

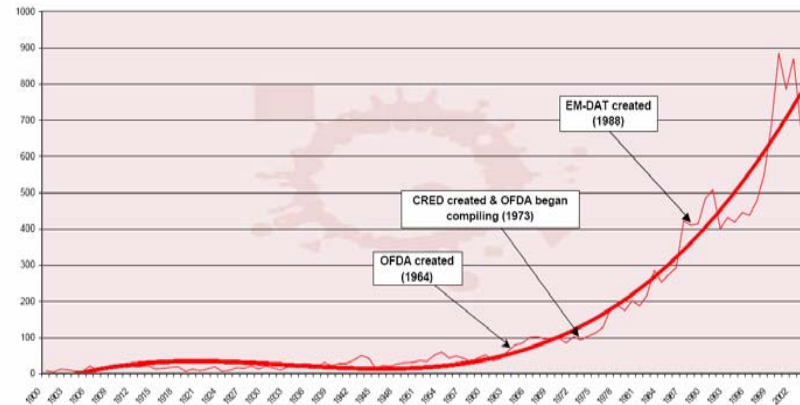
“Support health security and preparedness planning  
in EU neighbouring (ENP) countries”



A brief update on the DG Sanco - WHO collaboration

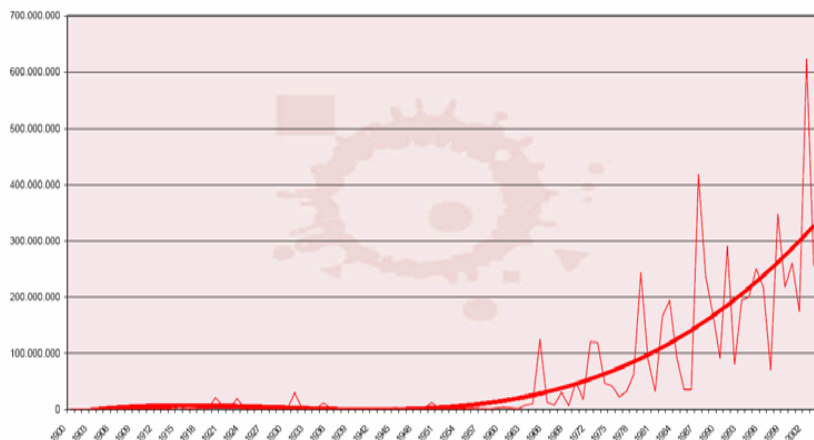
# The global trends are clear:

Total number of disasters reported . World : 1900 - 2003



Source: "EM-DAT: The OFDA/CRED International Disaster Database, www.em-dat.net - Université catholique de Louvain - Brussels - Belgium"

Total number of people reported affected. World : 1900 - 2003



Source: "EM-DAT: The OFDA/CRED International Disaster Database, www.em-dat.net - Université catholique de Louvain - Brussels - Belgium"

- Increasing numbers of health crises and disasters – at any moment 40 – 50 countries affected by crises
- Growing social & economic losses – long term consequences for vulnerable societies (MDGs)
- During the past 20 years, disasters have killed at least three million people; adversely affecting 800 million more
- **Health** is a major concern

# WHO's Objective in “Crises”

Reducing avoidable  
mortality and  
morbidity in crises

*Taking a “health  
systems approach”*

*WHO = “health  
cluster lead agency”  
- humanitarian health  
response*



# ***Delivering the 4 WHO core – functions in crises & emergencies***



- Assessment and analysis (health information management)
- Coordination/Health cluster
- Identifying gaps in the public health response – and potentially fill them
- Protecting and strengthening local capacities & systems

# Preparing for what: Main public health threats in the regional context

- **Communicable** diseases
  - HIV/AIDS – TB
  - Influenza pandemic
  - SARS...
  - Accidental or deliberate release of biological, chemical and radio nuclear agents
- Natural & human made **disasters**
- Conflicts and complex emergencies (“frozen conflicts”)
- Global changes – **climate change**



# Disasters & Health Crises affecting the EURO - Region (1990-2006)

Type of event	Number of events	Deaths	Affected population	Economic damage (thousands of US\$)
<b>Flood</b>	344	3 593	11 566 509	66 093 052
<b>Extreme temperature</b>	112	52 119*	1 389 529	9 024 788
<b>Drought</b>	31	2	14 865 575	14 297 309
<b>Wild fire</b>	58	228	286 969	3 540 357
<b>Earthquake</b>	102	21 840	5 875 138	30 225 449
<b>Accidents</b>	609	16 856	137 638	11 697 048
<b>Landslide and avalanche</b>	57	2 084	90 196	156 589
<b>Wind storm</b>	170	1 397	8 063 234	33 114 822
<b>Total</b>	<b>1 483</b>	<b>98 119</b>	<b>42 274 788</b>	<b>168 149 414</b>

\*more recent studies from 2008 indicate an excess mortality of over **70.000** attributable to extreme temperature in 2003 alone



# The DG Sanco WHO collaboration

## Expert consultation

- ➡ Based on a regional analysis:
  - Agree on priorities
  - Draft a country capacity assessment tool
  - Identify critical steps in health systems crisis preparedness planning
  - All hazard/multi sector approach



# Joint WHO expert missions



- Generic public health emergency preparedness and “health security” capacity assessment missions
  - *Armenia*
  - *Azerbaijan,*
  - *Moldova*
- Expert analysis of strengths and weaknesses of existing plans and systems (based on a standardized assessment tool)
- Guidance on priority interventions to strengthen capacities





# Selected critical findings (1)

- Difficult to **convince** decision makers of the **importance** to invest in health systems crisis preparedness
- **Health sector** and MoH can be marginalized and **disconnected** from the overall national crisis / emergency / disaster preparedness process (lack of inter/multi sectoral approach)
- Exaggerated secrecy prevents a transparent and participatory preparedness planning process and hampers and information sharing (**classified**)
- Establishment and sustainability of **health crisis management functions** and structures in the MoH are challenged by **public administration reforms**
- Tendency to **over-emphasize** investment in high-tech **equipment**, at the expense of public health and broader crisis management systems

# Selected critical findings (2)

- **Fragmentation** of health services prevents cooperation (lack of multi-disciplinary approach)
- Failure to include **regional / provincial / municipal** (health) authorities and communities limits the effectiveness of the preparedness planning process
- Failure to include health crisis **prevention** and **mitigation** aspects into preparedness process (being prepared to respond, only)
- Lack of clear **Standard Operation Procedures** (SOPs) for key aspects of crisis management
- Lack of regular **simulation exercises** as means to improve health crisis management and to monitor and evaluate existing plans and procedures

# Priorities for further collaboration



- Rollout assessments and consolidate methodology in further priority countries
- Develop a “**health systems crisis preparedness planning**” checklist
- Draft standards and indicators to monitor progress in strengthening national health systems capacities
  - Structured health crisis preparedness **programmes**
  - National preparedness planning **process**
  - Disaster resilient health facilities  
*Hyogo framework*

# The way forward



➤ Interoperable “all hazard – multi sector” emergency plans

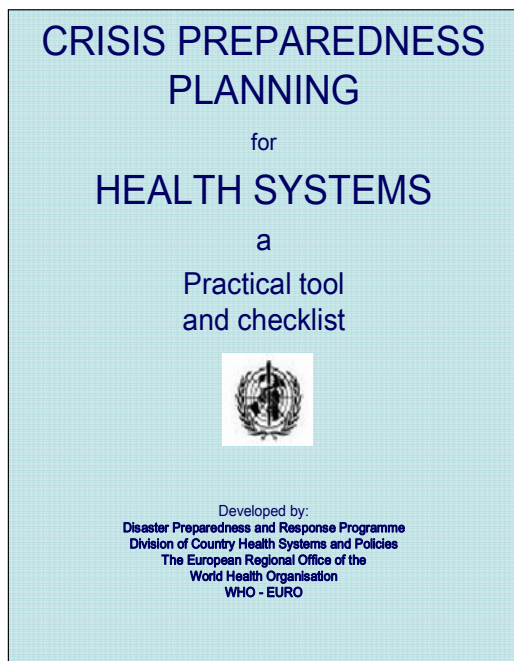
➤ Exercises and drills

➤ Strengthened coordination

➤ Capacity building



# A new tool to be developed



Leadership &  
Governance

Policy and  
Legislation

Institutional  
Framework

Partnerships  
and  
Coordination

Resource  
Generation

Human  
Resources

Medical Supplies  
and  
Pharmaceuticals

Data  
Collection,  
Analysis  
and  
Reporting

Health  
Finance

Preparedness  
Financing

Contingency  
Funding

Service  
Delivery

Procedures,  
Guidelines  
and Protocols

Mass  
Casualty  
Management

Lifelines,  
Logistics,  
Telecomms  
and Security



# The WHO - comparative advantage

- The strong country base to advocate health systems preparedness for multiple health hazards
- To build partnerships –”convening power”
- To build sustainable risk management capacities in MEMBER STATES
- To promote evidence based interventions and international best practice

NATURAL  
DISASTERS



TECHNOLOGICAL  
DISASTERS



“COMPLEX”  
DISASTERS





Disaster Preparedness & Response  
Regional Office for Europe  
World Health Organization

Also known as Health Action in Crises

**Thank You**

Dr Gerald Rockenschaub  
Regional Adviser, DPR, WHO Europe  
<http://www.euro.who.int/emergencies>



**This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.**