Second Meeting of the Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences

Meeting by teleconference
1400-1530 (CEST), 26 August 2015

Email invitation from the Chair to the Members

Dear Colleagues

I hope you are well. I write with a proposal for our work during the Second Meeting of the Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies which will take place on 26th August 2015 at 1400 European Standard Time and 0800 US Eastern Time.

Item 1: Establishing an Operational Platform

The report of the Advisory Group’s first meeting on July 28th 2015 states that WHO needs an operational platform across all three levels of the organization in order to mobilize appropriately-scaled and timely responses that include a capability for a rapid surge in activity. The Platform will provide a clear line of authority and management, support the work of WHO personnel and coordinate with operational platforms of its partners. The work supported by the platform should cover all aspects of the emergency management cycle. The activities mounted through the platform should be integrated with frameworks both for response to humanitarian crises and for implementing the International Health Regulations.

I propose that on August 26th members of the Advisory Group provide guidance to the WHO Secretariat on how this operational platform should be established and made to work effectively and rapidly so that WHO is capable of ensuring adequate preparedness for, and responses to outbreaks and emergencies with health and humanitarian consequences. What are the strategic, managerial, operational and administrative structures and processes that need to be put in place - in all three levels of the organization? What are the challenges that will be faced and how could they be addressed? What practices from other relevant entities – including UN system organizations – might be helpful examples as WHO takes this work forward? The Project Management Team for the reform process has prepared a short note on how the WHO Secretariat proposes to develop the platform (see the attachment “Conceptual Outline of WHO Programme for Outbreaks and Emergencies with Health and Humanitarian Consequences”).
Item 2: Partnering with others:

The report of the Advisory Group’s first meeting on July 28th states that WHO will need to invest in **functional multi-sectoral interfaces, linkages, and partnerships** in preparing and responding to outbreaks and emergencies with health and humanitarian consequences. This will involve work in support of national coordination and management structures and full participation in the cluster system of the Interagency Standing Committee including leadership of the Global Health Cluster. The emphasis on partnering will recognize that certain international entities have defined responsibilities in relation to emergencies associated with specific hazards.

In considering how the operational platform should be established, it would be helpful if members of the Advisory Group could indicate **the kinds of interfaces, linkages and partnerships that WHO should better establish**, the challenges that the organization faces in making these relationships function effectively, and ways in which the challenges might be addressed from now onwards. One or two examples of what has worked well, and what has been less successful, would be helpful.

A proposed timetable for the meeting is as follows:

At 1400 I will ask members who were not present at our first meeting to introduce themselves. I will also ask whether any Advisory Group member has specific concerns to raise before the meeting starts. I will then briefly summarize our two items of business and invite Dr Chan to comment on them. We will have a brief feedback on the first meeting of the IHR Review Committee which will have taken place on 24-25 August 2015.

At 1415 we will start our discussions. I propose that if there is time we have two rounds of discussion with participants giving their main remarks on both agenda items in the first round (3 minutes per person). I will then offer a summary, invite Dr Chan to offer any clarifications that are requested by members.

At 1510 the floor will be open for a second round of shorter reflections for those who wish to speak, maximum 1 minute per person, about issues that have emerged in the first round and any major points that need further attention.

At 1525 I will offer a short summary: we will finish promptly at 1530.

On ways in which we work together:

In the first Advisory Group meeting members spoke succinctly, focusing on the issues which are of greatest interest or concern to them. Some members followed up with emails in which they explained their points of view in greater detail. I suggest we aim for the same
approach in the meeting on the 26th August. Do not hesitate to send an advance email to me (and, if you wish, to other members of the Advisory Group) which indicates the issues on which you would like to focus before the meeting. If you wish to add further detail to what you said, or if you did not get a chance to speak as much as you would have wished, please do send an email after the meeting. As before, the draft note for the record of the meeting should reach Advisory Group members within a few days. Some Members have indicated to me that they have heavy commitments and regret that they will not be able to participate in many of our meetings. From my perspective what matters is that all members feel free to communicate with me as chair, and with other members of the group, if there is specific advice they wish to offer.

On the Advisory Group’s Terms of Reference:
I have received comments on our proposed Terms of Reference and have adapted them in the attached two files (tracked and clean). If there are no further comments on these by the start of the meeting I shall assume that Advisory Group members are content to use them as a basis for our work.

On Informing WHO staff and interested parties about the work of the Advisory Group:
I shall offer to interact with concerned staff in all six WHO regions (by teleconference) and in WHO headquarters, with members of the Interagency Standing Committee (and the Global Health Cluster) as well as with representatives of WHO Member States (including Friends of WHO Reform) during September 2015. I shall inform Advisory Group members once these interactions have been arranged in case they are in a position to participate as well.

On possible issues for future meetings
I anticipate that in coming meetings the Advisory Group will wish to focus on resource requirements – people and funds, as well as on the processes for implementing the reforms, on research and innovation, and on benchmarks. I encourage Advisory Group members to send me their suggestions.

On keeping in contact
Please feel free to contact me anytime by email or text message if you would like to speak on the phone before the meeting – I am keen to be in contact with members of the Advisory Group as much as they would wish and am ready to call at your convenience.

Looking forward to a very enjoyable second meeting.
Warm regards.

David Nabarro, Advisory Group Chair
UN Secretary General’s Envoy on Ebola
Platform for WHO operations on Outbreaks and Emergencies with Health and Humanitarian Consequences:

An Outline of the Concept: 19th August 2015

Prepared for Second Meeting of the Advisory Group on WHO’s work in Outbreaks and Emergencies:

Overall Vision:

Contribute to a world in which effective, collective action reduces the frequency and minimizes the impact of health emergencies

WHO Mission:

To support Member States as they strengthen the capabilities of their people to manage risks to health, to reduce the frequency of health emergencies;

To coordinate and provide strategic direction for responses to international health emergencies across the spectrum of emergency risk management (including readiness, response and recovery and able to address health risks from all hazards).

Scope (what the Platform will do?)

1. General Principles
   - Ensure that necessary structures, mechanisms, resources and all other enabling factors are in place for WHO – in combination with national authorities and relevant partners - to deliver timely, effective and efficient responses when needed;
   - Serve as the mechanism through which WHO engages operationally in different stages of managing risks associated with health emergencies
   - Work across the “spectrum”of health emergencies – preparedness (including Organizational readiness), response, early recovery
   - Address health emergencies due to all hazards
   - Work within individual countries or across multiple countries
   - Establish links with WHO clusters and departments with relevant expertise required in some health emergencies (Health Systems, Reproductive, Mental health and others)
   - Impact of reform must be felt at country/district level during health emergency

2. Preparedness:

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1 The term “Platform” replaces the word “Programme” which was used by the Director General to introduce the concept during her speech to the World Health Assembly in May 2015: it encompasses much that is in the “Centre” proposed in the July 2015 report of the Interim Assessment of the WHO Ebola Response.

2 The term “Health Emergencies” in this document is shorthand for “Outbreaks and Emergencies with Health and Humanitarian Consequences”
- Ensure that preparedness including risk management is integrated into the response platform in a manner that ensures seamless transition and collaboration at all times
- Develop evidence and policy for health emergencies
- Risk analysis; collation and dissemination of surveillance data and other relevant health information
- Assure WHO institutional readiness and response capacity

3. Response

- Adopt an effective incident management system appropriate to individual emergencies, operating from an effective SHOC
- Support national authorities with overall coordination of national and international health assistance
- Facilitate or undertake rapid risk assessments/investigations; identify major health needs and response priorities
- Manage partnerships
- Consolidate, analyse, interpret and disseminate data to guide response work and recovery planning
- Deploy technical experts to guide and where require, provide public health and clinical services
- Support effective community engagement, through contextual analysis and working with relevant partners
- Communicate effectively on health in emergencies

4. Early recovery

- Ensure appropriate contributions to early recovery of resilient health systems

How the Platform will work:

1. Platform Structure: The platform …

- Will be a unified entity for support to operations covering all hazards and fit-for-purpose to enable effective readiness for and response to humanitarian emergencies, public health emergencies, or other hazards such as environmental, radiation, chemical and migration that may require different types response types;
- Will have a single common structure, aligned across HQ and 6 Regional Offices;
- Will be suitable for delivering the functions identified in “Scope” above, including
  o Surveillance, information
  o Capacity building for preparedness
  o WHO institutional readiness and response, including core functions;
- Will have a physical presence in countries with protracted crises, recurrent emergencies and high vulnerability for health emergencies;
2. The Platform will enable WHO Regional Offices and Headquarters to assist countries which do not have a standing health emergency capacity:
   - Management processes, supported by new business rules/systems and SOPS will ensure effective strategic planning, work planning and budgeting, human resource planning/supervision, resource mobilization, field operations, monitoring and evaluation
   - Business systems/rules informed by best practices in other multilateral, non-governmental and humanitarian emergency organizations; strategic and operational partnerships will be formed as appropriate

3. The Platform will be based on a Revised Emergency Response Framework: this will reflect
   - Analyses of the use of the ERF in recent health emergencies;
   - An improved grading process;
   - An enhanced system for oversight in major health emergency responses;
   - Clarification of WHO decision making in health emergencies, including establishment of incident management system at all levels of the Organization to guide country responses;
   - Ensuring that the “no regrets policy” is understood and followed

4. Human resources during Health Emergencies:
   - Human resource deployments must include human resources in the right numbers, with the right skills, deployed at the right time, to the right places, for an appropriate duration;
   - The platform will
     o Support a Global Health Emergency Workforce, at global and country level; should include assets provided by GOARN, the Global Health Cluster, Foreign Medical Teams, other standby partners;
     o Be based on reorganized WHO organizational structures at HQ, RO to ensure that all current staff relevant to the scope of WHO work in health emergencies are brought into the unified Programme;
     o Assure that WHO is able to deploy its own staff to support response and early recover during health emergencies.
   - IT systems should support an integrated HR management system – active between and during health emergencies – to underpin the platform.

5. Financing for health emergencies
   - The platform will require core financing (for standing capacity and normative work), additional funds for building capabilities and dedicated finance for responses to health emergencies;
   - A Contingency Fund is being established and capitalized to support response in health emergencies;
- WHO will contribute to the operation of the global Pandemic Emergency Financing Facility designed to ensure global access to funds for health emergencies

6. Partnerships

- WHO will improve its capacity to engage partners at global, and especially at country level during health emergencies;
- Functional partnerships with other UN agencies and partners (UNICEF, WFP, OCHA, IFRC MSF etc) will be strengthened to ensure predictable operational responses in health emergencies.
Terms of Reference for the Advisory Group Reforms of WHO’s Response to Outbreaks and Emergencies with Health and Humanitarian Consequences

The Advisory Group will provide advice and guidance in all aspects of the change management process to the Director General of the WHO focusing especially on:

1. Designing and establishing a Platform across the 3 levels of the WHO Secretariat, that enables it to establish the best possible performance in managing the full scope of risks to health (including risk assessment, risk characterization, risk communication, and risk management) as well as in responding to outbreaks and emergencies (whether acute or protracted) with health and humanitarian consequences, specifically:

   a) The steps needed to establish optimal capabilities and to ensure the competencies necessary for the full scope risk management and emergency response across the WHO;

   b) The structure, systems, processes and resources needed to ensure rapid and effective response;

   c) The definition and implementation of a system of performance metrics;

   d) The elements of a mode of operation – across the Organization – that permits rapid, effective, efficient responses in relation to outbreaks and emergencies with health and humanitarian consequences.

2. Supporting WHO so that it is equipped to coordinate Member States, the United Nations, and operational partners during outbreaks and emergencies, including:

   a) Outlining options for building strategic, strong and effective partnerships that prepare for and respond to a wide range of hazards and that engage all concerned with the management of health risks and emergencies associated with these hazards;

   b) Ensuring interoperability among relevant national, regional and international actors in public health emergencies and humanitarian emergencies, with a particular focus on International Health Regulations and the Inter-Agency Standing Committee-led humanitarian response system a;

   c) Improving the functionality and utility of the relationships between the WHO Secretariat, at all levels, and Member States, with particular regard to outbreaks and emergencies with health and humanitarian consequences;

   d) Seeking out best practices for health leader interaction with Heads of State and Government, senior parliamentarians and Finance, Defense, Foreign, Interior and local government ministers on health and humanitarian emergencies;

   e) Establishing appropriate blends of technical leadership, consensus building and coordination during outbreaks, emergencies and protracted crises.
Ways of working:

The Advisory Group is convened on a time limited basis, currently until the end of December, 2015. The Group will meet regularly by teleconference/video conference. Occasional in-person meetings may be required.

The Advisory Group will be supported by a Project Management Team within WHO.

The Advisory Group will be

• Focused: – on decisions on which advice is sought, reacting to issues as presented in short briefing documents, reaching decisions (or identifying areas where consensus is lacking) rapidly in time-limited teleconferences

• Transparent: - recording the issues discussed and advice provided (without names or attribution) in succinct, accurate meeting reports to be made publicly available

• Consultative – briefings on issues are provided from different perspectives within the WHO and beyond, including personnel in regions and countries

Membership

The Advisory Group will be comprised of up to 20 members, subject to review of the Declaration of Interests for WHO Experts.

In the exercise of their functions, the members act only as international experts serving WHO exclusively; in this capacity, they may not request or receive instructions from any government or authority external to WHO.

July 19, 2015

Revised August 18th 2015