Multi-sectoral collaboration in emergencies with public health consequences

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Outline of the Presentation

• WHO Reform for Enhanced Management of Emergencies
• Emergency Risk Management (ERM) in Health
• Health in the Sendai Framework for Disaster Risk Reduction
Context for WHO Reform

- Outbreaks and emergencies continue to influence global health
- Almost 100 epidemic-prone events occur annually
  - SARS (2003)
  - Avian flu (2005)
  - Influenza Pandemic H1N1 (2009-2010)
  - MERS Corona virus (2012-ongoing)
- WHO responded to 33 humanitarian (including 6 ‘Grade 3’) emergencies and 11 protracted emergencies last year
- Such events will occur in future too. The numbers are likely to rise.
- Greater global preparedness and response are critical to manage
WHO’s grade definitions

**Ungraded:**
An event that is being assessed, tracked or monitored by WHO but that requires no WHO response at the time.

**Grade 1:** a single or multiple country event with minimal public health consequences that requires a minimal WCO response or minimal international WHO response. Organizational and/or external support required by the WCO is minimal. The provision of support to WCO is coordinated by a focal point in the Regional Office.

**Grade 2:** a single or multiple country event with moderate public health consequences that requires a moderate WCO response and/or moderate international WHO response. Organizational and/or external support required by the WCO is moderate. The provision of support to WCO is coordinated by an Emergency Support Team run out of the Regional Office.

**Grade 3:** a single or multiple country event with substantial public health consequences that requires a substantial WCO response and/or substantial international WHO response. Organizational and/or external support required by the WCO is substantial. The provision of support to WCO is coordinated by an Emergency Support Team run out of the Regional Office.
Background

• Executive Board of WHO (January 2015) requested DG/WHO to:
  – “Strengthen operational capabilities of WHO to enable it to fulfil its constitutional mandate”
  – “Ensure coherent approach towards outbreak and health emergency operations for all levels of the Organization”

• Commitment of WHO/DG in the WHA68
  – Reforms in WHO’s work in outbreaks and emergencies

• Ebola Interim Assessment Panel recommendation
  – WHO should be made fit for health emergency response
Vision

A World

– in which effective, collective action minimizes the impact of emergencies with health consequences

and

A WHO that

– maintains appropriate levels of organizational readiness,
– supports country-level capacity building and preparedness,
– responds effectively and efficiently at global, regional, national and subnational levels and
– Engages effectively with partners and stakeholders
Emergency reform deliverables

• Unified WHO Programme for outbreaks and emergencies
• IHR core capacities developed as an integral part of resilient health system
• Global health emergency workforce
• Improved functioning of IHR (2005)
• Accelerated research and development in epidemics/emergencies
• WHO Contingency Fund for Emergencies (CFE)
Unified programme

• Unified at all levels of Organization and for all hazards
• Emergency Response Framework (ERF) revision in process
• Clear rules, integrated and common platforms
• Pre-negotiated arrangements with partners
• Communication
• Community engagement
IHR for a resilient health system

• Cape Town meeting (July 2015) on strengthening health security beyond Ebola highlighted need of greater global and national commitment, cooperation and financial support to enhance IHR (2005) core capacities on priority

• G7 has renewed commitment to support strengthening IHR globally

• GHSA is in alignment with IHR

• Stronger advocacy and scaled-up technical support to countries
Improved functioning of IHR

• Improved transparency, effectiveness, and efficiency of IHR
• IHR Review Committee established
• Trigger for global action before declaration of PHEIC
• Sanctions imposed by Member States beyond mandated by IHR
• Objective criteria for assessment of IHR core capacities
Global health emergency workforce

• Shall comprise of
  – National
  – Regional and global networks (GOARN), FMTs, institutions
  – UN and other development agencies
  – WHO internal staff and surge capacity
• Partnerships being expanded
• Secretariat in WHO
• Protocols being developed for
  – Pre deployment, deployment and post deployment
Accelerated research and development in epidemics/emergencies

- R&D Blueprint under development
- Was presented to the UNSG’s High Level Panel
- First draft to be available in September 2015
- Meetings of expert committees to be convened on different aspects of R&D of novel diagnostics, drugs and vaccines and making them available under emergency use procedure developed by Pre Qualification Programme
WHO Contingency Fund for Emergencies (CFE)

- USD 100 million, flexible, replenish able fund for response
- Donors approached on 15 July 2015
- Financing dialogue planned for November 2015
- Complement other regional and existing funds
- World Bank proposed Pandemic Emergency Funding
  - Joint meeting on 21-22 September 2015 on financing emergencies
- Utilization, audit and reporting as per WHO norms
Principles for the Reform

• Be comprehensive
• Act at many levels
• Move rapidly and at scale
• Adapt to what is required
• Allow open access and multi-lateral integration
• Operate with clear accountability
Challenges

• Access to affected populations
• Local-level capability
• Mandate issues
• Organizational culture
Requirements for Delivery of Functions and Commitments

- Integrated, organization-wide programme on outbreaks and emergencies
- Operational platform
- Strategic collaborations
- Lines of authority
Status


• UN Secretary General’s High Level Panel on Global Response to Health Crises  Report in Dec 2015

• US Institute of Medicine and National Academy of Medicine Review  Report likely in Dec 2015

• Friends of Resolution deliberations  Ongoing
Milestones

- Advisory Group: dissolved by December 2015
- Report to EB: January 2016
- Implementation
  - Operational by June 2016
- Inputs from Member States are welcome
  - WHO website
Emergency Risk Management

Conceptual Framework
### Emergency Risk Management for Health (ERM-H)

**Changing the paradigm to ERM**

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<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Event-based</td>
<td>Risk-based</td>
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<td>Reactive</td>
<td>Proactive</td>
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<td>Single-hazard</td>
<td>All-hazard</td>
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<td>Hazard-focus</td>
<td>Vulnerability and capacity - focus</td>
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<tr>
<td>Single agency</td>
<td>Whole-of-society/multisectoral</td>
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<td>Separate responsibility</td>
<td>Shared responsibility of health systems</td>
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<tr>
<td>Response-focus</td>
<td>Risk management</td>
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<td>Planning for communities</td>
<td>Planning with communities</td>
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Critical functions in emergencies

• Technical leadership
• Up to date information
• Technical expertise
• Core services
Core commitments

1. Offer strategic direction
2. Encourage local-level appreciation of health risks
3. Provide high quality technical assistance
4. Ensure necessary support
   - finance
   - human resources
   - logistics
5. Ensure effective management of information; issue timely communications

6. Measure performance against standardized benchmarks
Health in the Sendai Framework on Disaster Risk Reduction
Hyogo Framework for Action

• Lessons learnt, gaps identified and future challenges
  – Effective disaster risk management contributes to sustainable development
  – Raised public and institutional awareness, generating political commitment
  – Focusing and catalysing actions by stakeholders
Gaps/challenges

• Anticipate, plan and reduce disaster risk to more effectively protect persons, communities and countries, livelihoods, health, cultural heritage, socioeconomic assets and ecosystems and thus strengthen their resilience
• Disaster risk reduction practices need to be multi-hazard and multi-sectoral, inclusive and accessible to be efficient and effective
• International, regional, subregional and transboundary cooperation remains pivotal
Sendai Framework on DRR

- **HEALTH AT THE CENTRE OF THE SENDAI FRAMEWORK FOR DISASTER RISK REDUCTION 2015-2030**

- **HEALTH HIGHLIGHTS**
  - Adopted by 187 Member States on 18 March 2015
  - 35 explicit references to health
  - People-centred and all-hazards (including epidemics)
  - Health in outcome, goal and targets
  - Disaster risk management and resilient health systems
  - Safe Hospitals – a global priority
  - Access to health services before, during and after emergencies
  - Support for the International Health Regulations (2005)
SENDAI FRAMEWORK EXPECTED OUTCOME

• Substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries
SENDAI FRAMEWORK GOAL

• Prevent new and reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience.
Resilience

• “Ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of essential basic structures and functions.”
Seven global targets (2030)

- Related to health
  - Reduce global disaster mortality
  - Reduce number of affected people
  - Reduce disaster damage to critical infrastructure and disruption of basic services...health and educational facilities
  - Enhance international cooperation to developing countries...national actions
  - Increase: early warning systems, disaster risk information and assessment
FOUR PRIORITY AREAS OF THE SENDAI FRAMEWORK

1. Understanding disaster risk
2. Strengthening disaster risk governance to manage disaster risk
3. Investing in disaster risk reduction for resilience
4. Enhancing disaster preparedness for effective response, and to “Build Back Better” in recovery, rehabilitation and reconstruction

National and local levels
Global and regional levels
Priority 3: Investing in disaster risk reduction for resilience

- Disaster risk prevention and reduction through structural and non-structural measures to enhance economic, social, health and cultural resilience
- Hospitals: proper design and construction
- Resilience of national health systems (ie, IHR)
- Access to basic health care services
- Enhance cooperation: IHR
International cooperation and global partnership

• Enhance technology transfer

• North-South cooperation, complemented by South-South cooperation has proven to be key to reducing disaster risk; need to strengthen cooperation

• UN to support developing countries in implementation of the Sendai Framework in coordination with other frameworks such as IHR (2005)
The Sendai Framework calls for: enhanced cooperation between health authorities and other relevant stakeholders at global and regional levels to strengthen:

- country capacity for disaster risk management for health
- implementation of the International Health Regulations (2005), and
- building of resilient health systems
Messages

• Emergencies have put to a serious test capacities of agencies and Member States to adequately respond

• Reform, transformation

• Emergency/disaster risk management framework-health

• Cooperation and collaboration enshrined in Sendai Framework for Action
• Technologies exist
• Methodologies available and tested
• Mechanisms exist to work better
• Effective, collective action minimizes the impact of emergencies/disasters with health consequences