HEALTH AND HUMANITARIAN RESPONSE

WHAT YOU SHOULD KNOW

Prolonged conflicts in countries such as South Sudan, Yemen, and Syria have decimated regional health care systems and continue to jeopardize the lives of humanitarians bringing assistance to local populations in need.

Vulnerability to natural disaster, the threat of conflict, and outbreaks of infectious disease are major impediments to achieving good health for the world’s poorest populations. Providing health care for people affected by crises is essential in any humanitarian response.

The burden of disease and mortality levels experienced in countries affected by humanitarian crises are tragically high. Half the children who die before age 5 and more than one-third of mothers who die worldwide live in these fragile states.

Addressing specific health needs — such as treatment for survivors of gender-based violence, maternal and newborn care, essential nutrition, access to safe water and sanitation, or mental health and psychosocial support — is critical during a crisis response. In large-scale crises, there can be hundreds of humanitarian agencies working simultaneously to provide health-related aid. Effective coordination of this outreach is essential to avoid redundancy, address gaps, and maximize impact and accountability.

This assistance must be impartial and accessible to all, as well as based upon need and guided by humanitarian principles. It must also focus on the health needs of the most vulnerable populations — such as women, children, older adults, and persons with disabilities.

Effective emergency response programs build the framework for stronger and more resilient health systems that can sustain themselves after a crisis has abated.

More than 60% of the world’s 19.5 million refugees and 80% of the 34 million people who are internally displaced live in urban environments. As low-income countries trend toward urbanization, the health of vulnerable populations, including displaced people, is increasingly at risk by overextended health systems in fragile states that often struggle to meet their needs.

RECOMMENDATIONS FOR CONGRESS

Maintain strong support for the International Disaster Assistance and Migration and Refugee Affairs accounts, and continue robust funding levels for humanitarian emergencies through the U.S. Agency for International Development (USAID) Office of Foreign Disaster Assistance (OFDA); the Department of State (DoS) Bureau of Population, Refugees, and Migration (PRM); and Centers for Disease Control and Prevention (CDC). Humanitarian programs funded by the United States have proven to be essential in saving lives, preventing further degradation of fragile states, and contributing to global safety and security.

The U.S. government should remain a global leader in humanitarian health response by enhancing coordination with key domestic donors, engaging and supporting influential donors from other countries, and contributing substantively to global humanitarian policy discussions.

The U.S. government should increase its investment in strategies and programming that address disaster risk reduction (DRR) and emergency preparedness. Greater attention to and increased support for DRR and emergency preparedness can greatly mitigate the impact of disasters, preventing catastrophic loss of life and damage to communities.

The U.S. government should advocate for the protection of humanitarian workers who provide lifesaving care by ensuring that hospitals and health centers in conflict-affected areas are not military targets.
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WHY THIS INVESTMENT IS IMPORTANT

As part of a coordinated humanitarian response during and after a natural disaster or in times of conflict, investing in health care and services is the key to saving millions of lives. U.S. funding provides essential health care, such as emergency medical interventions, nutritional support, and access to clean water and sanitation. Strategic, timely, and effective action by the U.S. humanitarian and health funding agencies — including OFDA, PRM, and CDC — has allowed lifesaving interventions to reach millions of people throughout the world. In 2017 alone, the U.S. government provided $1.6 billion for disaster response activities.

The United States is also committed to responding to outbreaks of infectious disease, most recently during the epidemics of Ebola in West Africa and Zika worldwide. Currently only one-third of countries are prepared to prevent, detect, and respond to these global risks. The United States is also invested in improving the health systems of developing countries to help prevent and contain future outbreaks abroad and domestically.

Recent disasters such as Hurricane Maria, which impacted several Caribbean countries in September 2017, and the 2014 Ebola outbreak in West Africa, which killed nearly 11,310 people, saw not only a large outpouring of public and private U.S. financial support, but also a large number of volunteers serving in emergency-affected areas. Americans support U.S. investments in humanitarian health because such investments reflect a core American value: assisting those in need. In response to Hurricane Maria, OFDA provided Dominica with water, sanitation, and hygiene services, as well as emergency-relief supplies that included 1,600 blankets, 1,000 hygiene kits, 400 rolls of plastic sheeting, and 2,400 water containers, benefiting at least 20,000 people impacted by the disaster. Additionally, OFDA Disaster Assistance Response Team staff were deployed to conduct assessments, coordinate with humanitarian and government actors, and support response cooperation. During the 2014 Ebola outbreak in West Africa, $5.4 billion in emergency funding was provided to USAID, CDC, and the National Institutes of Health to establish Ebola treatment units and community care facilities; distribute personal protective equipment; engage in community outreach, communication and mobilization efforts; and provide logistical support.

While many emergencies can never be perfectly predicted or entirely prevented, the resulting loss of life can be greatly reduced through appropriate mitigation and preparedness efforts. The United States should remain steadfast in its leadership role of helping to build resilient health systems in low-income countries, responding quickly and efficiently when emergencies occur, and coordinating and supporting efforts in post-emergency recovery. Since many issues arising from large-scale emergencies require long-term solutions, the United States should also continue supporting countries after the initial disaster period to help address the most critical health needs and shorten the recovery phase.

RESOURCES

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CITATIONS