” (A/RES/70/262 and S/RES/2282)

Recognizes that effective peacebuilding must involve the entire United Nations system....requesting all UN entities and the World Bank to mobilize their capacities for mediation and conflict resolution to prevent the “outbreak, escalation, continuation and recurrence of conflict”.

Reporting on assembly resolution 46/182: Outline of efforts to improve humanitarian coordination and response and reduce the levels of need, risk and vulnerability, information regarding humanitarian trends, challenges and measures taken and recommendations, including on respect for international humanitarian law and human rights law, on addressing severe food insecurity, the threat of famine, forced displacement, disasters and climate-related impacts and on anticipatory financing in the implementation of the 2030 Agenda for Sustainable Development and the commitment to leaving no one behind.
Health systems: emergency-care systems

The World Health Assembly

Having considered the report on health systems: emergency-care systems, decided that its attention on strengthening health and research in emergencies and disability services, and requested the Director-General to provide technical support for strengthening systems of intersectoral cooperation and to consider ways of improving the quality and coverage of emergency services.

Forthwith, the Director-General, in his report to the Assembly, expressed his concern about the lack of emergency services in many countries and the need for action to improve them. The need for action was further emphasized by the outbreak of the 2002-2004 outbreak of severe acute respiratory syndrome (SARS) in several countries, which highlighted the need for better coordination and response mechanisms.

Aims of the emergency-care system:

1. To provide prompt and effective medical care to the sick and injured.
2. To prevent the spread of infectious diseases and epidemics.
3. To promote the health and well-being of the population.
4. To coordinate and mobilize resources during emergencies.

The emergency-care system comprises the following components:

1. Primary health care: Provides basic health services to the community, including vaccination, maternal and child health services, and treatment of common illnesses.
2. Tertiary care: Provides specialized medical care, including surgery, critical care, and advanced medical procedures.
3. Public health services: Includes epidemiology, surveillance, and response to disease outbreaks.
4. Community-based services: Includes outreach programs and health education.

The emergency-care system is essential in managing public health emergencies, such as natural disasters, outbreaks of infectious diseases, and other crises. It is crucial for the timely response and management of these emergencies, ensuring the safety and well-being of the population.
Multiple WHA Resolutions and Decisions

11.54- Eradication of smallpox in 1959 and WHA33.3- Eradicated in 1980, and 64.17 and ever since Smallpox eradication: destruction of variola virus stocks
22.47- Diseases under surveillance, including influenza
28.45 -
34.13- Page Amendment of the International Health Regulations (1969)
34.18- Emergency health and medical assistance to Democratic Yemen, Djibouti, Ethiopia and Somalia
34.21 - Health and medical assistance to Lebanon
34.26 - Promotion of prevention of adverse health effects of disasters and emergencies through preparedness
34.35- Health assistance to refugees in Africa
34.38- The role of health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all
44.41-
46.6 – Emergency and humanitarian relief operations
48.13- Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases
48.2 -
56.19, 58.5, 64.8, 65.19, 70.10, 71.11, 72/21 and thereafter - Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits
56.28, 58.3, 64.9, 64.10, 65.17, 65.23 and thereafter- Implementation of the IHR (2005)
58.1- Health action in relation to crises and disasters, with particular emphasis on the earthquakes and tsunamis of 26 December 2004
58.6, 64.27, 65.9 and thereafter- Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the
donated Syrian Golan
59.22, 2012 Polio eradication, 1988 and 65.5 Poliomyelitis: intensification of the global eradication initiative
WHA Resolutions and Decisions

60.26 Workers’ Health: Global Plan of Action

64.10: Strengthening national health emergency and disaster management capacities and the resilience of health systems

64.18 - Cholera: mechanism for control and prevention

65.18- Global mass gatherings: implications and opportunities for global health security

65.20, 65.25- WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies

69.9- 2016 establishment of WHE and the creation of the Independent Oversight and Advisory Committee for the WHE Programme (IOAC) A70/8, A71/5, WHA71.1 – GPW13

72/32 Public Health Implications of implementation of Nagoya Protocol

A72/31 Emergency and trauma care. Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured

72/28 Destruction of various virus stocks Smallpox

….and many more
WHO’s Attacks on Health Care Initiative

- Security Council Resolution 2286
- WHA 65.20 “WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in Humanitarian emergencies”

- Universal Health Coverage
- Global Health Workforce 2030
- Humanitarian, Development, Peace nexus
- Sustainable Development Goals
WHO Resolutions-Country/Context Specific
<table>
<thead>
<tr>
<th>Date</th>
<th>Resolution ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 MARCH 2014</td>
<td>A/RES/68/262</td>
<td>General Assembly resolution on the territorial integrity of Ukraine</td>
</tr>
<tr>
<td>21 JULY 2014</td>
<td>S/RES/2166</td>
<td>Resolution condemning the downing of Malaysia Airline flight</td>
</tr>
<tr>
<td>17 FEBRUARY 2015</td>
<td>S/RES/2202</td>
<td>Resolution on &quot;Package of measures for the Implementation of the Minsk Agreements&quot;</td>
</tr>
<tr>
<td>6 JUNE 2018</td>
<td>S/PRST/2018/12</td>
<td>Presidential statement on worsening security situation in eastern Ukraine</td>
</tr>
<tr>
<td>16 JULY 2019</td>
<td>S/PV.8575</td>
<td>The Council was briefed on the situation in Ukraine by Under-Secretary-General for Political and Peacebuilding Affairs</td>
</tr>
</tbody>
</table>
Specific Resolutions: Ukraine

UNSC Resolution 2202 (2015) (prior one in 2014)

7. Ensure safe access, delivery, storage, and distribution of humanitarian assistant assistance to those in need, on the basis of an international mechanisms.
Serbia


Monitored through annual United Nations Interim Administration Mission (UNMIK) in Kosovo through Reports of the Secretary-General

Last 1 February 2019.

Mission priorities: promote **security, stability and respect for human rights in Kosovo and in the region**.

Constructive engagement with Pristina and Belgrade, all communities in Kosovo and regional and international actors.

Monitor Northern Kosovo - normalization of relations between Belgrade and Pristina, women and peace and security, partnerships and cooperation, including the UN Kosovo Trust Building Forum.
WHO – The Guardian, Leader and the Coordinator

- As the UN agency for health, member of the IASC, leading agency of the Global Health Cluster
- As the guardian of the IHR (2005), WHO adapted its organizational commitments and procedures to respond to the growing demands
- Introduction of the WHE, with roles through the full cycle of emergency management: prevention, preparedness, response and recovery

Vision
A WHO European Region where the impact of health emergencies is prevented or minimized

Goal
Strengthen and maintain adequate capacities in the European Region to effectively prevent, prepare for, detect and respond to public health threats and to provide assistance to affected countries, when necessary, through three strategic pillars.
Health Emergencies Preparedness, Response and Recovery: Spearheading and Navigating Towards UHC
### WHO EURO: Resilient Health Systems

<table>
<thead>
<tr>
<th>Governance</th>
<th>Universal Health Coverage</th>
<th>Essential Public Health Functions</th>
<th>Health Information System</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Legislation</td>
<td>Access to comprehensive quality, health services</td>
<td>Surveillance</td>
<td>Integrated multi-hazard early warning function</td>
<td>Workforce Development</td>
</tr>
<tr>
<td>Polices and plans for health emergency preparedness and response</td>
<td>Strengthening stewardship and governance</td>
<td>Essential package of health services</td>
<td>Collection and analysis of data from official and unofficial sources.</td>
<td>Support financing system</td>
</tr>
<tr>
<td>Disaster and other risk reduction strategies</td>
<td>Improving financing</td>
<td>Risk communication</td>
<td>Reporting of data/information to support risk assessment</td>
<td>Logistics and supply system</td>
</tr>
<tr>
<td>Coordination structure and mechanisms</td>
<td>Intersectoral action to address the social determinants of health</td>
<td>Health facility safety</td>
<td>Forecasting and modelling</td>
<td></td>
</tr>
<tr>
<td>Organizational structure</td>
<td></td>
<td>Risk assessment</td>
<td>System and operational research</td>
<td></td>
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</tbody>
</table>
Implementing the nexus for health

• Managing risk for all hazards, including health security and IHR core capacities

• Strengthening national investigation, control and response capacities (including surveillance mechanisms and epidemic treatment centres)

• Maintaining Essential Public Health Functions in fragile contexts

• Leaving NO ONE BEHIND
All countries to report on 13 capacities

1. Legislation and financing
2. IHR Coordination and National Focal Point (NFP) functions
3. Zoonotic events and the human–animal interface
4. Food safety
5. Laboratory
6. Surveillance
7. Human resources
8. National Health Emergency Framework
9. Health service provision
10. Risk communication
11. Points of entry
12. Chemical events
13. Radiation emergencies
IHR Monitoring and Evaluation Framework
State Party Annual Reporting 2019

- The State Party Annual Report is self-assessment of implementation of 13 core capacities and is mandatory under Article 54 of the IHR
- HQ IHR Secretariat has sent out request for SPAR 2019 to National IHR Focal Points in July
- Two deadlines for submissions
  - 31 October 2019 for inclusion in reporting to the EB, or
  - 29 February 2020 for inclusion in reporting to World Health Assembly (WHA73)
- SPAR Will be used to measure progress towards GPW13 SP2

WE WANT FULL PARTICIPATION IN 2019!
Three weakest capacities — average values

- Points of Entry
- Chemical events
- Risk communication
Joint External Evaluation (JEE) of 19 technical capacities

Completed JEEs (16):

• 2016: Albania, Armenia, Kyrgyzstan, Turkmenistan,
• 2017: Belgium, Finland, Latvia, Liechtenstein, Slovenia, Switzerland
• 2018: Lithuania, Moldova, Serbia,
• 2019: Georgia, Montenegro, North Macedonia

In the pipeline (6):

• 2019: Tajikistan (21-25 Oct), Germany (25-29 Nov)
• 2020: Azerbaijan, Bosnia and Herzegovina, the Netherlands, Ukraine

After Action Review (AAR) and SimEx

In the pipeline for measles outbreak: Azerbaijan (16-18 Oct) and Georgia (5-8 Nov)
In the pipeline for flooding: Serbia (Q3, TBD

Exercise JADE 18-22 Nov
Survey on AAR and SimEx outcomes planned for Q4 2019

National Action Plan for Health Security (NAPHS)

In process: Albania, Armenia, Kazakhstan, Kyrgyzstan, Lithuania, Serbia
In the pipeline: Georgia, Montenegro, Moldova, North Macedonia
Top most common JEE recommendations

- Surveillance: establish an electronic reporting and surveillance data management system (12 MS)
- Immunization: improve reporting and data management on immunization effort (11 MS)
- Medical countermeasures: develop and formalize deployment protocols (11 MS)
First Advocacy Package

being laid-out to make the case for investment in health emergency preparedness and response

Regional package
• Brochure
• Messages
• Strategy

Country package
• Brochure
• Power point
• Talking points
Health emergency capacity: a “best buy” health investment

- Many emergencies are preventable, or can be mitigated
- Well-prepared countries see fewer deaths and less disruption

Analysis by WHO shows $1 spent on health emergency capacity produces a return of $8.30*

Planning for emergency preparedness and response

• **Strategic Risk Assessments**
  – 6 national workshops and 7 sub-national workshops conducted from Dec 2018 till date.
  – 4 workshops in pipeline till December 2019.

• **Contingency Planning**
  – Training of experts on hazard specific contingency planning of 5 States Parties.
  – In pipeline – contingency planning for floods in Serbia.

• **Emergency Response Plans**
  – User friendly toolkit in production.
  – 5 States Parties have used this toolkit since February 2019. 1 country in pipeline.

• **In Pipeline**
  – Public Health Emergency Management training course to be rolled out in February 2020.
Health Facility Preparedness

• **Hospital Safety Assessment**
  - 358 hospitals in 13 States Parties assessed using the WHO tool Hospital Safety Index since 2015.
  - In pipeline – support States Parties address recommendations from the Hospital Safety Assessments; 1 country in pipeline by December 2019

• **Mass Casualty Management Training**
  - Development of training materials, pilot in 1 States Party and revision of training materials.
  - In pipeline, 1 national training and 2 sub-national training in different countries.

• **Hospital Emergency Response Plan**
  - 2 national workshops to address the main elements of hospital emergency response plan.
  - In pipeline – establish linkages with ECSA plus tool to ensure seamless emergency care service in the country.
Operational Readiness

- Potential and imminent threats for countries identified and technical materials and guidance provided to support operational readiness for -
  - Floods
  - Heat Wave
- Ebola Virus Disease Checklist sent to 14 States Parties (not in ECDC list)
  - 8 States Parties responded.
  - Response indicates the States Parties are operationally ready to face an importation of EVD but further work is required in IPC, Contingency Planning for Viral Hemorrhagic Fevers and stand-by procedures for international shipment of samples.
  - WHO EURO is ready to provide technical support as requested.
Collaboration between WHO and stakeholders that brings together new and existing initiatives, networks and systems to create a unified all-hazards, One Health approach to early detection, verification and assessment of public health risks and threats using open sources information.

WHO/Europe: Expansion of EIOS to Albania and Republic of Moldova (2019), to be followed by Israel (early 2020) and other countries.
Early Warning and Response: Surveillance, Laboratories and IHR

EWRS to be integrated into **routine surveillance** to prevent outbreaks from becoming emergencies.

WHO acts as a global EWRS under the IHR

• at Regional level, developing a strategy on EWAR and toolbox

• at national level, implementing the strategy in GEO and KGZ - later in ARM, AZE, GRE, KAZ, MKD, SRB, TJK and TUR
National Influenza Centres - Progress

• 46/50 countries in Europe have a NIC
  – In 2018, Armenia
  – In 2019, Cyprus, Turkmenistan and North Macedonia

• No NICs in 4 countries
  – Azerbaijan
  – Bosnia & Herzegovina
  – Tajikistan
  – Uzbekistan
Core components of IPC programmes at national level

1. IPC Programme
   - Supporting countries to develop IPC action plan (TKM, ARM, KGZ, ALB and MNE)

2. IPC Guidelines
   - Road map for guidelines development (EST, LVA, LTU, SLK, CZH, POL, ROM and HUN)

3. IPC Training/Education
   - Supporting National IPC teams to receive basic and advanced IPC education (ARM)
   - Plans to develop IPC Training curriculum (HQ backstopping)

4. HAI Surveillance
   - Supporting countries to conduct ECDC Point Prevalence Survey (ALB, MDA)

5. Multimodal Strategies
   - Using Measles outbreaks to implement control measures using MMS

6. Monitoring, audit & feedback
   - Supporting use of Handy Hygiene Framework for monitoring, audit and feedback
Food safety – activity mapping under GPW13

• Strengthen national programmes and policies to combat AMR in the food chain (1.3.5)

• Strengthen country capacity to respond to food safety and zoonotic incidents incl. information sharing through INFOSAN (2.1.3)

• Address foodborne and zoonotic risks through multisectoral action, incl. Codex (3.2.1)
WHO’s ERF is under global review

• WHE/EURO is taking part in a global review of the ERF. We need help from WRs/HWOs and your teams
• Have you used or consulted the ERF? If yes….
• Identify key events/emergencies (different types/grades/ungraded) and indicate:
  – what worked well
  – where it could be improved.

WHO/Europe’s deadline for feedback is 15 October
Updates from graded emergencies

Measles – G2

- Regional **Strategic Response Plan** ready for launch
- Advocacy plan and messages finalized
- Two-way monthly updates to/from IMS for prioritized countries

We need YOU to mobilize political and financial commitment
Updates from graded emergencies Syria and Ukraine

• G3 - Armed conflict in Syria / Refugee response in Turkey
  – New emergency coordinator and head of field office in Gaziantep
  – IOAC mission proposed to Turkey and under discussion – RO and HQ.

• P2 – Armed conflict in Eastern Ukraine
  – Strategic focus on health development nexus and health & peace.
  – Country-level assessment for 3-level Grading review before end 2019.
Whole-of Syria Cross Border Operations

<table>
<thead>
<tr>
<th>Service</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Cluster Members</td>
<td>113</td>
</tr>
<tr>
<td>Medicines Delivered</td>
<td>308,078</td>
</tr>
<tr>
<td>Treatment Courses for Common Diseases</td>
<td>164</td>
</tr>
<tr>
<td>Functional Health Facilities (HERAMS)</td>
<td>154</td>
</tr>
<tr>
<td>Functioning Fixed Primary Health Care Facilities</td>
<td>78</td>
</tr>
<tr>
<td>Functioning Hospitals</td>
<td>49</td>
</tr>
<tr>
<td>Mobile Clinics</td>
<td></td>
</tr>
<tr>
<td>Health Services</td>
<td></td>
</tr>
<tr>
<td>Consultations</td>
<td>771,108</td>
</tr>
<tr>
<td>Deliveries Assisted by a Skilled Attendant</td>
<td>8,732</td>
</tr>
<tr>
<td>Referrals</td>
<td>10,063</td>
</tr>
<tr>
<td>Medical Procedures</td>
<td>848,410</td>
</tr>
<tr>
<td>Trauma Cases Supported</td>
<td>42,777</td>
</tr>
<tr>
<td>New Conflict Related Trauma Cases</td>
<td>4,826</td>
</tr>
<tr>
<td>Vaccination</td>
<td></td>
</tr>
<tr>
<td>Children Aged &lt;1 Vaccinated</td>
<td>7,294</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>Mental Health Consultations</td>
<td>4,212</td>
</tr>
<tr>
<td>Disease Surveillance</td>
<td></td>
</tr>
<tr>
<td>Sentinel Sites Reporting Out of a Total of 474</td>
<td>469</td>
</tr>
<tr>
<td>Health HRP 2019 Funding USD</td>
<td></td>
</tr>
<tr>
<td>Received in 2019</td>
<td>$588.8 million</td>
</tr>
<tr>
<td>Requirements USD</td>
<td>$449 million</td>
</tr>
<tr>
<td>13.1% funded</td>
<td></td>
</tr>
</tbody>
</table>
Emergency Medical Teams (EMT) Initiative: 5 things important to know

1. Governance, Regional Coordination and Partnerships
2. Capacity Building activities
3. Quality Assurance and Classification
4. Deployments and Response Coordination
5. Set Standards, SOPs, Knowledge Hubs

Figure 1. EMT governance structure in the WHO European Region.
Global Outbreak Alert and Response Network (GOARN) – 3 things to know

1. Governance and expanding GOARN footprint
2. Rapid Response Capacities (RRC)
3. Trainings
In addition, for you WHE...

• is carrying out **situation analysis on contested/disputed areas**, including mapping, guidance on humanitarian-development-peacebuilding nexus
  
  – Engagement of the WR’s in this process is crucial

• is working with other divisions to **develop a toolkit based on PC-ECS+** building stronger interdivisional and tailored country support for health system strengthening
  
  – Countries will be part of development and implementation of the toolkit.
THANK YOU!