

## 53rd DIRECTING COUNCIL

### 66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 29 September-3 October 2014

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*Provisional Agenda Item 4.10*

CD53/12  
26 July 2014  
Original: Spanish

#### PLAN OF ACTION FOR THE COORDINATION OF HUMANITARIAN ASSISTANCE

##### **Introduction**

1. It is increasingly common for the countries of Latin America and the Caribbean to respond adequately to the impact of moderate-scale emergencies and disasters with their own human and material resources, without assistance from the international community. However, when events of greater magnitude occur, international assistance continues to be necessary to complement the efforts of the affected country. Humanitarian assistance in health requires that adequate mechanisms of national and international coordination be established to ensure that medical care and public health interventions are carried out according to agreed standards, respecting the culture and customs of the affected countries (1, 2).
  2. Disasters can accentuate existing inequalities and inequities. Actions that strengthen the capacities for coordination of assistance make it possible to include aspects such as gender equity and the protection of boys and girls, adolescents, the elderly, and people with disabilities or special vulnerabilities. They also make it possible to identify cultural needs or the needs of specific ethnic groups in order to ensure their inclusion in response plans and in the health care and health protection activities carried out by the organizations, agencies, and countries providing humanitarian health assistance.
  3. The Humanitarian Reform process of the United Nations and the Transformative Agenda of the Inter-Agency Standing Committee of the United Nations (IASC) (3), along with resolutions CD45.R8 (2004) (4) and CSP28.R19 (2012) (5) of the Pan American Health Organization (PAHO), and WHA65.20 (2012) of the World Health Organization (WHO) (6), all urge that steps be taken to improve coordination among the different actors that work in emergency response, with a view to optimizing the responsiveness and accountability of international cooperation.
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4. Toward that end, a plan of action is needed to guide activities that can strengthen the capacity of the ministries of health of the Americas to coordinate international humanitarian assistance in disaster situations, with a view to saving more lives and protecting the health of vulnerable groups within a framework of equity, transparency, and inclusion.

### **Background**

5. The need to improve the coordination of response actions has been identified on multiple occasions in the global, regional, and subregional arenas.

- a) The United Nations General Assembly, in resolutions adopted in 1991, 2005, and 2011, recognized the importance of and need for strengthening and improving the coordination of international humanitarian assistance in disasters (7, 8, 9).
- b) The Inter-Agency Standing Committee of the United Nations (IASC) agreed to organize the international response using an approach based on “clusters” (2005), led by the specialized agencies; in the health field, that responsibility was assigned to the World Health Organization (10).
- c) The 65th World Health Assembly called on WHO to serve as Health Cluster Lead Agency<sup>1</sup> and to take measures as necessary to activate its response to the Member States immediately (6).
- d) In the Transformative Agenda of the IASC (2011), agreement was reached on a series of actions aimed at simplifying the processes and mechanisms of response and improving leadership, coordination, and accountability to affected populations (3).
- e) The World Health Organization document *Emergency Response Framework* establishes the responsibility of the Organization to act with urgency and predictability by leading a coordinated and effective response in the health sector (11).
- f) The 28th Pan American Sanitary Conference urged the Member States to have each ministry of health establish for the health sector, as appropriate and in coordination with existing national risk management authorities, a coordination mechanism for the receipt and provision of international humanitarian assistance, bearing in mind the health needs of the population (5).
- g) The Strategic Plan of the Pan American Health Organization 2014-2019 and the Program and Budget 2014-2015, approved by PAHO’s 52nd Directing Council establish that the countries will have a coordination mechanism for health emergencies that meets the minimum requirements for satisfactory performance (12, 13).

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<sup>1</sup> In Latin America these are referred to as “global health clusters (*cluster mundial de salud*).”

**Situation analysis**

6. A large majority of the countries of the Americas (24 of 35) have ongoing disaster programs within their ministries of health, which coordinate disaster assistance, update emergency plans, and organize the training of physicians and health workers in general. In a number of countries the ministries of foreign affairs and the national organizations for emergency and disaster management have established procedures for coordinating the functions to be performed during the disaster response phase.

7. However, the health sector is highly complex, and its needs with respect to the effective and efficient coordination of international health assistance are not necessarily reflected in the national mechanisms. This may be due to the following reasons, among others:

- a) The majority of countries (24) have strengthened their capacity for disaster response. However, asymmetries persist in the capacity for assistance coordination and use.
- b) Often, the health sector is under pressure to respond immediately to the population's urgent needs and cannot wait for the implementation of effective mechanisms of coordination between public and private and national and international entities.
- c) There is a limited capacity to adapt existing interagency and international mechanisms in the midst of a crisis and ensure that the mobilization of personnel and humanitarian supplies is useful, rapid, and practical.
- d) Overlapping bilateral mechanisms and the absence within the health sector of a system for providing rapid and efficient support to crisis-affected countries lead to a situation where the excessive and sometimes disorderly provision of assistance can affect the capacity for health sector coordination.

8. The lack of an organized mechanism for preparing, updating, and coordinating the mobilization of foreign medical teams (FMT) presents difficulties during emergencies and disasters, when there is a need to register the teams, monitor their activities, mobilize them where needed, integrate them into communities, and manage the information they produce on the health response.

**Plan of Action (2015-2019)****Goal**

9. The goal of this Plan of Action is to prevent mortality, morbidity, and disability caused by emergencies and disasters. The goal also includes the strengthening of health sector leadership in the Member States with regard to humanitarian assistance in emergencies and disasters, the updating and establishment of coordination procedures based on current systems, and partnerships (subregional, regional, and global) for humanitarian health assistance.

10. This plan seeks to strengthen coordination mechanisms in the health sector for more effective humanitarian response in the framework of the existing conventions and agreements in the Region. The plan will promote and facilitate the integration of a technical advisory group for the creation of an international humanitarian assistance network for emergencies in the Americas. This network will link the logistical systems of various countries to facilitate cooperation and reduce response times; furthermore, it will allow advances to be made in a registry system for foreign medical teams—consonant with the worldwide standardization promoted by WHO and the Global Health Cluster—in order, at the same time, to harmonize the minimum standards for acceptable response in the Region with regard to procedures, mobilization mechanisms, drug and supply kits, training, and the exchange of experts, information, and knowledge.

11. This plan will produce results only to the extent that the ministries of health continue to strengthen their leadership and capacity to coordinate responses and international assistance, with the support and assistance of the Pan American Sanitary Bureau. Accordingly, a strategic line has been included with a view to strengthening coordination mechanisms and retaining trained staff.

### **Strategic Lines of Action**

12. The proposed Plan of Action will include three strategic lines of action:

- a) strategic alliances, cooperation among countries, and international agreements;
- b) foreign medical teams;
- c) leadership, coordination, and accountability.

### **Strategic Line of Action 1: Strategic alliances, cooperation among countries, and international agreements.**

13. Coordination mechanisms for the receipt and provision of humanitarian health assistance should be established and updated by building partnerships that promote cooperation, along with leadership, coordination, performance, transparency, and accountability, and that strengthen national capacities to respond swiftly to emergencies, in order to save lives.

14. Toward this end, a regional advisory group will be formed on a temporary basis to review, update, and identify needs for the implementation of mechanisms for the coordination of international health assistance among countries of the Region of the Americas, with the participation of other organizations relevant to the health sector. In addition, steps will be taken to form a health network for emergencies in the Americas that integrates the specific actions of individual countries and the bilateral or multilateral efforts underway in the Region, and that promotes the interconnection of logistical systems through the establishment of an international assistance network.

**Objective 1.1:** Increase partnerships and cooperation for rapid and effective international health assistance.

*Indicators:*

- 1.1.1 Number of multilateral agreements that facilitate humanitarian health assistance.  
(Baseline: 3. Target 2017: 4. Target 2019: 5)
- 1.1.2 Number of countries that participate in the inter-American health sector network for emergencies.  
(Baseline: 0.<sup>2</sup> Target 2017: 10. Target 2019: 15)
- 1.1.3 Number of countries that participate in the inter-American health logistics network.  
(Baseline: 0. Target 2017: 10. Target 2019: 15)

**Strategic Line of Action 2: Foreign medical teams.**

15. The response of foreign medical teams in emergencies is critical and should complement national capacities. Accordingly, such assistance should be governed by international standards regarding the ethics and technical quality of the services, as long as they are not lower than national standards. The services of foreign medical teams should seek to protect life, prevent after-effects, and promote sustainability of care, and should include the implementation of information systems, epidemiological surveillance, and referral and counter-referral of patients. Furthermore, when the teams withdraw from the country, the transfer to national hospitals should be accomplished as efficiently as possible.

16. Toward this end, steps should be taken to implement mechanisms and procedures that establish minimum criteria for the reception and provision of foreign medical teams, and to establish global standards coherent with the advances identified by the Global Health Cluster with regard to levels of complexity, human resources, health indicators, and requirements for health information management, among others.

**Objective 2.1:** Establish a regional mechanism for registry of foreign medical teams.

*Indicators:*

- 2.1.1 Number of countries that implement the system for registry of foreign medical teams.  
(Baseline: 0.<sup>3</sup> Target 2017: 15. Target 2019: 25)
- 2.1.2 Number of countries that have up-to-date procedures for receipt and provision of international health assistance.  
(Baseline: 5. Target 2017: 15. Target 2019: 25)

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<sup>2</sup> The baseline is 0 because the inter-American health network has not yet been formed.

<sup>3</sup> The baseline is 0 because the proposed registry has not yet been created.

**Strategic Line of Action 3: Leadership, coordination, and accountability.**

17. Leadership and coordination by the ministries of health is essential to ensure the appropriate use of international health assistance. To perform this role, the ministries must have personnel who understand the existing mechanisms for coordination of international assistance and who are equipped with tools for planning, monitoring, and accountability. This will make it possible to incorporate external assistance into the national response to emergencies and disasters in accordance with international standards regarding gender, equity, human rights, and governance.

**Objective 3.1:** Strengthen the capacity of the ministries of health to lead and coordinate international humanitarian assistance.

*Indicators:*

- 3.1.1 Number of ministries of health that have mechanisms for coordination of humanitarian health assistance.  
(Baseline: 3. Target 2017: 10. Target 2019: 20)
- 3.1.2 Number of countries with personnel trained to coordinate humanitarian health assistance.  
(Baseline: 3. Target 2017: 10. Target 2019: 20)

**Monitoring and evaluation**

18. This Plan of Action contributes to the achievement of the PAHO Strategic Plan's impact goals I and IX. Annex B indicates the expected results at the level of the Organization to which this Plan of Action contributes. The monitoring and evaluation of this Plan will comply with the Organization's results-based management framework, as well as with its processes of performance monitoring and evaluation. Accordingly, a progress report will be prepared based on available information at the halfway point in the lifecycle of the Plan.

19. In the last year of the Plan, a comprehensive audit will be undertaken to determine the strong and weak points of its overall execution, factors contributing to success or failure, and future measures.

**Financial implications**

20. The total estimated cost for carrying out the proposed Plan of Action over its lifecycle is US\$1,750,000.<sup>4</sup> Of this estimated cost, 64% could be covered by activities currently programmed with voluntary contributions. It will be necessary to identify and mobilize an additional \$630,000 during the five-year lifecycle of the Plan.

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<sup>4</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

**Action by the Directing Council**

21. The Directing Council is invited to review the information in this document and to consider adopting the proposed resolution that appears in Annex A.

Annexes

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## 53rd DIRECTING COUNCIL

### 66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 29 September-3 October 2014

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CD53/12  
Annex A  
Original: Spanish

### ***PROPOSED RESOLUTION***

#### **PLAN OF ACTION FOR THE COORDINATION OF HUMANITARIAN ASSISTANCE**

#### ***THE 53rd DIRECTING COUNCIL,***

Having reviewed the *Plan of Action for the Coordination of Humanitarian Assistance* (Document CD53/12);

Recognizing that the countries of the Region of the Americas have increased their ability to respond with their own human and material resources to emergencies and disasters, but that when events of greater magnitude occur, international assistance continues to be necessary to complement the efforts of the affected country;

Understanding that humanitarian assistance requires that adequate mechanisms of national and international coordination be established to ensure that interventions are carried out according to agreed international humanitarian standards, including medical care and public health interventions, respecting the culture and customs of the affected countries;

Recognizing that disasters can accentuate existing inequalities and inequities, and that actions that strengthen the capacities for coordination of assistance make it possible to include aspects such as the protection of vulnerable groups, gender equity, and the identification of cultural needs or special needs of ethnic groups;

Considering that the Humanitarian Reform process and the Transformative Agenda of the United Nations, as well as resolutions CD45.R8 (2004) and CSP28.R19 (2012) of PAHO/WHO and WHA65.20 (2012) of WHO, all urge that steps be taken to improve coordination among the different actors that work in emergency response, with a view to optimizing the responsiveness and accountability of international cooperation;

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Recognizing the unique and central role of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in coordinating international humanitarian action, and taking into due consideration the role of national disaster management authorities;

Recognizing that the Strategic Plan of the Pan American Health Organization 2014-2019 and the Program and Budget 2014-2015, approved by the 52nd Directing Council of PAHO, call for the countries to have a coordination mechanism for health emergencies that meets the minimum requirements for satisfactory performance;

Recognizing the complexity and crucial role of the health sector in its response at the onset of a disaster or emergency, and recognizing that coordination of international health assistance could be better reflected in existing national and international multisectoral mechanisms;

Considering the importance of having a Plan of Action that strengthens the health sector in Member States and increases their ability to effectively and efficiently improve coordination of the receipt and provision of health-related humanitarian assistance in emergencies and disasters, with a view to saving the greatest possible number of lives and protecting the health of the affected population,

***RESOLVES:***

1. To approve the *Plan of Action for the Coordination of Humanitarian Assistance* and promote its consideration in development policies, plans, and programs, as well as in proposals and discussions on national budgets.
2. To urge the Member States to:
  - a) participate in the formation of a regional advisory group of a temporary nature;
  - b) participate in the health network for emergencies and disasters in the Americas, and promote and facilitate the incorporation into this network of the bilateral and multilateral cooperation activities in health that are currently underway in the Region;
  - c) to consider implementing, as appropriate according to United Nations rules and in coordination with existing national disaster risk management authorities, a flexible mechanism for registry of foreign medical teams and multidisciplinary health teams, and emergency response procedures in the Americas;
  - d) facilitate and participate in the interconnection of health-related logistical systems in the Americas into a network to facilitate humanitarian health assistance in the Region;
  - e) promote the implementation of mechanisms for coordination with other sectors;

- f) promote and facilitate the training of their human resources for emergencies and disasters.
3. To request the Director to:
- a) support the coordination and execution of the Plan of Action in order to coordinate humanitarian assistance in the international sphere and provide necessary technical cooperation to countries;
  - b) facilitate and promote the creation of a flexible mechanism for registry of foreign medical teams and multidisciplinary health teams, and emergency response procedures in the Americas, in coordination with WHO and OCHA, and in accordance with WHO guidelines;
  - c) facilitate the formation of a temporary regional advisory group with experts from the countries in order to review, harmonize, update, and disseminate procedures and mechanisms for humanitarian assistance in health in the Region;
  - d) serve as the secretariat of the above-mentioned regional advisory group;
  - e) promote the formation of alliances among countries, with regional integration forums, international agencies, scientific and technical institutions, nongovernmental organizations, organized civil society, the private sector, and others, in order to further enhance the capacity of Member States to respond to health emergencies.



## Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

**1. Agenda item:** 4.10. Plan of Action for the Coordination of Humanitarian Assistance

**2. Linkage to Program and Budget 2014-2015:**

a) **Category:** Category 5: Preparedness, surveillance, and response

b) **Program areas and outcomes:**

- 5.3 Emergency risk and crisis management
  - OCM 5.3: Countries have an all-hazards health emergency risk management program for a disaster-resilient health sector, with emphasis on vulnerable populations.
- 5.5 Outbreak and crisis response
  - OCM 5.5: All countries adequately respond to threats and emergencies with public health consequences.

**3. Financial implications:**

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

\$1,750,000 (\$350,000 per year, for 5 years).

b) **Estimated cost for the 2014-2015 biennium (estimated to the nearest US\$ 10,000, including staff and activities):**

\$350,000.

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

80% of the cost estimated in point b) could be covered by currently programmed activities.

**4. Administrative implications:**

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

At the regional, subregional, and national levels.

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

It will be necessary to hire a logistics professional specialized in health, at P2 level, based in Panama City (Panama), who will devote approximately 50% of his or her time to these activities.

Although no additional staff will be needed to implement this resolution, it is estimated that 20% of a P4 regional and 5% of a P5 and 5% of three P4 subregional positions will be devoted to this effort, in order to carry out monitoring and to support the countries in implementing the Plan of Action.

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

2015-2019.



**ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES**

**1. Agenda item:** 4.10. Plan of Action for the coordination of humanitarian assistance

**2. Responsible unit:** Emergency Preparedness and Disaster Relief (PED)

**3. Preparing officer:** Dr. Ciro Ugarte

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

- Ministries of public health
- Collaborating Centers
- National Emergency and Disaster Systems
- Ministries of foreign affairs and diplomatic missions
- International organizations, scientific societies, international nongovernmental organizations

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

Efforts to advance shared interests and responsibilities in order to attain common targets are essential to overcome health inequities and to enhance Pan American health security during crises, emergencies, and disasters.

Natural and manmade disasters affect the environment and the health status of the population in the Region, and hinder the achievement of the health sector's goals and the normal functioning of the health services.

**6. Link between Agenda item and the PAHO Strategic Plan 2014-2019:**

Category 5: Preparedness, surveillance, and response.

5.3 Emergency risk and crisis management.

5.5 Outbreak and crisis response.

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

Many countries of the Region have developed national capabilities by organizing rapid response health teams, made up of physicians and nurses, among others, that are mobilized internally in cases of disaster. Several of these countries send their teams to other countries affected by disasters. Frequently this assistance is complemented by donations of medicines and supplies.

The Ministry of Health of the Dominican Republic has implemented the LSS/SUMA system for the daily management of strategic supplies and storerooms in its health regions. In addition to responding promptly to internal emergencies, the Dominican Republic has made available to PAHO/WHO loans of supplies to be sent to other countries affected by emergencies, contributing to the achievement of an immediate response. PAHO has mobilized international resources and managed to replace the supplies provided, facilitating, in the process, inventory turnover in the warehouses of the Dominican Republic.

**8. Financial implications of this Agenda item:**

Approximately \$1,750,000.

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