

HEALTH EMERGENCIES

**1 billion more people better protected
from health emergencies**

WHO's strategic priority is to:

- build and sustain resilient national, regional and global capacities required to keep the world safe from epidemics and other health emergencies; and
- ensure that populations affected by acute and protracted emergencies have rapid access to essential life-saving health services including health promotion and disease prevention.

WHO will monitor both the world's progress towards ensuring that people are better protected from health emergencies and the Secretariat's own contribution, using the ambitious SDG-based goal below, the Organization will protect those most at risk as well as reducing the global risk of further spread and impact (see Box 6 below). Change in this area is gaining momentum, making historical comparisons of the pace of transformation less relevant. Building on the momentum, a significant effort, including by Member States, will be required in order to achieve this goal and the scale-up needed is a step-change increase compared with past performance.

Box 6. 1 billion more people better protected from health emergencies

This goal is based on SDG indicator 3.d.1 (International Health Regulations (IHR) capacity and health emergency preparedness). Work to reach this goal will make the world better prepared for health emergencies by measurably increasing the resilience of health systems for a population of 1 billion people. Based on historical trends, it is feasible for the WHO Secretariat to work with countries with a combined population of 1 billion people to improve preparedness for health emergencies. WHO will measure this goal based on the Organization's activities supporting countries to strengthen their preparedness for health emergencies. It is also clear that better measurement methods to document improvement are needed and that WHO can lead the way in this area. The benchmarks will be structured to make this indicator universal so that any country can contribute to the global goal. Measurement tools will be strengthened to include variables on exposure and vulnerability. Improving the safety of any population improves the safety of everyone. Being "better protected" does not provide any absolute estimation of safety. WHO recognizes that further work is necessary to achieve a more precise description and measurement of parameters such as epidemic risk and resilience of systems. The Organization will, therefore, work together with relevant partners across all sectors to complete the development of the necessary measurement tools.

Every country is vulnerable to epidemics and emergencies – the threat is universal. Global and regional early warning and events-based surveillance systems are now in place; data will be made available in a more systematic and timely manner to core partners, countries at risk, and the public. Strengthening the resilience of communities and countries through UHC will provide the foundation for health emergency risk management. Early detection, risk assessment, information-sharing and rapid response are essential to avoid illness, injury, death and economic losses on a large scale. However, not all countries have the same health emergency risk management capacities. The world is only as safe as its most vulnerable setting. Ensuring that 1 billion more people are better protected from health emergencies makes us all safer.

The Secretariat will work with Member States and partners to increase all-hazards health emergency detection and risk management capacities across all phases of risk prevention and detection, emergency preparedness, response and recovery through the implementation of the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction. This work includes WHO's activities in relation to its central position as a humanitarian health cluster lead and will be coordinated closely with WHO's work on climate change. The Organization will work collaboratively to progressively strengthen the capacity of national authorities and local communities to manage health emergencies by taking an all-hazards approach and by building strong public health-oriented and people-centred health systems, institutions and networks based on the essential public health functions and core capacities under the International Health Regulations (2005). National action plans to implement and maintain critical core capacities – in response to after-action reviews, and self and external assessment, and tested through simulations – serve to better protect populations at local, national and global levels. Specific preparedness programmes such as the Safe Hospitals Initiative will be integrated into such plans.

Stronger and more resilient national health systems will be backed by the regional and global alert and response mechanisms that will provide early warning and coordinate the international support required to contain and mitigate the impact of health emergencies. WHO will also work with partners to identify and coordinate the research, development and innovation needed to better detect, prevent and respond to new and emerging diseases and other sources of risk. The Organization will coordinate and encourage Member States to develop a Health Reserve Force to mobilize in health emergencies.

WHO aims to serve the most vulnerable populations, particularly in fragile and conflict-affected countries. This includes women, children, the elderly, people with disabilities and people who are poor, all of whom are disproportionately affected in such settings. These countries account for a large proportion of high-impact epidemics and unmet SDG need, thus providing a natural overlap between emergencies, UHC, and healthier populations. Populations that have been forcibly displaced are especially vulnerable. The WHO Secretariat will work with national authorities and partners to ensure that essential life-saving health services, including health promotion and disease prevention, mental health and psychosocial support, and nutrition services including support for exclusive breastfeeding, reach the people most in need. The Secretariat will support the integration of vaccination and other epidemic prevention campaigns during humanitarian emergencies (such as joint polio, cholera and malaria campaigns) for affected groups. The implementation of WHO's new vector control strategy will also be an important element of this work. WHO will work to ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, in line with SDG target 3.7; and to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, in line with SDG target 5.6.

In these settings WHO will focus on preventing health system collapse, maintaining critical services and rebuilding the health systems after crises and conflicts. This challenge also brings health emergencies and, UHC closely together. Health emergencies are compounded

by the weakness and fragility of the very health systems that need to prevent, prepare for, detect, respond to and recover from such emergencies. Health emergencies weaken health systems and weak health systems amplify health emergencies. WHO will track the impact of its emergency response work in affected countries by measuring access to and delivery of interventions in addition to the outcome areas monitored under the UHC objective.

WHO's approach to health emergencies is described in the results framework of the health emergencies programme.¹ It seeks to ensure that:

- populations affected by health emergencies have access to essential life-saving health services and public health interventions;
- all countries are equipped to mitigate risk from high-threat infectious hazards;
- all countries assess and address critical gaps in preparedness for health emergencies, including in core capacities under the International Health Regulations (2005) and in capacities for all-hazard health emergency risk management;
- national health emergency programmes are supported by a well-resourced and efficient WHO Health Emergencies Programme.

Major reforms to the programme have been implemented in the past two years; strong progress, in keeping with the findings of the Independent Oversight and Advisory Committee, has been made as a result. However, further strengthening will require the transformation of some WHO business processes and the strengthening of WHO's work in country offices. These changes represent corporate priorities that will require corporate solutions.

The strong link with UHC will help in a number of areas, namely: preparedness, health services to refugees and migrants; preventing health systems collapse in fragile, conflict-affected and vulnerable States; and using recovery opportunities to "build back better" health systems. Strong community involvement is a critical component, as has been documented in the Ebola crisis.

As the world approaches the eradication of polio, certain functions essential to maintain a polio-free world will have to be sustained. Moreover, polio programmes have helped to strengthen health systems and these wider gains must be maintained as the polio programme is being ramped down. Essential functions currently supported by polio funds should be integrated into a broader health effort (for example, integrated disease surveillance, outbreak preparedness and response systems and poliovirus containment will need to be absorbed into other biosafety and bio security efforts).

WHO will continue to play a critical role in the execution and coordination of these functions, particularly in States with fragile or failed health systems where substantial polio resources were deployed and contributed to strengthening the overall health system.

WHO will identify those countries, and areas within countries, where the withdrawal of polio eradication resources could substantively weaken a national health system's capacity to deliver basic immunization services, and detect and respond to emergencies. The Secretariat will then work with the countries concerned and their partners to establish sustainable solutions that maintain critical capacities as a foundation for managing threats and emergencies and for rebuilding this aspect of the health system.

¹ See <http://www.who.int/about/finances-accountability/funding/financing-dialogue/emergencies-programme-results-framework.pdf> (accessed 5 March 2018). The list in the text is updated for the Programme budget 2018–2019.