

## Global Health Cluster

### Guidance Note

#### **Promotion and Advocacy for Stronger National and Local Capacities in Health Emergency Preparedness and Risk Reduction**

##### **1. Background and Rationale**

Humanitarian Reform aims to improve the effectiveness of humanitarian response by ensuring greater predictability, accountability and partnership through the implementation, among other pillars, of a cluster approach.

Global Cluster Leads have agreed to be accountable to the Emergency Relief Coordinator for ensuring preparedness and technical capacity to respond to humanitarian emergencies. Country Cluster Leads are accountable to the Humanitarian Coordinator for ensuring, adequate preparedness, as well as adequate strategic planning for an effective operational response.

The mission of the Global Health Cluster, in support of this aim, is to:

- 1 provide health leadership for emergency preparedness, response and recovery;
- 2 prevent and reduce emergency related morbidity and mortality;
- 3 ensure evidence based health actions, gap filling and sound coordination; and
- 4 enhance accountability, predictability and effectiveness of humanitarian health action.

Currently, the Health Cluster's leadership role in emergency preparedness has been mainly focused on improving the capacity (readiness) of international humanitarian actors to respond effectively to emergencies, disasters and other crises. The Health Cluster, in line with the other global clusters (and also reflected in the IASC Working Group on Disaster Risk Reduction), has recognized that strengthening emergency preparedness and risk reduction at community, sub-national and national levels will be critical to achieving the desired outcomes of Humanitarian Reform.

To help define the role of the Health Cluster in national capacity development, a Working Group for Capacity Building of National Stakeholders was established and tasked to:

- 1 provide guidance to Health Cluster Coordinators and partners on how to build and tap national preparedness capacities as part of the emergency response efforts
- 2 document shared views from the Global Health Cluster on the value of emergency preparedness and risk reduction for improving emergency response

- 3 develop a strategy for the Global Health Cluster to collectively promote emergency preparedness and risk reduction

To further define the task, the Working Group has agreed to the following definition of capacity building:

"Capacity building is a process of developing capabilities in individuals, groups, institutions, organizations and societies at the local, national and international level to more effectively mitigate, prepare for, respond to and recover from public health threats of a crisis in a sustainable manner. This process is designed to reinforce or create strengths that mitigate health related vulnerabilities, that improve the effectiveness of the response in the health sector, and that support the rebuilding of stronger health systems."

## **2. Health Emergency Preparedness and Risk Reduction**

A defining feature of disasters is that they "exceed the ability of the affected community or society to cope using its own resources.", thus "warranting an extraordinary response from the outside the affected community or area". The response to disasters requires a coordination of the capacities of many community, country and international organizations, which in synergy provide more capacity than any single entity acting alone. All potential capacities cannot be neglected; rather they should be identified, strengthened and integrated into the response efforts and strengthened by preparedness, planning and exercising before disasters occur.

### **2.1 At local and national levels**

Countries and communities are often the first responders to natural disasters and should be supported for domestic emergency preparedness and response utilizing their own resources. National and local resources can be used effectively if they are well organized and if good coordination mechanisms are in place, thus reducing the dependence on external aid which normally arrives several days and sometime weeks after the impact of the disasters. Disaster response is more effective and efficient when local, national and international response mechanisms have been established long in advance and local people are well-trained, resourced and empowered to fulfil their roles.

There are many good examples where the investment in local and national capacity development in health emergency preparedness and risk reduction has proven effective in reducing deaths, injuries, illness and psychosocial problems in disasters.

In **Bangladesh**, the need for external aid has been drastically reduced in the long term by comprehensive national and community based disaster preparedness and risk reduction. In 1990 the country was hit by a powerful cyclone which killed 170000 people. A vigorous national and community emergency preparedness and risk reduction programme development and implementation resulted in reducing the death toll to 7000 casualties a few years later when an even more powerful cyclone hit the same area.

The response to the Jogjakarta earthquake in **Indonesia** in May 2006 also demonstrated the value of emergency preparedness which was considerably improved after the tsunami disaster, with improved coordination and management structures and mechanisms, and resources and emergency supplies in place for the response to the anticipated eruption of the Mount Merapi volcano. In Indonesia, national and local training programmes have now been established, along the lines of international good practices, and adapted to local circumstances.

The priority given to emergency preparedness and risk reduction by national governments and communities in **Latin America and the Caribbean**, with strong and sustained support by WHO/PAHO, USAID, multilateral and non/governmental organizations, has reduced the vulnerabilities and risks and turned the previously frequent hazardous impacts with disaster potential into more manageable events. The supporting regional structures, including decentralized regional teams, the information collected and shared through the regional centre, CRID, the HELID disaster library, and the tools such as the supply system guidelines, have been an important part of the emergency preparedness in the region. Consequently, these effective preparedness mechanisms have resulted in more and more self-reliance in mitigating, preparing for, responding to and recovering from major emergencies.

Over the past 20 years the number of disasters has steadily increased world-wide, and during that period the economic losses have multiplied five-fold. Annual losses from weather related events have risen in real terms from USD 3,9B in 1950s to USD 63B in 1990s. For developing countries disasters can cause serious setbacks to economic and social development. In Aceh, Indonesia, the losses from tsunami were of similar magnitude to the region's annual GDP.

Despite an increase in the number of disasters and in associated economic losses, the average annual death tolls dropped by a fifth from late 1990s to the early 2000s, indicating that risk reduction, including mitigation measures and early warning, may have had an impact, in spite of emergency preparedness and risk reduction measures remaining less than 4 percent of disaster relief expenditure. It is estimated that every dollar invested in emergency preparedness results in savings of approximately 40 dollars. With the occurrence of high economic losses and huge death tolls from the tsunami and Pakistan earthquake, these figures have been challenged; the cost-benefit ratios in favour of risk reduction and emergency preparedness are possibly even greater.

## **2.2 Global Level**

WHO, as the Global Health Cluster Lead, and other organizations of UN system, have embarked on strengthening the risk reduction and emergency preparedness programmes. One of the key aspects of World Health Assembly (WHA) Resolution 58.1 is the need to provide the necessary technical support to Member States to develop and strengthen their national strategies for emergency preparedness and response. UNDP is introducing a programme to support development of multisectoral disaster reduction plans. UNICEF is emphasizing emergency preparedness and risk reduction in its strategies, and also as the global water and sanitation and nutrition cluster lead. IASC has endorsed the ISDR-led

Hyogo Framework for Action; "Building the Resilience of Nations and Communities to Disasters" and established a working group led by IFRC to develop a strategy for risk reduction and emergency preparedness.

The crucial importance of the local and community level action is widely recognized. The Red Cross Red Crescent movement and many non-governmental organizations, have based their work on informing, training and organizing voluntary work at community and individual level, with back-up from national and global levels in terms of resources, standard operational guidelines, training and education materials, adapted to local cultures and circumstances. The IFRC-hosted Sphere project updated handbook has served as a source of information and guidance for many organizations. The ProVention Consortium, also hosted by IFRC, supports the global disaster risk reduction agenda, and the World Bank hosted Global Facility for Disaster Reduction and Recovery provides grants for developing countries to enhance their local capacities for disaster prevention and emergency preparedness.

Increasingly, the large international non-governmental organizations, many of which are involved in development programmes in the countries at risk, have established their community based emergency preparedness and risk reduction programmes, to improve the resilience of communities. These programmes are supported by bilateral and multilateral donors, and include their own staff training, realizing that the local staff are familiar with the local circumstances and are more effective in response than external interventions, if well prepared for humanitarian action. The examples include the DFID-funded Disaster Risk Reduction Interagency Coordination Group of British Overseas NGOs for Development, which has established guidelines for disaster resilient communities, to support planning and management of disaster reduction activities. Another example is the Emergency Capacity Building Project of seven NGO partners, which has issued a guideline and toolkit for emergency training and response to enhance their staff capacities.

These positive experiences and initiatives of health cluster partners may serve as models for capacity building at national and local levels. More extensive report, tools and guidelines are available on the websites (refer to Annex). The recent guideline for Interagency Contingency Planning for Humanitarian Assistance provides one checklist, which may also serve emergency preparedness planning.

Despite the above strategic directions and the potential gains from investing into risk reduction and emergency preparedness programmes, funding allocation to this area of work does not exceed 4 dollars out of every one hundred spent on emergency response and humanitarian assistance.

### **3. National Health Emergency Preparedness and Risk Reduction Strategies and Programmes**

National emergency preparedness and risk reduction comprises the capacities of all actors including national and local governments, institutions, civil society organizations, as well as the communities and individuals. The process of developing national emergency

preparedness and risk reduction programmes brings these actors together to formulate and implement strategies to reduce the impact of disasters by enhancing prevention, mitigation, response and recovery programmes. Comprehensive emergency preparedness strategies and programmes should be drawn from the best guidance available internationally, including the guidance established by the health cluster partners. At the end of the process, all organizations should have had the opportunity to contribute, resulting in ownership of the programme. Participating organizations will know their respective roles and responsibilities within the clearly defined national and local plans and programmes, coordination and communication mechanisms, and standard operating procedures.

Key elements of national and local capacities for health risk reduction and emergency preparedness include the following:

- 1 **Risk and vulnerability assessment:** national hazards and vulnerabilities identified
- 2 **Assessment of capacities and gaps:** National government and partners have conducted an assessment of national capacities and critical national, sub-national and local resources and gaps for effective disaster risk reduction and health emergency preparedness
- 3 **Policy:** national health emergency management policy and legislation is in place
- 4 **Guidance and technical tools:** are available and accessible (including in the local language) on health emergency preparedness, including
  - a. The cluster approach
  - b. Standard emergency operational procedures and guidance, including specific guidelines on issues such as mass casualty management, epidemic and outbreak control, sanitation, water, nutrition etc.
- 5 **Response plans:** Health emergency response plans have been developed, based on risk and capacity assessments, which include
  - a. Mechanisms and arrangements for cluster activation and coordination
  - b. Standard operating procedures and clearly defined tasks for national staff and international actors
  - c. Pre-identified available resources such as human, financial (availability at the national and community levels), material including logistics and supply management
  - d. Information management and communication systems including social mobilization
- 6 **Human resource development:** national systems are in place for training and education in health emergency management and coordination, enhancement of knowledge and skills among national, sub-national and local government, civil society, and other key actors in society. This may include simulation exercises.
- 7 **Monitoring and accountability** mechanisms are in place at the national and community levels.

#### **4. Building National and Local Capacities in Emergency Preparedness and Response: The role of the Health Cluster**

International organizations, including the partners of the Health Cluster, should ensure that the national and local authorities receive adequate technical and managerial support for building the national and community capacities and, eventually, for development of emergency preparedness and risk reduction programmes. The emergency preparedness and capacity development in countries and communities at risk should take place well advance of any potential crises and hence when no cluster approach has been activated. However, it is vital that in the process of implementing the Cluster in an emergency or crisis, the Health Cluster Lead and partners gather information about national programmes and capacities to ensure the integration of Cluster plans with the national arrangements for responding to emergencies, disasters and crises.

The key Health Cluster actor at the country level is the Cluster Lead who is accountable for facilitating processes aimed at ensuring a number of critical outcomes related to national emergency preparedness and risk reduction in the health sector, including coordination with national/local authorities, State institutions, local civil society and other relevant actors and identifying national and local institutions for capacity building tasks, such as training, evidence collection and information management.

The responsibilities of the Cluster Lead, which relate to emergency preparedness and risk reduction, to ensure that the elements of national capacity are in place include:

- 1 Coordination:** Support the national and local authorities to take the lead in planning, implementation and monitoring of emergency preparedness and response programmes
  - a.** Identify existing national disaster management and coordination systems including lead agencies and the role government leaders will play at central, sub-national, community levels
  - b.** Identify the health sector coordination arrangements with other sectors and within the health sector.
  - c.** Identify the focal points in the Ministry of Health at central and local levels - and build the relationships.
  - d.** Identify all national and international organizations including the UN, NGOs, private sector, Red Cross/ Red Crescent societies, civil society etc. and define their roles
- 2 Assessment of capacity and gap analysis of resources**
  - a.** Assist the government and communities to conduct an assessment of national and local capacities including an analysis of national disaster management systems and health emergency management systems - government, private, NGO and community sectors, information and communication systems, logistics systems, local availability of supplies including gaps.

- b. Based on this assessment identify type of international assistance and resources that are likely to be required looking at the partners that are already involved, where, how and with which capacity and resources available at the country and regional level.
- c. Map the capacities of partners and their potential response, including the UN agencies, NGOs, Red Cross/Red Crescent movement, private sector

### **3 Provide technical assistance and tools to governments and communities**

- a. Support the government to conduct a hazard and vulnerability risk assessment.
- b. Evaluate the national disaster preparedness plan and policies. Assist the government of needed to produce or strengthen these documents.
- c. Provide international guidelines and standards in disaster preparedness and response. Ensure that they are in the local language
- d. Provide resources for human resource development including training supplies and programs
- e. Ensure that there is a mechanism for monitoring and accountability.

The Health Cluster Lead and the partners should ensure that basic information, including the health profiles and risk and capacity assessment, is available to all sector and cluster partners to coordinate and harmonize their support for development and implementation of national health emergency preparedness and risk reduction strategies and programmes, including contingency plans.

While WHO and other UN organizations usually assume the main support roles to the national authorities, the Red Cross/Red Crescent movement and its national and local chapters and other non governmental organizations are usually the main partners at local level in many disaster- prone countries, supporting development and health programmes. Many of these organizations have long standing capacity development and training programmes which include local capacity building in risk reduction and in preparedness for emergencies. External humanitarian responses build and tap into local capacities using participatory and community-based approaches in health needs assessment, analysis, planning, monitoring and response are employed

The guidelines, standards, tools and training programmes developed by Global Health Cluster partners, academic and other institutions and professional bodies should be fully utilized for capacity development, adjusted to local contexts. The benchmarks developed by WHO/SEARO ([http://www.searo.who.int/LinkFiles/EHA\\_BenchmarkingEPP\\_Aug07.pdf](http://www.searo.who.int/LinkFiles/EHA_BenchmarkingEPP_Aug07.pdf).) provide the guidance and checklist to be applied, adjusted to local situations. Other guidance materials are on the list of references, and accessible through the listed websites.

## **5. Strategic Directions and Plan of Action (recommendations)**

The Humanitarian Reform provides both mandate and role for the Health Cluster at global and country levels to advance and reinforce national and community emergency preparedness and risk reduction activities. Commitment to the Hyogo Framework of Action, Building the Resilience of Nations and Communities to Disasters, has been affirmed by IASC principals, leading to closer coordination between IASC and ISDR systems and providing the strategy for promotion and advocacy of emergency preparedness and risk reduction at global, regional, and national levels. The Hospitals Safe from Disasters campaign of ISDR system, in 2008/2009, is a good opportunity for development and promotion of health sector emergency preparedness and risk reduction strategy.

The Health Cluster provides an important mechanism to coordinate the activities of cluster partners in emergency preparedness in support of the Humanitarian Reform. Many of the health cluster partners are already involved in national health emergency preparedness and risk reduction activities. As in emergency response and recovery, the coordination and collective efforts of cluster partners in advocating, promoting and supporting emergency preparedness and risk reduction in countries and communities at risk, will be critical to effective implementation of the Health Cluster objectives, the Humanitarian Reform, and a sustainable approach to reducing morbidity and mortality from emergencies, disasters and other crises and building national and community-level capacity to prepare for and respond to disasters.



### **PROPOSED Global Health Cluster Statement**

Recognizing the importance of national emergency preparedness and risk reduction within the overall context of the Humanitarian Reform, the Global Health Cluster:

1. Endorses the content of the current guidance note;
2. Encourages the Global Health Cluster partners in placing a greater emphasis on emergency preparedness and risk reduction in their existing humanitarian programmes/activities
3. Promotes the need for a coordinated approach of Global Health Cluster partners in support of health emergency preparedness and risk reduction at national and local levels
4. Recommends to the country-level Health Cluster when rolled out to take fully into account of national arrangements and existing capacities for emergency preparedness and response
5. Calls for agencies and humanitarian donors to earmark a portion of their humanitarian budgets to national health emergency preparedness and risk reduction (aiming at 10% of relief funds as compared to the current <4%)
6. Calls for countries to invest in health emergency preparedness and risk reduction as a key element of their development plans.