Partner consultations with the Chair of the Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences

Meeting with members of the Global Health Cluster1 by Teleconference

14:00-14:45 (CET), 7 September 2015

The Chair of the Advisory Group, Dr. David Nabarro, opened the meeting by explaining that the WHO Director-General had decided to establish an Advisory Group to provide advice and guidance on the WHO Emergency Reform process. Dr. Nabarro noted that extensive consultations were needed with WHO counterparts and operational partners to gather input and to equip the Advisory Group to best guide the reform process.

The ensuing discussion focused on the following areas:

1. **Needs of People at Risk and of their Governments**

Global Health Cluster Members stated that the operational platform will be an instrument to get WHO “further out” in emergencies but the way it is used will depend on instructions from the top. The Organization should do its best to make certain that it is primarily responding to people’s assessed needs in a fearless and focused way. Through the Global Health Emergency Workforce (GHEW) and partner agreements people are looking for more capacity and flexibility to respond to emergencies with health consequences. The GHEW is one of the key outputs of the Emergency Reform agenda. There is a need to bring together the existing mechanisms and to coordinate their work globally and at the field level. Efforts should be focused to identify and coordinate potential assets and work with partners to deploy these assets.

The Chair of the Advisory Group stated that the reform process is meant to ensure that people working at national and local levels get the best possible support to do their work in different emergency contexts. Matching support to needs is central to this effort. Advisory Group members have stressed the importance of WHO possessing capacities to reflect on current and future emergency needs. The reform implies a major shift to the existing situation. The reform will not be effective unless country level work is improved, ensuring that it is appropriately financed and supported by partnerships and supplies.

2. **Expectations of WHO from National Authorities and Partners within Countries**

Global Health Cluster members raised concerns about how the reform at country level will work in practice given that many of the discussions so far had taken place at Headquarters and Regional Office level. Members were in particular concerned on how the reforms would impact partnerships at country level. The Chair noted that the Advisory Group had emphasized that WHO’s work in outbreaks and emergencies must be undertaken at community and country levels.

In the future, to strengthen the work of Health Clusters, Health Cluster Coordination must become seen as a positive attribute for career development. Currently, there is no upwards

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1 See Annex for a list of participants.
and satisfying career trajectory for most cluster coordinators who often leave their positions for other jobs or other organizations. This impacts sustainability and durability, and requires repeated training to bring new Health Cluster Coordinators up to speed. A question about country level coordination was asked: will it be led by the Health Cluster? How will the cluster capacities be strengthened?

It was noted that the GHEW could be about bringing together different networks (including the Global Health Cluster) and ensuring their interoperability. Capacity building and training on the job is needed to help all concerned maintain capabilities. Regional Offices are doing a lot, and there is a need to strengthen partners.

Participants felt that WHO must play its full part in the Cluster system. WHO country teams should be better connected to all aspects of the response. And if the Humanitarian Coordinator seeks help for a health issue, the WHO country representatives should be sure to have the necessary cover from above to contribute to the response. Some of these ambiguities of Country level functioning are being considered by the Advisory Group. How can Country Offices be reinforced so that the work - including both crisis management and coordination - can be given more impetus? Frequently country offices are under-resourced for the task.

In the West Africa Ebola outbreak many actors have different functions and coordination is of critical importance. The Chair said that the Advisory Group focuses on coordination as this is a key means for enhancing the effectiveness of response efforts and improving the synergies between those making contributions. The key to improving synergy is to make sure that those involved have the right skillsets, and tools, and are supervised in a supportive way. The WHO Project Management Team focuses on how reforms will enable WHO Country Offices to contribute to better coordination through the Health Cluster.

3. **Implications for ways in which WHO as an organization works: what should it be offering to people, countries and partners?**

GHC members stated that partnerships can’t become real unless there is appreciation, trust and respect between partners. Power relations impact those relationships in subtle yet very real ways. In practice “partnering” must be done with a true sense of partnership, not as a way of co-opting other actors. Partnering should be viewed as an “activity” and be ingrained in the culture of the Organization.

The general view was that the Contingency Fund or the Global Health Emergency Workforce (GHEW) should be the main pillars of the reform.

Financing was another area identified for priority attention; there is a need for predictability on service delivery and resources. WHO must enable large organizations to work jointly with it on service delivery and ensure quality vs. quantity. The Chair noted that money is needed for preparedness as well as response efforts.
A concern was raised about the WHO Emergency Reform processes’ relationship with the U.S. Centers for Disease Control. It was emphasized that WHO needs the capacity to raise the alert in an efficient and practical manner.

The Chair noted that WHO has close relationships with CDC and others. The Advisory Group was working to ensure that WHO’s posture provides the best solution for all involved in global health. WHO has an obligation, through coordination, to enable others to respond effectively. The operational framework and mechanism being developed should reflect on outbreaks and how the same services can have an impact on different emergencies (Ebola, cholera).

4. **How to get there i.e. what is the reform process?**

GHC members raised a concern related to the Terms of Reference of the Advisory Group, stated that outline document establishes a very broad agenda which “starts from scratch” and asked if the reform plan was too ambitious.

The Chair noted that the work was ambitious and the Director-General has stressed the need to be ambitious in the reform efforts. The Advisory Group’s focus is to try to establish what capacities the Organization should demonstrate. The Project Management Team then does the reform in the Countries, Regions and at Headquarters. Each Regional Office has already developed some advanced work and progress is already being made towards changing the Organization. The Advisory Group is therefore not “starting from scratch” but building on the work done so far and on the experiences during the Ebola outbreak to ensure that the Emergency Response programme becomes a more useful tool at country level. It is hoped that it would include greater accountability measures, clearly delineated responsibilities, and measurements for the impact of the response. The Chair noted that benchmarks were needed that would demonstrate if deployment time, relevance and functionality is improving or not. Without these benchmarks, including length of deployment, it would be hard to say if WHO was improving

5. **Challenges with implementing the reforms and how to address them.**

GHC members pointed out several cultural changes as hindrances to WHO “moving forward”. These included: political decisions taking undue importance over technical and internal power dynamics between Headquarters and Regional Offices. In addition members questioned how poorly functioning Country Offices would be supported so not to hinder the timely emergency response?

The Chair noted that WHO had been designed as a standard-setting agency supporting Member States, but that the platform being considered now would give WHO a more operational posture. The culture, politicization and power dynamics within WHO leads Country Offices to feel disempowered compared to other parts of the Organization, and that they are working under the political direction of the Ministries of Health and overall governments rather than simply responding to people’s health needs. The Advisory Group is reflecting on WHO’s role in situations in which a country’s government can’t respond to the needs and under what circumstances there is a case for WHO to undertake the functions.
that the government would perform if it had the capacity. This has happened in complex emergencies. It might mean that WHO must focus on the aspects that people need, such as seeking to ensure clinical services are provided rather than being a direct provider.

**Annex of Participants**

David Nabarro, Chair, WHO Advisory Group

**WHO Headquarters:**
Dr Anarfi Asamo-Baah, WHO Deputy Director-General
Daniel Kertesz, Lead of the WHO Project Management Team (PMT)
Michelle Gayer, acting Director, ERM/WHO
Andre Griekspoor, ERM/WHO, Co-Chair, GHC Strategic Advisory Group*

**GHC Unit:**
Linda Doull*, GHC Coordinator
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**GHC members:**
Concern Worldwide – Breda Gahan, Senior Health and HIV Adviser
DFID – Rachel Kessler, Humanitarian Advisor
DFID – Chris Lewis, Health Advisor
ECHO – Matthew Sayer, Team Leader, Health, Shelter, WASH
ECHO - Ian Van-Engelgem, Global Thematic Coordinator - Health (Dakar)
ECHO - Dr Amparo Laiseca-Garcia, ECHO Regional Health Expert for Central Africa
ECHO - Dr Fernando Fernandez, ECHO Regional Health Expert for the Middle East
GOAL – Geraldine Mac Crossan, Global Health Advisor
Hope Worldwide – Charles Ham, Global Disaster Response Coordinator
International Federation of the Red Cross – Panu Saaristo, Senior Emergency Health Officer
International Medical Corps* - Mary Pack, Vice President for Domestic and International Affairs
International Organization for Migration – Teresa Zakaria, Migration Health Emergency Operations Officer
International Rescue Committee – Emmanuel D’Harcourt, Senior Health Director
Johns Hopkins University - Center for Refugee and Disaster Response – Tom Kirsch, Director
Malteser International – Marie-Thérèse Benner, Senior Health Advisor
Medair – Trina Helderman, Emergency Response Officer, Health and Nutrition Specialist
Médecins du Monde - Ron Waldman, Professor of Global Health
Mercy Malaysia - Masniza Mustaffa, Health Coordinator
OFDA* – Sonia Walia, Public Health and Nutrition Advisor
Première Urgence Internationale – Elise Lesieur
Public Health Canada – Nicolas Palanque, Director with the Office of Situational Awareness and Operations
Save the Children* – Francesco Checchi, Senior humanitarian health lead
Save the Children - Rachel Pounds, Senior humanitarian health adviser
Save the Children - Emily Blake-Turner, Project Manager, NGO Consortium
World Vision International – Claire Beck, Director, Global Technical Team (Humanitarian Operations)
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* Members of the GHC Strategic Advisory Group are highlighted with an *.
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WFP – Benjamin Syme, Political Risk Management Consultant  
WHO/Western-Pacific Regional Office* - Nevio Zagaria, Regional Adviser  

GHC Observers:  
MSF – Emmanuel Tronc, MSF International Representative to the United Nations