

EDITORIAL

From prevention to preparedness and response – The Way W(H)E Work

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WHO Member States face an increasing number of emergencies with health consequences from many hazards including infectious disease outbreaks, conflicts, natural disasters, chemical or radionuclear spills, and food and environmental contamination. Many emergencies can be complex, with more than one cause, and can have significant public health, social, economic and political impacts. Updated information on countries with health concerns, crises and emergencies can be found at <http://www.who.int/hac/crises/en/>.

Article 2(d) of the Constitution of the WHO states that the Organization will “furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments”. In Article 28(i), WHO is mandated “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 Director-General to take the necessary steps to combat epidemics, to participate in the organization of health relief to victims of a 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 Director-General”. Moreover, it states in Article 58: “A special fund to be used at the discretion of the Board shall be established to meet emergencies and unforeseen contingencies” (1). In addition, WHO has specific responsibilities and accountabilities

for emergency operations under the International Health Regulations (IHR) (2005) (2), the Sendai Framework (3), and within the global humanitarian system as the lead agency for the Global Health Cluster, a part of the Inter-Agency Standing Committee (IASC) (4).

These instruments underscore the need to focus on the full emergency cycle, including prevention, preparedness, response and recovery. Prevention and good planning can stop outbreaks from becoming epidemics, conflicts from becoming humanitarian crises, and natural disasters from generating chaos. Preparing for action when needed changes the course of emergencies, preventing them from becoming complex crises.

For this reason, Member States agreed to create the new WHO Health Emergencies Programme (WHE) at the Sixty-ninth World Health Assembly – designed for speed, flexibility, and effective impact to meet the health needs of affected people (5). The programme includes one workforce, one budget, one set of rules and processes, and one clear line of authority. The reports on its performance are presented to the WHO governing bodies (6). As a result, WHO has become more systematic in its response to different crises, better combining its technical and normative comparative advantages with renewed operational capacities.

WHO has also become a more predictable partner among the humanitarian response players. The WHE, at the heart of health partnerships, has a strong convening and coordinating role and is a provider of last resort. A set of procedures was developed together with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), as part of the work of the IASC. These procedures provide criteria for when OCHA should activate the humanitarian system in response to infectious disease outbreaks, in consultation with WHO and the countries and humanitarian agencies concerned. The procedures bridge the two worlds of humanitarian assistance and infectious disease outbreaks. Under the new system, the roles of the health cluster and other IASC clusters are clear from the outset, as is whether they should be activated.

The WHE is comprised of five pillars:

1. infectious hazards management (IHM)
2. country health emergency preparedness and International Health Regulations (2005) (CPI)
3. health emergency information and risk assessment (HIM)
4. emergency operations (EMO)
5. management and administration (MGA).

Its focus is on achieving results at the country level, strengthening partnerships, and accountability and impact. By strengthening the IHR (2005) core capacities and health systems, countries will be able to attain the Sustainable Development Goals (SDGs), Health 2020; the European policy for health and well-being, and the political commitments made by Member States, such as through the G7 and G20. Indeed, SDG target 3.d, “Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks”, streamlines the needed actions and links universal health coverage with health security.

PREPAREDNESS – STRENGTHENING IHR (2005) CAPACITIES AND HEALTH SYSTEMS

The WHE is designed to address the immediate health needs of populations affected by health emergencies while tackling the root causes of their vulnerabilities. Everything the WHE does must contribute to the delivery of better results at the country level. This notion is embedded in the IHR (2005) which require all WHO Member States to “have in place capacities to “respond

promptly and effectively to public health risks and public health emergencies of international concern (PHEIC)” (Article 13).

In 2016, the Review Committee on the Role of the IHR (2005) in the Ebola Outbreak and Response continued to report that most Member States, across all regions, had achieved only minimum requirements to prepare for emergencies and struggle to fully implement the IHR (2005). It recommended that: “The WHO Secretariat should lead the development of a Global Strategic Plan to improve public health preparedness, in conjunction with States Parties and other key stakeholders, to ensure implementation of the IHR (2005), especially the establishment and monitoring of core capacities. The Global Strategic Plan should inform the development of regional office and national plans”. Furthermore it stated that “National Action Plans ... should be updated by States Parties within one year of the JEET [Joint External Evaluation Tool], with support from WHO regional and country offices as appropriate. This plan should address identified gaps in capacity in accordance with their national and IHR public health priorities. To fill capacity gaps that cannot be addressed using national resources, States Parties should develop active partnerships with partner countries or other international development partners...” (7).

As a follow-up, WHO developed the IHR (2005) Monitoring and Evaluation Framework, drawing on qualitative and quantitative assessments as well as desk reviews and functional assessments of capacities for prevention, detection and response. One component of the framework, the annual reporting to the World Health Assembly by States Parties, is mandatory, while the others are voluntary and include the joint external evaluation (JEE), after action reviews (AAR) and simulation exercises,, and Simulation Exercises (SIMEX) (Table 1). All countries are encouraged to participate and develop concrete action plans to ensure that their gaps in health security are addressed (8) (9) (10).

TABLE 1. GLOBAL STATUS OF THE IMPLEMENTATION OF VOLUNTARY IHR (2005) MONITORING AND EVALUATION FRAMEWORKS, UP TO DECEMBER 2017

Tool	Number of countries completed	Number of countries in the pipeline
JEE	62	29
Pilot assessments completed by the Global Health Security Agenda (GHSA)	6	
AAR	11	11
SIMEX	48	12

The IHR (2005) capacities are especially important during emergencies, when access to and the quality of essential health

services can be severely compromised. WHO continues life-saving operations for two long-standing humanitarian crises in the European Region; in Ukraine and in and from Turkey, under the whole of Syria response (11). Staff from the WHO European Region supported the establishment of the Incident Management System in Ethiopia, and in Iraq and Bangladesh. WHO also delivered standardized health kits of medicines and medical supplies from Italy to Albania to meet different health needs of flood victims in December 2017.

The gaps that are identified by the monitoring and evaluation framework tools provide a comprehensive, multisectoral understanding of the countries' capacities to detect, notify and respond to health emergencies. Each of the components contributes, in a different way, to the recognition of strengths, gaps and priorities that are then addressed in multisectoral National Action Plans for Health Security (NAPHS).

Improving IHR (2005) capacities cannot be done in silos, since each country has its own set of values and norms; social, political and financial context; and health system functions and health challenges. Each is also likely to have its own priorities for developing capacities for national and global health security. As a result, each NAPHS must be tailor-made and intersectoral. Indeed, health systems and emergency preparedness synergize, complement and reinforce one another, and contribute to the resilience of communities and countries. For this, the WHE, together with the WHO Division of Health Systems and Public Health (DSP), link and align the support provided to Member States. The focus on universal health coverage (UHC), health system and public health functions, as well as intersectoral involvement, is key to emergency preparedness, since the specific actors and activities, and their required relationships, should be in place and operate synchronistically. Strong human, animal and environmental health and other societal systems are the foundations of emergency preparedness. Equally, strengthening emergency preparedness builds the resilience of these systems globally, nationally and locally.

The WHE and DSP teams use different assessment tools to identify strengths and gaps, and to develop comprehensive NAPHS. The findings, plans and actions are portrayed in the WHE Strategic Partnership Portal and the new WHO Regional Office for Europe open access tool, the SHIELDS. In this way, the IHR (2005) Monitoring and Evaluation Framework is used to assess, steer, enhance, monitor and scale up Member State capacities through synergized work across the health sector and beyond. Intersectoral partners in government, as well as international partners, such as the Performance of Veterinary Services Pathway under the World Organization for Animal

Health, have key roles in supporting the success in addressing gaps in the IHR (2005) core capacities. The full process, from assessment to strategic plan and actions, is also aligned with World Bank initiatives, such as for financing preparedness. Globally, and up to December 2017, 14 countries had completed their NAPHS, 11 were under development and 18 were expecting to start.

Countries that do not need WHE support for the development of their NAPHS are still requested to follow the WHE validation process, aimed at ensuring interoperability with other country NAPHS. The most at-risk priority countries – for example, those confronted with health emergencies and faced with hazards and/or gaps in their resilience capacities – are offered a full package of mentoring and support.

SUMMARY

The new WHE is strongly linked with actions aimed at strengthening health systems towards universal health coverage. To attain the SDGs, the following are key: preparedness; the provision of health services to refugees, migrants and vulnerable persons during crises; preventing health system collapse in fragile, conflict-affected and vulnerable States; and using recovery opportunities to build back better health systems.

The IHR (2005) and the global and regional targets are at the centre of the WHE in the European Region, supporting Member States in reducing their gaps in implementing the IHR (2005), and ensuring quality health services and health security for all, while leaving no one behind.

REFERENCES

1. Constitution of the World Health Organization. Geneva: World Health Organization; 2006 (http://www.who.int/governance/eb/who_constitution_en.pdf, accessed 18 February 2018).
2. International Health Regulations, Third Edition. Geneva: World Health Organization; 2005 (<http://www.who.int/ihr/publications/9789241580496/en/>, accessed 18 February 2018).
3. The Sendai Framework for Disaster Risk Reduction 2015-2030. 2015 (https://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf, accessed 18 February 2018).
4. Health Cluster Guide. Geneva: World Health Organization; 2009 (http://www.who.int/hac/network/global_health_cluster/health_cluster_guide_6apr2010_en_web.pdf, accessed 18 February 2018).

5. World Health Assembly agrees new Health Emergencies Programme [website]. Geneva: World Health Organization; 2016 (<http://www.who.int/mediacentre/news/releases/2016/wha69-25-may-2016/en/>, accessed 18 February 2018).
6. Global Policy Group Statement on reforms of WHO work in outbreaks and emergencies. Geneva: World Health Organization; 2016 (<http://www.who.int/dg/speeches/2016/reform-statement/en/>, accessed 18 February 2018).
7. Implementation of the International Health Regulations (2005). Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. In: Sixty-ninth World Health Assembly, Geneva, 27 May 2016. Geneva: World Health Organization; 2016 (A69/21 Add.1 Rev.1; http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf?ua=1, accessed 18 February 2018).
8. Joint external evaluation tool: International Health Regulations (2005). Geneva: World Health Organization; 2016 (http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf?ua=1, accessed 18 February 2018).
9. Sustainable Development Goal 3 [website]. Sustainable Development Knowledge Platform. United Nations (<https://sustainabledevelopment.un.org/sdg3>, accessed 18 February 2018).
10. International Health Regulations (2005). 2nd edition. Geneva: World Health Organization; 2008 (<http://www.who.int/ihr/publications/9789241596664/en/index.html>, accessed 18 February 2018).
11. A Strategic Framework for Emergency Preparedness. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/10665/254883/1/9789241511827-eng.pdf>, accessed 18 February 2018).
12. 2015 Syria Response Plan: Syrian Arab Republic. Geneva: United Nations Office for the Coordination of Humanitarian Affairs; 2014 (https://docs.unocha.org/sites/dms/Syria/RM_Syria_20141217_upd20150223.pdf, accessed 13 January 2017). ■