

55th DIRECTING COUNCIL

68th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2016

Provisional Agenda Item 7.3

CD55/INF/3, Add. I
13 September 2016
Original: English

WHO'S WORK IN HEALTH EMERGENCY MANAGEMENT: WHO HEALTH EMERGENCIES PROGRAM

Background

1. The Sixty-ninth World Health Assembly (WHA), having considered the reports on the reform of WHO's work in health emergency management,¹ adopted Decision WHA69(9)(2016) *Reform of WHO's work in health emergency management: WHO Health Emergencies Programme*.²
2. During the 158th Session of the Executive Committee of PAHO (20-24 June 2016), the Committee requested an information paper from the Pan American Sanitary Bureau (PASB) on the implications for PAHO of the decisions related to the WHO Health Emergencies Program adopted by the WHA.

A New WHO Health Emergencies Program

3. On 25 May 2016, during the Sixty-ninth World Health Assembly, Member States approved one of the most important reforms since WHO was created in 1947, establishing the new Health Emergencies Program. This decision will generate substantial changes—both in terms of the Organization's work and its culture—when it comes to dealing with health emergencies. It calls for establishing one single program, with a workforce, a budget, standards and processes, and clear lines of authority.
4. The new Health Emergencies Program adds operational capacity to WHO's work in outbreaks and humanitarian emergencies to complement its traditional technical and normative roles. The new program is designed to deliver rapid, predictable, and comprehensive support to countries and communities as they prepare for, face, or recover from emergencies caused by any type of hazard to human health, whether disease outbreaks, natural or man-made disasters or conflicts.

¹ Documents [A69/30](#) and [A69/61](#).

² Document [A69/DIV./3](#), Decisions and list of resolutions, 69th World Health Assembly (10 June 2016).

5. The Health Emergencies Program is being formally rolled out across all six Regions and WHO Headquarters, as well as in some WHO Offices in countries with ongoing emergencies in the WHO African Region (AFR) and the WHO Eastern Mediterranean Region (EMR). The goal is to complete the transition of existing staff into the new structure by 1 October 2016.

Position of the Region of the Americas

6. In a joint statement, the delegations representing the Member States of the Americas at the 69th World Health Assembly expressed satisfaction with the progress made on this issue and their support for WHO's new Health Emergencies Program. They also acknowledged that since 1976, the Pan American Health Organization has had a Department of Emergency Preparedness and Disaster Relief, a "proven mechanism that has effectively responded to emergencies and disasters in the Region of the Americas, within the framework of WHO."

7. Member States also noted that their support for the new WHO Health Emergencies Program is "with the understanding that the PAHO program will continue to fully respond to the needs of Member States of the Americas, working and coordinating, as appropriate, with the WHO Program."

Implications for PAHO's Work in Emergencies

8. PAHO is functionally aligning its work in emergencies with WHO's new Health Emergencies Program while maintaining the areas of work not included in WHO. To better align with WHO, PAHO reconstituted its emergencies program by joining the Department of Emergency Preparedness and Disaster Relief (PED) and the Unit of International Health Regulations/Epidemic Alert and Response, and Water Borne Diseases (IR) under a consolidated management reporting to the Director of PAHO.

9. The PAHO Health Emergencies Program will continue to fully respond to the needs of Member States in the Region of the Americas organizing its work in five areas, namely: Infectious Hazard Management, Country Health Emergency Preparedness and International Health Regulations, Health Emergency Information and Risk Assessment, Emergency Operations, and Disaster Risk Reduction and Special Programs.

10. Health-related Disaster Risk Reduction, Safe and Smart Hospitals, Health Protection of Internally Displaced Populations, and other regional initiatives will continue to be implemented by PAHO's Emergencies Program.

11. PAHO will continue enhancing the collaboration with WHO in identifying experts that can be deployed to and from the Region of the Americas, and providing co-funding for joint programmatic activities and to implement response activities during emergencies. PAHO will continue to deploy its staff to all emergencies of any type as needed by WHO.

12. PAHO will work with WHO to jointly develop common post descriptions and terms of reference for emergency and non-emergency functions to facilitate exchange and deployment to and from PAHO and WHO. WHO and PAHO corresponding strengths in various technical and operational areas may mutually benefit the two organizations to improve the Emergency Preparedness and Response.

13. Functional alignment with WHO's emergency program comes with financial implications. The costing for new staff positions proposed for the PAHO's Emergency Program for priority vacancies over a 15 month period for the 2016-2017 biennium is US\$ 6,765,000.³ Country level positions are not included since identification of new positions for this level has not yet been completed. The overall additional funding needed, including new recruited staff and activities at regional and country levels, is estimated to be approximately \$13,000,000 for the biennium.

PAHO's Mechanisms and Provisions for Emergencies

14. Here below is additional information regarding the correlation between the WHO Emergency Reform and the mechanisms and provisions existing in PAHO:

- a) PAHO has well-tested mechanisms, policies and procedures to respond to emergencies and disasters, that were first established by Resolution CD24.R10 at the 24th Directing Council in September 1976. The resolution included the creation of PAHO's Disaster Program with the objective of speeding up and facilitating the provision of emergency assistance in the aftermath of natural or manmade disasters in the Region.
- b) Since its creation, PAHO's Disaster Program has responded in all large emergencies affecting the Americas, including: *i)* the earthquake in Guatemala in 1976, *ii)* Hurricane David in Dominica in 1979, *iii)* Hurricane Frederick in Dominican Republic in 1979, *iv)* the earthquake in Mexico 1985, *v)* the volcanic avalanche in Colombia in 1985, *vi)* the earthquake in El Salvador in 1986, *vii)* the Cholera epidemic in 1991, *viii)* the El Niño phenomenon in Peru, Bolivia and Ecuador in 1997-1998, *ix)* hurricanes Georges in the Caribbean 1998 and hurricane Mitch in Central America 1998, *x)* the landslide in Venezuela in 1999, *xi)* the earthquake in Colombia in 1999, *xii)* the hurricane season in the Caribbean in 2004, *xiii)* yellow fever in Paraguay in 2008, *xiv)* pandemic influenza in 2009, *xv)* the earthquake and cholera in Haiti in 2010, among many others.
- c) PAHO's emergencies and disasters response mechanisms were activated in all the emergencies mentioned above and were duly assessed through intense and open lessons learned exercises and internal and external evaluations, and results were widely published and disseminated.
- d) As a consequence of the above, PASB and PAHO Member States have strengthened their capacity to reduce risk and prepare for and respond to large

³ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

- scale emergencies and disasters such as earthquakes, hurricanes, floods, epidemics and others.
- e) PAHO has sent teams to support WHO's response to large emergencies in other regions such as: the earthquakes in Iran, Pakistan and China, the tsunami in Indonesia, typhoon Haiyan in the Philippines, and the Ebola epidemic in Western Africa.
 - f) PAHO's Emergency Disaster Fund was established in 1976. This fund ensures immediate mobilization of technical and material support to affected countries.
 - g) Special emergency procedures with corresponding flexibility to mobilize human and financial resources, including delegation of authority to the country offices are part of PAHO's norms and regulations since early 1990s.
 - h) A standing Disaster Task Force (DTF) was established at HQ in 2000 to provide prompt, coordinated support to the Country Offices and the disaster focal point in countries of the Region affected by a major disaster. Participation of technical divisions, special programs and administrative units in the DTF ensures the proper technical and logistical response in the respective areas.
 - i) PAHO's emergency response policies and mechanisms are regularly revised and updated in order to address new challenges. The last important update was completed in 2012 in order to implement the recommendations regarding the Bureau's response to the influenza pandemic in 2009 and the Earthquake in Haiti in 2010.
 - j) PAHO's experts are mobilized in less than 48 hours to support the affected countries in the case of emergencies. For example, less than 24 hours after Mexico declared an emergency due to H1N1 in 2009, three PAHO experts (emergency management, epidemiology, and logistics) arrived in Mexico City and nearly 30 more experts from member countries and PAHO staff arrived in the following days.
 - k) The Emergency Medical Teams initiative is a result of a PAHO's consultation meeting in Cuba in 2010 to review PAHO's guidelines on Foreign Field Hospitals and establish minimum standards for international health teams that were deployed to Haiti. This initiative is being implemented in the Americas by PAHO in line with the *Plan of Action for the Coordination of Humanitarian Assistance* (Resolution CD53.R9) approved by the Directing Council in 2014.
 - l) In June 2012, PAHO inaugurated its new Emergency Operations Center and adopted its current Policy and Key procedures of its Institutional Response to Emergencies and Disasters (IRED) incorporating the Incident Management System model at all levels of the Organization. In line with this Policy, an Ebola Incident Manager was appointed by PAHO's Director in order to guarantee a unified coordination to accelerate the preparedness and readiness of the Bureau and support its Member States to strengthen their capacity to detect and control potential Ebola outbreaks with the support of the international community.

15. In summary, most of the provisions of the WHO Emergency Reform are already in place in the Americas and have proved to work in large scale outbreaks and emergencies in a timely manner, providing the support needed by its Member States.

16. It is important to highlight that most of the progress made by PAHO in risk reduction, preparedness, readiness and response is thanks to the technical contribution of national experts from all its Member States and the long term financial contribution of the United States of America, Canada and the United Kingdom, complemented by the European Union, Spain, and other donors.

- - -