

Prepare and Respond

Operational Capacity of the WHO South-East Asia Region: Ready and committed

Background

The earthquake and tsunami of 26 December 2004 was a wake-up call to WHO, especially to the Regional Office for South-East Asia and its country offices. That event defined WHO's operational role in response and as the coordinating body for the humanitarian health actors. As defined by UN Humanitarian Reform in 2005, WHO is the global health cluster lead with responsibility to ensure that health needs are addressed in any emergency. Since then, WHO in South-East Asia has performed the role of health cluster lead in major emergencies

such as the Yogyakarta (Indonesia) earthquake in 2006, Cyclone Sidr (Bangladesh) in 2007, Cyclone Nargis (Myanmar) in 2008, the Sumatra (Indonesia) Earthquake in 2009 and recently the Thailand floods in 2011.

Moreover, with the expression of need from Member States for WHO support in emergencies and the demand from the international community for WHO to take a lead role in health matters in emergencies, WHO-SEARO took steps to ensure that key elements of operational readiness are in place so the Organization can perform its role better in these areas.



The South-East Asia Regional Health Emergency Fund (SEARHEF)

The South-East Asia Regional Health Emergency Fund is a mechanism that allows for a more rapid response to natural and man-made disasters. The fund has been established by the WHO Regional Office for South-East Asia and the 11 Member States of the Region. It became operational in January 2008. At its establishment, the Royal Government of Thailand donated an additional US\$ 100 000 and in 2009, the Democratic Republic of Timor-Leste also made a donation of US\$ 10 000.

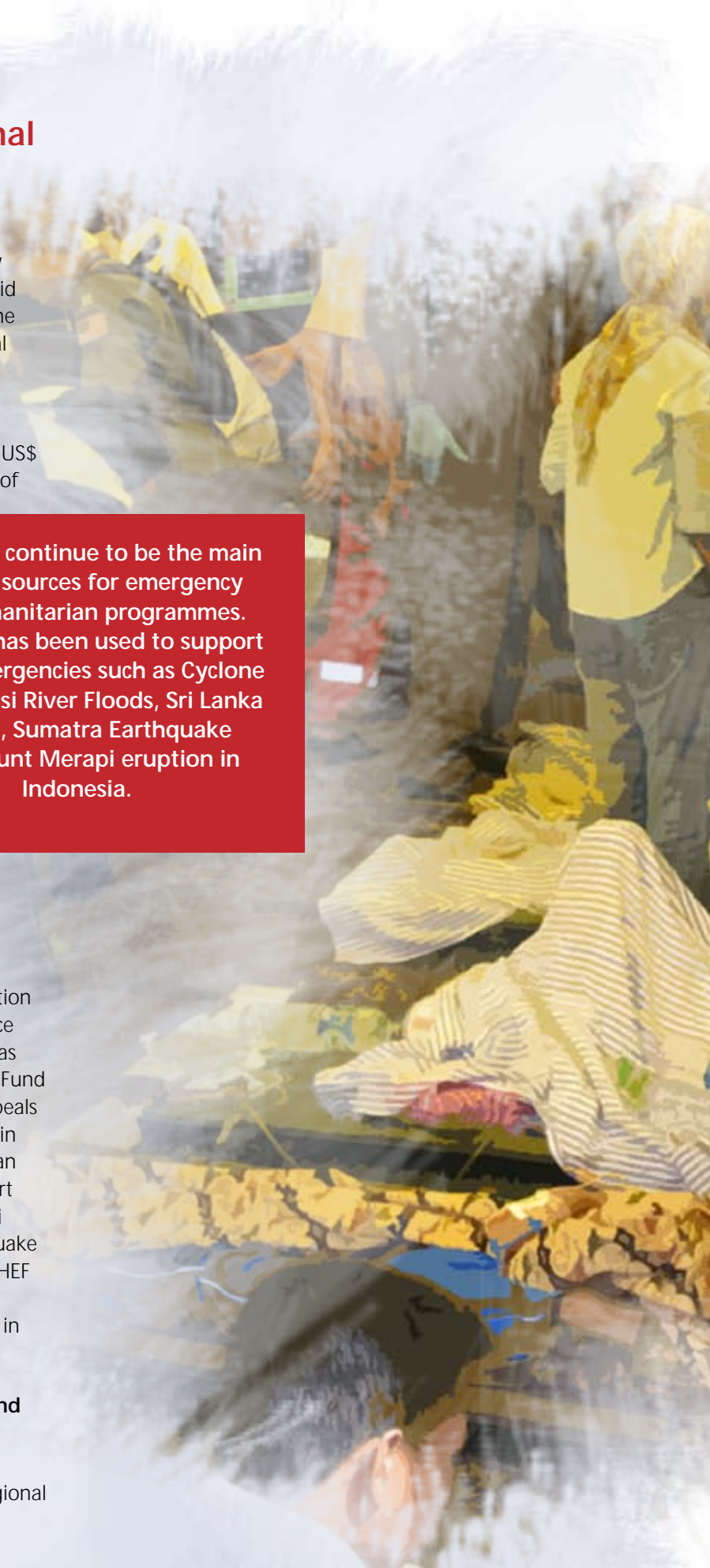
The fund has set policies, procedures and guidelines developed by the SEARHEF working group composed of representatives from the Member countries. Through the WHO country offices, the countries can obtain financial support from the fund within 24 hours of an emergency.

The fund is designed to provide financial support in the aftermath of an emergency for the first three months. Funding through SEARHEF is meant to cover immediate needs and fill critical gaps. It is not intended to fund bulk relief, long-term recovery, reconstruction or rehabilitation work. The fund does not replace existing and well-established mechanisms such as flash appeals, the Central Emergency Response Fund (CERF), Flash Appeal (FA) and Consolidated Appeals Process (CAP). These will continue to be the main funding sources for emergency and humanitarian programmes. The fund has been used to support major emergencies such as Cyclone Nargis, Kosi River Floods, Sri Lanka conflict, Sumatra Earthquake and Mount Merapi eruption in Indonesia. SEARHEF was also useful in small and underfunded emergencies which include a fire in Bangladesh in 2011, and a flash flood in Sri Lanka in 2008.

Stockpile of health emergency medicines and supplies

A manageable stockpile that is mobilized for response in emergencies is managed by the Regional Office in warehouses in Delhi and Bangkok. It

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contains items such as the Interagency Emergency Health Kits (IEHK), surgical and trauma kits as well as diarrhoeal disease kits. This stockpile has been useful for preparedness and response. Basic emergency supplies and medicines are pre-positioned and sent to countries prior to the monsoon season. For response, the stockpile has also served several emergencies in the Region such as Cyclone Giri in Myanmar, the cloudburst in Leh, India, earthquake in Myanmar, floods in DPR Korea, Nepal and Sri Lanka.

Tapping expertise in the Region

Through an emergency task force which is activated by the Regional Office during major events all relevant technical units through their regional advisers are called upon to support the operations. The various experts provide their technical knowledge and familiarity with country structures and contexts as inputs to the response. Usually they are deployed to the affected areas to work during the emergency. Other networks and expertise are also tapped through the task force. This system has been in place since the programme began and was applied in various major emergencies such as the 2004 tsunami and Cyclone Nargis.

WHO country office readiness workshops

After the tsunami in 2004, WHO country offices in the Region have updated their contingency plans and set-up their own operations rooms. EHA-SEARO provided technical assistance and support for these activities. In September 2008, to better align with global practise a training for public health deployment was conducted in Jaipur, India for WHO country office staff. From the country offices there were technical, administrative and planning staff trained in launching response operations should an emergency happen in the countries of their duty station. To further expand the impact of this preparedness training, specific country office readiness workshops were designed and conducted in country offices. The output of these workshops are: 1) clear roles for each staff member; 2) internal emergency response arrangements and procedures; 3) orientation to all standard operating procedures in emergencies : 4) a technical plan for priority hazards based on accepted scenarios of the country teams; and 5) needs identified for a preparedness stockpile. The full methodology is now being put together in modules as there is a need to conduct the workshops on a regular basis.

Rosters of experts

Through a call for experts to participate in the EHA roster, several hundreds of applications were screened, with preference primarily for experience in emergencies and in the countries in the Region. The list is being maintained and used for emergencies. If needed, global rosters are also used. This allows for easy recruitment using emergency procedures.

WHO SOPs for emergencies

Global standard operating procedures for emergencies were developed to provide better, efficient and speedy processes to address needs in an emergency. These procedures include those for emergency funds (eg SEARHEF, CERF, Flash Appeals); delegation of authority to the country or field office; rapid recruitment and speedy procurement. These SOPs are being used and applied in the emergencies that the WHO Regional Office and country offices had to respond to in recent years. The SOPs are a work in progress with new procedures updated or developed for specific needs (eg in-kind donations). The EHA unit in South-East Asia Regional Office has held orientation workshops on the procedures. and is also a main topic and activity in the WHO country office workshops.

