



**World Health
Organization**

REGIONAL OFFICE FOR
Europe

WHO Information Policy and Guidelines

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World Health Organization**

**3-4 December, 2013
Yerevan, Armenia**

Outline of the presentation

1. WHO mission and structure
2. Introduction
3. WHO role in emergencies and obligations
4. The WHO Emergency Response Framework (ERF)
5. Four critical functions
6. Information management

World Health Organization (WHO)

- 7 April, 1948 establishment of the WHO
- Directing and coordinating authority for health within the UN system
- Responsible for:
 - Providing leadership on global health matters
 - Shaping the health research agenda
 - Setting norms and standards
 - Articulating evidence-based policy options
 - Providing technical support to countries
 - Monitoring and assessing health trends

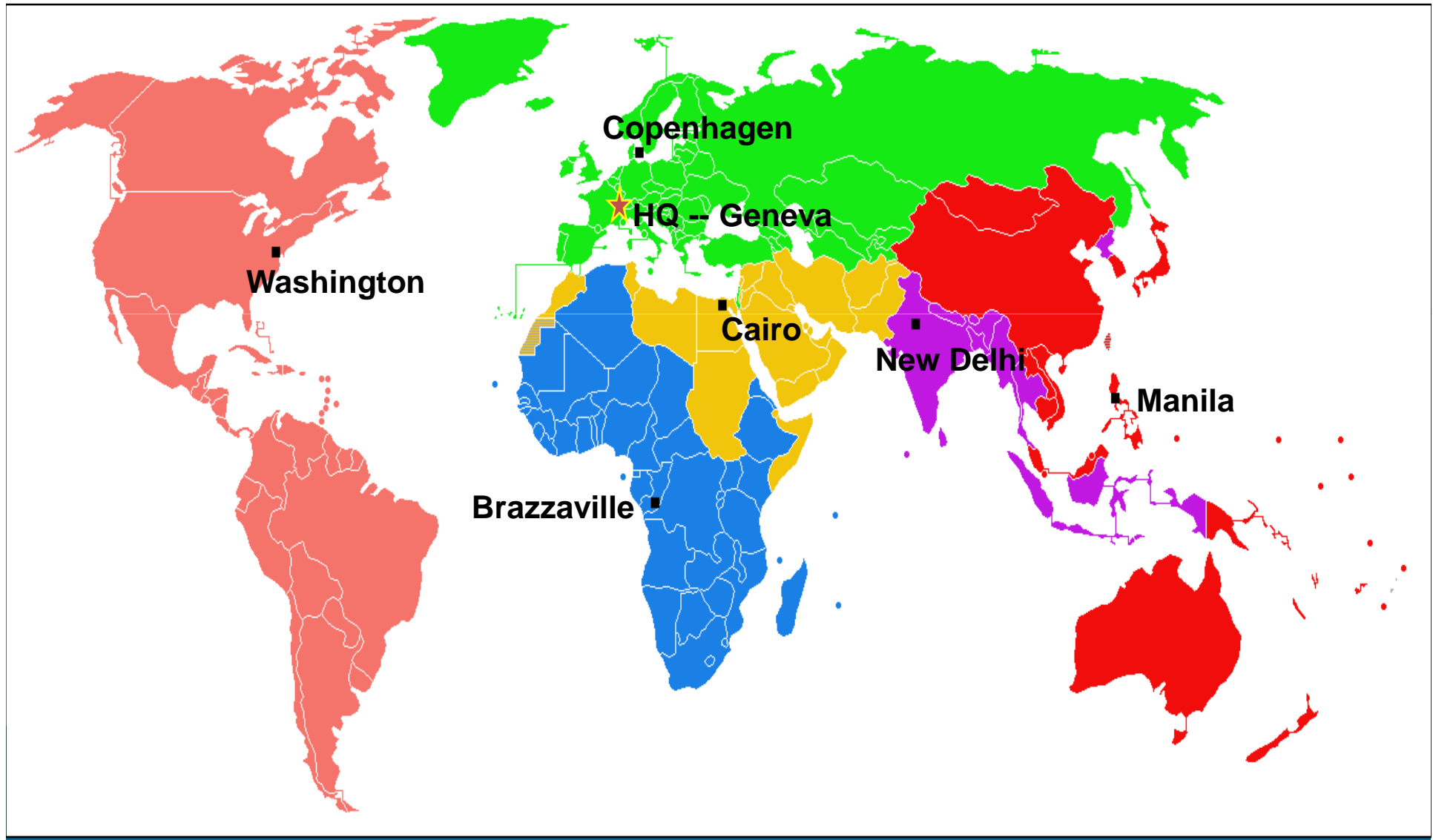
WHO mission

The attainment by all peoples of the highest possible level of health

Health is

“a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”

WHO Regional Offices



Introduction

- Member States face a broad range of emergencies resulting from various hazards and different in scale, complexity and international consequences
- Emergencies can have extensive political, economic, social and public health impacts with potential long-term consequences
- They can undermine decades of social development and hard-earned health gains, damage hospitals and other health infrastructure, weaken health systems

WHO role in emergencies

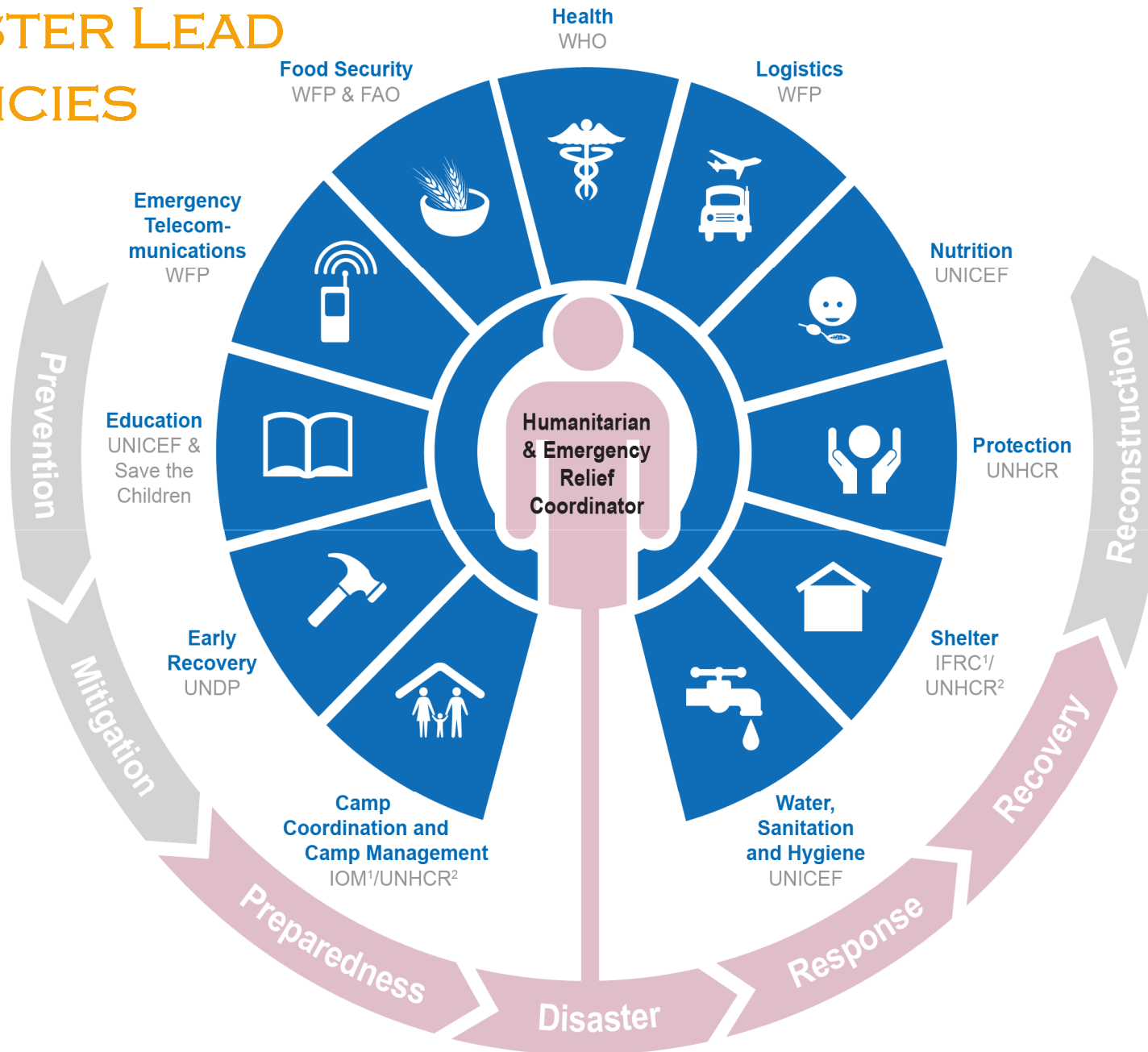
- Preparing for and responding effectively to such emergencies are among the most pressing challenges
- WHO has an essential role to play in supporting Member States to prepare for, respond to and recover from emergencies with public health consequences

IASC members

FULL MEMBERS	
	Food and Agriculture Organization (FAO)
	United Nations Office for Coordination of Humanitarian Affairs (OCHA)
	United Nations Development Programme (UNDP)
	United Nations Population Fund (UNFPA)
	United Nations Human Settlements Programme (UNHABITAT)
	United Nations High Commissioner for Refugees (UNHCR)
	United Nations Children's Fund (UNICEF)
	World Food Programme (WFP)
	World Health Organization (WHO)

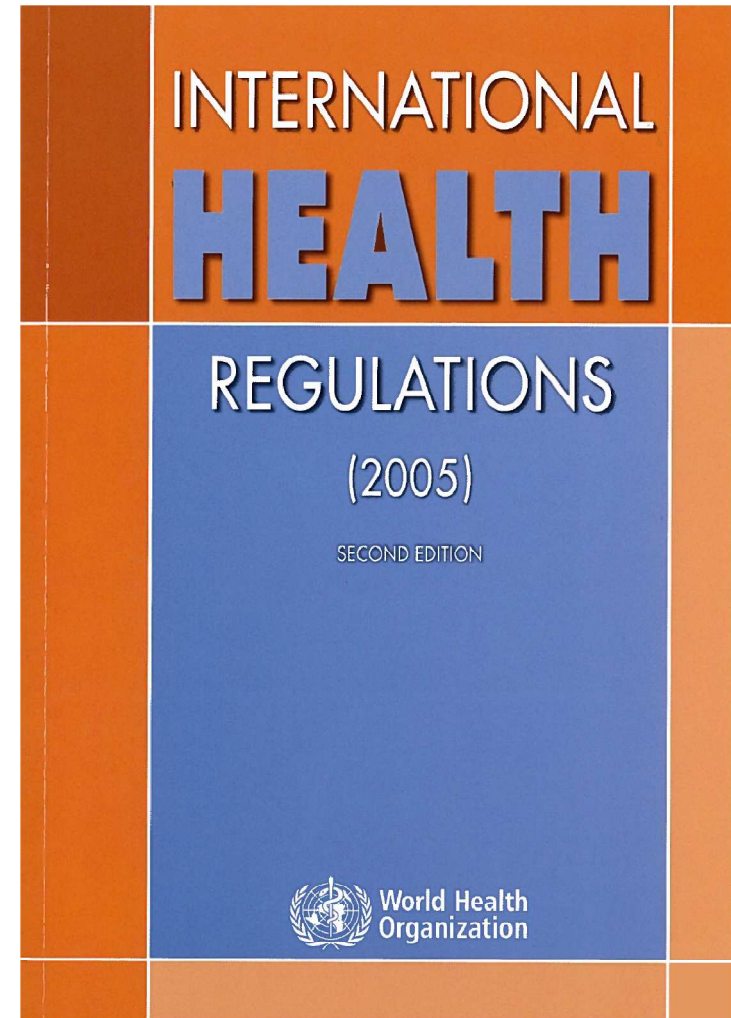
STANDING INVITEES	
 ICRC	International Committee of the Red Cross (ICRC)
	International Council of Voluntary Agencies (ICVA)
	International Federation of Red Cross and Red Crescent Societies (IFRC)
	InterAction (InterAction)
	International Organization for Migration (IOM)
	Office of the High Commissioner for Human Rights (OHCHR)
	Steering Committee for Humanitarian Response (SCHR)
	Office of the Special Rapporteur on the Human Rights of Internally Displaced Persons (SR on HR of IDPs)
	World Bank (World Bank)

CLUSTER LEAD AGENCIES



WHO obligations to the IHR

- The IHR (2005) is the legal framework for **collective responsibility** for global health security
- The IHR specify the roles, responsibilities and core capacities for States Parties to the Regulations and WHO
- The IHR reinforce WHO's central role in managing acute public health risks, including **providing information and technical support to countries**
- The effectiveness of the IHR requires international, multi-sectoral and multilevel operational readiness and responsiveness



Redefined role of the WHO

- Fundamental rethinking and redefinition of WHO's work before, during and after emergencies to deliver what is expected
- **Emergency Response Framework (ERF)** was developed on the background of WHO reform, UN reform and considering obligations under IHR
- The purpose of the ERF is to clarify WHO's roles and responsibilities in emergency response and to provide a common approach for WHO's work in emergencies

ERF goals

1. Strengthen WHO leadership
2. Enhance coordination
3. Increase predictability
4. Demonstrate accountability



Emergency Response Framework

- Core commitments in emergency response
- WHO's internal grading process for emergencies
- Performance standards
- Critical Functions
- Role of the GEMT
- WHO's Emergency Response Procedures (ERPs)
- The steps WHO will take between the initial alert of an event and its eventual emergency classification, including event verification and initial event risk assessment
- Three essential emergency policies which will optimize WHO's response



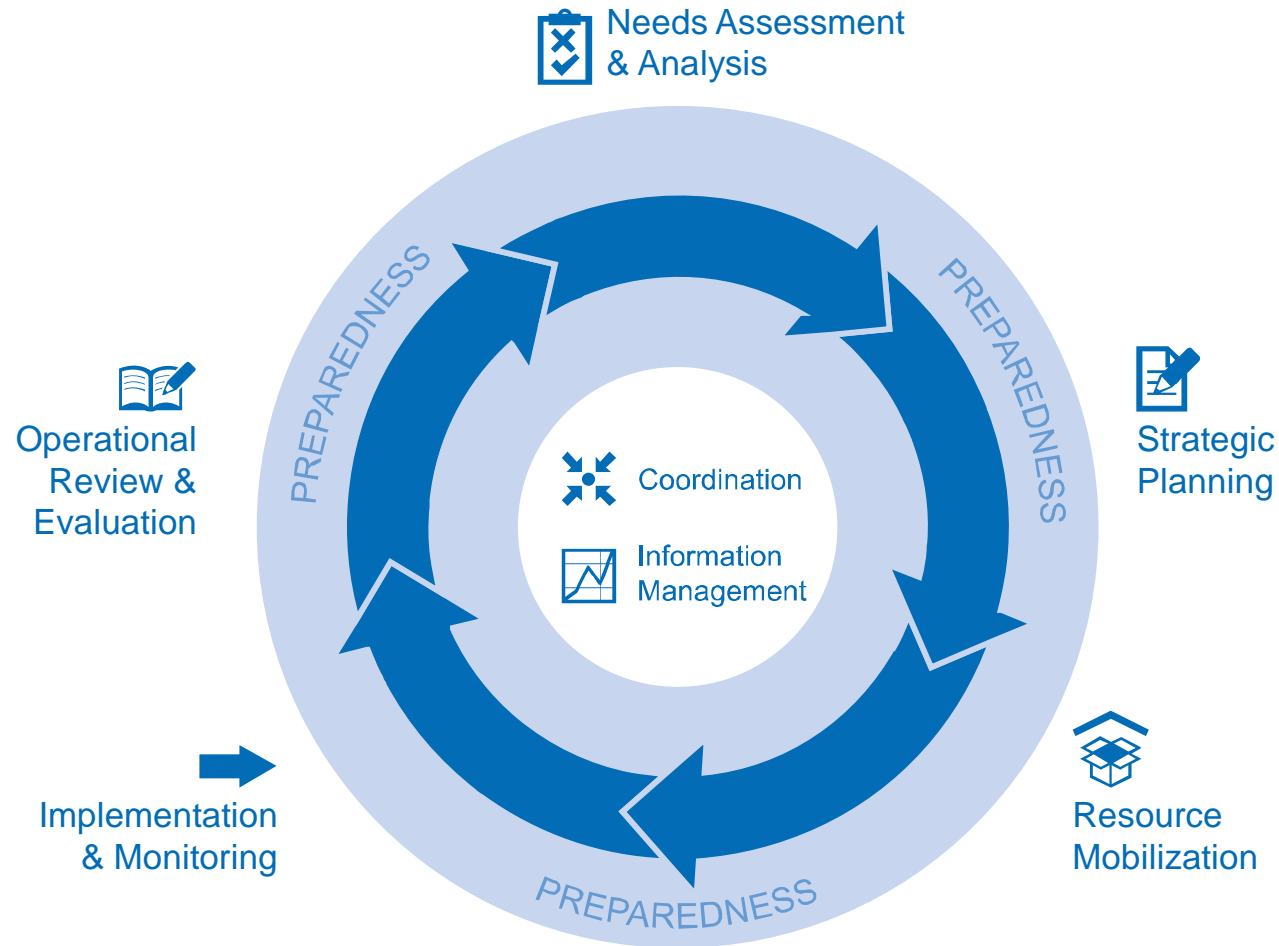
Critical functions



WHO's four critical functions in emergency response

1. **Leadership/coordination** of the health sector
2. **Information** management for appropriate action
3. **Technical expertise** appropriate to the health needs of the emergency
4. **Core services** to support health response

Humanitarian Program Cycle



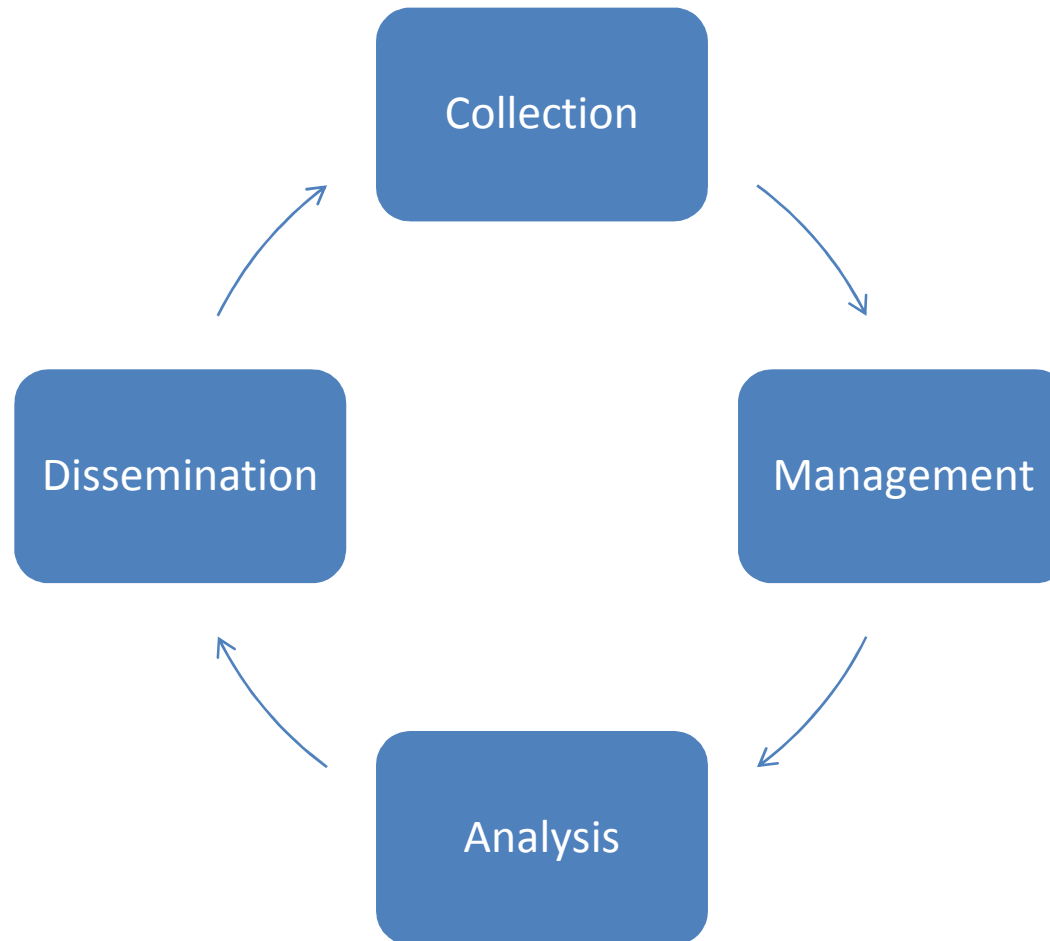
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Information Management



Health Information Management

Coordinating the collection, management,
analysis and dissemination
/communication of essential information on
health risks, needs, health sector
response, gaps and performance



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Health Information Management (2)

In the initial stages of an emergency, a rapid assessment is the starting point of any response and an important source of information for planning, implementation monitoring , and communication and resource mobilization

Health Information Management (3)

- Continuous data collection, analysis and dissemination / communication is essential for appropriate health action
- It is one of the WHO critical functions with highest expectations from humanitarian stakeholders

Reasons to collect data

- Health Information lays the foundation for public health decision-making
- Reliable and complete information requires standardized collection tools
- Even more in difficult emergency response environment due to:
 - Rapidly changing environment
 - Difficult access and communication
 - Rapid turnover of staff

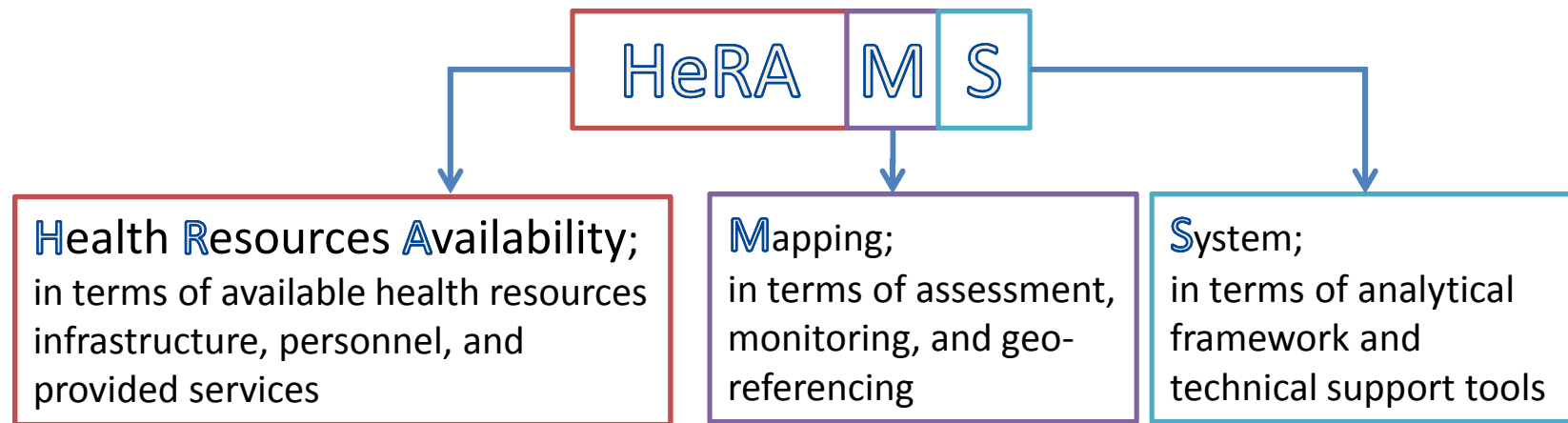
Reasons to collect data (2)

- Assessments
 - MIRA
 - HeRAMS
- Monitoring
 - Situation
 - Response
 - Performance
 - Cluster Performance Monitoring
 - ERF monitoring

Health Resources Availability Mapping System (HeRAMS)

- Software-based information system developed by WHO to support the collection, collation and analysis of information on the availability of health resources in different areas and locations and by type of point of delivery and level of care
- Aims to provide timely, relevant and reliable information on the Availability of Health Resources in Crisis settings
- Data collected at health facility level

HeRAMS



Information Products

- Situation Reports
- Talking points
- Reactive talking points
- Questions and answers
- Sound bites
- Non-paper / Aide-mémoire

Information Products: SitRep

- Date of update
- Highlights (max. 3 key messages)
- Affected area (specific region, district, town + **map**)
- Affected population (total number of affected, Residents of the affected area, IDPs, refugees, people in need of humanitarian support)



World Health Organization

DRAFT

Name of the country
Type of the crises (floods/earthquake...)
Up-date dd Month year

Acute

HIGHLIGHTS

(The highlights should contain maximum three key messages.)

AFFECTED AREA

(Specific region, district, town...)

(Title of the map, image if needed)

(Map of affected area with population.)

Source:

AFFECTED POPULATION

Total affected	2011		
Residents ¹	2011	0 000 000	00% ¹
IDPs	2011		
Refugees	2011		
People in need of humanitarian support			00% ¹

¹ Source:
¹% Total population of the country or of the affected area

CONTEXT

Current event
 (Description on the cause, date and scale of the disaster/crises. Including impact to health systems.)

Background information
 (Description of the humanitarian back ground and the country's vulnerability to disasters.)

Information Products: SitRep (2)

Context

- Current Crisis (Description on the cause, date and scale of the disaster/crises. Including impact to health systems)
- Background Information (Description of the humanitarian back ground and the country's vulnerability to disasters)
- Forecast (Description of potential evolution of the disaster/crises)

BASELINE INDICATORS		
Country name or area		Estimate
Human development index ¹		000/000
Population in urban areas	2011	00%
Population using improved water source	2011	00%
Population using improved sanitation	2011	00%
Life expectancy at birth	2011	0 years
Infant mortality rate / 1000 ²	2011	00
Under 5 mortality rate / 1000 ²	2011	
Maternal mortality ratio / 100 000 ²	2011	000[000-000] *
Measles coverage among 1 year old's	2011	00
Wasting ³		00.0%
Health system efficiency rank ⁴	2000	000/000

Source: [WHO Global Health Observatory](#)

¹Source: [UNDP](#)

²five births

³Weight-for-Height < -2 z-scores of WHO Growth Standards, among children 0-59 months.

⁴Source: [WHO Global Database on Child Growth and Malnutrition](#)

Source: ["WHO Measuring overall health system performance"](#)

* [] 95% confidence interval

Baseline Indicators

Information Products: SitRep (3)

- **Public Health Concerns**
(Description of the current or generic public health concerns)
- **Operational Health Indicators**

OPERATIONAL HEALTH INDICATORS			
Name of the area			
Crude mortality rate / 10 000 / day			
Under 5 mortality rate / 10 000 / day			
Measles vaccination coverage ¹	2011	0.0% [0.0-00.0]	*
Global acute malnutrition (GAM) ²	2011	0.0% [0.0-00.0]	*
Severe acute malnutrition (SAM) ²	2011	0.0% [0.0-00.0]	*
Primary health care unit / 10 000** ³	2011	0	
Secondary health care unit / 10 000** ³	2011	0	
Hospital beds / 10 000** ⁵	2011	0	
Average Deliveries by caesarean section ⁴	2011	0	
Births attended by skilled attendant ⁴	2011	0	

¹ According to card and mothers' recall among children 6-59 months and 65-110cm.

² Source: Survey.

³ GAM: Weight-for-Height <-2 z-scores of WHO Growth Standards and/or oed.; SAM; Weight-for-Height <-3 z-scores of WHO Growth Standards and/or oed.

Source: [WHO Global Database on Child Growth and Malnutrition](#)

⁴ Source:

⁵ Source: [Global Health Observatory](#)

*[] 95% confidence interval

**population

Information Products: SitRep (4)

- ***Morbidity data*** (Number of cases, incidence or proportional morbidity of prominent communicable diseases and interpretation. Description on prominent non-communicable diseases and interpretation)
- ***Health sector / cluster response***

HEALTH CLUSTER/SECTOR OBJECTIVES

(Description of the main health cluster or health sector objectives.)

HEALTH CLUSTER ACTION

(Description of the main health cluster response achievements compared to the target figures.)

Health Cluster Activities

Access to care

Epidemiological surveillance

Health cluster partners

HEALTH NEEDS AND GAPS

(Description of the current needs according to the latest assessment and remaining gaps.)

Functional health facilities

(Description of the needs and gaps of the health facilities which are still functional or not.)

Health services

(Description of the needs and gaps of primary, secondary, referral, emergency obstetric care, reproductive health, treatment of GBV, mental health and nutrition.)

Health staff

(Description of the needs and gaps of any specific health professionals.)

Essential drugs, vaccines and supplies

(Description of the needs and gaps of drugs, vaccines and supplies.)



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Information Products: SitReps

(5)

Health Needs and Gaps

WHO Action (Description of the main domain activities (EWARN, coordination, mental health, etc.)

Human Resources

(Number of staff working for the Health Cluster, WHO)

HEALTH NEEDS AND GAPS

(Description of the current needs according to the latest assessment and remaining gaps.)

Functional health facilities

(Description of the needs and gaps of the health facilities which are still functional or not.)

Health services

(Description of the needs and gaps of primary, secondary, referral, emergency obstetric care, reproductive health, treatment of GBV, mental health and nutrition.)

Health staff

(Description of the needs and gaps of any specific health professionals.)

Essential drugs, vaccines and supplies

(Description of the needs and gaps of drugs, vaccines and supplies.)



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Information Products: SitReps (6)

Funding Status of Appeals

Contact Information

- WHO Country Office Representative (*Title, name, email, website*)
- WHO Communication Officer (*Title, name, email, website*)
- Health Cluster Coordinator
- Website

FUNDING STATUS OF APPEALS (Million US\$)				
APPEAL	TOTAL	HEALTH CLUSTER	WHO	PERIOD
TOTAL				

ERF Performance Standards: Information

Performance Standards (timeline as of grading)	Organizational support	
WHO Country Office	Regional Office	Headquarters
Within 24 hours		
Ensure that relevant information is shared with the international community for appropriate action.	Establish and lead all communications between WCO, RO and HQ; establish mechanism for information sharing: web sites, share point, e-mail and contact lists; provide meeting summaries and action points of all internal meetings (on-going). Expedite clearance and dissemination processes of all internal and external communications (on-going).	For Grade 3, the WHO Department of Communications (DCO) conducts all media relations and all external communications and briefings, unless delegated otherwise.
Within 48 hours		
Hold first media interview at the site of the emergency and be visible (on-going).		
Enter any new information into WHO's Event Management System (EMS) (on-going).		
PS 5: Make widely available the preliminary health sector analysis based on the most recent event risk assessment.	Support, as required.	Back-up support.
PS 6: Compile and produce the first situation report (using a standard format), media brief and other communications and advocacy products relevant to the emergency.	Quality control and editing; disseminate information to regional partners and relevant RO staff.	Back-up support; disseminate information to global donors, partners, media, relevant HQ staff, including wwdGO.
Within 72 hours		
PS 9: Update the 4W matrix (a database of who does what, where and when).	Provide the tool and technical support.	Back-up support.
PS 12: Engage health sector partners to participate in a joint health assessment as part of a multisectoral process (also see PS 21).	Technical support; disseminate results to regional partners and relevant RO staff.	Disseminate results to global donors, partners and relevant HQ staff, including DGO.

ERF Performance Standards: Information (2)

Performance Standards (timeline as of grading)	Organizational support	
WHO Country Office	Regional Office	Headquarters
Within 7 days		
PS 18: Compile and produce a second situation report, media brief and other communications and advocacy products relevant to the emergency (and then at least twice per week).	Quality control and editing; disseminate information to regional partners and relevant RO staff.	Back-up support; disseminate information to global donors, partners, media, relevant HQ staff, including DGO.
PS 19: Monitor and share relevant information for decision-making on health indicators, using appropriate parameters of measurement.		
Within 15 days		
PS 21: Make widely available the results of the joint health assessment (also see PS 12).	Disseminate regionally.	Disseminate globally.
Within 60 days		
PS 22: Lead the health sector/cluster in conducting an in-depth health-specific assessment (after day 15 and before day 60).	Provide methodologies, tools and technical support.	Back-up support.

Information sharing

- Within the WHO
 - HQ
 - Regional office
 - Country Office
- With humanitarian partners
 - UN system
 - NGOs
 - International organizations
 - Civil society
 - Media
 - Private sector, etc.
- With national authorities
 - Ministry of Health
 - Ministry of Emergency Situations
 - Coordinating platforms, committees, task-forces, etc

True genius resides in the capacity
for evaluation of uncertain,
hazardous, and conflicting
information

Winston Churchill



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Thank you!

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