Unprecedented Scale of Risks and Needs

- 135 million people in need
  - >65.3 million displaced
  - >80% due to conflict

- >200 epidemics/year, e.g. SARS, H1N1, MERS, Ebola, Zika

- 200 million+ affected by natural & techno disasters/ year
Global Landscape

No. Grade 3 Emergencies
2005 - 2017

12 countries
Epidemic events globally, 2011–16

More than 1000 epidemic events in 168 countries
The scale of the challenge

WHO is responding to 50 acute and protracted emergencies
..and it's not getting any better

- Drivers of risk increasing
  - Climate change
  - Emerging diseases
  - State fragility – 38 countries alert to very high alert
  - Migration
  - Demographic shifts
  - Urbanization
  - Terrorism

- Protracted nature of conflict
  - Average period of displacement – 7 yrs
  - DR Congo = 21 yrs
  - Somalia = 26 yrs
Important Considerations

- Convergence of health security and humanitarian agendas
  - Emergencies ➔ outbreaks
  - Outbreaks ➔ emergencies

- Threats to SDGs
  - 8 of 10 countries with highest U5MR = emergency
  - 9 of 10 countries with highest MMR = emergency
Logistics in Humanitarian Health Action

- Logistics and operational support
  - Critical function in all phases of humanitarian health action
  - Effectiveness directly impacts PH outcomes
  - Logistics requirements vary by operational context
Logistics in Humanitarian Health Action

• Complex settings, e.g. political, social, economic
• Broad range of health needs
• Supply chain and field support vital to maintaining operations
• Other services – IT, communications, security, fleet management, etc
Logistics in Humanitarian Health Action

• Guiding principles
  – Building on local capacities and systems
  – Partnership
    • Leveraging comparative advantages, e.g. UNICEF on vaccinations; WFP – WHO joint operation in Ebola
  – Intersectoral collaboration, e.g. WASH, nutrition, food aid
  – Evidence- and knowledge-based
    • Adhere to tech standards, track KPIs
    • Link LMIS to HMIS – Public Health Information Standards
**Proactive, Timely and Adaptable**

- Effective OSL provides the people, material resources, financial resources, systems and processes to support effective field response.
Humanitarian Logistics in Outbreaks

*Preventing acute PH events from becoming PH Emergencies*

Amplification

PH event

Early detection & response
Centrality of Supply Chain

- Risk Assessment
- Selection
- Forecasting and budgeting
- Procurement
- Delivery and clearance
- Warehousing and distribution
- Utilization
Humanitarian Logistics in Outbreaks

- Specific considerations
  - Surveillance, including sample transport, mobile laboratories, contact tracing teams
  - Infrastructure support to health facilities, e.g. waste management
  - Infection Prevention and Control, including isolation unit set up
  - Timely access to affordable vaccines, e.g. ICG, Humanitarian Mechanism
  - Cold chain support – to last mile
  - Safe and dignified burials; associated training
  - Reliable telecom infrastructure
Humanitarian Logistics in Outbreaks

- Challenges
  - Unwillingness of governments to declare
  - Weak health systems
  - Lack of emphasis on country preparedness
  - Transport of patients and specimens
  - Medical evacuation of staff
Humanitarian Logistics in Outbreaks: Pandemic Preparedness

• No single agency with all relevant capacities
• Leverage resources of all relevant partners, e.g. governments, private sector, operational agencies
• Virtual Global Supply Chain
• Scenario planning, modelling and stockpiling, e.g. UNICEF’s HEPI
Humanitarian Logistics in Outbreaks: Coordination

- **Most instances:** GOARN, Health Cluster
- **Large-scale outbreaks:**
  - Learning lessons from Ebola
  - IASC Level 3 Activation Procedures for Infectious Disease Events
  - Activation of logistics cluster, deployment of supplies for 3 months

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**Humanitarian System-wide Activation for Infectious Hazards**

**INTER-AGENCY STANDING COMMITTEE**

**REFERENCE DOCUMENT**

**Level 3 (L3) Activation Procedures for Infectious Disease Events**

This reference document has been endorsed by the IASC Principals

1 December 2016
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1 Definitions

In addition to major humanitarian crises triggered by natural disasters or conflicts, infectious disease events, including outbreaks, can result in an IASC Level 3 Activation (i.e. ‘L3 activation’) to ensure a more effective response.

L3 activation procedures for infectious disease events build on the existing IASC L3 procedures, with adjustments to reflect the potential evolution of an infectious event, the roles of the World Health Organization (WHO) and its Director-General and Member States under the International Health Regulations (2005), and the importance of non-IASC organizations in responding to infectious disease events. These procedures also recognize that many infectious hazards are of animal origin, with the response incorporating a “One Health” approach when needed.

This paper outlines the IASC procedures for the assessment of infectious disease events, the consultation and decision making processes on L3 activation for such events, the activation and deactivation criteria and procedures, and implications for IASC members and other collaborating organizations.

In summary, the designation of an L3 response to an infectious disease event will be issued by the Emergency Relief Coordinator (ERC) on the recommendation of the Director-General of WHO and in consultation with IASC Principals and, potentially, Principals of other relevant entities (see ‘Invited Principals’ below). For infectious disease events, the designation of an L3 response may be on the basis of an analysis of the IASC’s 5 criteria (see Annex 1) or on the basis of the scale and urgency of a response needed to prevent a crisis. In keeping with the IASC’s existing procedures, the initial L3 activation period should not exceed 3 months.
Humanitarian Logistics in Conflict & Protracted Emergencies

• Specific considerations
  – Complexities – multiple hazards
  – Negotiations with warring parties re access
  – Diversion and removal of supplies and equipment
  – Specific medical requirements
    • Management of trauma
    • Management of NCDs
  – Humanitarian pauses
Humanitarian Logistics in Conflict and Protracted Emergencies

• Challenges
  – Poor access, lack of humanitarian space
  – Disrupted or poorly developed supply chains
  – Remote management and monitoring
  – Lack of local capacity – dependence on international community
  – Bureaucratic constraints
  – Attacks on health care
  – Risk management
  – Lack of funding
Humanitarian Logistics in SODs

- **Specific considerations**
  - Need for speed, scale, effectiveness
  - Need for local and regional capacities
  - EMTs
    - Standards
    - Self sufficient
    - Verification process
  - Sovereignty
    - Tasking of teams

19 June 2017
Humanitarian Logistics in SODs

• Challenges
  – Disruption of infrastructure
  – Damage to health facilities
  – Coordination of large number of responders
  – Inappropriate donations
Building Global Capabilities for Humanitarian Health Action

- National capacities
  - IHR – JEE and Country Action Plans
  - Capacity building activities

- Global Health Emergency Workforce/Capacities
  - National capacities
  - Regional networks
  - GOARN, GHC, EMTs
Building Global Capacities for Humanitarian Health Action

- Supply chain and stockpile initiatives
  - International Coordination Group
  - UNICEF HEPI, WHO emergency stocks, FAO, WFP, others
  - Global Pandemic Supply Chain Initiative
  - Public Sector Round Table
Building Global Capacities for Humanitarian Health Action

- **Financing**
  - CERF
  - Pandemic Financing Facility
  - Agency-specific funds, e.g. WHO CFE

- **Political engagement**
  - G20 simulations

- **Promoting interoperability**
  - IASC Level 3 protocols
Conclusion

• Complexities of logistics and ops support in humanitarian emergencies

• Operational requirements vary by context

• Comprehensive approach
  – All phases of emergency management cycle
  – Supply chain – Health Logs – Field support

• Partnership and coordination vital

• Concerted efforts to build capacities at national, regional and global levels