Title: Strengthening the humanitarian response to health emergencies through thematic support to the World Health Organisation (WHO)

Location of operation: Global

Amount of Decision: EUR 4,000,000

Decision reference number: ECHO/THM/BUD/2005/04000

Explanatory Memorandum

1 - Rationale, needs and target population.

1.1. - Rationale:

Over the last decade, the number of humanitarian activities in the health sector has more than tripled\(^1\). This increase in activities results from the fact that humanitarian crises are on the rise, not only in terms of numbers, but also in complexity. Civilian populations have increasingly become subject to high levels of violence and abuse with health consequences for a large number of people. The proliferation of wars and natural disasters has raised daunting challenges for the humanitarian community, who now need to be able to respond broadly and quickly to the needs of victims in many different situations.

Although significant progress has been made in some areas in recent years, in 16 countries the current levels of under-five mortality are higher than in 1990\(^2\). Crisis conditions now affect communities in more than 40 countries. In the last decade there have been more than 600 epidemics worldwide\(^3\), 67 of which can be considered large-scale crises, affecting more than 10 000 persons per event. More than half of all epidemics raged in Africa with cholera and haemorrhagic fevers, malaria and meningitis as the main diseases.

The breakdown in health services in many developing countries, resulting from bad governance, failed regimes or conflicts, the spread of HIV/AIDS and the emergence of multi-drug-resistant TB is worsening the impact of these diseases. Today, approximately 40% of the

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\(^1\) WHO statistics
\(^2\) WHO statistics
\(^3\) Center for Research on the Epidemiology of Disasters (CRED)
world's population mostly those living in the world's poorest countries, are at risk of malaria. Malaria causes more than 300 million acute illnesses and at least one million deaths annually.4

There is a deadly relation between the above mentioned diseases and humanitarian crises. While HIV/AIDS erodes all individuals' and many communities' coping capacities, food insecurity also feeds the HIV/AIDS pandemic by weakening physical resistance. Crisis situations with massive population displacements (IDPs, refugees), are a favourable breeding ground for the quick propagation of epidemics (cholera, HIV/AIDS, yellow fever, TB, etc.). Wars and conflicts, especially in Africa, have also caused disruption of the scarce health system in place, which in turn fosters the spreading of diseases due to lack of means to prevent it. In a globalised, interconnected world, such emergencies and disease outbreaks can have a profound impact on the health of populations and on the security and economies of countries.

The need for a systematic response to the public health challenges has long been recognised. Epidemics – for example - can challenge national health systems, have a major impact on morbidity and mortality, disrupt economic activity and development, and because of their potential to cause large numbers of deaths and widespread social disruption, are causes of humanitarian emergencies in themselves. Over the past eight years, the World Health Organization (WHO) has developed a strategic framework to address the threats posed by epidemics and emerging infections. It has been made operational throughout the WHO through standardised procedures spearheaded at country level, and supported by the WHO Department of Communicable Disease Surveillance and Response. Systematic mechanisms have been established to co-ordinate outbreak alert and response. These are implemented through the Office of Alert and Response Operations (AROps) and will gradually be integrated into the Global Outbreak and Alert Response and in the context of the new International Health Regulations.

Within this changing and ever more complex context, there is a broad consensus within the humanitarian community that the WHO has an important role to play in the health sector in humanitarian crises. The WHO is strengthening its emergency capacity and becoming a more predictable and consistent partner in its response to health emergencies. This is the result of an internal global capacity building process designed to help enhance WHO’s ability to ensure a coordinated programmatic and operational response to health emergencies.

After a number of positive results achieved during the first year of thematic support for the WHO, the EC, through ECHO, envisages funding measures designed to continue enhancing the humanitarian response to health emergencies. It will do so by funding WHO’s, Health Action in Crises (HAC5) programme, which is aimed at streamlining humanitarian work into the different WHO technical programmes in order to make the entire Organisation more reliable and effective in its humanitarian response to emergencies in the health sector. The HAC is the organisational change required for the way the WHO wants to work in humanitarian crises.

ECHO will maximise this investment by focusing operations on a number of priority countries and will monitor the programme through its network of field experts.

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4 See http://www.who.int/health_topics/en/ 
5 crises@ who.int , http://www.who.int/disasters
Such activities are fully endorsed by ECHO’s mandate, as enshrined in Article 4 of Council Regulation (EC) No. 1257/96, which requires the effectiveness and consistency of the intervention systems set up to meet the needs generated by natural or man-made disasters or comparable exceptional circumstances to be ensured and strengthened. They are in line with ECHO’s 2005 Strategy and ECHO’s thematic approach to funding International Organisations. This thematic approach to humanitarian needs represents a new way of working with International Organisations and ECHO’s commitment to working closely with the UN agencies in the delivery of humanitarian aid. Through thematic funding, ECHO is looking for start-up activities of an innovative nature that provide added value for meeting humanitarian needs and strengthening the response capacities of the humanitarian community.

1.2. - Identified needs:

Despite considerable efforts, most of the humanitarian community recognises that there are still gaps in the response to health emergencies, in terms of assessing situations, developing response strategies, convening partners, establishing joint actions, identifying gaps and making sure they are filled. Conflicts and disasters increase the risks of communicable disease outbreaks, and effective preparation, surveillance and detection to provide early warning is important to prepare a well-implemented and professionally-managed response. This can make a significant difference to the levels of mortality and morbidity associated with disease outbreaks.

Despite positive aspects, lessons learned from the humanitarian response to crises in places such as Afghanistan, Liberia or Sudan have indicated that the humanitarian community still faces operational and strategic challenges in the following sectors when responding to health needs in crises:

(a) **Information systems**: Useful data on the health needs of crisis-affected people in different community settings is not available promptly; it is not always analysed in a way that reveals priorities, often not updated regularly, and not systematically shared with those implementing the response;

(b) **Co-ordination**: Partners concerned with health issues are not brought together regularly to work on operations together, to agree response strategies, to co-ordinate their plans, and to implement actions jointly. To improve this, the WHO will have to reinforce co-operation with the UNHCR and OCHA, when relevant and with the EC development aid programmes within the context of LRRD (Linking Relief, Rehabilitation and Development). The European Commission recognises the important role that WHO plays in coordinating international organisations such as the EC and also between the EU Members States;

(c) **Emergency preparedness** has been shown to play a crucial role when it comes to maximising the benefits of life-saving interventions and ensuring an efficient, timely and effective response. During the last 5 years, the WHO has teamed up with UN Member States to build international capacity for disease surveillance, detection of outbreaks and responses;

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6 The importance to better coordinate the international response to countries in crisis in order to accelerate progress towards the Millennium Development Goals was highlighted at the High Level Forum on Health process and the Abuja meeting in December 2004.
(d) **Response**: Gaps in health action are sometimes not clearly identified, nor are focused efforts being made to plan comprehensively (and fill gaps), to spell out needs, to mobilise what is required - funds, human resources, technical skills, medical supplies and equipment, logistics, communications systems, and reporting capacity - and to use Standard Operating Procedures to deploy these inputs promptly and, to maximum effect.

The Tsunami in South Asia also demonstrated the vital role of a health-related response in mitigating the impact of humanitarian crises. As reported by the WHO, the first year of thematic funding was in fact one of the main contributing factors for the WHO’s ability to respond to the Tsunami. In April 2005, a Joint Review Mission ECHO-WHO to Sri Lanka and Banda Aceh concluded that a combination of 6 factors made the response appropriate:

1. **Surge**: The HAC Surge team was deployed within 24 hours. At HQ and Regional level, WHO operational and technical staff were ready to be mobilized and more than 120 technical staff were deployed to the region;

2. **Standard Operating Procedures**: The WHO had clear **plans and procedures** for the holiday season for crises responses. These procedures were set out in an operation manual for the holiday period, with contact details of people on call, administrative and financial arrangements as well as guidance on -among other things- how to deal with information management, communication and media;

3. **Pre-positioning of stocks**: Medical supplies for 2 million people, cholera kits for a million and emergency health kits were deployed;

4. **Co-ordination with other stakeholders**: Co-ordination in the health sector was ensured from the very beginning with Ministries of Health, the UN agencies and NGOs;

5. **Co-ordination within the WHO**: The Communicable Disease Surveillance and Response and the Global Outbreak Alert and Response Network played a key role. However, it was important that the HAC department had already worked with the WHO technical departments prior to the Tsunami to reinforce their capacity to respond to crises;

6. **Rapid Response Funds**: The availability of rapid response funds through the WHO revolving fund.

Building on the above, the Joint Review Mission recommended several aspects for improvement: 1. Standard procedures for deployment of surge staff, drawing on a roster of qualified staff ready to be deployed within 72 hours. 2. Standard operating procedures to be developed, clarified and promoted bringing together the different layers of the WHO in crisis situations. 3. The design and pre-positioning of different types of rapid response kits. 4. Logistic and administrative systems, including transport, communication, delegation of authority. 5. The initial fund to launch activities right after a crisis situation occurs (Rapid Response Fund) needs to be increased.
1.3. - **Target population and regions concerned**:

Funding under this decision will benefit many organisations - from national and local authorities to UN system agencies, national NGO groups, international NGOs, the Red Cross movement and other stakeholders in the health sector working in humanitarian crises. Indirect beneficiaries of this programme are communities and people potentially and actually affected by the health consequences of crises (up to 20 million people).

The objectives under this decision will cover the least developed countries in humanitarian crisis, with specific emphasis on countries with high humanitarian needs and the highest health emergency risks, especially in the most vulnerable region, sub-Saharan Africa. ECHO will put specific focus on close monitoring in the following priority countries: South Sudan, Uganda, DRC, Ethiopia, Burundi, Nepal and Tajikistan. These are countries where ECHO is not supporting the HAC programme with geographical funding but where ongoing EC funded health programmes will benefit from the WHO Health Action in Crises programme.

1.4. - **Risk assessment and possible constraints**:

A significant constraint for the implementation of this programme is the continuing political instability in most of the countries where the HAC Department will be active, often entailing the deterioration and weakening of governance capacity. Insecurity and difficulties in deploying international staff are seen as two additional constraints. The HAC programme will have to take the necessary measures to ensure speedy deployment of staff.

The WHO's ability to perform these functions depends on having skilled and experienced staff in country, properly supported by regional offices and headquarters, all working towards the same standards of organisational performance before, during and after humanitarian crises. The willingness of stakeholders to co-operate and actively participate in co-ordination meetings is vital.

Very often stakeholders consider that a strong WHO, responding to humanitarian crises and well co-ordinated with other UN humanitarian agencies, imperils the special relationship between the WHO Secretariat and the national Ministry of Health in a crisis-affected or crisis-prone country. On the other hand, this privileged relationship -in some settings- is perceived rather as a liability, with the WHO seen as an agency that is overly close to the Ministry of Health and local authorities, and its operational independence is compromised. It is therefore important for the WHO recognise that humanitarian aid must sometimes stand alone and defend the humanitarian imperative.

There are external and internal risks which could jeopardise the WHO’s ability to deliver the anticipated outcome. ECHO will consider this second year as a consolidation phase of acquired results, which, if successful in priority countries, may be extended to other countries. While the European Commission acknowledges the challenge posed by this ambitious programme, it also takes the view that the benefits expected are substantial. Given the progress made during the last year and given the fact that ECHO can ensure monitoring through its network of field experts, the risks are estimated to be acceptable.
2 - Objectives and components of the humanitarian intervention proposed:

2.1. - Objectives:

The principal objective of this decision is that the humanitarian response to health emergencies is strengthened in a timely, effective and efficient manner and in cooperation with all the stakeholders, thus reducing avoidable loss of life, burden of disease and disability.

The specific objective is to save and preserve life by strengthening WHO’s capacity to prepare for and respond to health problems during humanitarian crises through support to its Health Action in Crises programme.

2.2. - Components:

In late 2003, the WHO developed a new strategy for Health Action in Crisis (HAC). This strategy provides for reinforcement of the WHO’s capacity and improvement of performance within countries in crisis situations. Ensuring an increased field presence and coordinating the different WHO Departments in Regional Offices and Headquarters should lead to better interaction in emergencies in the health sector. Within the WHO, HAC is fundamentally a service department with the task of creating a base from which many different WHO Departments- in the Regional Offices and Headquarters- can interact with other people working in crisis situations. For instance, the WHO/Department of Communicable Disease Surveillance and Response (CSR) is working with HAC to provide technical and operational support on communicable diseases control to NGOs, MOH and other partners through the Office of Alert and Response Operations (AROps). AROps has three teams working, and generating in a synergy, both within and outside the programmes to ensure a comprehensive WHO response to public health emergencies such as disease outbreak.

Through this funding decision, the EC will contribute to the following components of the HAC programme:

- A consolidated HAC presence at field level, effectively implementing the four core functions: a) assessment of health needs of populations affected by crises; b) coordination of the response in the health sector; c) ensure that critical gaps in the response are rapidly identified and filled; d) build up capacity of national/local health systems for preparedness and response. The WHO developed benchmarks during the first year of this programme in order to ensure an effective implementation of these four functions. They translate into 8 key tasks which were reviewed in some priority countries during the first year of implementation of this programme: Facilitation of coordination of the health sector in cooperation with the MOH structures; Management, analysis and dissemination of Health Information; Emergency disease surveillance and early warning for epidemic prone diseases; Role of the WHO as a
reference for public health matters, as advisor as source of soundly and broadly based technical expertise; Role of the WHO as a promoter of reflection on priorities in the health sector and orientation of the broader health community in the appropriate direction; Capacity building of MOH authorities and non governmental groups, keeping in mind the guarantee of the rapid delivery of services; Ensuring that no serious gaps in the health sector are left unidentified or unidentified and unfilled.

ECHO will continue to support HAC staff in inter-country offices, to provide technical advice in their areas of expertise; ensure coordination; manage inter-country interventions; reinforce country offices or sub-offices when needed during crises and monitor and report on programme implementation.

- **A stronger global and regional organisational capacity leading to improved programme management, technical surge capacity and disease outbreak response:** During a session in May 2005, the World Health Assembly adopted a resolution requesting the WHO, inter alia, to improve its ability to provide operational and logistical capacity to Member States faced with public health crises. As a result, WHO Operations Support Team within HAC set the objective of providing timely, effective and high quality support and advice to the WHO's response to a crisis. To this end, the team will work on the following five priorities:

1. Procedures - WHO wide emergency standard operating procedures.
2. People- A roster of experts and staff rotation ensuring the Surge capacity.
3. Preparation- A five day residential field operations training course linking with UNHCR/WEM, ICRC/HELP and UNDAC.
4. Partnerships - Agreement with key operational agencies and donors for practical in-kind support.
5. Prepositioning - Immediate access to a stock of prepared and pre-positioned equipment and supplies.

Under this funding decision WHO will strengthen and update its Standard Operating Procedures (SOP). In this context, SOP for Surge deployment will be developed, creating a roster of qualified experts to be deployed to crisis-affected areas within 72 hours of receipt of any request for assistance from a Member State or Country Office.

- **A consolidation of technical inputs for WHO’s crisis work and the improvement of field level capacity through training and briefings:** Year two of the thematic funding will also be used to further involve and bring on board WHO technical departments in crisis work. Internal workshops in the field of mental and environmental health, communicable and non-communicable diseases and essential drugs will take place for emergency contexts. Technical guidance and/or learning modules which can be used in training events at field level or through self-learning tools will be produced.

Furthermore, WHO is planning to undertake the following training courses: Managing Health Information in Crises, Developing and Managing Crises Health Projects, with a particular emphasis on the Consolidated Appeal Process, Country Induction Briefings and Field Operations Training to prepare key staff for response to ad hoc emergencies. A total of around 8 training courses will take place, involving more than 400 humanitarian staff.

**3 - Duration expected for actions in the proposed Decision:**
The operation funded under this decision has been designed to last one year to achieve the expected results. Therefore, including the time for adequate preparation for the fairly complex operations, the duration for the implementation of this decision will be **15 months**. Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 01 November 2005.

Start Date: 1<sup>st</sup> November 2005.

If the implementation of the actions envisaged in this Decision is suspended due to **force majeure** or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

4 - Previous interventions/Decisions of the Commission within the context of the current crisis

In 2004, the EC adopted its first thematic funding decision for the benefit of the WHO and the contribution agreement ECHO/THM/BUD/2004/02001 was concluded (€3.5M).

The initial results of this first year of thematic funding are positive, mainly because of a strong WHO-HAC management commitment to make this programme a success, and due to the close involvement of ECHO in the monitoring of the programme. ECHO is satisfied with WHO collaboration and the high degree of transparency. Within a short space of time, many results have been achieved and programme implementation is on track. **Five Joint Review Missions** between ECHO and the WHO have taken place in Sudan (Darfur), DR Congo, Chad, Sri Lanka and Indonesia (Banda Aceh). The Joint Review Missions have been a very positive feature of this thematic funding programme for the technical support component they brought with them.

Findings of the above missions were discussed between ECHO and the WHO in a Review Meeting on 30 May 2005 and the consensus on the way forward formed from that occasion constitutes the basis of the current proposal.

The following is a summary of the above consensus: it was agreed that in some countries, the HAC has been able to deploy its core functions and the credibility of the HAC is established (e.g. Banda Aceh and Chad); in other countries the HAC has laid the foundation of the core functions which now have to be improved in quality and depth (e.g. Darfur and Uganda); in some countries, there is hardly anything noticeable and the HAC is still in its initial stages (e.g. DRC). More specifically, the Democratic Republic of Congo is considered a “problem” country within HAC. ECHO has suggested that HAC concentrate on humanitarian issues in the crisis area (with IDPs) rather than trying to cover all aspects of the so-called transition of the health sector, in order to increase HAC presence in many more places in the country and to involve donors as partners in the process. The key issue at this stage is to identify the
“problem” countries and focus on those, while at the same time improving or maintaining the quality of the work in the more successful countries.

A series of required improvements have been agreed upon with the WHO:

- Improve knowledge on HAC and EHA by health stakeholders;
- Make partners, donors and authorities more aware of the difficult position WHO is in towards the MOH and towards the implementing partners, and undertake steps to ensure greater operational independence in settings such as Darfur;
- More field (sub-office) orientation – the capitals are often getting more attention;
- Improve procedures and techniques of how co-ordination platforms are organised - to become more action oriented;
- Improve technical quality of surveillance systems – to become more population based;
- Procedures and quality of the laboratory diagnostic back-up chain varies between countries and will be improved;
- Capacity building is to be delivered in a way that does not hamper the rapid delivery of services;
- Improve monitoring of distribution of health kits and other relief items;
- Address gaps left in some countries: mental health, management of medical supplies and donations;
- Improve living conditions and stress management of WHO staff in difficult working environments;
- And most importantly, improve internal procedures since delayed deployment of staff and cumbersome internal procedures and bureaucracy have in the last year hampered project implementation.

Furthermore, a solid institutional backup of the entire WHO is required in order to provide appropriate technical guidance and up-to-date knowledge at field level. For this, HAC needs to involve key technical departments and start work by addressing specific technical issues such as the improvement of the quality of surveillance systems or procedures and quality management of the laboratory diagnostic back up chain.

Investment into induction briefings and other training, aimed at bringing entire WHO field offices and Regional Offices on board, are indispensable. Training needs to focus on improving procedures and techniques for action oriented co-ordination.

5 - Other donors and donor co-ordination mechanisms.

A Technical Forum for Health Action in Crises was established by the WHO in 2004 in order to provide a place for dialogue on technical questions. The aim of the Technical Forum is to bring together internal and external stakeholders and to lead a structured discussion that can contribute towards a clearer definition of the WHO's technical and coordination role and facilitates expert meetings on technical issues like malaria treatment protocols. At the same time, a Donor Contact Group was established which brings together representatives of governments that contribute towards WHO humanitarian activities in order to review progress under the Performance Enhancement Programme, and to discuss operational issues.

Internally, the WHO has established a Global Steering Group consisting of the Representative of the Director-General, the Performance Enhancement Programme Manager, and all six Regional Focal Points. The main role of this group is to advise, guide and make collective decisions in the following areas: programme planning and implementation,
resource allocation, recruitment, supervision and performance appraisal of staff and programme monitoring and evaluation.

ECHO will monitor the programme in selected countries with its network of field experts and regional support offices. Joint Evaluation missions between ECHO and WHO will continue to take place. At headquarters, quarterly meetings with WHO will review the programme. This programme should maximize coordination and will be implemented in accordance with the Strategic Partnership for Development between the WHO and the European Commission.

The WHO-HAC programme also receives funding from donors such as the UK's DFID or Swedish SIDA. In fact, last year's ECHO thematic funding mainly focusing on Africa was complemented by un-earmarked donations from the above donors, making the Performance Enhancement Programme a global programme. Recognising the longer-term implications of this programme of institutional change, donor contributions have a duration of two and three years respectively. Therefore, ECHO considers that continuity of its own support for the WHO is a prerequisite for the success of the endeavour.

In recent years, the WHO has experienced a rapid increase in the amount of extra-budgetary funds that are channeled through it by the international community for emergency operations. From just above USD 10 million in 1998, contributions rose to around 33 million in 2002, 62 million in 2003, and more than 101 million in 2004. For 2005 and 2006 incomes in the range of 120 million to 160 million are expected. Since 2004, these figures include a new strand of funding mobilized under the HAC Performance Enhancement Programme. Instead of contributing towards health activities in a specific, geographically-limited setting, contributors (so far DFID, SIDA and ECHO) provide funding for the global HAC programme. This strand of funding over the last 12 months attracted approximately USD 10 million. Due to the positive outcomes of a first round of field reviews, the programme is to be enlarged to an envelope of around USD 13-15 million in 2006.

Apart from the support of some donors for the HAC, the WHO also receives substantial funding for emergency response activities from a number of partners, among others the EC and various EU Member States. The complete picture for 2004 was as follows:

**Main Donors for 2004 WHO Emergency Activities**

<table>
<thead>
<tr>
<th>Donor</th>
<th>TOTAL in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iraq Trust Fund (UNDP administered)</td>
<td>54,625,610</td>
</tr>
<tr>
<td>UK</td>
<td>13,947,911</td>
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<tr>
<td>European Commission</td>
<td>14,118,478</td>
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<tr>
<td>Italy</td>
<td>2,589,444</td>
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<tr>
<td>Sweden</td>
<td>1,933,479</td>
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<tr>
<td>Norway</td>
<td>2,620,753</td>
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<tr>
<td>Netherlands</td>
<td>3,048,000</td>
</tr>
<tr>
<td>Japan</td>
<td>2,037,589</td>
</tr>
<tr>
<td>Others8</td>
<td>6,157,956</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>101,079,220</strong></td>
</tr>
</tbody>
</table>

8 This category includes –in alphabetical order- the following donors with contributions ranging from USD142,000 to USD1.57 million: 
African Development Bank, the African Union, AGFUND, Australia, Belgium, Canada, Czech Republic, Finland, Ireland, OCHA, Portugal, Private Donors, the Republic of Korea, the United States of America, Venice City Council and WHO
6 - Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: EUR 4,000,000

6.2. - Budget breakdown by specific objectives

<table>
<thead>
<tr>
<th>Principal objective</th>
<th>Specific objectives</th>
<th>Allocated amount by specific objective (EUR)</th>
<th>Geographical area of operation</th>
<th>Activities</th>
<th>Potential partners</th>
</tr>
</thead>
</table>
| The principal objective of this decision is that the humanitarian response to health emergencies is strengthened in a timely, effective and efficient manner and in cooperation with all the stakeholders, thus reducing avoidable loss of life, burden of disease and disability. | Specific objective 1: To save and preserve life by strengthening WHO’s capacity to prepare for and respond to health problems during humanitarian crises through support to its Health Action in Crises programme. | 4,000,000 | Global with a specific focus on South Sudan, Uganda, DRC, Ethiopia, Burundi, Nepal and Tajikistan. | - Recruitment of specialist staff (110 man months) and their briefing.  
- Staff performing activities in line with WHO core functions.  
- Setting-up of roster of response experts and staff rotation systems.  
- Update of Standard Operating Procedures at all levels.  
- Quality assurance activities such as the maintenance of monitoring systems and joint field visits.  
- Identification of key supplies and equipment required for “surge” teams.  
- Procurement and maintenance of stocks of rapid response equipment.  
- Setting-up response fund and management of disbursements.  
- Outbreak response activities.  
- Regular exchange of information and joint planning with NGO partners and other international and UN organisations.  
- Events and activities to further integrate HAC functions into the work of technical departments.  
- Continuation of HAC Technical Forum.  
- Organisation and facilitation of at least 5 field-level events, training a total of at least 150 persons (WHO staff and partners) in crisis specific health issues.  
- Organization of 1-2 Inter-regional workshops on disaster preparedness and/or surge capacity.  
- Organisation and facilitation of at least 1 expert meeting on crisis recovery and transition.  
- Development and printing of a field manual on co-ordination and the implementation of the “4 functions”.  
- Survey on NGOs and partners’ satisfaction with WHO services. | - WHO - OMS |

TOTAL: 4,000,000
7 - Evaluation
Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:


8 - Budget Impact article 23 02 01

<table>
<thead>
<tr>
<th>Budget Impact article 23 02 01</th>
<th>CE (EUR)</th>
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<tbody>
<tr>
<td>Initial Available Appropriations for 2005</td>
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<tr>
<td>Supplementary Budgets</td>
<td></td>
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<tr>
<td>Reinforcement from Emergency aid reserve</td>
<td>100,000,000</td>
</tr>
<tr>
<td>Transfers Commission</td>
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<tr>
<td><strong>Total available appropriations</strong></td>
<td><strong>573,000,000</strong></td>
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<tr>
<td>Total executed to date (as at 25/07/2005)</td>
<td>457,756,370</td>
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<td>Available remaining</td>
<td>115,243,630</td>
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<td><strong>Total amount of the Decision</strong></td>
<td><strong>4,000,000</strong></td>
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</table>

**Payment Schedule**

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount EUR</td>
<td>3,200,000</td>
<td>0</td>
<td>800,000</td>
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</table>
COMMISSION DECISION

on the financing of humanitarian operations from the general budget of the European Union to strengthen the humanitarian response to health emergencies, through thematic support for the WHO

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid 10, and in particular Article 15(2) thereof,

Whereas:

(1) Over the last decade, humanitarian activities in the health sector have more than tripled due to the increase in the number and complexity of humanitarian emergencies;

(2) Conflicts and disasters increase the risks of communicable disease outbreaks and an effective preparation, surveillance and detection to provide early warning is important to prepare a well-implemented and professionally-managed response;

(3) Epidemics can challenge national health systems, have a major impact on morbidity and mortality, disrupt economic activity and development, and because of their potential to cause large numbers of deaths and widespread social disruption, are causes of humanitarian emergencies in themselves;

(4) Despite considerable efforts, most of the humanitarian community recognises that there are still gaps in the response to health emergencies, in terms of assessing the situation, developing response strategies, convening partners, establishing joint action, identifying gaps and making sure they are filled;

(5) There is a broad consensus within the humanitarian community that the WHO has an important role to play in the health sector in humanitarian crises in terms of strengthening information management systems, reinforcing coordination of stakeholders, improving emergency preparedness and responding to health problems during humanitarian crises;

(6) Within this changing and ever more complex context, the WHO has sought to strengthen its emergency capacity and be a more predictable and consistent partner in its response to health emergencies and has developed the Health Action in Crises programme;

(7) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 15 months;

(8) It is estimated that an amount of EUR 4,000,000 from budget line 23 02 01 of the general budget of the European Union is necessary, to enhance, through WHO, the humanitarian response to health emergencies, taking into account the available budget, other donors' contributions and other factors;

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 4,000,000 to strengthen the humanitarian response to health emergencies, through thematic support for the WHO, by using line 23 02 01 of the 2005 general budget of the European Union.

2. In accordance with Article 2 (a) of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objective:

- save and preserve life by strengthening WHO’s capacity to prepare for and respond to health problems during humanitarian crises through support to its Health Action in Crises programme.

The total amount of this decision is allocated to this objective.

Article 2

1. The duration for the implementation of this decision shall be for a maximum period of 15 months, starting on 01 November 2005.

2. Expenditure under this Decision shall be eligible from 01 November 2005.

3. If the operations envisaged in this Decision are suspended owing to force majeure or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

Article 3

This Decision shall take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission