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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.

30 Emergency preparedness refers to the capacity of Member States to respond promptly and adequately to emergencies. The provision of technical assistance in health components of emergency preparedness is a central responsibility of WHO which it provides to Member States at their request.

40 WHO's response to emergencies comprises providing technical advice to Member States, other organizations or individuals in assessing emergency situations and health needs, preparing estimates of damages, emergency response and rehabilitation plans, coordinating and monitoring emergency health relief. WHO may also participate in providing essential supplies, equipment, training and services required to mitigate serious, immediate and unforeseen threats to public health.

POLICY BASIS

50 The authority of WHO to take action in emergencies is derived from the WHO Constitution. Article 2(d) of the Constitution states that one of the functions of the Organization shall be to furnish "necessary aid" in emergencies. Article 28(i) authorizes the Executive Board to take "emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action", and Article 58 provides for a special fund to be used "at the discretion of the Board.... to meet emergencies and unforeseen contingencies".

60 The guiding principles for WHO's emergency preparedness and response are set out in resolutions WHA34.26 and WHA46.6, and are further strengthened and updated in resolution WHA48.2 which requests WHO to continue to support the efforts of Member States in:

60.1 emergency preparedness and disaster reduction on a community, national and regional basis;

60.2 emergency response and humanitarian action with particular emphasis on the Organization's responsibility for technical and normative guidance;

60.3 humanitarian advocacy, especially for the protection and respect of health personnel and infrastructure as well as for the protection of an assistance to non-combatants.

OBJECTIVES

70 The objectives of WHO's emergency preparedness and response are:

70.1 to promote emergency preparedness and response in Member States within the health-for-all strategies for health development;

70.2 to provide timely and appropriate response to emergencies, in collaboration with Member States and other organizations, in situations warranting an extraordinary response from outside the affected area;

70.3 in case of complex emergencies, to make representation to Member States and/or special groups to spare and protect health personnel and infrastructure, and to facilitate access by all to essential health assistance.

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.

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.

100 In an emergency, the WHO representative may have to offer technical cooperation and emergency assistance to the government without prior consultation with the regional director or the Director-General, if communication is not possible or if seeking authorization would cause serious delay in emergency response. The regional director and the Director-General should be informed of any such offer as soon as possible. The offer must be made within the limits of the resources available to the WHO representative in the regular programmes or as authorized by the regional director or the Director-General as a disaster preparedness measure.

110 WHO's resources can be used for assessing the needs of the situation and for coordinating the relief assistance, keeping in mind the need to be prepared for further emergencies, the eventual rehabilitation and reconstruction of health services and the necessity of ensuring orderly health development. To this end:

110.1 WHO staff may be temporarily assigned to the affected countries, in addition to staff already operating there;

110.2 emergency medical supplies and equipment can be provided, subject to satisfactory financial provision, either by diversion from stock in the area or in transit, or by ad hoc procurement and shipment. Sources and supplies meeting WHO procurement criteria should be obtained locally if available;

110.3 the services of WHO for procurement or recruitment can be made available to the national authorities, the United Nations system and to donor agencies;

110.4 the use of existing WHO transport available in or near the area is permissible for relief and emergency work.

DECLARATION OF EMERGENCIES

120 In case of a disaster situation affecting the public health as a result of a natural or man-made cause, the PWR, after consultation with the UN Coordinator at the Country Level, and/or the PAHO Director may "declare a disaster situation" for an emergency situation as defined in paragraph 20 and thereby to activate the "special emergency procedures" (SEP) for emergency activities described in paragraphs 430 to 590. This declaration will take effect immediately and will remain effective for 15 (fifteen) days, unless a decision is made to the contrary by the PAHO Director. Should the need for SEP continue, as deemed necessary by the PWR, a request for an extension indicating a specific duration should be sent to the Director, attention to AM, with copy to PED.

130 In the event of complex emergencies, the Director-General will be responsible for declaring the event as an emergency, after consultation with the regional director in close coordination with the Secretary-General of the United Nations and the Department of Humanitarian Affairs. He will declare the end of the emergency after similar consultation.

RESPONSIBILITIES FOR EMERGENCY PREPAREDNESS AND RESPONSE

WHO Representatives

140 Unless exceptional conditions prevail, the role of the WHO representative is central to the handling of emergency at country level. As part of WHO's technical cooperation with Member States, the WHO representative and other WHO staff concerned carry out the following range of activities which can be broadly divided into pre-emergency and emergency phases:

140.1 Pre-emergency phase

- promote health emergency preparedness activities and related training programmes;
- helps formulate national plans and establish mechanisms for emergency preparedness including disaster reduction and response in the health sector;
- establish effective interagency coordination with other United Nations, bilateral and nongovernmental organizations;
 - participate in meetings and other activities for coordinating the planning of emergency preparedness and response activities of the United Nations Disaster Management Team (DMT) chaired by the United Nations Resident Coordinator;
- improve emergency profiles, data bases, and information relating to the health sector;

- promote training programmes and participate in the orientation of national and WHO staff in country-specific security issues and ensuring awareness of the United Nations Field Security Plan.

140.2 Emergency phase

- carry out a rapid, initial assessment of the emergency and of priority requirements stemming therefrom;

- make specific recommendations of the number and types of specialized personnel required to meet the needs of the situation;

- initiate recruitment action to secure the services of skilled agencies or individuals not available locally;

- enter into contractual arrangements with skilled individuals available locally;

- to the extent possible, procure and deliver emergency health commodities available locally;

- participate in sub-segment multisectoral needs assessment and appeal preparation missions organized by DHA;

- take a lead role in the coordination of the health sector emergency response programmes, at the planning and implementation stages;

- inform on a continuous basis, the local representatives of donor countries or programmes of the health requirements stemming from the emergency and seek the support of their government or authorities for financing them;

- liaise closely with the regional office and the Division of Emergency and Humanitarian Action at headquarters on the above process.

150 The WHO representative participates in all joint United Nations emergency activities from the planning stages onwards and in related meetings that may be called by the United Nations Resident Coordinator, the DHA-appointed Humanitarian Coordinator (who may be the United Nations Resident Coordinator). In certain types of emergencies such as epidemics or man-made disasters that mainly affect people's health and are within the competence of WHO rather than of any other United Nations agency, the WHO representative may assume the role among the United Nations (see para. 340).

160 The WHO representative provides information to the regional office and to the Division of Emergency and Humanitarian Action at headquarters and communicates with other organizations in his country of assignment in coordination with the United Nations Resident Coordinator, whenever possible.

170 In a sudden onset emergency of limited duration, the WHO representative or designated officer, should within 24 hours, if possible, send by the most rapid means of communication available the following information to the regional director, attention: emergency and humanitarian action unit or focal point at the regional office and to the Director-General, attention: the Division of Emergency and Humanitarian Action at headquarters:

170.1 date, time and place of emergency;

170.2 type and extent (magnitude);

170.3 size of affected population;

170.4 reported deaths and injuries;

170.5 expected health problems;

170.6 extent of damage to health facilities or services;

170.7 whether the government has declared a "state of emergency" and what action is to be taken by local authorities;

170.8 whether an initial official request to WHO is expected or has been made to provide technical assistance in assessing the extent of the problem;

170.9 whether an official request for assistance in the health sector has been made to the United Nations system or to bilateral donors;

170.10 action taken by WHO;

170.11 action taken in coordination with other United Nations and relief agencies;

170.12 action requested or proposed for the regional office and/or headquarters in technical cooperation, advice or relief;

170.13 if applicable, all technical details of emergency supplies to be procured as well as the exact shipping address;

170.14 suggestions for financing the requested relief, particularly whether or not funds are available in country budgets.

180 In the acute phase of all emergencies the WHO representative or designated responsible officer will submit at least weekly situation reports to the regional offices and

the Division of Emergency and Humanitarian Action at headquarters summarizing the current situation.

190 In an emergency with slow onset and of prolonged duration, the WHO representative or the WHO-designated officer should, after the initial report:

190.1 send a monthly report to the emergency and humanitarian action unit or focal point at the regional office and to the Division of Emergency and Humanitarian Action at headquarters;

190.2 send quarterly by pouch to the emergency and humanitarian action unit or focal point at the regional office and to the Division of Emergency and Humanitarian Action at headquarters, a concise review of developments in the health sector during the previous quarter and a prognostication of the activities envisaged for the next quarter.

200 In addition to the reports referred to above, the WHO representative should send to the emergency and humanitarian action unit or focal point at the regional office and to the Division of Emergency and Humanitarian Action at headquarters any other pertinent information including that of expenditures, purchase of supplies and recruitment of personnel related to the emergency situation and to the response by the government and by the international community as well as a final report after the emergency is over or after the special project, if established for the emergency, has been terminated.

210 Copies of the WHO representatives' correspondence are transmitted to the United Nations Resident Coordinator to ensure that assessment of the health situation and of health needs are appropriately included in DHA situation reports.

220 The WHO representative, in consultation with the government and the United Nations Resident Coordinator, may share the information with other parties concerned and with the media, keeping in mind the sensitivities of national authorities.

Regional Offices and Headquarters

230 WHO's emergency preparedness and response are based on all capabilities and resources within the Organization. At all levels, the responsibilities of the technical units and of the specific emergency units or focal points complement each other.

240 Technical units are responsible for the technical content of any preparedness programmes and technical emergency response, including technical coordination, in their respective fields of competence, including collaboration with Member States in establishing early warning systems and guidelines to improve the Organization's capabilities to respond quickly and efficiently to future emergency situations. Administrative units would assist and support technical units' response.

250 The emergency and humanitarian action units or focal points are responsible for overall coordination, information and communication in relation to the Organization's preparedness and response to an emergency, unless these are clearly defined as the responsibility of a technical division within its mandate as, for example, may be the case in epidemics (Division of Emerging and other Communicable Diseases Surveillance and Control), or in chemical or nuclear disasters. When, in such a specific type of emergency, overall coordination, information and communication is entrusted to a technical unit, the emergency and humanitarian action units or focal points have to be kept informed and updated on the action taken.

260 Within the limits of the authority delegated by the regional director, the emergency and humanitarian action units or focal points in regional offices have the primary responsibility for organizing, planning and implementing the WHO response within the Region. In cooperation with WHO representatives, they ensure that the WHO response complements rather than duplicates the response from other sources.

270 At the regional level, the emergency and humanitarian action unit or focal point, in cooperation with the regional offices or units in charge of technical programmes:

270.1 stimulates, promotes and monitors emergency preparedness and response in Member States;

270.2 promotes and provides orientation and training in emergency preparedness;

270.3 develops and continuously updates regional emergency response plans, including those relating to relief supplies, information and communication;

270.4 provides multi-pronged support to Member States, through the WHO representative or direct, depending on the local situations;

270.5 facilitates regional situation assessment and emergency response in coordination with technical and administrative divisions and units;

270.6 promotes epidemiological assessment and operational research on emergencies;

270.7 keeps the Division of Emergency and Humanitarian Action at headquarters informed of the situation, needs and action taken;

270.8 transmits to the Division of Emergency and Humanitarian Action at headquarters all information received by the WHO representative or responsible officer irrespective of whether the government has requested external aid;

270.9 evaluates programme activities;

270.10 requests support of the Division of Emergency and Humanitarian Action at headquarters when local and regional resources are not sufficient for emergency response;

270.11 promotes resources mobilization in coordination with technical units at the regional office and to provide the Division of Emergency and Humanitarian Action at headquarters with content for inclusion in the United Nations Interagency Consolidated Appeals (see para. 310.10).

280 The Division of Emergency and Humanitarian Action at headquarters, in close collaboration with regional offices and WHO representatives, is responsible for the overall coordination of WHO's emergency preparedness and response activities with those of other international agencies and bodies, such as DHA and other United Nations bodies, the specialized agencies or intergovernmental organizations, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, and with the headquarters of other major nongovernmental organizations.

290 In addition, the Division of Emergency and Humanitarian Action at headquarters is responsible for the interregional coordination of WHO's emergency preparedness and response activities and also seeks to coordinate WHO's response to an emergency in a Member State with responses from other sources, particularly if those originate from outside the region concerned.

300 Direct communication between the Division of Emergency and Humanitarian Action or other units at headquarters and WHO representatives is authorized in emergency situations but the regional office should be kept informed simultaneously of any such direct communication.

310 At the global level, the Division of Emergency and Humanitarian Action in consultation with the technical and administrative units at headquarters, is responsible for:

310.1 the overall coordination of WHO's emergency preparedness and response activities with those of other organizations;

310.2 the overall coordination of the Organization's emergency preparedness and response activities between headquarters and regional offices;

310.3 cooperation with the technical units of the Organization for overall programme development;

310.4 supporting regional and field emergency preparedness and response activities;

310.5 providing guidance in the elaboration of emergency planning, management, information, communication and early warning systems;

310.6 promoting epidemiological assessment and operational research on emergencies;

310.7 promoting orientation, training and health education activities for emergency preparedness and response;

310.8 disseminating, collecting and processing information on emergencies;

310.9 providing prompt appropriate response to emergencies in cooperation with technical units at headquarters and with the regional offices;

310.10 promoting resource mobilization in coordination with the technical units at headquarters and with DHA when the preparation of a United Nations Interagency Consolidated Appeal is concerned;

310.11 evaluating emergency preparedness and response activities.

320 A steering committee of the directors concerned and/or emergency task force of technical staff in regional offices or at headquarters may be called together to provide consultation and guidance in emergencies and disasters and to monitor the Organization's coordinated response. The composition of the task force varies according to the emergency. The Division of Emergency and Humanitarian Action at headquarters or the emergency and humanitarian action unit or focal point in the regional office advises the Director-General (global level) or the regional director (regional level) on the composition of the task force, depending on the emergency. The functions of the task force and the secretariat tasks are transferred to the technical unit concerned as soon as it is clear that this unit can handle the situation without consultation with other units.

COORDINATION AND COOPERATION WITH OTHER ORGANIZATIONS

330 Coordination and cooperation with the United Nations and other specialized agencies and with governmental and nongovernmental organizations are imperative for appropriate and prompt support to affected Member States, in order to strengthen their emergency preparedness and response.

340 Unless a Special Humanitarian Coordinator has been appointed by DHA, the United Nations Resident Coordinator is generally responsible for overall coordination of emergency response at the country level and acts as the representative of DHA which has been assigned by the General Assembly of the United Nations to "assist the government of the stricken country to assess its relief and other needs and to evaluate the priority of those needs, to disseminate information and to serve as a clearing house for assistance extended or planned by all sources of external aid" (see para. 380) and is generally responsible for the overall coordination of emergency humanitarian and rehabilitation assistance at the country level. The local representatives of the agencies of the United

Nations system are members of the United Nations Disaster Management Team (DMT) headed by the United Nations Resident Coordinator.

350 Within the United Nations system, WHO is the focal point of competence for all health matters related to emergency preparedness and response, while DHA is the focal point in the United Nations for overall emergency relief and rehabilitation matters. In epidemics and other disasters whose main or only manifestation is to affect people's health, WHO may assume a leading role among the United Nations and specialized agencies.

360 When a government formally declares an emergency and appeals for international assistance to DHA, the latter immediately informs WHO in order that all inputs may be coordinated in the health sector and vice versa.

370 WHO may make appeals to governments to furnish assistance to the affected country, in support of preparedness as well as relief and rehabilitation activities.

380 In resolutions WHA46.6, WHA47.28 and WHA48.2, the World Health Assembly endorsed DHA expanded coordinating role in the field of emergency and humanitarian action, including drafting of Consolidated Interagency Appeals as defined in the United Nations General Assembly resolutions 46/182 and 48/57.

390 WHO's emergency preparedness and response activities are also coordinated through a Memorandum of Understanding with those of the United Nations High Commissioner for Refugees (UNHCR), which has the mandate to provide protection and assistance to seekers of asylum and refugees. WHO's role in this Memorandum of Understanding is specified here again as being that of the directing and coordinating authority in international health work, while UNHCR seeks WHO's technical guidance and assistance in arranging health care for refugees.

400 WHO's emergency preparedness and response and rehabilitation activities may be coordinated with those of governmental and nongovernmental organizations through Memoranda of Understanding, exchange of letters or project agreements. Informal coordinating of activities, exchange of information and other forms of collaborating are encouraged. If the National Red Cross or Crescent Societies or their equivalent from other countries of the region should offer assistance, they should be requested to do so through the International Federation of Red Cross and Red Crescent Societies.

410 WHO's emergency management capacity may be enhanced and complemented by the assignment of WHO collaborating centres.

420 In providing its emergency preparedness, response and rehabilitation activities, WHO may accede to conventions on disasters adopted by other international organizations. Such conventions, which do not change WHO's constitutional responsibilities for promoting, developing, assisting and coordinating international health work, include the Convention on Early Notification of Nuclear Accident and the

Convention on Assistance in the Case of a Nuclear Accident or Radiological Emergency, adopted by the General Conference of the International Atomic Energy Agency (IAEA) in 1986.

FINANCE, ACCOUNTS, BUDGET AND PROCUREMENT PROCEDURES FOR EMERGENCY ACTIVITIES

430 The purpose of this section is to provide guidance in achieving a satisfactory balance between responsibility for taking quick, effective action and accountability for funds and performance, in a wide variety of emergency situations.

440 Emergency preparedness and response may be financed from regular budget funds in global, interregional, regional, intercountry or country programme allocations.

450 The provision in the regular budget under global and interregional activities for assistance in epidemics may also be used to finance emergencies due to epidemics.

460 The Director-General's and/or Regional Directors' Development Programmes may also be used to meet urgent and unforeseen health problems arising from emergencies.

470 A source of funds available to the Director-General specifically for the financing of assistance in emergencies and unforeseen contingencies is the Executive Board Special Fund which was established by resolution WHA7.24. In resolution EB15.R59 the Executive Board laid down the detailed principles and criteria to govern the use of this fund. Assistance under this fund is limited to the purpose stated in Article 28(i) of the Constitution and is subject to the concurrence of a majority of the members of the Board or, in exceptionally urgent cases, to that of the Chairman of the Board.

480 WHO may also procure services, medical supplies and equipment on behalf of a government, a United Nations agency or a nongovernmental organization in official relations with WHO, if the government or organization deposits funds in an acceptable currency in advance for this purpose.

490 Funds may be contributed in response to appeals by agencies and organizations outside WHO for emergency preparedness and response. Such funds are recorded in the Special Accounts for Disasters and Natural Catastrophes of the Voluntary Fund for Health Promotion. These external funds may be made available at country, regional or global level and their mobilization should be well coordinated to avoid duplication. Regardless of which level of the Organization initiates an appeal, the WHO representative, the regional office concerned and the Division of Emergency and Humanitarian Action at headquarters should be kept promptly and fully informed of such approaches and their outcome.

500 Allotments are normally issued when funds are received. However, if an agreement with a regular donor has been concluded and/or a firm pledge established, orally or in writing, the Director, on the advice of the Manager on Emergency

Preparedness and Disaster Relief Coordination, may authorize the issuing of an allotment in advance of the receipt of funds. Oral agreements shall be confirmed in writing as soon as possible. The above allotment will be issued under Multi Country Projects (MCP) functional level. The PWR must ensure that general operating funds are available either in a country or in a MCP allotment to cover the additional administrative cost incurred due to the emergency. In such cases, the Director of Administration and FRM shall be kept informed of the above process. In case of using country allotments, the PWR may proceed with the transfer of funds between the budgetary elements in the FFMS as needed, and inform PBR accordingly.

510 After a “ disaster situation” has been declared and the “Special Emergency Procedures” (SEP) have been activated , consistent with section 5 of the WHO Emergency SOPs, under his/her delegation of authority that applies to declared emergencies, the PAHO representative and PED is authorized to:

- recruit international short-term staff for periods of up to six months;
- procure locally or internationally goods and services for up to US\$100,000 per transaction up to the total amount of the available emergency funding, including emergency grants, transfers from WHO for emergencies, projects funded in response to Flash Appeals and the PAHO Emergency Fund. With the exception of the procurement of pharmaceuticals, vaccines and biological where normal procurement policies apply, this includes a waiver of bidding requirements as set forth under PAHO/WHO Manual VI.I. A justification for the adjudication to be kept in the files is required. In addition, procurement of all emergency project goods and services will be processed as first priority;
- reprogram available regular budget funds for up to US\$100,000, in aggregate, for the entire emergency;
- establish sub-offices to support field personnel and local response where needed;
- re-delegate all or part of the emergency delegation of authority to other staff;
- pay daily stipends to local volunteers, ensuring written acknowledgement of receipt of those stipends.

A PED staff member, when present in a country during an emergency, is authorized to procure supplies and/or services up to a total aggregate value of US\$10,000 from local sources for immediate delivery of goods or services.

520 When Special Emergency Procedures are in effect, the PWR is automatically authorized to make purchases and obtain services as stated in paragraph 510 above. Under these circumstances, bidding requirements as set forth under PAHO/WHO Manual VI.I are waived, but prices accepted on behalf of PAHO should be reasonable.

The PRO/HQ will make awards for goods and services based on immediate availability and the fastest means of delivery to the affected area(s). Formal bidding procedures and submission to the Contract Review Committee (CRC) will be waived, but competitive quotations may be solicited in order to compare availability and costs, to ensure that the most favorable offer is accepted.

PERSONNEL PROCEDURES FOR EMERGENCY ACTIVITIES

530 The delegation of authority for Special Emergency Procedures during a “disaster situation” is contained in the overall Delegation of Authority issued to each PAHO Representative.

530.1 WHO staff with emergency assessment and humanitarian assistance management skills and experience may, as a priority, be assigned temporarily to affected locations.

530.2 WHO may call on the services of personnel available through secondment from, for example, collaborating centers, government agencies under pre-existing agreements.

530.3 The WHO representative or the responsible officer at the operational level may initiate recruitment on short-term contracts of personnel according to the specific delegation of authority in effect for the emergency.

540 Based on his initial assessment of the emergency situation and needs, the WHO representative participates in formulating the plans for emergency relief and rehabilitation. His first task is to ascertain the extent to which existing WHO manpower resources in the country could carry out the assessment of the health situation, provide emergency technical cooperation as may be required and play an active role in coordinating the international assistance in the health sector. If necessary, the WHO representative may request by the fastest available means, the regional director or the Director-General to provide additional WHO personnel and consultants for emergency assistance or for assessment of the situation, so that the nature and extent of response by WHO can be determined.

550 Technical and administrative assistance from the regional director or from the Director-General should be requested (see para. 170) when it is considered more appropriate to perform a quick assessment of the situation by staff members or consultants who are not assigned to the country, or by an assessment team especially formed for this purpose. In emergency responses to outbreaks of disease, WHO's provision of requested laboratory services, equipment and vaccines should be preceded by a WHO assessment team which can evaluate the epidemiological needs as well as the logistical capabilities available to undertake the required remedial action.

560 In major long-lasting emergencies there may be a need to assign a WHO staff member or an experienced consultant to assist in coordinating the health work related to the emergency in the affected country. Such a health coordinator may be attached to the WHO representative or to the office of the United Nations responsible for coordination of emergency assistance in the country.

570 While formulating the plans for emergency response by WHO, strengthening of the WHO representative's office for project management and for provision of adequate support to the government should therefore be included as a component in the plan and funds allocated for it. WHO representatives or responsible officers must ensure close coordination and cooperation in all aspects of security, including the briefing of all those working with WHO.

580 As a rule, the United Nations Resident Coordinator or the UNDP Resident Representative is the Designated Official responsible for the protection and security of United Nations staff. For the protection of WHO staff and their dependants, see II.14.

590 In the event of a conflict, special attention should be given to maintaining cooperation in key technical areas by staff members who may be willing to work under difficult conditions. The WHO representative is considered essential staff and will not normally be evacuated. The WHO representative shall designate other staff and individuals working with the Organization who may be essential for emergency programmes during phases 3 and 4 of the United Nations Field Security Plan.