

## PANORAMA PEOPLE

### Interview with Nedret Emiroglu

by Cristiana Salvi

*Nedret Emiroglu is the Director of Programme Management and the Director of the Division of Health Emergencies and Communicable Diseases.*



Dr Nedret Emiroglu is a medical doctor with a PhD in public health and 30 years of national and international experience. As the Director of Programme Management, she is the principal adviser to the WHO Regional Office for Europe on health policies, strategies and technical priorities. She ensures strategic and technical coherence in the implementation of cross-cutting policy areas, in line with the European Health Policy Framework Health2020 and the Sustainable Development Goals. As the Director of the Division of Health Emergencies and Communicable Diseases, Dr Emiroglu leads divisional efforts to support Member States prepare for, rapidly detect and respond to health emergencies and outbreaks in the WHO European Region, as well as prevent and control communicable diseases including immunization.

**What is your experience with the establishment of the WHO Health Emergencies Programme in the European Region?**

The WHO Health Emergencies Programme is one of the boldest interventions that WHO has undertaken in my memory. It is greatly stimulating to be part of an organization that pushes its limits beyond itself and that broadens its role from the traditional normative to the operational. The term **operational** is more than simply a word: it comprises a set of structures, skills and people. It means putting countries at the core and being there on the ground where most needed: when disease outbreaks occur, when disasters and conflicts strike, and when people fall sick and die.

Together, we are learning day by day how to make this happen by mobilizing and repurposing existing structures and mechanisms.

It feels more and more like the three levels of WHO (global, regional and country levels) are working together as a single harmonious whole. As part of WHO's transformative agenda, the Health Emergencies Programme is propelling us forward into a new dimension of working with and for countries to save lives.

**How do you think it addresses the challenges that the international community encountered with previous emergency responses?**

Every organization learns from the lessons of the past, and we are no exception. Our experience in responding to emergencies has taught us the important lesson that no one is safe until everyone is safe, and that we need to work collectively to meet common standards and levels of capacity. We at WHO take this very seriously and have developed the Programme to glue together every step in the emergency cycle. No step is more important than any other: we invest in prevention and preparedness as well as in response and recovery, with strong links to rehabilitation. We work at global and regional levels to benefit all countries. This creates a virtuous circle that **builds back better**, eventually making health systems more resilient to emergencies.

Another important lesson from the past is that no single actor can ensure health security. The Health Emergencies Programme puts strong partnerships at the core of its work. We work with partners to address all needs including, but not limited to, health: other challenges are logistics, food security, shelter, water and sanitation. This is true for large disease outbreaks, where WHO leads the response, as well as for disasters, where

we coordinate the efforts of our health partners. We also work closely with countries and other organizations to pre-position health personnel and experts for rapid deployment.

**Do you think that today WHO is better equipped to support affected countries on the ground?**

The new WHO vision for the next five years – the draft thirteenth general programme of work – has countries firmly at its centre. This means that we are better equipping our country offices (staff, funding and training) to ensure they have the capacity and capability to respond to health emergencies, thus engendering a sense of empowerment and ownership. Our country staff are there when an outbreak starts and when disaster hits. They are the first to intervene and gauge each country's needs.

We have built a structure covering all WHO levels to help country staff to respond as needed. This is already operational in the two protracted emergencies to which the Health Emergencies Programme is responding in the European Region, the humanitarian crises in eastern Ukraine and northern Syria, with the latter being addressed in and from Turkey.

We have also built resources through a Contingency Fund for Emergencies to fill critical funding gaps: it allows us to release as much as US\$ 0.5 million with only 24 hours needed for approval. In this way, the entire WHO network is responsible for providing financial support for the emergency response in all countries, in addition to equipment and supplies. However, we need to bear in mind that the Health Emergencies Programme is only effective if it has funding. Only with the full political, moral and financial support of the international community can epidemics be prevented or rapidly controlled.

**How do you see the future of the Programme and the way it protects people's lives in emergencies?**

The draft thirteenth general programme of work has a clear target for 2023: to protect 1 billion more people from health emergencies. The Health Emergencies Programme is equipping us to achieve this: we are reshaping our existing structures and the way we work so that we can support countries to reach this target. However, all countries must equip themselves with the necessary tools to get there.

We are increasing our efforts to work with European countries to achieve, measure and enhance their ability to collectively address emergencies as a common threat. The International Health Regulations (IHR) (2005) – a legally binding instrument for 196 countries worldwide – form the foundation of this work;

through this mechanism, countries have managed to scale up their preparedness for all-hazard health emergencies over the last 10 years.

Our next step is to bring all European countries together within a new action plan to ensure that they have comparable levels of capacity and capability to avert or respond to emergencies. A new evaluation tool is already available for countries to map their own capacities and identify specific areas of intervention. This exercise entails the whole of government, steered by health, working together across sectors and levels.

**How do you see the linkages between health security, public health functions and universal health coverage?**

In the words of the WHO Director-General, “Universal health coverage and health emergencies are two faces of the same coin”. This could not have been better expressed: when we strengthen our health systems, we effectively implement the IHR (2005); and when we implement the IHR (2005), we develop greater health system resilience to emergencies. It is therefore crucial to adopt a combined approach in which universal health coverage and strengthened global health security are two mutually reinforcing agendas.

The strong link with the concept of **health for all** is also instrumental in ensuring that people affected by emergencies have rapid access to essential life-saving health services, including medicines and vaccines. At the same time, health protection through essential life-saving health services helps to prevent outbreaks.

In the WHO Regional Office for Europe, a great deal of our work focuses on the interlinkage between health security and health systems. This paradigm shift in our approach to working in health emergencies is inspired by the WHO European health policy framework, Health 2020, which prioritizes action to strengthen people-centred health systems and public health capacity, including emergency preparedness and response.

Ultimately, we want to prevent health systems, particularly those in more vulnerable countries, from becoming overstretched during emergencies so that they can cope with surging needs. We have identified 15 vulnerable countries within the European Region in which to invest our human and financial resources over the next few years as a priority. I trust that our structure, new capacities and capabilities, revised procedures and strong motivation will make us strong enough by 2023 to contribute to protecting 1 billion more people worldwide from health emergencies. ■