
EDITORIAL

WHO Health Emergencies Programme: How far have we got in Europe?

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One and a half years after the establishment of the WHO Health Emergencies Programme, it is time to reflect on what it is already changing in our Organization and in countries of the European Region in the way we prepare for and respond to health emergencies.

Emergencies of all kinds – disease outbreaks, conflicts and natural disasters – are having increasingly devastating effects not only on people’s health but also on their societies and economies, and these effects often last for decades. Recent striking examples are the Syrian humanitarian crisis, and outbreaks of Ebola, Zika virus disease and Middle East respiratory syndrome in, respectively, Africa, the Americas, and the Arabian peninsula, all with repercussions for Europe. Increasingly, severe conflicts have domino effects as millions of people are affected and many move within and across countries. New challenges emerge as climate change makes disasters more frequent and destructive.

The Health Emergencies Programme is WHO’s response to more complex and demanding emergencies. It equips the Organization with a structure across its three levels that enables it to help countries prepare for, prevent, detect, respond to and recover from emergencies quickly, and in a more predictable, dependable and accountable way. Over the last 10 years the International Health Regulations (IHR) (2005) have made a difference to the way the world prepares for and responds to emergencies; the Regulations continue to be a central mechanism within the Health Emergencies Programme to guide countries towards achieving common approaches and capacity standards.

However, today, more efforts are needed to accelerate IHR (2005) implementation through improved and innovative mechanisms.

In the WHO Regional Office for Europe, we have established a programme consistent with the requirement to better tailor our work to country needs and to become more operational in health emergencies. WHO’s new vision under the draft thirteenth general programme of work 2019–2023 puts countries at the centre and makes health emergencies one of three strategic priorities. The global goal is to ensure that 1 billion more people are better protected from health emergencies by 2023; during the past 18 months we have made some progress towards contributing to that billion. But how are we concretely making the transition to a more predictable, dependable and accountable response to health emergencies?

We have been watching 24 hours a day, seven days a week, for any outbreak or emergency that puts people’s lives or health at risk. In 2017, about 20 000 outbreak and health emergency threats were detected, 2 000 were assessed and 50 were verified in the European Region, or one every week. There might be a serious event somewhere, but the flow of information, the ability to verify and assess it, and eventually to respond within hours are increasingly efficient and rapid.

The Health Emergencies Programme in the Regional Office has initiated a unique exercise of mapping hazards and vulnerabilities across the Region. This has led to the identification of 15 countries for action at different levels of priority. Zooming in on priority countries has enabled focused interventions for

emergency preparedness. These include assessing 225 hospitals for safety and resilience in 15 European countries; establishing a network of laboratories operating according to international principles of quality and safety; and scaling up emergency risk communication capacity-building that is tailored to country contexts and needs.

Our enhanced operational role means we can be there when countries need assistance in emergency response. We set the standards of care, offer technical guidance and mobilize funds. We also coordinate the work of health partners on the ground who are delivering medical supplies, providing health care, vaccinating communities and training medical staff. This is what we are doing in Ukraine in response to the continued humanitarian crisis that affects its eastern part in particular. This is what we are doing in and from Turkey to address the growing needs of Syrians affected by what is now an eight-year conflict.

Our experience tells us that no single organization can protect people in health emergencies, but jointly we can. Therefore, we are working with countries and partners to pre-position health professionals and other experts for rapid deployment. During the past year, five emergency medical teams in the European Region have successfully completed the WHO verification process to respond to health emergencies. In addition, European Global Outbreak Alert and Response Network partners have contributed to major response operations, which involved the deployment of experts to protect affected populations and European citizens alike.

Most importantly, we link operations with recovery and development, working with countries to make sure that their health systems become fully capable of coping with health emergencies. While responsive health systems are an integral part of IHR (2005) implementation, efforts to strengthen core capacities in line with the Regulations greatly contribute to improving health systems' resilience, in a virtuous circle.

To ensure that countries have an adequate level of health emergency preparedness, the Health Emergencies Programme provides enhanced technical support, guidance and tools to European countries to monitor and evaluate their national IHR (2005) capacities. Ten European countries have undergone a Joint External Evaluation, a voluntary assessment of country capacities across 19 technical areas that helps them to identify priority areas for intervention. National IHR (2005) action plans result from this exercise as an operational platform to boost each country's ability to respond to the next emergency.

In February 2018, a high-level meeting gathered all European countries to accelerate the use of existing mechanisms and identify successful initiatives to address the common challenges ahead. In particular, the meeting provided a unique platform to gather input for the development of a five-year IHR (2005) action plan tailored to regional needs, to be presented at the 68th session of the WHO Regional Committee for Europe in September 2018.

This is an ongoing process with and for countries. We share a common vulnerability and we need to join forces to address it. We have an extraordinary tool to make the world safer, the IHR (2005); let's make the best use of this tool and increase all-hazard risk detection and management capacities across the entire health emergency cycle. Increased preparedness of the entire health sector and better coordination with other sectors are essential if we are to attain the best possible health outcomes for all our people, in Europe and in the rest of the world. ■