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1 Health Implications of Natural Disasters and Humanitarian Health Action

Every year hundreds of millions of people are affected by emergencies due to natural hazards and weather-related natural disasters. These events are a major cause of morbidity and mortality worldwide. In fact, as reported by the World Health Organization (WHO), earthquakes, tsunamis, volcanic eruptions, landslides, hurricanes, floods, wildfires, heat waves and droughts have an immediate and devastating impact on human lives and health, including mental health effects.¹ Longer-term implications are also noteworthy, especially when natural disasters result in the destruction of the physical, biological and social environment of the affected populations. Furthermore, catastrophic events like strong earthquakes and tsunamis can seriously damage or even destroy health facilities and infrastructures, causing disruption of service delivery. This leads to reduced access to and functionality of public health services at all levels.

Against this background, it is evident that responding to public health emergencies caused by natural disasters is one of the biggest challenges facing national health authorities and international partners alike. However, although complexities and criticalities still underlie the work of medical responders, the global health community has made major advances in this field by working within the framework of international humanitarian law and practice. This framework requires respect for ethical imperatives of medical and public health interventions in times of emergency; provides normative and operational guidelines; calls for adherence to internationally recognised medical and legal standards; mandates application of relevant humanitarian norms and legal principles, especially equity and non-discrimination; and imposes human rights protection.

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1 For specific details on immediate and long-term direct and indirect health implications, see <<https://www.who.int/hac/techguidance/ems/natprofiles/en/>>, last accessed (as any subsequent URL) on 25 June 2019. See also Emily Ying Yang Chan, *Public Health Humanitarian Responses to Natural Disasters* (Routledge 2017).

WHO, as the leading agency of global humanitarian health action, operates within this framework in more than 40 countries affected by health emergencies ranging from disease outbreaks to conflicts and natural disasters.

2 WHO Work in Emergency and Disaster Risk Management

WHO has taken substantial steps to align its work with major challenges arising from natural disasters across the whole emergency management cycle, from prevention and mitigation to preparedness, response and recovery.

Over time, the World Health Assembly and Regional Committees have adopted important resolutions affirming WHO's emergency work; new structures and programmes have been established; improved response systems developed (e.g. Emergency Response Framework), and a greater emphasis has been given to building the capacities of Member States in emergency and disaster risk management for health (EDRM-H).² WHO has repositioned itself to play a leading role in interagency bodies such as the Inter-Agency Standing Committee, the International Strategy for Disaster Reduction and the Capacity for Disaster Reduction Initiative.

At WHO headquarters, the Emergency Risk Management and Humanitarian Response Department works closely with Member States, international partners, and local institutions to help communities prevent, prepare for, respond to, and recover from emergencies, disasters and crises. In particular, in 2016 the Organization created the WHO Health Emergencies Programme, which works with Member States and partners to manage and minimise the health risks associated with disasters. The Programme provides technical guidance and support and conducts operational and logistical missions in order to help countries to further develop key health components of risk management across all phases of the disaster risk management cycle. These components include governance, policy, planning and coordination; information and knowledge management; health and related services; and resources.

In humanitarian health emergency response, WHO relies on partnerships and networks, such as the Global Health Cluster, Standby Partnerships, Emergency Medical Teams (EMT) and the Global Outbreak Alert and Response

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² EDRM-H includes measures aimed at preventing or mitigating negative public health consequences (e.g. safe hospitals), reducing exposure to hazards (e.g. safe water supply), minimizing vulnerabilities (e.g. vaccinations), strengthening local capacities for response and recovery (e.g. mass casualty response plans), and building resilience (e.g. family planning and community health care).

Network (GOARN). The Global Health Cluster, of which WHO is the lead agency, is a network of 700 partners (international organizations and UN agencies, nongovernmental organizations, national authorities, affected communities, specialized agencies, academic and training institutes and donor agencies) operating at country level or engaged at global level. Standby Partnerships Agreements, managed by WHO Headquarters, allow the rapid access and deployment of highly skilled personnel to support the emergency work of WHO and the Health Cluster. GOARN operates under WHO's leadership and is a multidisciplinary network of technical and operational resources from over 200 public health institutions, specialist public health networks, laboratories networks, UN organizations and international NGOs. It also deploys additional health personnel in response to public health emergencies occurring worldwide. EMTs are groups of health professionals – from governments, charities (NGOs), militaries and international organizations such as the International Red Cross and Red Crescent movement – who can be deployed in international emergency scenarios, provided that they comply with the minimum standards set by WHO and its partners and that they are officially classified as internationally deployable teams.³ These partnerships have played a crucial role in supporting the WHO's response to natural disasters which occurred in the field during 2018.⁴

WHO is currently implementing its General Programme of Work for 2014–2019, which includes “emergency preparedness, surveillance and response” as one of six major categories of work, and its Six-Year Strategic Plan to Minimize the Health Impact of Emergencies and Disasters (2014–2019), which is based on three major objectives: building the capacity of Member States to manage the risks of emergencies and disasters to mitigate their health consequences; delivering effective humanitarian response and health cluster leadership in acute and protracted emergencies; leading and coordinating global efforts for EDRM-H and humanitarian health action.⁵ The work carried out in 2018 is summarised in ‘WHO's work in emergencies: prepare, prevent, detect and

3 In 2018, the New Zealand Medical Assistant Team, the teams of the Norwegian Directorate of Health and the China International Emergency Medical Team (Sichuan) were classified as EMTs. More information at <https://extranet.who.int/emt/news_detail/189>, <https://extranet.who.int/emt/news_detail/335> and <https://extranet.who.int/emt/news_detail/335>.

4 See *infra*, para. 5.

5 See WHO, WHO's Six-Year Strategic Plan to Minimize the Health Impact of Emergencies and Disasters (WHO Press 2015).

respond – Annual Report 2018'.⁶ The Report, which is mostly focused on emergencies due to infectious diseases (especially Ebola), highlights the significant role of the Contingency Fund for Emergencies as well as the importance of partnerships and interaction with other WHO-led networks and programmes. The Report also addresses the challenge of meeting basic needs and providing universal health coverage to people living in fragile and vulnerable settings. It calls for innovative approaches between health emergencies and health systems programmes, increased focus on the development-humanitarian nexus, and strong partnerships and coordination also with the World Bank, the United Nations International Children's Emergency Fund, the World Food Programme.

3 WHO Guidelines for Emergency Risk Communication

On 10 January 2018 the WHO published 'Communicating Risk in Public Health Emergencies. A WHO Guideline for Emergency Risk Communication (ERC) Policy and Practice',⁷ which is the first ever systematic evidence-based risk communication guidance adopted by the Organization, which adds to several other forms of guidance on risk communication adopted by WHO and its partners over the last two decades.

The guidelines provide WHO Member States, partners and stakeholders involved in emergency preparedness and response with guidance on: building trust and engaging with communities and affected populations; integrating risk communication into existing national and local emergency preparedness and response structures, including building capacity for risk communication; emergency risk communication practice – from planning, messaging, channels and methods of communication and engagement to monitoring and evaluation – based on a systematic assessment of the evidence on what worked and what did not work during recent emergencies.

These recommendations were developed for policy- and decision-makers responsible for managing emergencies, and practitioners responsible for risk communication before, during and after health emergencies related to epidemics and pandemics, humanitarian crises and natural disasters. They are also useful for front-line responders, local, national and international

6 WHO, 'WHO's work in emergencies: prepare, prevent, detect and respond – Annual Report 2018' available at <<https://www.who.int/emergencies/who-work-in-emergencies/en/>>.

7 WHO, Communicating risk in public health emergencies A WHO guideline for emergency risk communication (ERC) policy and practice (WHO Press 2017).

development partners, civil society, the private sector and all organizations, private and public.

It is interesting to note that the guidelines are articulated into “strong” or “conditional” recommendations depending on the quality of the evidence, the harms, benefits, feasibility, values, preferences, resource use and equity considerations surrounding the recommendation. A strong recommendation is one that should be implemented in all settings, whereas a conditional recommendation is one that may be implemented in specific settings and circumstances. Where there are clear best practices based on accepted principles, but evidence is scarce or indirect, the recommendation is framed as a “best practice statement”.

These recommendations are meant to be implemented through the development of manuals, training courses and standard operating procedures incorporating them. Their impact will be monitored, *inter alia*, by way of measurement of references made to the guidelines in related publications, documentations, emergency response strategies and action plans, and on the basis of the feedback given during the Joint External Evaluations regularly conducted to assess Member States’ core capacities for managing public health emergencies, including risk communication.

4 WHO Role in the Implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030

Health is a central component of the Sendai Framework for Disaster Risk Reduction 2015–2030.⁸ The Sendai Framework recognises that protecting people’s health from the risks of emergencies and disasters is a social, economic and political necessity and a rights imperative. Many aspects of the Framework’s priorities (understanding and using risk information, improved government policy and legal frameworks, building the resilience of countries and communities, reducing underlying risk factors, and more effective preparedness, response and recovery) contribute to improved health outcomes. Four out of the seven global targets have a direct link to health (reduction of global disaster mortality, promotion of populations’ well-being, access to multi-hazard early warning systems and safety of health facilities and services).

⁸ UN, ‘Sendai Framework for Disaster Risk Reduction 2015–2030’ (18 March 2015) UN Doc A/CONF.224/CRP.1.

In line with the Bangkok Principles for the implementation of the health aspects of the Sendai Framework,⁹ WHO contributes to support countries in four major areas of commitment:¹⁰

1. Strengthening of country capacities for EDRM-H, including risk and capacity assessments, guidance on strengthening resilience of health systems, training of professionals in health and other sectors, and emergency preparedness for response and recovery. In this respect, WHO has designed the new policy framework 'Reducing Health Consequences of Emergencies and Disasters: A Risk Management Policy Guide' to help countries to manage emergency risks and reduce their health consequences and the 'Strategic Framework for Emergency Preparedness',¹¹ which also applies to 'emergencies due to hydrometeorological and geophysical hazards'.
2. Implementation of the Safe Hospitals Initiative. WHO has also released a new Comprehensive Safe Hospital Framework and launched the Hospital Safety Index to make hospitals safe and operational in disasters, which was one of the key targets under discussion in Sendai.
3. Continued implementation of the International Health Regulations (2005) for the prevention and control of public health emergencies with the potential to be spread internationally. WHO supports Member States to develop and maintain national core capacities for the detection, investigation, response and reporting of public health events within their territories.
4. Action on climate and health, including reducing risks to health due to extreme weather and climate-related hazards and climate-sensitive diseases. WHO and the World Meteorological Organization (WMO) have established the WHO-WMO Climate and Health Office and work together on implementing the Global Framework for Climate Services to meet the climate information needs of the health sector.

Under the scope of the Sendai Framework, WHO regional and country offices support Member States to develop and implement comprehensive plans and

9 The Bangkok Principles were adopted at the International Conference on the Implementation of the Health Aspects of the Sendai Framework, held in Bangkok 10–11 March 2016. Information and documents available at <<https://www.unisdr.org/conferences/2016/health>>.

10 WHO, 'Protecting Peoples' Health from the Risk of Disasters' available at <https://www.who.int/hac/techguidance/preparedness/protecting_peoples_health_march2015.pdf?ua=1>.

11 WHO, A Strategic Framework for Emergency Preparedness (WHO Press 2017).

programmes for national health security, emergency preparedness, health emergency and disaster risk management.

In 2018, WHO helped to implement the Sendai Framework by: (a) contributing to an in-depth report on disaster risk reduction, developed in consultation with the regional offices and relevant programmes at headquarters; (b) integrating multi-hazard approaches to risk assessment, planning and coordination in the revisions to the IHR (2005) States Parties Annual Reporting (SPAR) tool and Joint External Evaluation (JEE) tool (in 2018, 180 countries reported to WHO on their national capacities to prepare, prevent, detect and respond to emergencies using the new SPAR; 24 countries in the six WHO regions requested that a JEE be carried out); (c) improving links between health emergency preparedness and health systems strengthening through the establishment of a joint working group on universal health coverage and emergencies.

5 The WHO Emergency Response Framework

In 2013, WHO elaborated a grading system for emergencies which relates to the Emergency Response Framework.¹² Grading is an internal activation procedure that triggers WHO emergency procedures and activities for the management of the response.

The grading assigned to an emergency indicates the level of operational response required. Grades 1, 2 and 3 respectively distinguish a single or multiple country event with minimal/moderate/substantial public health consequences that requires a minimal/moderate/substantial response by WHO offices in countries, territories and areas (WCO) (through organizational and/or external support) or international WHO response.

For acute events and emergencies, the grading exercise is conducted within 24 hours of a risk assessment that characterizes an acute event as high or very high risk, or a situation analysis that indicates the likely need for an operational response by WHO to a sudden onset emergency, e.g. an earthquake or a tropical storm. For moderate risks or slower onset events, e.g. due to conflict or drought, grading may only happen several days after initial assessment. However, the WHO's immediate operational response to acute events and emergencies is not dependent on grading. If the risk assessment or situation analysis indicates the need for an operational response, WHO immediately repurposes the country office(s), initiates response activities and then proceeds to grading within a maximum of 24 hours of the analysis.

¹² WHO, Emergency Response Framework (WHO Press 2013).

In 2018, WHO responded to the call for assistance in a number of natural disasters according to the grading assigned to each of them.¹³

5.1 *Cyclone Gita in Tonga (Grade 1)*

Tropical Cyclone Gita, a Category 4 storm, tore through the Pacific in early February 2018. WHO supported the Ministries of Health (MoH) of Tonga and Samoa to control mosquito-borne diseases, strengthen disease surveillance, provide mental health services and coordinate the joint response of health, nutrition, water and sanitation partners. Also working closely with other partners (including Australia, Japan, New Zealand, Oxfam New Zealand, the Tonga Red Cross, UNICEF, the UN Population Fund) under the Pacific Humanitarian Team, the WHO focused on delivering health, water and sanitation services, emergency supplies and rapid diagnostic tests.

5.2 *Earthquake in Papua New Guinea (Grade 1)*

On 26 February 2018, a 7.5 magnitude earthquake struck Papua New Guinea, triggering landslides, killing and burying people and houses, affecting water sources and destroying crops. The Government declared a state of emergency. A third of all health facilities in Hela and Southern Highlands Provinces closed in the immediate aftermath of the earthquake. WHO repurposed 19 country office staff and deployed 5 international experts to support the response. To guide and coordinate the joint response and recovery efforts, WHO and the National Department of Health (NDoH) supported the drafting of Provincial Health Emergency Response and Recovery Plans and operationalized two Provincial Health Emergency Operations Centres (EOC) in the most-affected provinces. WHO drafted a Public Health Situation Analysis Humanitarian Crisis in Papua New Guinea. In addition to the EOCs at the national level, two Provincial EOCs were established with WHO's support in Hela and Southern Highlands. WHO provided essential equipment to ensure that operations could be started. It also supported the NDoH with technical expertise in immunization, health service delivery, partner coordination, risk communications and surveillance.

13 See at <<https://www.who.int/emergencies/crises/en/>> and at <<https://www.who.int/westernpacific/news/feature-stories/detail/eight-emerging-diseases-and-emergencies-who-responded-to-in-the-western-pacific-region-in-2018>>.

5.3 *Floods in Myanmar (Grade 3)*

Seasonal monsoon floods affected several States and regions in Myanmar since July 2018. Seventy-two health facilities were affected by the floods. Further, on 29 August 2018, a spillway of the Swar Chaung Dam in Bago Region, broke to cause flooding in Yedashe township. WHO Myanmar received an official request from MoHS, on 30 July 2018, for flood response support. Health partners received various requests for support from different levels of government, including State or regional and township levels. WHO provided a package of support – including essential medicines, life jackets and operational costs – to assist health teams of MoHS in Mon & Kayin States, Bago and Thanintharyi Regions. The WHO also supported operational costs for mobile clinics.

5.4 *Floods in Laos (Grade 1)*

On 23 July 2018, heavy rains overwhelmed an auxiliary dam of a hydroelectric project in Lao People's Democratic Republic. Catastrophic flash flooding inundated villages, health facilities, houses, schools, roads and other basic infrastructure in Attapeu Province. As a result of continued rains, a further 10 provinces across the country were flooded. The Government of Laos declared Samanxay District of Attapeu Province a National Emergency Disaster Zone. WHO staff arrived in Attapeu within 72 hours of the flash flood, working alongside the MoH and partners to conduct a rapid assessment of health needs. WHO's response included coordination of the national Health Cluster; response coordination at the Provincial level; psychological first aid; dead body management and maternal and child health; establishment of enhanced surveillance and response in temporary shelters and affected villages; water purification tablets and rapid diagnostic tests.

5.5 *Typhoon Ompong in the Philippines (Grade 1)*

Typhoon Ompong (Mangkhut) made landfall in Baggao, Cagayan, in the north-eastern Philippines on 15 September 2018. The typhoon caused flash flooding, storm surges and landslides. WHO supported the DoH to respond rapidly to the typhoon, activating emergency disease surveillance and immediately deploying staff, medicines and supplies to the affected regions. WHO prepared in advance of the typhoon's arrival, activating the emergency teams in WHO Philippines and the WHO Western Pacific Regional Office. WHO designated the typhoon in the Philippines as a Grade 1 emergency, allowing for the rapid deployment of staff, supplies and emergency funds to facilitate the response. By 16 September, the initial group of WHO staff had been deployed to the affected area to join humanitarian teams in conducting a rapid assessment of

the typhoon's health impact, in coordination with the DoH. On 5 December, WHO removed the emergency grading.

5.6 *Earthquake and Tsunami in Central Sulawesi Province (Grade 1)*

On Friday 28 September 2018, a 7.7 magnitude earthquake hit Central Sulawesi Province. Fifteen minutes later, a tsunami hit Palu City. Forty-five healthcare facilities were affected, with nine health facilities severely damaged. WHO closely worked with the MoH, province health office, UNICEF focal point in the field and other humanitarian partners in the country to provide necessary and timely support based on identified needs and assessment on-ground. WHO personnel supported health cluster coordination and response, including EMTs coordination, health response mapping, health facility mapping, surveillance, risk assessment, water and sanitation situation, mental health and immunisation.