

Essentials for Emergencies

Human survival and health are the cross-cutting objectives and the measures of success of all humanitarian endeavor.

WHO's goal is to reduce avoidable loss of life, burden of disease and disability in emergencies and post-crisis transitions.

The purpose of this booklet is to assist WHO and other Public Health workers in the field when an emergency occurs. The booklet provides technical hints on how to carry out a rapid health assessment, how to facilitate coordination, how departments in WHO can assist, etc. Standard formats for reporting and reference indicators are provided. The information is based on:

- *WHO manual section XV.4*
- *Handbook for Emergency Field Operations*
- *Humanitarian Assistance in Disaster Situations*
- *Information and feedback from technical departments in WHO/HQ and regional offices*

With thanks to DFID-UK and Italian Government.

Within 24 hours from the event contact the EHA focal point at RO with copy to HQ for:

- Type, date, time and place of emergency
- Magnitude: Size of affected area and population
- Reported deaths and injuries
- Extent of damage to health facilities or services
- Expected health problems: immediate priorities, sectoral and non-sectoral
- Has a "state of emergency" been declared?
- Has an official appeal been made?
- What action is taken by local authorities
- Action taken by WHO
- What more is requested from WHO

Soon thereafter, the following information is needed:

- Activities taken in coordination with the UN
- Action requested or proposed for RO and HQ
- Funding requirements
- Human Resources required (number and type of specialized personnel)
- Did WHO participate in multisectoral needs assessments and appeal preparation?

EHA needs regular reports to keep donors updated
Use the Template and the Hazard Sheets from EHA web page to structure your reports.

Ensure that the funding needs you put forward are in line with, and possibly included in any UN Interagency appeal.

Actions expected from WHO country office

1. Take the lead within the international community:

- Health coordination
- Rapid health assessment
- Epidemiological and nutritional surveillance
- Epidemic preparedness
- Essential drugs management
- TB, Malaria, Polio, HIV/AIDS and STI control
- Physical and psychosocial rehabilitation

2. Be of service to all involved in humanitarian assistance: recognize how other agencies contribute to public health; assist them in planning and advocacy

2.1. Provide guidance on:

- Health education
- Nutritional requirements
- Immunization
- Medical relief items
- Reproductive health
- Water and sanitation
- Mental health

2.2. Provide Information:

- Country's epidemiological profile
- National Health Priorities
- National health resources and focal points
- WHO's public health guidelines
(e.g. Emergency Health Library Kit, CD-Rom)
- Facilitate contact with WHO's specialized departments

WHO's Core Commitments in Emergencies

Assess and monitor health and nutrition life-threatening needs so that they are immediately tackled.

Ensure that:

- Local health systems are preserved
- Risks related to the environment are addressed
- Access to health care is guaranteed, including essential drugs and vaccines
- Humanitarian Health Assistance is in line with international standards

Advocate for humanitarian access, neutrality and protection of health systems

Use lessons learnt to improve preparedness

Link relief to capacity building and health sector reform.

Rapid Health Assessment

The more effective MOH and WHO are in collecting and circulating information, the easier it is to coordinate health relief.

- Assess the situation and trends: Look at the causes, magnitudes, affected areas, likely evolution of the emergency and its impact; identify the groups and areas most at risk
- Assess the needs: Look at the vital needs of the population - security, water, food, shelter and sanitation, blankets, health care
- Assess resources: Look at what remains of local systems, what can be quickly mobilized from other partners (UN, NGOs, religious institutions) and what are the gaps in response capacity
- Determine the area of priorities for WHO action

Sources for information:

Your files, MOH, other UN agencies. Field visits: local health authorities, NGOs, community leaders, and surveys.

Use WHO's "Rapid Health Assessment Protocols", which are available on www.who.int

Draft projects for immediate priorities and contact local donors

Think forward!

- Anticipate health outcomes if needs stay un-addressed
- Anticipate rehabilitation needs

Involve the local authorities and field workers in your assessments.

The media

The media is very useful for information dissemination and funds raising. Don't be shy to explain the need for funding; it can have a very positive impact.

Get an information officer on site.

Seek the media out to provide correct info

Contact both prominent media groups and national media.

Have talking points prepared.

Issue a press release:

- Put key points in first paragraph
- Text needs to be brief (max one A4)
- Title and opening line are most important part ó grab attention and encourage to read
- Use a language appropriate for the audience

Advocate for health in general and not only for WHO

Share credit and visibility with partners

Prepare for an interview: Use technical guidelines, available at PAHO's website:

www.paho.org/English/PED/medios.htm

Contact the Regional Office or

Gregory Hartl at HQ: inf@who.int

Good media exposure is very beneficial and is an integral part of the overall work for response and rehabilitation.

*There is no point in being able to help
if nobody knows you are there!*

Coordination

WHO has the responsibility to ensure that health relief coordination takes place and it involves both national and international partners.

Coordination is teamwork, not competition nor exclusion. It is based on effective exchange of information, and not on 'institutional mandate'. WHO can only deliver if it does so in partnership with other organizations.

To coordinate is to facilitate:

- Circulate information among partners
- Discuss needs and lines of action
- Reach a consensus on objectives, strategies and plans
- Adopt responsibilities in the context of what agreed
- Make partners aware of and respect national policies and international protocols

Health coordination must start as soon as possible, be regular and frequent: at the start of a crisis, changes are fast and many.

A central health coordination committee is essential, in order to:

- Have partners work together
- Have teams/partners share plans and resources
- Implement joint operations

The committee needs to meet regularly, chaired by MoH and includes UN agencies and NGOs. The best is for WHO to ensure permanent secretariat.

Coordination is about people

Coordination is difficult, but vital in emergencies, where needs are extensive and resources and time are limited.

Hints:

- Feed Health information on a constant basis to the committee and national health authorities for substantial discussions
- Support the MOH in taking the lead
- Clarify WHO's role of facilitation and guidance
- Manage meetings, keep them short and focused
- Design forms to organize the exchange and collection of information (samples are available on www.who.int/eha/disasters in the Handbook for Emergency Field Operations)
- Be clear and insist that others are too
- Give positive feedback, be tactful with criticisms
- Feed health information into UN SITREPS
- Circulate health updates and publish newsletters
- Make sure that feed-back flows also towards district health authorities

Have your partners appreciate your capacities and respect your limitations.

Your success depends on effective information dissemination. Create a climate where partners want to contribute information.

Cross-border health emergencies

- Inform immediately your colleagues in WHO offices in bordering countries
- Share information on events, health updates/profile, resources, governments political attitude and expectations
- Set up a coordination mechanism, involving the Regional Office
- Define a common strategy to manage the emergency
- Evaluate jointly the needs
- Ensure that the same public health practices are adopted and implemented on both sides of the border
- Propose political and technical cross border meetings
- Advocate for secure humanitarian access as integral part of public health promotion

Remember: "cordons sanitaires" do not work!

Inappropriate donations

The arrival of inappropriate relief donations can cause major logistic chaos.

- Distribute national list of essential drugs and medical supplies as appropriate to the situation to the donors
- Distribute WHO's Guidelines for Drug Donations if no national document is available
- Assist country with emergency management plan on donations
- Ensure that donors and operational agencies observe these guidelines
- Ensure that donors and operational agencies consult the national health authorities before sending used or new medical equipment and vaccines
- Discourage sending used clothes, shoes, household foods, household medicines or prescriptions drugs, blood and blood derivatives,
- Double check whether medical or paramedical personnel or teams, field hospitals, modular medical units and tents are really needed and cost-effective

Use WHO's Guidelines on Donations available at:

www.paho.org/disasters

and

www.who.int/medicines

<http://www.who.int/eha/disasters>

Running the Operations

Good information management is key to success.

- Adapt existing surveillance systems to current situation: ensure that essential information is collected and disseminated with the needed frequency
- Surveillance system should combine all information from national official sources, UN sources, NGOs and national media
- Develop mechanisms for local dissemination of information (newsletters, technical briefs)
- Organize the information for quick access: files, charts
- Organize field trips for monitoring: send WHO staff to where things happen
- Report to internal and external partners
- Disseminate WHO's technical guidelines
- Support health coordination at sub-national level
- Ensure evaluation

Prepare situation reports to inform RO and HQ about the health situation and needs, activities and plans, resource mobilization, and contacts. Both the RO and HQ can assist with standard formats.

Organizing chaotic information into a logical picture assists in reducing stress.

Use health indicators to facilitate coordination

You can inform your partners on:

- The status of the population and the effectiveness of relief (e.g. death rates x 10,000, trends)
- Reasons for alert (e.g. signs of epidemics)
- Difference between crisis and normal seasonal variations (e.g. epidemiological curve)
- Security (e.g. No. of intentional injuries)
- Quality of water
- Water, sanitation, availability of soap and buckets (e.g. No. of cases of diarrhoea)
- Food security (e.g. No. of cases of acute malnutrition)
- Nutritional value of food aid
- Health care (e.g. closest functioning health facility, availability of drugs)
- Logistic and communications (e.g. state of cold chain)

You must monitor support activities, too:

- How is the health *information system* working ?
- How often are *coordination* meetings held ?
- Is *training* being organized ? Is it attended ?
- Are *new projects* being prepared ? Funded ?

You need *denominators*: get figures or estimates on the No. of population and breakdown

Review the *Case Definitions* with the partners, not only for diseases: e.g. who is *the affected population* ?

Security phases

The UN recognizes five phases of security, to safeguard UN personnel and their families. These phase are:

Phase 1: Precautionary. Clearance is needed on travel for UN missions, which can be obtained in-country by the WR on receipt of the travel authorization.

Phase 2: Restricted movement. Travel to or within the country needs to be approved by the Resident Coordinator.

Phase 3: Relocation. Relocation of non-essential staff will take place within or outside the country. Which staff are essential will be determined by the Resident Coordinator taking into consideration the recommendations of agency representatives.

Phase 4: Program Suspension. Staff directly concerned with emergency or humanitarian relief operations or security matters can stay inside the country. All other international staff will be relocated outside the country.

Phase 5: Evacuation. The country has deteriorated to such a point that all remaining internationally recruited staff are required to leave.

When a country is in a security phase, staff can only travel with a security clearance.

Preparedness is also security.

Radio procedures

Good communications are essential for management and security. Use the correct prowords and phonetic alphabet. Spell only important words.

A	ALPHA	N	NOVEMBER
B	BRAVO	O	OSCAR
C	CHARLIE	P	PAPA
D	DELTA	Q	QUEBEC
E	ECHO	R	ROMEO
F	FOXTROT	S	SIERRA
G	GOLF	T	TANGO
H	HOTEL	U	UNIFORM
I	INDIA	V	VICTOR
J	JULIET	W	WHISKEY
K	KILO	X	X-RAY
L	LIMA	Y	YANKEE
M	MIKE	Z	ZULU

Numerals should be transmitted digit by digit, except round figures as hundreds and thousands. Repeat only important numbers.

Check your equipment regularly.

How JMS can help you

In any emergency the *Joint Medical Services* can help by:

1. Medical evacuations of WHO staff:
 - medical advice to the WR
 - recommendations for the administration
 - coordination of evacuations
 - liaison with SOS assistance
2. Medical field support - Medical assistance:
 - Information on health network
 - Provide information and guidelines on immunizations programmes and malaria prophylaxis

And also:

Preparing staff prior to missions:

- medical clearance
- aptitude for duty, medical examination and pre-departure briefing: Immunizations, Prophylaxis, and Health Education. (eg: HIV/AIDS)

Medical debriefing

Contact us:

e-mail: jms@who.int

phone: +41-22-791.3040

fax: +41-22-791.4120 (confidential)

How EHA can help you

EHA functions as a global network all across WHO. Contact us through our experts in the Regional Office or HQ. We can:

- Provide immediate advice for crisis management
- Inform immediately all levels of WHO's of the crisis
- Help coordinate with neighbouring WR's and RO for cross border activities, inter-country appeals and plans of actions
- Facilitate access to technical programmes in the Regional Office or at HQ, as well as to *WHO Collaborating Centers* for emergency preparedness and response
- Mobilize WHO staff from other countries
- Identify experts for rapid assessment, etc
- Assist in writing projects, e.g. for the CAP
- Provide emergency-relevant public health guidelines with the *Emergency Health Library Kits* (in trunks) and/or the *Health Disaster Library* in CD-Rom
- Facilitate your dialogue with NGOs, donors and other agencies
- Inform about the agreements and MOUs that exist between WHO and other agencies for collaboration in emergencies
- contact donors' local representatives to submit proposals

EHA can also:

- Provide logistic assistance, e.g. to open sub-offices in the field, and/or to upgrade your communication systems
- Set up an email list-server to support areas where the access to Internet is difficult
- Mobilize resources from regional funds and/or regional emergency stockpiles
- Obtain supplies through the central humanitarian stockpile in Brindisi
- Advise on procurement of health supplies in the Region or at global level

Use the *EHA website*, www.who.int/eha/disasters to:

- send your reports to the RO and EHA/HQ, so that we can post them and disseminate your information
- find baseline statistics, health situation reports and epidemiological data on neighbouring countries
- access the *WHO Handbook for Emergency Field Operations*
- access all WHO disaster-related guidelines.

All Technical departments both at regional and HQ level can assist during an emergency. In the following pages you will find a short description of most relevant departments and their contacts.

How CDS can help you

Communicable disease control in emergencies is a priority. CDS has a working group on complex emergencies (CDS-WGE) comprising Communicable Disease Surveillance and Response, Communicable Disease Prevention and Eradication, Stop TB, and Roll Back Malaria.

The WGE provides integrated and streamlined support to country offices and partners. Namely it can:

- Identify CD experts for field missions
- Assess CD control needs and develop strategies in the acute phase
- Provide CD rapid assessment tools for the acute phase
- Provide technical support for the development of the communicable disease component of the CAP
- Provide training material on CD control in complex emergencies
- Assist in conducting training on CD control in emergencies
- Provide geographical information through HealthMap for disease control activities and to improve surveillance and health information systems

The CDS-WGE can also be contacted through CDSEmergencies@who.int

How CSR can help you

The Department of *Communicable Disease Surveillance and Response*:

- Provide real time information on outbreaks of international importance
- Provide guidance, protocols and procedures for collection and transport of clinical specimens
- Coordinate with international reference laboratories for specimen examination
- Mobilize international assistance through the Global Outbreak Alert and Response Network ó use outbreak@who.int
- Mobilize vaccines for M. meningitis and yellow fever through the International Coordinating Group
- Assist in preparedness and control for known risks, e.g. cholera, influenza, yellow fever, viral haemorrhagic fever, dengue
- Assist in implementation of surveillance/early warning and response systems (EWARNs)
- Provide tailored training programmes in epidemiology and laboratory sciences through our Lyon office

Use the website <http://www.who.int/emc> to obtain:

- Latest outbreak news
- Guidelines/manuals on control of specific epidemic prone diseases, e.g. cholera, bacillary dysentery, VHF
- Guidelines for surveillance and training materials

How CPE can help you

The Department of *Communicable Disease Prevention, Control and Eradication* can be contacted to:

- Obtain immediate technical advice
- Connect with an extensive network of partners for information and coordination
- Facilitate your dialogue with donors and other agencies
- Get guidelines on logistics of import and distribution for specific drugs
- Get assistance in issues related to social mobilization
- Obtain operational support to local partners
- Obtain maps of NGO coverage and deployment at field level

CPE works directly with NGOs on the ground and provides operational support to local partners.

HealthMap, a database that produces maps at village, district, country or sub-regional levels, is maintained by CPE. These maps can show disease distribution or even population at risk of disease. They can help you plan disease control activities or improve surveillance and health information systems. Visit

http://www.who.int/m/topics/health_map/en/index.html

How STB can help you

Assistance to TB control is provided through the network of Regional and Country TB advisers based at 6 WHO Regional Offices and in many high TB burden countries. The *Stop TB Department*, Regional TB Advisers and country advisers can provide assistance in complex emergency situations through:

- Assessing TB control needs;
- Linking the refugee TB control programme with the National TB Programme of the host country;
- Identifying the lead agency (or consultants) able to provide assistance;
- Organizing training in basic TB epidemiology and DOTS implementation;
- Providing necessary guidelines and manuals;
- Assisting in planning, implementing and monitoring the DOTS programme;

You can find all necessary information on how to implement DOTS in complex emergency situations in the *Tuberculosis Control in Refugee Situation: an Inter-Agency Field Manual*; WHO/TB/97.221

Use the web-site:

<http://www.who.int/m/topics/tuberculosis/en/index.html>

How RBM can help you

The *Roll Back Malaria* emergency team and technical support network can:

- Assist you in identifying malaria control experts for complex emergencies (both short term and long term)
- Assist you and country partners in assessment, planning, implementation, monitoring and evaluation of malaria control programs
- Assist you in setting up partnership programs with national and international NGOs
- Assist you in reinforcing the technical capacity of operational agencies in complex emergencies

Use the web-site www.rbm.who.int to get in contact and for information on:

- Strategies for malaria control interventions that are scientific sound and operationally feasible in complex emergencies
- Standards and guidelines
- Data-base of malaria country profiles for complex emergencies
- Training courses and training manuals
- Literature on malaria control
- Operational research

How the EPI/Polio Eradication Initiative can help you

In many countries, the EPI/poliomyelitis eradication program has a network of both international and national staff, with a lot of field knowledge, expertise in surveillance, logistics, and in planning and conducting mass immunization campaigns. In emergencies, this network can:

- Conduct surveillance for other specific diseases through the polio/AFP surveillance system
- Provide trained staff to carry out outbreak investigations
- Analyze surveillance data and propose appropriate responses
- Help plan and deliver health interventions: mass immunization, vitamin A and other as needed for the people at risk
- Participate in overall planning for response to the emergency
- Rapidly transmit information and alerts to all parts of the country through the polio network

How to get the best out of this network:

- Work with them to define the information needed
- Tap into their knowledge of the field to see how health interventions can best be implemented

How EDM can help you

The Department of Essential Drugs and Medicines Policy (EDM) can provide the following:

- Guidelines for drug donations (1999)
- Details of the New Emergency Health Kit (1998)
- Guidelines for the safe disposal of unwanted pharmaceuticals (1999)
- Assistance in the dissemination of information: e.g.
 - national requests not to send drugs,
 - requests for specific drugs
 - national drug donation guidelines
 - national essential drugs lists for use by donors
- Assist in strengthening national capacity in the management of drug donations by development of a national drug donations policy
- Assist in identifying consultants to participate in emergency team visits for management and evaluation of drug donations
- Give discreet assistance in contacting donors who have sent unsatisfactory donations

Access the EDM website www.who.int/medicines for more information and guidelines.

Contact edmdoccentre@who.int for further documentary information.

<http://www.who.int/medicines>

How IMD can help you

In the context of emergencies the Department of *Health Information Management and Dissemination* can provide specific technical guidelines that may help you in vital decisions.

Access the websites:

- <http://saturn.who.int>
to view/print full text of technical documents, articles, press releases and publications from the WHO library catalogue
- www.who.int/dsa/
for the entire online catalogue of WHO publications

Contact:

- library@who.int for information on the library catalogue

How MNC can help you

In the context of emergencies the Department of the *Management of Noncommunicable Diseases* assists as follows:

Through the team of *Disability and Rehabilitation*:

- Advising and providing documents on disability issues and community-based rehabilitation
- Assisting in identifying experts for assessment, planning, implementation, coordination and evaluation of rehabilitation programs

Through the teams of *Cardiovascular Diseases, Cancer, Diabetes, Chronic Respiratory Diseases and Arthritis, Blindness and Deafness, and Oral Health* for chronic patients in emergency situations:

- Providing advice on essential drugs and support systems
- Identifying experts and establish links with NGOs

For a full list of documents, see the website:

www.who.int/hpr

How MSD can help you

The Department of *Mental Health and Substance Dependence* along with EHA can:

- Provide technical material for rapid situation assessment
- Facilitate access to the nearest collaborating centers (if any), who may be in a position to intervene quickly.
- Provide audio-visual material for training of health professionals
- Provide training manuals for mental health workers
- Provide information on integrating mental health needs with other emergency needs
- Assist in setting up mental health services including substance dependence facilities
- Provide information on the type of community care facilities that will benefit the long-term mental health and substance dependence needs of the population
- Advise on essential psychotropic drugs
- Advise on setting up monitoring facilities

Access the website www.who.int/mental_health for more information.

How NHD can help you

The Department of *Nutrition for Health and Development* can:

- Provide effective technical support on:
 - nutritional standards
 - food/ration composition
 - assessment of malnutrition including specific nutrient deficiencies
 - monitoring nutritional status and nutritional surveillance for both prevention/early warning and response when emergencies arise
- Provide norms and standards through manuals, field guides, training materials, guidelines
- Assist with identifying nutrition consultants
- Participate in emergency team visits for prevention/rapid response
- Organize follow up on nutrition assessments and nutritional surveillance
- Provide technical support in optimizing the sustainable health and nutrition benefits of food assistance to vulnerable, food-insecure groups.
- Assist you in providing information and training.

Visit <http://www.who.int/nut> for more information.

How PHE can help you

In the context of emergencies the Department of *Protection of Human Environment* assists as follows:

Through the program of *Water and Sanitation and Health*

- Identifying consultants
- Providing specific technical advice
- Providing guidelines for drinking water quality
- Providing fact sheets for reduction of environmental risks

Through the program of *Radiation Emergencies*

- Facilitating access to 14 collaborating centers in the Radiation Emergency Medical Preparedness and Assistance Network (REMPAN)
- Providing technical advice
- Follow up studies of exposed populations

Through the program of *International Programme on Chemical Safety*

- With guidelines and software for preparedness and response
- Assist in data collection for evidence based decision making and regulatory risk assessment
- Supporting networks for provision and exchange of information for improved response
- Providing training material and courses

How RHR can help you

In the context of emergencies, the Department of *Reproductive Health and Research* provides support:

Through the website: www.who.int/reproductive-health/ for access to:

- Practical technical reference documents that can be used in health care settings, for monitoring and evaluation of programs and for training, e.g.
 - *“Reproductive health in refugee situations. An inter-agency field manual”*
 - *Reproductive health during conflict and displacement: A guide for programme managers*
- Country data on maternal mortality, FGM and other reproductive health indicators
- Ordering materials from the documentation center

You can contact us to get advice on:

- Guidelines to assist in reproductive health needs-assessment
- Ordering supplies from the RH Kit
- RH program implementation, monitoring and evaluation, and training
- Inter-Agency networking/collaboration on RH

How VIP can help you

The Department of *Violence and Injury Prevention* can help you to:

- identify and select experts for technical assistance in training for first aid
- contact NGOs and other Institutions involved in pre-hospital care management;
- provide guidelines and advocacy documentation

Use the VIP website

www.who.int/violence_injury_prevention to identify the suitable activity for your situation.

How FNC/HIV can help you

In the context of emergencies the Department of *HIV/AIDS* provides support to:

- Update or develop national health sector strategies for HIV/AIDS
- Identify and implement priority health sector interventions that suit the country's needs
- Strengthen health systems and scale up activities against the epidemic
- Provide normative guidance and information, including information, as well as latest developments, and current issues, e.g. the use of anti-retroviral (ARV) drugs in resource poor countries and settings, progress with vaccines and microcides, prevention of mother to child transmission (MTCT)

Visit us on our web page at the following address:

<http://www.who.int/emc-hiv>

or

<http://www.unaids.org>

Furthermore EHA can provide information on the Minimum Essential HIV/AIDS Packages for the acute and post-acute phases of complex emergencies.

<http://www.who.int/emc-hiv>

FROM WHO MANUAL

XV.4 page 1, 1 November 1996

PURPOSE

10 The purpose of this section of the Manual is to outline the policies and procedures to be followed in planning and implementing the Organization's humanitarian response to emergency situations.

DEFINITIONS

20 For the purposes of WHO's humanitarian emergency activities, an emergency situation may result from:

20.1 natural or man-made disasters, complex emergencies or any public health situation endangering the life or health of a significant number of people and demanding immediate action;

20.2 complex emergency situations involving significant acts of violence, complicated by an intense level of political conflicts; often associated with serious social and economic collapse and requiring a multisectoral response.

PRINCIPLES FOR EMERGENCY RESPONSE

80 The WHO representative, or the responsible officer in the regional office or the Division of Emergency and Humanitarian Action at headquarters (see paras. 140-320), initiate action if a request is received from the competent national authorities, from the United Nations Department of Humanitarian Affairs (DHA*) or other United Nations bodies, or where it is reasonable to expect that such a request will be forthcoming but is delayed owing to the emergency, and if the following criteria are met:

80.1 the situation is a genuine emergency, as defined in paragraph 20, or the situation threatens to become an emergency if appropriate preventive measures are not taken;

80.2 the national resources for meeting the situation are insufficient;

80.3 the additional resources from other countries or agencies available or foreseen at the time are also insufficient, or not available in practice, to fulfil the total needs;

80.4 even if the resources for meeting the situation in individual countries are sufficient, the effects of the emergency across the borders of those countries make WHO intervention to secure a coordinated response desirable.

page 4, 1 November 1996

90 The WHO representative or the responsible officers referred to in paragraph 80 may propose to the regional director or to the Director-General that WHO should offer to the government technical cooperation and emergency assistance, even though no request has been received, provided that:

90.1 it is clear that WHO assistance would materially improve either the physical or the organizational resources available to meet the situation; and

90.2 the situation is such that it threatens the public health of the country and of adjoining countries; or

90.3 if it is known that DHA*, other agencies or other individual countries have received a request complying with the criteria set out under paragraph 80 above.

(* now OCHA)

Situation Report

Sitrep No.#

Location (country, region/area affected):

Organization:

Covering period (from í . to í)

Date of transmission:

Prepared by:

1. Executive Summary
2. Main issues: nature of the emergency, affected area and affected population
3. Health situation
 - Direct health impact: reasons for alert
 - Indirect health impact
 - Pre-emergency baseline morbidity and mortality data
 - Projected evolution of the health situation
4. Vital needs: what is the situation
5. Critical constraints
6. Functioning resources close to the affected area
 - Activities carried out, Measles coverage, Other relevant activities
 - National contingency plans, procedures, guidelines and special expertise
 - Operational support
 - Operational coordination
 - Strategic coordination

7. Conclusions:

- Are the current levels of mortality and morbidity above the average for this area and this time of the year?
- Are the current levels of mortality, morbidity, nutrition, water, sanitation shelter and health care acceptable by international standards?
- Is a further increase in mortality expected in the next two weeks?

8. Recommendations for immediate action

- What must be put in place as soon as possible to reduce avoidable mortality and morbidity ?
- Which activities must be implemented for this to happen ?
- What are the risks to be monitored ?
- How can we monitor them ?
- Which inputs are needed for implementation?
- Who will be doing what ?

9. Emergency contacts (Author, MoH counterparts, local donor representatives, etc.)

HQ and RO can assist with the standard formats

A complete template can be obtained from:

<http://www.who.org/eha/disasters>

<http://www.who.int/eha/disasters>

Reference Values for Rapid Health Assessment and Planning

Cut off Values for Emergency warning

Daily Crude Mortality rate

Daily Under-5 Mortality rate

Acute Malnutrition (W/H or MUAC)

Growth Faltering Rate in Under-5

Low Weight at Birth (< 2.5 kg)

MORE THAN

1 x 10,000 population

2 x 10,000 children U-5

10% of children U-5

30% of monitored children

7% of live births

Standard structure of population

average in the population in %

0 - 4 years

12.4

5 - 9 years

11.7

10 - 14 years

10.5

15 - 19 years

9.5

20 - 59

48.6

Pregnant women

2.4

Water	Indicator	average requirement
Quantity	NP of liters/ person/day	20 l/person/day
Quality	NP of users/ water point	200 people/point
(1 m ³ = 1 Ton = 1,000 liters)		(not more than 100 m from housing)

In hospital settings more water per person is needed

Food	kcal content	Ration: kg/person/month
Cereals	350/100g	13.5
Pulses	335/100g	1.5
Oil (vegetable)	885/100g	0.8
Sugar	400/100g	0.6

kcal value of recommended basic ration
person/day:

2,116 kcal

Total kg/person/month for alimentation

16.4 kg

Micro-nutrients (e.g. iodine, Vit A) are important. Consult nutritional guidelines.

<http://www.who.int/eha/disasters>

Sanitation

Latrine: ideally one per family; minimum, one seat per 20 people (Max 50 m, min 6 m from housing)

Refuse disposal: one communal pit (2mx5mx2m) per 500 people

Soap: 250 g/per person/per month

Household fuel

kg of firewood

Average need

15 kg/household/day

Note: with one economic stove per family the needs may be reduced:

5 kg/stove/day

Space for accommodation

Individual requirements (shelter only)

4 m²/person

Collective requirements, including shelter, sanitation, services, community activities, warehousing and access

30 m²/person

Prevalent Health Hazards

ARI in children U-5

Expected attack rate in emergency situations

10%/month in cold weather

Diarrhoeal diseases in children U-5 (other than dysentery and cholera)	50%/month
Malaria, in total non-immune population	50%/month
Measles	
Cholera	5 - 30 % in acute phase
Check: www.who.int/emc/ for technical guidelines	(in first days)

Health Workers requirements

e.g. refugee camp: services, management and clerical duties	60 staff x 10,000 population
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Health Supplies requirements

Essential Drugs and Medical equipment

WHO Basic Emergency Kit	Needed 1 kit for 10,000 pop/3 mos
WHO Supplementary Emergency kit	1 kit for 10,000 pop/3 mos

Safe Water

Preparing 1 liter of stock solution 1%	Amount
Calcium hypochlorite 70%	15 g/liter of water

<http://www.who.int/eha/disasters>

Or	Bleaching powder 30%	33 g/liter of water
Or	Sodium hypochlorite 5%	250 ml/liter of water
Or	Sodium hypochlorite 10%	110 ml/liter of water
Using the stock solution	For one liter of water	0.6 ml, or 3 drops
	For 100 liters	60 ml

(Note: allow the chlorinated water to stand at least 30 minutes before using)

Needs for Epidemic Response for planning purposes

Check: www.who.int/emc/ or contact: outbreak@who.int for technical information

Dysentery

Likely maximum attack rate	25% over three months
25% cases needing IV fluids	3 liters/patient

<http://www.who.int/eha/disasters>

100% cases needing antibacterials:
Choice according to antimicrobial resistance pattern
If not available, target high risk populations
100% cases needing ORS

6.5 packet/patient

Meningococcal meningitis

Likely attack rate without vaccination

0.1 - 1 %

100% cases treated with e.g. oily
chloramphenicol

Children
Adults

100 mg per kilo

3 g single dose

100% target population to be
vaccinated

1 dose/person

(contact outbreak@who.int for
emergency epidemic response)

Typhus

100% population to be de-loused

Soak clothes and bedding in

e.g. permethryn solution

doxycycline

1 dose of 400 mg

<http://www.who.int/eha/disasters>

Measles

Likely maximum attack rate in non-immunized Under-12		10%
100% non-immunized Under-12 to be vaccinated		1 dose/child
100% U-12 to be given Vitamin A	Children U-1 year	100,000 IU/child
	Children 1 year and over	200,000 IU/child

Important: for safe vaccinations auto-destruct syringes and alcohol swabs are needed

Essentials of Logistics.

Weights and volumes

Food	Standard individual ration	16.4 kg/month 41 tons/10,000 people/week (1 ton of food grains/beans in standard 50 kg bag occupies 2 m ³)
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Drugs & supplies:	1 WHO basic emergency kit	45 kg	0.2 m ³
	1 WHO suppl. Emergency kit	410 kg	2 m ³
Vaccines:	1,000 doses of Measles	3 liters	
	1,000 doses of DPT	2.5 liters	
	1,000 doses of BCG	1 liter	
	1,000 doses of Polio	1.5 liters	
	1,000 doses of Tetanus	2.5 liters	
Food for Therapeutic Feeding:	Standard U-5 patient ration	2 kg/week	
Family-size tents:	35-60 kg unit	1 metric ton	4.5 m ³
Blankets	Compressed	1 metric ton	4.5 m ³
	Loose	1 metric ton	9 m ³

Warehouse requirements

Approximately 25
m² for 1,000
population

Average Truck capacity

30 metric tons (between 2 and 50 metric tons)

Small aircraft capacity

3 metric tons

Also consult the guidelines from the SPHERE project.

Useful web-sites:

www.who.int

www.who.int/eha

www.who.int/emc

www.who.int/water_sanitation_health

www.who.int/medicines

www.who.int/mental_health

www.who.int/violence_injury_prevention

www.who.int/nut

www.who.int/hpr

www.rbm.who.int

www.who.int/reproductive-health

www.paho.org/disasters

www.reliefweb.int

www.unhcr.org

www.wfp.org

www.icrc.org

www.unicef.org

www.sphereproject.org

www.undp.org

www.iom.org

www.msf.org

www.ifrc.org

<http://www.who.int/eha/disasters>