



World Health
Organization

WHO's Six-Year Strategic Plan to Minimize the Health Impact of Emergencies and Disasters

2014-2019



© World Health Organization 2015

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Designed by North Creative, Geneva, Switzerland.

Printed by the WHO Document Production Services, Geneva, Switzerland.

WHO/PEC/ERM/ERX/2015.6/STR



Table of Contents

1. Introduction	2
2. Changing environment	3
3. Vision, mission, and values	5
4. Objectives: Build, Deliver, Lead	6
5. The programme of work	7
6. Prerequisites for success	10
7. Global targets and milestones	11
8. Accountability	12
9. Conclusion	12



1. Introduction

Every year hundreds of millions of people worldwide are affected by emergencies and disasters¹ due to natural and man-made hazards. These events often have devastating impacts on human health, causing hundreds of thousands of deaths, and illness and injury for millions of others. They damage health infrastructure, disrupt health systems, and severely affect the delivery of health services. A single disaster can set back development gains by many years, and prevent countries from reaching a range of health targets.



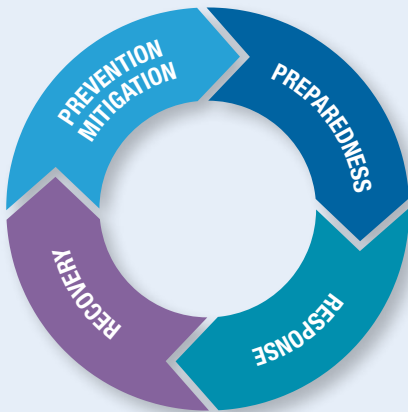
Today the scale of humanitarian need worldwide is the greatest ever recorded. A 2015 overview has estimated that 80 million people require humanitarian assistance,² with costs of providing it estimated at \$17.9 billion.³ Between January 2013 and July 2014, WHO declared six Grade 3 emergencies, the highest level of emergency response for WHO, as described in its Emergency Response Framework (ERF).⁴

Statistics often obscure the impact that emergencies have on people's lives, livelihoods, and dignity. The personal losses, the emotional and psychological impact, and the disruptions of communities and families can never be quantified – or adequately conveyed. Emergencies expose human vulnerabilities and the violations of human rights which often follow, along with stigmatization and exclusion. Fortunately, emergencies also draw forth the resilience and resourcefulness of individuals, families and communities, and these capacities are the main assets for withstanding the shocks associated with emergencies.

The purpose of this document is to outline how WHO contributes to the reduction of death, illness and disability from emergencies while promoting the wellbeing and dignity of those affected.

1 The United Nations International Strategy for Disaster Reduction (UNISDR) defines a disaster as “a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources”. UNISDR, Terminology on Disaster Risk Reduction 2009.
2 OCHA: Global Humanitarian Overview 2015.
3 Source: OCHA at <http://www.unocha.org/data-and-trends-2014/>
4 Central African Republic, Iraq, Philippines, South Sudan, Syrian Arab Republic, West Africa Ebola outbreak.

2. Changing environment



Developments over the last 10 years are reshaping emergency work, with substantial implications for WHO and its development and humanitarian partners. Stakeholders are adapting their approaches across the emergency management cycle – from *prevention and mitigation* to *preparedness, response and recovery*. They are renewing their focus on capacity development of Member States and local partners using an all-hazards approach to emergency and disaster risk management (EDRM).



Expanding humanitarian need

There has been a significant increase in the frequency of emergencies due to natural and technological hazards over the last 50 years. More than 700 major events were reported annually over the last decade during which the total number of people affected by such events quadrupled to 270 million people annually.^{5,6} Current trends – including climate change, rapid urbanization, and population and demographic shifts – are increasing the exposure of populations to many hazards, and increasing the frequency and magnitude of resulting emergencies. There has also been an increase in complex, conflict-related emergencies such as in the Syrian Arab Republic, Iraq, South Sudan, and the Central African Republic, resulting in record-breaking numbers of refugees and internally displaced people in need of humanitarian assistance.

Risk management approach

While the number of people affected by emergencies has increased substantially in the last ten years, the number of deaths – approximately 120,000 annually in recent years – has actually decreased.⁷ This is largely due to the application of an all-hazards approach to risk management that aligns the preparedness, planning and response to emergencies and that includes specific measures that can reduce both the probability and consequences of specific hazards. Emergency and disaster risk management for health (EDRM-H) includes measures aimed at preventing or mitigating negative public health consequences (e.g. safe hospitals), reducing exposure to hazards (e.g. safe water supply), minimizing vulnerabilities (e.g. vaccinations), strengthening local capacities for response and recovery (e.g. mass casualty response plans), and building resilience (e.g. family planning and community health care).

Increasing protection concerns, including attacks on health workers

Most of today's conflicts are associated with widespread human rights abuses and violations of international humanitarian law. Civilians are often the primary victims. They are exposed to abuses such as physical and sexual violence, arbitrary detention and imprisonment, intimidation, and forced displacement. Of particular concern is the increased targeting of humanitarian staff and attacks on health workers, health facilities, and patients. These attacks severely inhibit access and the right to health care, and weaken health systems. They increase

5 International Federation of Red Cross and Red Crescent Societies (2012). World Disasters Report, 2012.

6 This total represents an average for the decade 2003 – 2012. There can be substantial year-to-year variances in these figures.

7 Centre for Research of the Epidemiology of Disasters. Natural disaster trends. <http://www.emdat.be/natural-disasters-trends>



the risk of working in these environments, they also add to related operating costs, and they require additional expert capacity (e.g. negotiating access).

Humanitarian reforms

These growing humanitarian needs and concerns, as well as the underperformance of the humanitarian community in several major emergencies, have led to substantial humanitarian reforms by the Inter-Agency Standing Committee (IASC) between 2005 and 2011. These reforms, including the Transformative Agenda (TA) of 2011, have resulted in a stronger commitment to collective action, improved humanitarian leadership and coordination, strengthened accountability to affected populations, early action based on early warning, and increased support to government-led recovery programmes.

WHO's reforms

WHO has taken substantial steps to adapt and align with this changing environment. The World Health Assembly and Regional Committees have passed important resolutions affirming WHO's emergency work;⁸ new structures and systems have been established; improved response systems developed (e.g. Emergency Response Framework, emergency surge mechanism), and a greater emphasis given to building the capacities of Member States in EDRM-H. WHO has repositioned itself to play a leading role in interagency bodies such as the IASC, the International Strategy for Disaster Reduction (ISDR) and the Capacity for Disaster Reduction Initiative (CADRI). Two important steps were taken at WHO headquarters in 2014. First, the Global Health Cluster (GHC) was strengthened by the establishment of a GHC Unit with a more operationally-focused strategy and a renewed commitment to collective action. Second, a secretariat for the Foreign Medical Teams Programme was also set up. WHO's General Programme of Work for 2014 – 2019 includes "emergency preparedness, surveillance and response" as one of six categories of work. This reaffirms WHO's prioritization of emergency work and its status as a technical, operational and humanitarian agency.

3. Vision, mission and values

The core elements of the six-year strategic plan are captured in WHO's vision, mission and values.

VISION	Collective action to minimize the health impact of emergencies and disasters
MISSION	WHO builds the capacities of Member States to manage risks of emergencies and to minimize their health impact. When national capacities are overwhelmed, WHO leads and coordinates the international health response to provide effective relief and recovery to affected populations.
VALUES	The following five values underpin all of WHO's emergency work:
▶ Humanitarian principles	<p>The fundamental humanitarian principles – humanity, impartiality, independence, neutrality – are central to WHO's emergency work. The humanitarian imperative of saving lives and relieving suffering supersedes all other considerations. WHO commits to acting impartially at all times – providing aid solely on the basis of need and not on any political, social, or cultural considerations. As a Member State organization with close ties to government, WHO does not always have as much operational flexibility as other humanitarian agencies. When this reality risks compromising the humanitarian principles, WHO will cede its responsibilities to partners who are less constrained to act. Ultimately, striving to maintain and improve people's health, well-being and dignity drives all of WHO's emergency work.</p>
▶ Partnership	<p>WHO's success is dependent on the work of many external partners that are also dedicated to improving the health and well-being of populations affected by emergencies. Each organization brings its own added value to emergency work based on its comparative advantages. WHO's comparative advantages are articulated in its six core functions related to global health: (1) <i>technical support and capacity building</i>; (2) <i>leadership</i>; (3) <i>setting norms and standards</i>; (4) <i>shaping the research agenda</i>; (5) <i>articulating policy options</i>; and (6) <i>monitoring health trends</i>. As a technical, operational and humanitarian organization, WHO brings these core functions to bear in its emergency work. Other health partners bring additional and complementary capacities required to provide health services, gather and share data, train health workers, and apply health standards. Recognizing that through collective action we optimize our effectiveness, WHO prioritizes the broadening and strengthening of its partnerships at all levels. For maximum results, this embraces Member States, civil society, partners within and external to the IASC and the Global Health Cluster, the ISDR and CADRI, and donors. Recognizing the impact of other sectors (such as water and sanitation, food, nutrition, protection, shelter, and education) on health outcomes, WHO also partners closely with them to strengthen linkages and collaboration in EDRM-H and humanitarian response.</p>
▶ Quality	<p>WHO is dedicated to delivering high-quality emergency programmes. Robust, evidence-based programme design and management is the starting point for effective implementation. WHO actively promotes best practices, standards (e.g. The Sphere Project's Minimum Standards in Humanitarian Response), technical guidance, and quality of care across all of its emergency activities. Ongoing cross-Organizational collaboration is vital to bringing the full weight of WHO's technical capacities to its work in EDRM-H and humanitarian response.</p>
▶ Gender and vulnerability sensitivity	<p>Certain groups are more vulnerable to the health consequences of emergencies, due to various public health and socio-cultural factors. Women and girls are at special risk, particularly in settings of conflict. Ensuring that they have ready access to sexual and reproductive health services (e.g. emergency obstetric care) and are protected from gender-based violence are humanitarian response priorities. The vulnerabilities and special needs of other groups, such as children, the elderly, the disabled, those living with HIV, and ethnic or religious minorities, must also be considered and included in the design and implementation of EDRM-H programmes and humanitarian response operations.</p>
▶ Accountability	<p>WHO's primary accountability is to the populations it serves, but also to Member States, partners and donors. WHO demonstrates this accountability primarily through evidence-based programming: ensuring its programmes are informed by joint assessments, continuously monitored, and improved by remedial action. WHO strengthens accountability by clarifying roles and responsibilities, maintaining a risk register, and promoting transparency, feedback and participation.</p>

4. Objectives

This strategic plan is based on three Organizational objectives:

Minimum health impact of emergencies

Objective 1

BUILD the capacity of Member States to manage the risks of emergencies and disasters to mitigate their health consequences.

Objective 2

DELIVER effective humanitarian response and health cluster leadership in acute and protracted emergencies.

Objective 3

LEAD and coordinate global efforts for EDRM-H and humanitarian health action.

Prerequisites for success

5. The programme of work

For each objective, WHO implements a programme of work that is translated every two years into a biennial Programme Budget and workplan at the three levels of the Organization. The components of this programme of work are detailed below.

Objective 1

BUILD the capacity of Member States to manage the risks of emergencies and disasters to mitigate their health consequences.

WHO works with Member States to strengthen capacities for EDRM-H using an all-hazards approach, in close collaboration with colleagues working in health systems and in other disciplines. Basic health system strengthening measures are highly effective in mitigating the health impact of emergencies and disasters. For example, high baseline coverage rates for essential health services improve overall health status and thereby contribute to community resilience. To meet objective 1, WHO will prioritize the following areas of work:

▶ Assessing risks and capacities

Identification of major hazards, exposures, vulnerabilities and capacities is essential for prioritizing EDRM-H activities. WHO develops and disseminates guidance and tools for risk and capacity assessments, provides technical assistance, and contributes to the analysis and application of the results.

▶ Preparing for response across all hazards

Based on the results of the national risk and capacity assessments, WHO supports Member States in the development of EDRM-H programmes and plans. These integrate the requirements of the International Health Regulations (IHR)⁹ and focus on strengthening policies and legislation, planning and coordination mechanisms, human resources, information management, logistics, financing, and community-level capacities. WHO provides technical guidance and tools for the integration of health into emergency response plans at national and sub-national levels, and for the strengthening of emergency public health and medical response capacities (e.g. ambulance systems, mass casualty response plans). WHO clearly communicates to Member States its obligations under the Emergency Response Framework (ERF), as Lead Agency of the Health Cluster, and as custodian of IHR. WHO supports the regular testing of preparedness capacities and response plans.

▶ Implementing the Safe Hospitals Initiative

Health sector infrastructure and health service provision are among a community's most important assets, but are at risk of damage and disruption following emergencies and disasters. Hospitals and other health facilities must be safe and operational during emergencies and capable of safely managing any additional patient burden. Building on a strong Safe Hospitals Programme in several regions, WHO will expand its technical support to Member States for safer hospitals and clinics, particularly in high-risk countries.

▶ Integrating health into national EDRM priorities

The health sector is often under-represented and lacks influence in national multi-sectoral EDRM programmes, which are usually led by a National Disaster Management Agency (NDMA). Strong representation and advocacy can position health effectively within policy, planning, and resource allocation dialogues, and during response coordination. WHO supports Ministries of Health to advocate for health in these multi-sectoral programmes, and for health indicators to be included in the related monitoring systems. As appropriate, WHO convenes government agencies and partners to facilitate this process.

⁹ The International Health Regulations (IHR) are an international treaty through which signatory countries have committed to develop core capacities for the early detection, assessment and rapid response to public health risks and emergencies with potential for international spread. The scope of the IHR covers biological, chemical and radiological/nuclear hazards. WHO is the custodian of the IHR.

Objective 2

DELIVER effective humanitarian response and health cluster leadership in acute and protracted emergencies.

As a technical, operational and humanitarian Organization, WHO stands ready to respond to emergencies in support of Member States. To meet objective 2, WHO will prioritize the following areas of work:

1 Maintaining readiness of all WHO offices

WHO builds, maintains, monitors and reports on emergency readiness levels in all its offices worldwide using standardized procedures and checklists. WHO strengthens its surge capacities by developing and maintaining Stand-By Agreements and other partnership arrangements (including through the Global Health Cluster (GHC) and the Foreign Medical Teams (FMT) Programme), maintaining rosters and standard operating procedures, conducting trainings and exercises, and securing rapid response funds. WHO also procures and manages emergency kits, essential medicines, vaccines and health supplies for pre-positioning and rapid deployment.

2 Responding collectively in a timely and effective manner

Member States have the primary responsibility for responding to emergencies. But when national response capacities are overwhelmed, WHO leads and coordinates the international response. In acute and protracted emergencies, WHO leads and coordinates health sector partners, leads the Health Cluster when activated, coordinates incoming Foreign Medical Teams, promotes the quality and coverage of health interventions, provides situational information, and delivers priority life-saving health services as required. To increase international capacities to respond, WHO catalyzes collective action by tapping partners including those of the GHC, FMT Programme, Standby Partners, and others. WHO always applies a long-term approach that emphasizes recovery, resilience and linkages to development actors and programmes. In countries with large refugee populations, WHO works to reinforce national health care systems to handle the additional patient burden.

Objective 3

LEAD and coordinate global efforts for EDRM-H and humanitarian health action.

WHO plays an important global leadership role in EDRM and humanitarian response: hosting and managing key health partnerships, representing the health sector in multi-sectoral bodies, convening partners to address policy and technical gaps, and advocating for relevant public health issues. To meet objective 3, WHO will prioritize the following areas of work:

1 Leading the Global Health Cluster (GHC) partnership

WHO's role as Global Health Cluster Lead Agency is a critical responsibility. In 2014, WHO established a Global Health Cluster Unit to oversee the development and expansion of the partnership. The increase in humanitarian needs has not been met with a concomitant increase in global capacities for humanitarian health action. This has been most evident in the responses to the crises in the Syrian Arab Republic, Central African Republic, Iraq, and South Sudan. WHO works with the GHC partnership to expand and strengthen these global capacities by increasing the number of GHC partners, advocating for more health actors in humanitarian settings, particularly for secondary health care, aligning global surge mechanisms, promoting joint analysis and planning to address gaps in health service coverage, and pushing for stronger technical support from all partners to their country-level staff to ensure appropriate quality and standards of healthcare.

2 Leading the Foreign Medical Teams Programme (FMT)

To further strengthen global capacities for humanitarian health action, WHO hosts the secretariat of the global FMT Programme. The Programme has already developed standards and a classification system for FMTs and will soon establish a global registry. It will also coordinate the rapid identification and deployment of FMTs, especially for sudden-



onset emergencies, strengthen their in-country reception and coordination, and provide guidance for governments on how to receive and integrate FMT into national emergency responses. The Programme aims to integrate FMTs increasingly into international responses to protracted and public health emergencies.¹⁰

➤ Producing technical guidance and standards to promote quality programmes

WHO will continue to identify and address normative gaps in the areas of EDRM-H and humanitarian health action. Areas for which improved normative guidance are required include a national policy framework for EDRM-H, the management of noncommunicable diseases in emergencies, health interventions for drought and food-insecure situations, and clinical management of sexual and gender-based violence in humanitarian situations. WHO will convene partners to develop these and other technical documents based on lessons learned and the recommendations of joint evaluations. WHO will also produce a series of updated fact sheets and guidance notes on public health issues related to the major hazards and an updated handbook on public health in emergencies.

➤ Making available health intelligence and analysis to guide programmatic decisions

WHO will continue to build its capacities to collect and analyze health information to assist with decision-making for effective emergency programmes, technical prioritization, accountability to affected populations, resource mobilization, as well as promoting WHO's profile and linkages with partners and other stakeholders.

➤ Actively engage in the Inter-Agency Standing Committee

Within the IASC, WHO ensures that the health sector is fully represented during policy dialogues, guidance and protocol development, operational assessments and reviews, and mechanisms to enhance collective service delivery.

➤ Expanding advocacy

WHO will continue to play a vital role in ensuring that the health sector is represented in major global and regional interagency partnerships, initiatives, and platforms and that health and health outcomes are positioned centrally.

As the global health agency and the Health Cluster Lead Agency, WHO has a special responsibility to regularly draw the attention of governments, donors, media, and the public to the pressing need for stronger national EDRM capacities for health and to specific health issues related to humanitarian emergencies.

WHO plays central representational and advocacy roles in other forums, such as CADRI, the Global Cluster Coordinators Group (GCCG), and the International Search and Rescue Advisory Group (INSARAG). WHO will work to ensure that EDRM-H and humanitarian health issues are clearly addressed in the post-Hyogo Framework for Action, the post-2015 Sustainable Development Goals, and the World Humanitarian Summit in 2016. WHO will continue to lead the work of the Global Platform for Disaster Risk Reduction for Health.

Finally, WHO will continue to advocate on the right to health, particularly in light of the frequent attacks on health workers, health facilities, and patients in many conflicts. WHO will also finalize and promote a methodology to better document such attacks. WHO must lend its voice more consistently to other pressing issues when they arise, such as impediments to humanitarian access for the provision of health services and the under-funding of the health sector in many emergencies and disasters.

¹⁰ FMTs were extensively deployed to support the response to the Ebola Virus Disease outbreak in West Africa, with substantial support from WHO.

6. Prerequisites for success

To achieve these three objectives, WHO requires a strong institutional foundation. The main prerequisites to success are the following:

① Core emergency staff

A strong investment in the professional development of emergency staff is the surest way for WHO to ensure the quality and effectiveness of its emergency programmes. A new staff development plan will provide opportunities for continued professional training of WHO's emergency staff including mentoring and professional guidance from senior colleagues and inter-country rotations and promotions. A group of high performers will be identified for further development, ultimately to assume leadership roles within the Organization. WHO has identified core positions in country, regional and headquarters offices and will prioritize recruitment of best-qualified staff. Key among these at country level are Health Cluster Coordinators, Emergency Officers, and Information Management Officers.

② Continuous technical support to country offices

Successful country programmes rely on strong technical support from WHO's regional offices. WHO prioritizes the hiring of additional Senior Emergency Technical Advisors who will be responsible for providing coordinated technical support to WHO's emergency programmes at country level. Advisors are responsible for supporting up to four countries each to ensure that WHO and Health Cluster priorities and plans are well designed and aligned with the Country Cooperation Strategy; that assistance on specific technical topics is provided efficiently; that programmes are monitored for meeting their objectives; that corrective action is taken as needed; and that country-level staff receive on-going mentoring and staff development opportunities. On-going communications must be maintained between each advisor and country-level staff through regular phone calls (monthly minimum) and country visits (annual minimum).

③ Strong programme design and management

External assessments by donors and partners¹¹ have identified poor results frameworks and programme design by WHO offices as significant problems, especially at country level. These observations were confirmed by Health Cluster Coordinators at the 2013 Health Cluster Forum, where they identified access to technical guidance and training in the fundamentals of programme design and management as among their top priorities. WHO has developed and is promoting templates and technical guidance on programme design and management, and will provide training including at the annual Health Cluster Forum.

④ Information and communications

WHO is putting in place an on-line system to standardize information management related to its emergency work. This system includes standardized data collection tools and templates, recommended indicators, reporting formats, and a facility for on-line reporting, automated analysis, and report generation. An Emergency Information Network is being established across the Organization to ensure on-going exchanges, consistency and quality of data management, and systems improvements. WHO is also strengthening its communications systems to improve the quality and timeliness of its communication products. A range of communication products will be required, including regular reports on the capacities of Member States in EDRM-H, situation reports and Health Cluster bulletins for protracted and acute emergencies, public health risk communications, donor alerts, brochures, and an upgraded and comprehensive webpage with up-to-date information about progress. Active outreach to media will be crucially important, especially during the response to emergencies, based on timely and accurate information.

⑤ Improved financial and administrative procedures

WHO will update its financial and administrative procedures informed by lessons learned from recent emergencies. WHO's Standard Operating Procedures for emergency response and its e-manual are being revised to align with WHO's ongoing reforms.

⑥ Sustainable resources

WHO's core emergency programme (Emergency Risk and Crisis Management) is continually among its least-funded programme areas. However, the successful implementation of this strategy depends on sustainable, predictable core funding to ERCM globally. The recent reform of WHO's emergency programmes and its improved country-level performance have attracted the interest and support of donors. Resource mobilization will improve as we consistently demonstrate the quality and effectiveness of our country-level work in EDRM-H and humanitarian response. To build a sustainable funding source, we will continue to expand and strengthen our donor base, developing a stronger partnership with donors, and a donor advisory group, to collectively achieve common results. This will include regular donor outreach and briefings, production of essential communication products, improved media outreach, training and mentoring of staff, particularly Heads of WHO Country Offices, on resource mobilization for core funding.

7. Global targets and milestones

Objective 1

BUILD the capacity of Member States to manage the risks of emergencies and disasters to mitigate their health consequences.

OUTCOME: Countries have the capacity to manage public health risks associated with emergencies

Target from WHO's 12th General Programme of Work (GPW) and milestone:

▶ **2019 target is 80% of countries meet agreed minimum capacity requirements**

Milestone:

- A biennial report produced on the status of national EDRM-H capacities with trend analysis in 2015, 2017 and 2019.

Objective 2

DELIVER effective humanitarian response and health cluster leadership in acute and protracted emergencies.

OUTCOME: Countries demonstrate an adequate response to an acute emergency from any hazard, with an initial situational analysis and preliminary health sector response plan within five days of onset (and in protracted emergencies with a coordinated health component of the Humanitarian Needs Overview and Strategic Response Plan as per set inter-agency timelines)

Target from WHO's 12th General Programme of Work (GPW) and milestones:

▶ **2019 target is 100% of countries with acute graded emergencies and all protracted emergencies**

Milestone:

- An annual report produced on WHO's performance in acute and protracted emergencies including performance against SRP health indicators, ERF Performance Standards, and Cluster Performance Monitoring, and trend analysis.

Milestone:

- A biennial report produced on WHO's readiness capacities and trend analysis in 2015, 2017 and 2019.

Objective 3

LEAD and coordinate global efforts for EDRM-H and humanitarian health action.

OUTCOME 1: The Global Health Cluster shifts its orientation to collective, high-quality health service delivery in countries with activated health clusters

Milestones:

- Three-year GHC strategy developed in 2015.
- Annual GHC report produced beginning in 2015.

OUTCOME 2: WHO leads advocacy for the protection of the right to health care during emergencies

Milestone:

- Biennial report produced on the status of attacks on health care in 2015, 2017 and 2019.

OUTCOME 3: Countries implement the health-related priority actions of the post-2015 Framework on Disaster Risk Reduction

Milestone:

- Included in the milestone of Objective 1.

8. Accountability

Division of roles and responsibilities

WHO's power-sharing structure across three levels of the Organization requires clarity of roles and responsibilities and close collaboration to function optimally. The Organization has agreed to a clear division of labour across the three levels according to WHO's six core functions as stated earlier: technical support and capacity building, leadership, setting norms and standards, shaping the research agenda, articulating policy options, and monitoring health trends.

The division of labour between the three levels of the Organization is as follows:

- ➊ the country office is responsible for leading WHO's work with national governments and other national-level health partners; country offices regularly tap Organizational support when required;
- ➋ the regional level is the primary source of support to the country offices, ensuring the quality and effectiveness of country programmes, and monitoring performance against indicators; and
- ➌ the global level is responsible for shaping and harmonizing global programmes, positions and analytical reports, and for advocating for health.

All levels of the Organization are responsible for resource mobilization, information management, and upholding WHO's global commitments and obligations.

Monitoring and evaluation

WHO is committed to monitoring its performance and being accountable for results. Progress against indicators, deliverables and activities is tracked and reviewed on a quarterly basis and reported annually as per WHO's Organizational reporting requirements. Evaluations of WHO's emergency programmes are conducted regularly, the resulting reports are shared widely, and key recommendations applied. WHO will continue to organize and conduct evaluations of its country level programmes, including its leadership of Health Clusters, and will participate in broader inter-sectoral evaluations of humanitarian response through the operational peer reviews organized by the IASC. Most importantly, WHO will ensure dissemination of key findings among partners and work collaboratively to ensure that the lessons inform ongoing responses, and policies and technical documents as appropriate.

Assumptions and risks

Guided by WHO's policy on risk management, a detailed list of risk and assumptions underpins the success of WHO's emergency programmes and specifically this six year strategy. The list is reviewed and updated regularly through WHO's risk register.

9. Conclusion

The scale of humanitarian need worldwide today is the greatest ever recorded, and WHO and its partners have never been so severely tested. At the same time, Member States are increasingly requesting WHO's technical support as they prioritize their programmes for emergency and disaster risk management for health. By implementing this six-year strategy, WHO will continue with renewed energy and commitment to contribute to reducing the global burden of death, illness and disability from emergencies, while at the same time promoting the wellbeing and dignity of those affected.





For further information, please contact:

World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland

Telephone: + 41 22 791 21 11
Facsimile: + 41 22 791 31 11
www.who.int/disasters

WHO/PEC/ERM/ERX/2015.6/STR