



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



28th PAN AMERICAN SANITARY CONFERENCE 64th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 17-21 September 2012

Provisional Agenda Item 4.8

CSP28/13 (Eng.)

9 July 2012

ORIGINAL: SPANISH

COORDINATION OF INTERNATIONAL HUMANITARIAN ASSISTANCE IN HEALTH IN CASE OF DISASTERS

Introduction

1. The countries of the Americas have significantly boosted their response capacity to protect the health of populations affected by major adverse events. At the international level, coordination mechanisms and humanitarian assistance should complement the efforts of national health ministries in their functions as coordinating agencies for the health sector, to save as many lives as possible and protect the physical, mental, and social well-being of their populations.

Background

2. Over the years, the Directing Council of the Pan American Health Organization (PAHO) has adopted a series of resolutions to strengthen the response capacity of its Member States and improve the coordination of international health care (1-4).

3. In 1987, in resolution CD32.R10 of the 32nd Directing Council of PAHO, it was resolved:

... To endorse the recommendations approved at the Meeting on International Health Relief Assistance, held in San José, Costa Rica, 10-12 March 1986, included in Document CD32/13, particularly those recommendations regarding the need for all potential donors to consult with the health authorities of the affected country before sending health relief assistance and the need to place priority on cooperation between neighboring countries whenever additional medical personnel or resources are needed for disaster management (5).

4. In that same resolution the Director of the Pan American Sanitary Bureau is asked "In response to the need for disaster relief, to disseminate to potential donors, Member

Countries and others, ... timely and authoritative information indicating the type of health assistance that may be appropriate, as well as that which is considered unnecessary or counterproductive.”(5).

5. In 2004, through resolution CD45.R8 of the 45th Directing Council of PAHO, it was resolved:

To thank the Director and the Secretariat for the immediate and effective mobilization of disaster management experts to facilitate international health coordination and provide public health assistance to the affected countries. To urge the Director to mobilize resources to strengthen the response capacity of the Organization’s disaster task force for the immediate mobilization of regional expertise and other resources, with special consideration for the most affected priority countries [...] (6).

6. The United Nations General Assembly adopted a series of resolutions focused on the role of countries affected by disasters. In 1991 the full respect for the sovereignty of States was recognized as the guiding principle and, accordingly, the necessity for humanitarian assistance to be provided with the consent of the affected country and, in principle, at its request. It was also pointed out that: “Each State has the responsibility first and foremost to take care of the victims of natural disasters and other emergencies occurring on its territory. Hence, the affected State has the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory.” In pointing out the importance of international cooperation to confront emergencies that by their magnitude and duration exceed the response capacities of the country, it was established that cooperation should be provided in accordance with international law and national laws (7).

7. In 2005, resolution A/RES/60/125 of the 60th United Nations General Assembly recognized the importance of international cooperation to support activities carried out by the States of the affected countries and emphasized that in order to continue to increase the effectiveness of humanitarian assistance:

... particular international cooperation efforts should be undertaken to enhance and broaden further the utilization of national and local capacities and, where appropriate, of regional and subregional capacities of developing countries for disaster preparedness and response, which may be made available in closer proximity to the site of a disaster, and more efficiently and at lower cost (8).

8. The Inter-Agency Standing Committee (IASC) of the United Nations decided to organize the international response in 11 groups or “clusters, each led by a agency of the United Nations, which should openly invite the participation of all the institutions of the UN system and other international institutions and nongovernmental organizations

interested in this subject. The leadership of the Health Cluster was assigned to the World Health Organization (WHO), which should ensure that international actors in health coordinate their response activities in the affected country (9).

9. In May 2012, the World Health Assembly approved Resolution WHA65.20 “WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies” requesting the Director-General to put in place the necessary policies, guidelines, adequate management structures and processes required within the Organization for effective and successful humanitarian action at the country level.(10).

10. The impact of disasters on health and the economy is predicted to become more and more important. In the last 35 years, there have been nearly 1,600 disasters in the Americas, which have caused the death of over 500,000 people, left 10 million people without housing, and indirectly affected 148 million people. The number of people in Latin America and the Caribbean exposed to tropical cyclones rose from an average of 1.2 million a year from 1990 to 1999 to 5.2 million a year in the period from 2000 to 2010. If only low-income countries are considered, the population exposed in 2010 was eight times higher than in 1970.

11. Just in the last ten years, there have been 922 reported disasters in the Region of the Americas, which caused more than 247,000 deaths and affected 82 million people, making it the second most affected region, after Asia. Economic damages caused by these disasters were estimated at US\$ 487 000 million, which represents 46% of the total losses recorded around the world (11).

Situation Analysis

12. Steady and systematic improvement in the national response capability of the health sector has made it possible for smaller-scale disasters to be managed by the Member States themselves. Many are in a position to help other countries in the Region (in the spirit of Pan-American solidarity). However, national capabilities tend to be over-stretched to some extent in major disasters, that is, countries may need specific timely international assistance.

13. The number of humanitarian actors shows a rising trend, offering more opportunities to complement national responses. However, this increase poses the new challenge of ensuring that response to disasters maintain high quality standards and be directed at the most highly felt or priority public health needs. For example, in Haiti, after the 2010 earthquake, the Health Cluster registered more than 400 institutions, each with priorities and principles determined by their own financing, with different level of

capacity, which was sometimes inadequate, with various specialties, and with periods of operation that varied from a few days to several months.

14. The evaluation of the health response to major events in the Americas such as the earthquake in Haiti in 2010 (12) and in other regions, such as the Southeast Asian tsunami in 2004 (13), reveals the usefulness, but also the limitations, of the coordination of international and national responses, bringing new challenges, such as:

- (a) lack of updated information or preparation of governments concerning the new international mechanisms of international humanitarian assistance, which limits the national ability to adequately coordinate international assistance in health;
- (b) the tendency of international assistance to have more financial resources and to be implemented as a parallel action to that by the government of the affected country, which generates independent lines of authority and hinders coordination between international assistance and the national response;
- (c) failure of the advances achieved in coordination of the health response to be proportional to the increase in the requirements of the affected population or to the expectations of the international community, which is more and more aware of the technical possibilities of disaster response;
- (d) absence of adequate systems for registration, accreditation, and operation of international medical groups, impeding assurance of the quality of care they give in disasters.

Proposal

15. The background mentioned above and the analysis of the situation require that the States of the Americas review how they approach the management of international assistance to obtain greater benefits from the new opportunities offered by humanitarian assistance and, at the same time, overcome the challenges posed by a greater international response.

16. Ministries of health should take the actions necessary for having procedures, structures, and specifically trained staff to coordinate and manage offers of international assistance and integrate them in a way that complements the national response capacity. Health ministries, through their units for disaster management or equivalent functions, should continue to coordinate all the actors and resources of the health sector, including the international component, in close contact with ministries of foreign affairs and civil defense organizations in each country.

17. Ministries of health should, before an emergency and with cooperation from PAHO, ensure that all the entities that offer international health assistance, including United Nations bodies and Health Cluster members, to work together and follow health sector guidelines, avoiding the creation of parallel mechanisms. International and national entities that contribute humanitarian assistance in health should work in the affected country within sectoral coordination mechanisms headed by the ministry of health. It is of utmost importance for member countries that emergencies be handled with the greatest possible transparency. In this way, the arrival of international assistance of the quality and the quantity necessary can be facilitated, thus saving the maximum possible number of lives and better protecting the health of the population.

18. The constant increase in the level of complexity and specialization of international assistance requires increasingly numerous and better prepared human resources. Those personnel best prepared for providing international assistance are those who have their own experience in requesting and receiving external assistance. Ministries of health, according to the criteria for international assistance, should make every effort possible to make available to neighboring countries their experts from the public or private sector or from nongovernmental organizations.

19. Member States, through their ministries of health, should establish agreements to identify national experts in the different disciplines and sectors involved in the health response, to be able to put them at the immediate disposal of the PAHO regional response team. Member States should ask PAHO to mobilize more specialized teams, in sufficient number and making use of better coordinated inter-institutional mechanisms, after having obtained the necessary financial support.

20. Since the best health teams are those with recognized quality, which work on a daily basis on similar problems, ministries of health should set up national medical teams that have the capacity to function outside its country. Countries should adopt common regional criteria for permitting the immediate exchange of teams capable of providing acceptable quality services to affected populations. PAHO should support WHO in the establishment of international criteria on the basis of the experience of the member countries.

21. The abundance of projects and the ongoing creation of new agencies, institutions, NGOs, foundations, and other organizations, will continue to increase. It is a duty of the countries of the Americas to be aware of and improve their participation in initiatives that influence the organization of humanitarian assistance. Given that assistance is not effective if it is not planned with the participation of those who receive it, member countries should try to participate in governance of the initiatives and inter-institutional mechanisms aimed at the organization of international assistance, especially in initiatives that have the financial support of the governments. Among them, particularly to be noted

is the *clusters* approach, which receives resources from the Central Emergency Response Fund (CERF) of the United Nations and has allocated more than 2,100 million U.S. dollars to humanitarian assistance bodies working in 84 countries and territories.

Action by the Pan American Sanitary Conference

22. The Conference is asked to review the information provided in this document and consider the possibility of approving the proposed resolution presented in Annex A.

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Annexes



PAN AMERICAN HEALTH ORGANIZATION
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28th PAN AMERICAN SANITARY CONFERENCE **64th SESSION OF THE REGIONAL COMMITTEE**

Washington, D.C., USA, 17-21 September 2012

CSP28/13 (Eng.)
Annex A
ORIGINAL: SPANISH

PROPOSED RESOLUTION

COORDINATION OF INTERNATIONAL HUMANITARIAN ASSISTANCE IN HEALTH IN CASE OF DISASTERS

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the document *Coordination of International Humanitarian Assistance in Health in Case of Disasters* (Document CSP28/13);

Considering the information related to the policies of ministries of health with regard to international assistance included in the document in reference;

Taking into account the resolutions of the PAHO Directing Council that since 1976 have promoted and succeeded in strengthening the disaster response capacity of the Member States;

Recognizing the existence of the Regional Disaster Response Team administered by PAHO on behalf of the Member States and the approval of the principles for international assistance during the meeting held in San José, Costa Rica, in 1986;

Recalling the resolutions of the United Nations General Assembly in which the government of the affected country is requested to ensure the coordination of the international humanitarian response;

Noting the resolution of the United Nations General Assembly that requests the strengthening of the response capacity of the system and the creation of the Inter-Agency Standing Committee (IASC);

Taking into account Resolution WHA65.20 of the World Health Assembly, which urges the Organization to assume the function of lead agency for the Health Cluster and to adopt the necessary measures for activating their response to the Member Countries immediately,

RESOLVES:

1. To urge the Member States to:
 - (a) ensure that each ministry of health establishes, as appropriate, a coordination mechanism for the health sector for receiving and sending international humanitarian assistance, bearing in mind the health needs of the population, international aid, and national intersectoral coordination;
 - (b) take action so that health ministries provide ongoing reports to PAHO on their mechanism of coordination for international assistance during disasters, so that all foreign agencies including NGOs, the private sector, and international organizations can easily provide assistance while respecting the organization of the country's health sector;
 - (c) strengthen their national teams for health sector response to emergencies and disasters with relevant procedures and standards, including the capacity of making them available to neighboring and other countries in the spirit of Pan-American solidarity;
 - (d) establish systems to identify a roster of experienced professionals in the different fields of response to disasters and public health emergencies and to make them available to the Regional Disaster Response Team administered by PAHO/WHO.
2. To request the Director to:
 - (a) assist countries, in time of an emergency and, where appropriate, in mobilizing resources to address the multiple challenges posed by the emergency health response;
 - (b) set aside, make active, and mobilize, at the request of the affected country, sufficient personnel and other resources to provide support for the coordination of international health care in that country, making use of mechanisms such as the Health Cluster, among others, to promote international standards and ensure their application;

- (c) advocate for WHO, within the framework of the United Nations humanitarian reform process, to include representatives of the governments of the Member States in the Global Health Cluster in instances where appropriate;
- (d) advocate that all people, groups, initiatives, or institutions outside the Member State align health-related humanitarian assistance activities in conformity with the national response and United Nations coordination framework;
- (e) establish a flexible mechanism for registration and accreditation of rapid-response foreign medical teams with the goal of improving the quality of the medical response and which could be adopted by WHO;
- (f) support Member States with training to develop the capacity of national teams to assist neighboring and other countries in the event of a disaster.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, the Regional Office of the
WORLD HEALTH ORGANIZATION

CSP28/13 (Eng.)
Annex B

**Report on the Financial and Administrative Implications
for the Secretariat of the Proposed Resolution**

1. Agenda item: 4.8: Coordination of International Humanitarian Assistance in Health in Case of Disasters

2. Linkage to Program and Budget 2012-2013:

Area of work: Emergency Preparedness and Disaster Relief Area

Expected result:

Strategic Objective 5: Reduce the health consequences of emergencies, disasters, crises, and conflicts, and minimize their social and economic impact.

RER 5.2: Timely and appropriate support provided to Member States for immediate assistance to populations affected by crisis.

RER 5.7: Acute, rehabilitation, and recovery operations implemented in a timely and effective manner, when needed.

3. Financial implications:

The strategy has the following financial impact for the Organization.

(a) **Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):**

\$320,000 per year, for 3 years.

(b) **Estimated cost estimated for the biennium 2012-2013 (estimated to the nearest US\$ 10,000, including staff and activities):**

\$220,000.

(c) **Of the cost estimated noted in (b), what can be subsumed under existing programmed activities?**

80% of these activities need external financing.

4. Administrative implications

(a) Indicate the levels of the Organization at which the work will be undertaken:

At regional and country level.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

No additional personnel are needed, but only a percentage (10%) of one P-5 professional and one P4 professional at the regional level, plus the same percentage of three P-4 professionals at the subregional level, to be devoted to providing technical support, coordination, and monitoring the implementation of tasks recommended to the countries.

(c) Time frames (indicate broad time frames for the implementation and evaluation):

2012-2016.



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Annex C

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. Agenda item: 4.8: Coordination of International Humanitarian Assistance in Health in Case of Disasters

2. Responsible unit: Emergency Preparedness and Disaster Relief Area

3. Preparing officer: Dana Van Alphen, Leonardo Hernandez

4. List of collaborating centers and national institutions linked to this Agenda item:

- Ministries of health of each country and territory of the Region.
- National organizations for Disaster Prevention and Relief of each country and territory of the Region.
- Institutions that have health services, including social security, armed forces, police, state enterprises, and others.
- Schools of health sciences, medicine, engineering, and architecture.
- Andean Committee for Disaster Prevention and Relief (CAPRADE).
- Center for Coordination of Prevention of Natural Disasters in Central America (CEPRENAC).
- Caribbean Disaster Emergency Management Agency (CDEMA).
- Humanitarian Assistance of MERCOSUR (REHU).
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA).
- Companhia Ambiental do Estado de São Paulo (CETESB).
- Yale New Haven Health Center for Emergency Preparedness and Disaster Response.
- Other national and international institutions linked to services for health and humanitarian assistance.

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

This subject is related to all the values of the Health Agenda for the Americas but principally to reducing inequities and strengthening Pan American solidarity.

This agenda item also contributes in:

(a) *Strengthening the National Health Authority*

Strengthening coordination of assistance is essential to ensuring that ministries of health can efficiently play their roles in the steering, regulation, and management of health systems.

(b) *Strengthening health security*

The countries of the Americas should prepare for and take intersectoral measures to address disasters, pandemics, and diseases that affect national, regional, and global health security. In confronting circumstances that threaten health security, the countries of the Americas and international organizations should work together with national authorities to respond rapidly and effectively on behalf of the population.

6. Link between Agenda item and Strategic Plan 2008-2012:

Strategic Objective 5: Reduce the health consequences of emergencies, disasters, crisis, and conflicts, and minimize their social and economic impact.

Issues and challenges

The countries of the Region are not sufficiently prepared for responding to the consequences of disasters. Ensuring that international assistance complements national responses continues to be a challenge. National disaster plans continue to be focused on specific hazards rather than encompassing several hazards and being multi-institutional.

Disasters caused by natural phenomena continue to be the most common hazard for the countries of Latin America and the Caribbean. Regardless of their frequency and severity, in general it is recognized that the vulnerability of countries is increasing as a consequence of unsafe development practices and deterioration of existing infrastructure.

The procedures of the organizations of United Nations are not particularly suitable for the activities of operational response in the field.

RER 5.2: Timely and appropriate support provided to Member States for immediate assistance to populations affected by crisis.

RER 5.7: Acute, rehabilitation, and recovery operations implemented in a timely and effective manner, when needed.

Indicator

5.7.1: Percentage of emergencies for which PAHO/WHO mobilizes national and international resources for operations, when needed.

7. Best practices in this area and examples from countries within the Region of the Americas:

Several countries have had successful experiences in management of international coordination but all of them have experienced difficulties in building mechanisms for international coordination because of the lack of participation by government, as well as because of the arrival of groups or institutions with poor or no preparation for providing

assistance. There are many positive partial experiences but there is no case in which the plans, personnel, and procedures necessary for obtaining the best possible benefit from international assistance are all present.

8. Financial implications of this Agenda item:

US\$320,000 per year, for three years.