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REPORT OF ROUND TABLE 3

Emergency and humanitarian action: Improving the effectiveness of health interventions

INTRODUCTION

1. The Round Table discussion on “Emergency and humanitarian action: Improving the effectiveness of health interventions” was held on 4 September 2003 under the chairmanship of Professor Abdelhamid Aberkane, Minister of Public Health, Algeria. Professor Emmanuel Eben-Moussi (from Cameroon) played the role of facilitator and rapporteur. About 70 participants including many ministers of health participated actively in the discussions.
2. The objective of the Round Table discussion was to draw attention to the health impact of emergencies/disasters and humanitarian crises, determine more precisely the role of Member States and define measures that ministries of health and their partners may take to minimize the health impact of situations of emergency, disaster and humanitarian crisis.
3. Professor Aberkane gave a short introductory statement in which he stressed the importance of this subject, highlighted the highly intersectoral and interdisciplinary nature of disaster response, called for the detection and assessment of vulnerabilities and major risks, and deplored the limited capacity of our national health systems to organise themselves better.
4. The facilitator of the Round Table then provided some clarifications on the information document (AFR/RC53/RT3) distributed earlier to participants and on the notions of emergency and disaster, humanitarian aid and health interventions. He went on to outline the agreed method of work.
5. For her part, Mrs E. Anikpo-Ntame, Director, Division of Healthy Environments and Sustainable Development, WHO Regional Office for Africa, gave a presentation in which she reviewed the current situation, took stock of emergencies and disasters experienced in the African Region in recent years, their socioeconomic impact and the inadequacy of response,

all of which cause concern about the burning, complex, depressing and challenging nature of emergencies which rapidly evolve into humanitarian crisis.

EXPERIENCES REPORTED AND LESSONS LEARNED

6. All the experiences reported by speakers pointed to:
 - (a) the inadequacies of national response due to lack of preparedness; ensuing panic, rush and sometimes improvisation; delayed and/or inappropriate response; weaknesses of health systems and poor coordination; inadequate attention to the most vulnerable populations; and difficulties in assessing the scope of ensuing problems in time and space.
 - (b) the importance of intersectoral partnerships.
 - (c) the importance of involving, in response activities, all the active forces in the country especially the armed forces, humanitarian NGOs such as the Red Cross, and even the private sector.
 - (d) difficulties in managing the mosaic of uncoordinated interventions.
 - (e) the complexity of post-conflict, post-disaster or post-crisis situations in terms of their implications for the "health potential" of the country and the monitoring of victims.
 - (f) the fact that there are major cross-border problems especially in the regions of the Great Lakes, the Horn of Africa and West Africa.
 - (g) the need for WHO to play its normative, supportive, technical and coordination role.

DISCUSSION POINTS AND DELIBERATIONS

7. The Round Table discussed the following points:
 - (a) How can ministries of health mitigate the health impact of such situations?
 - (b) How can governments strengthen national capacity to appropriately manage emergencies and derive optimum benefit from the large amount of emergency assistance available from donors?
 - (c) How can governments and communities participate in managing emergency situations when most countries are suffering from extreme poverty?
 - (d) What kind of support do countries expect from WHO?

RECOMMENDATIONS

To Member States

8. The Round Table recommended that Member States:
 - (a) identify the potential risks of disasters and assess the vulnerability of the populations;
 - (b) play a leadership role in all response activities by defining the intervention framework and its scope, clearly outlining the code of conduct, and providing normative approaches;
 - (c) sensitize all national partners through advocacy at governmental and nongovernmental levels so as to strengthen mechanisms of collaboration and agree on coordination requirements;
 - (d) have in place an interministerial crisis management team, unit or task force and /or to include a representative of the health sector in the national security council, if it already exists;
 - (e) disseminate, as much as possible, preventive information concerning massive gathering of people and make regulatory provisions that will, upon request, ensure decentralization of close-to-client interventions especially those to be carried out in remote or border areas;
 - (f) structure national plans around five areas of concern: forecast, prevention, preparedness, response, post-disaster management;
 - (g) periodically organize simulated national disaster response drills;
 - (h) enlist, consolidate and better regulate NGOs that will intervene, especially in the humanitarian aspect of response;
 - (i) harness existing potential and train a critical mass of national human resources in emergencies (emergency medicine, planning, management, coordination, response, monitoring and evaluation);
 - (j) to manage information gathered and improve country preparedness to channel information flow to communities in order to promote local mechanisms of solidarity and vigilance;
 - (k) to strengthen emergency/disaster preparedness through:
 - a health and policy monitoring system within the framework of good governance;
 - updating of national intervention plans by ensuring that such plans take due account of the realities of some countries (e.g island regions); that they are operational and have the minimum funding and; that they are an operational part of civil protection plans;

- reinforcing the capacities of structures that provide response especially the plans on hospital emergency care and on health emergency alert;
- preventive measures such as immunization of vulnerable populations, synchronized cross-border immunization, keeping of strategic contingency stocks (food, drugs, vaccines) and improvement of nutrition status;
- strengthening of capacity to respond to emergencies or disasters through better dissemination of a technical guidelines, well organized curative and preventive care, and sustained attention to their non-health implications (habitat/environment, water/sanitation, food/nutrition).

WHO

9. The Round Table recommended that WHO:
 - (a) strengthen the organization of emergency and humanitarian action focal points and subregional intervention teams;
 - (b) pursue its efforts in training national experts in emergencies and related areas;
 - (c) keep Member States informed of all regional initiatives including appointments of subregional coordinators; development of humanitarian crisis response strategies; launch of consolidated appeal process; and establishment of support coordination centres (Johannesburg) or disease surveillance centres (Ouagadougou);
 - (d) strengthen its technical support (expertise, counselling) to countries and its advocacy on behalf of countries for resource mobilization;
 - (e) assist the countries in health risk assessment involving, if necessary, risk mapping, monitoring of prevailing risks, identification of residual uncertainties, and training in vulnerability assessment;
 - (f) assist the countries in coordinating health interventions with nationals and external partners;
 - (g) document lessons learnt.

CONCLUSION

10. The Round Table acknowledged the importance of the subject being discussed. Participants acknowledged that all countries are vulnerable to disasters and that emphasis must be put on disaster planning and management, strengthening of collaboration and partnerships and strengthening of national capacities. Moreover, all participants agreed on the need to intensify intercountry solidarity, strengthen complementarities and coordination and advocate for smooth harnessing of all potentials in order to alleviate the suffering of disaster victims.