

## Emergency doctor says WHO has key role in health crises



WHO

Dr David Nabarro

Dr David Nabarro, 55, qualified as a physician in 1973 and worked in the UK National Health Service for three years and as district child health officer in East Nepal for two years. He held posts at the London School of Hygiene and Tropical Medicine and the Liverpool School of Medicine as well as in South Asia as regional manager for Save the Children.

In 1989, he joined the British Overseas Development Organization and worked in Kenya and the United Kingdom. In 1999, he joined WHO as Project Manager in the Roll Back Malaria Department. Since 2000, he has held senior posts in the Office of the Director-General where he has been Representative for Health Action in Crises since July 2003.

Since Dr David Nabarro was appointed Representative of the Director-General for Health Action in Crises in July 2003, the work of his team has hardly been out of the headlines and their web site <http://www.who.int/hac/en/> has become an important source of comprehensive health information on crisis-hit regions.

In the last 18 months, WHO has responded to more than 12 major health crises across the world from natural and man-made disasters to armed conflict and barely functioning health systems in regions with a very high burden of HIV/AIDS.

WHO's Health Action in Crises helps governments reconstruct vital health services after a war or conflict, for example in Afghanistan, Iraq and Liberia; it provides basic health care to people who are being displaced by conflict, for example in Darfur, Sudan, and helps governments provide emergency health care, monitor disease and rebuild broken health systems in regions struck by natural disasters, most recently in tsunami-hit parts of south-east Asia.

*Q: What is a health crisis and what is WHO's role in such situations?*

A: WHO has a special role in times of crises. These are moments when large numbers of people can't get basic requirements for life: water, sanitation, food, shelter, public health services. That means their risk of disease, disability and death rises. They suffer illness and die and that is a correct concern for WHO. It doesn't mean it's our job to deal with all the underlying causes. We serve as a barometer in the progress of a relief effort.

For example, we look at how they can improve shelter, change the layout of camps: that's why health people have a role. You need one organization that provides the gold standard. It could be ICRC (International Committee of the Red Cross) or MSF (Médecins sans Frontières), but most countries prefer it to be WHO because they look to us for reliable statements about what's going on.

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*Q: Is WHO competing with other organizations providing emergency health relief in emergencies, such as the ICRC?*

A: WHO uses its convening power to coordinate different organizations as they respond to crisis. If you have lots of different agencies trying to respond to health with different approaches and strategies, the result can be chaotic and bad. One of the moral duties of the world's relief agencies is to coordinate when it comes to health. The only organization with authority in this field is WHO. People feel we haven't done it well enough, but the issue is whether anyone else can do it and the answer is “no”.

*Q: Did WHO get involved sufficiently quickly in response to the tsunami and what sort of assistance have affected countries been requesting?*

A: We got in quite quickly: in Sri Lanka in the first few hours, in Indonesia a bit later. In emergencies

and humanitarian disasters, we look at the situation on the ground, at what's being provided, we identify gaps and make sure someone else fills the gaps or – if necessary — we fill the gaps. We did that in the tsunami crisis providing water purification tablets and emergency medical kits (see box on opposite page). We also do measure, surveillance and coordination work with local groups to make sure supply lines are open for medicines and food. One gap area in the tsunami crisis which we have helped to fill is to provide consistent public health information and advice. Countries and communities look to us to help their own personnel get back on their feet and start providing health services again.

*Q: But what exactly is WHO doing on the ground?*

A: High-order operational work, gap filling, capacity building. Just because WHO is operational it doesn't mean we are not on the ground. You can't do coordination work, you can't identify gaps, you can't do all of this unless you have people on the ground, and we have the best possible public health experts you can find.

*Q: How does WHO's response fit into the overall UN family response?*

A: We are usually chair or co-chair with the ministry of health of a coordinating group to provide an environment in which everyone can agree. In Aceh, for example, we have been coordinating at least 28 organizations, nongovernmental organizations, governmental groups, military groups, etc, to make sure they can perform effectively.

*Q: WHO has been criticized for hyping the extent of the tsunami crisis, for example, WHO said 150 000 people were at risk of death because they had no access to clean water and sanitation and that suggested the death toll of 150 000 reported in January could double.*

A: WHO has been calling attention to the extent of the crisis and the number of people lacking regular and predictable access to basic needs like water, food and shelter. Even now, health assessments of people living outside Banda Aceh are only starting

and information about their health status is patchy at best. WHO has put a great deal of effort into building or rebuilding simple disease surveillance systems — early warning systems — in the affected areas. The idea has been to ensure that any disease outbreak would be rapidly identified and a response could then be put into operation. With this early warning system, we are more confident that we would detect an outbreak, but the risk has by no means passed. Waterborne diseases continue to be a threat and there is continuing, possibly increasing, risk of mosquito-borne diseases such as malaria and dengue fever.

*Q: What lessons has the UN learned from recent emergencies in being better prepared to deal with them?*

A: WHO has been building up its capacity to respond to emergencies over recent years, as part of the wider UN system. The main lesson we have learned is the importance of coordination and of a strong logistics base. In the first hours and days after the tsunami hit, two clear needs were identified: first, to get as much information as possible from the affected areas and second, to put in place a strong operational platform from which other work can be done. Put simply, there is little point sending a team of epidemiologists to the field if they have no water, nowhere to sleep and no way to send information to anyone else.

*Q: What are the main challenges for WHO in addressing the health effects*

*in the aftermath of the tsunami? What are the chief obstacles to providing emergency relief and to reconstruction of communities and rebuilding health systems?*

A: The key challenge is still information. Intensive efforts are under way to improve the flow of information, particularly from Aceh. That way, the health response can be better targeted to the real situation on the ground. Initially, the challenge has been to provide relief to respond to the urgent needs of people affected by the tsunami. That need continues, but at the same time efforts have begun to plan the reconstruction and rehabilitation of communities. ■

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One WHO emergency medical kit contains three-months supply of essential drugs and equipment for 1000 people. Each kit is divided into 10 packages, which are intended for use by community health workers in remote areas, and a supplementary kit for doctors.



Survivors of tsunami in Aceh walk through the rubble at the place where their home once stood.

WHO/D. Tatlow