ADVISORY GROUP | REFORM OF WHO'S WORK IN OUTBREAKS AND EMERGENCIES

WHO's Programme of Work in Outbreaks and Emergencies (with Health and Humanitarian Consequences) and the Operational Platform for successful implementation: Reflections of the Advisory Group Chair
Shared with the Advisory Group on 21st September 2015

A   FUNCTIONS EXPECTED OF WHO DURING OUTBREAKS AND EMERGENCIES

1.   **Initial considerations:**

1.1. There are some generic functions that are expected of WHO in all types of outbreaks and emergencies.
1.2. WHO should provide support for all phases of a risk management cycle (from prevention and preparedness to response and recovery).
1.3. WHO must have failsafe capability to address outbreaks and emergencies at an early stage before they develop into major crises.
1.4. The specific functions expected of WHO depend on the nature of an outbreak or emergency, as well as scale and the capacity of the affected countries to manage.
    a.   If it is an outbreak - what is the cause, severity and trajectory;
    b.   if it is a humanitarian crisis, what is the extent, severity, duration and is access possible;
    c.   if it is a biological, chemical, nuclear, environment, migration-induced or refugee emergency, what contribution is WHO required to make by the lead responder?

2.   **Generic functions of the Programme of Work in Outbreaks and Emergencies:**

WHO is expected to:

2.1. **Provide overarching and high quality strategic direction on public health and patient care issues**[1] –adapting it to the needs of specific situations, and anticipates the potential manner in which it may evolve (both worst- and best-case scenarios);
2.2. **Offer leadership and coordination,** in collaboration with national authorities, engaging a broad range of national, regional and international actors, outlining clear roles and responsibilities for each (using IASC Health Cluster and IHR processes where possible);
2.3. **Provide timely, consistent and reliable information** on current and potential risks to health, and on ways in which they can be averted - ensuring that this

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[1] In outbreaks and emergencies, WHO will generally be expected to provide strategic direction and ensure implementation of public health functions (e.g. disease surveillance and implementation of interventions). Except in cases when WHO needs to be the provider of last resort, its role with respect to patient care will usually include standard setting, technical guidance and coordination.

information is accessible to governments, partners and relevant sectors for immediate action;

2.4. **Ensure local-level understanding of health risks** and ownership of actions through two-way communication with communities, through engaging them and through responding to their priorities.

2.5. **Contribute to cross-sector coordination and response mechanisms** (including national disaster management authorities and UN OCHA), advising on whether to escalate, adapt or stand down both alerts and responses;

2.6. Work with national authorities to **develop and publicize risk assessments and early warnings**; initiate systems for alert and incidence management; ensure risk-related surveillance, using both information on the situation and established coordination processes;

2.7. **Anticipate the expansion of risks to people in multiple locations or nations** and adapt advice and responses to the varied needs and contexts within these locations at the same time;

2.8. **Ensure the availability of relevant standards, guidelines and technical support** relating to risk assessment, readiness, response and recovery for upgrading and certifying national systems, including their clinical services, human resource and surge capacities, and management of supplies.

3.   **External constraints**

WHO's ability to implement a Programme of Work with these functions will be affected by:

3.1. Impediments to WHO's engagement in specific issues when these are of acute concern to national authorities (especially if they provoke anxieties about negative economic impacts, possible trade restrictions, reductions in tourism or national security);

3.2. Circumstances under which local or national authorities seek an agreement that WHO will work on issues confidentially, keeping them outside the public domain;

3.3. Cultural and linguistic factors that restrict the response options available to WHO;

3.4. The degree of core public health capacity within a country or group of countries and the potential for interactions on functions (eg 2.6) ;

3.5. Constraints on the movement of staff or materials into and the evacuation of patients or specimens from a specific location – including legal obstacles, lack of physical access, or insecurity.

[Some of these constraints relate to WHO's status as a specialized intergovernmental agency]

4.   **WHO's Commitments**:

WHO has a set of Core Commitments for Emergency Responses that were agreed by the World Health Assembly in 2012 and are the basis of the Organization's Emergency Response Framework. They are detailed in an appendix. WHO now needs to build upon them and establish **Common Commitments that it will undertake to perform during an outbreak or emergency** that take into account relevant external challenges.   This

will help to establish the kind of systems and structures the organization needs while taking account of at least some of the constraints – thus limiting unrealistic expectations. The commitments should be revised at intervals (eg annually in the first instance). The following are offered – based on consultations to date and the 2012 commitments:

4.1. Quickly locate suitably skilled WHO staff close to the people most at risk, as well as the necessary operational support within the country (local level, district and national capitals and in WHO regional offices;

4.2. Provide high quality technical assistance to local communities, national authorities and partners, helping to locate expertise within countries, engaging expertise from UN system entities and partners, from WHO regional offices and WHO headquarters, and from collaborative partners (including through leadership of the Global Health Cluster, engagement of GOARN, and activation of the Global Health Emergency Workforce), and other stakeholders;

4.3. Ensure that necessary finance, human resource and logistical support is quickly available in advance of and alongside the technical assistance being provided;

4.4. Offer strategic direction, identifying priority actions, focusing on critical decisions, ensuring follow-through;

4.5. Ensure that persons skilled in incident management (including leadership, collaboration and coordination) are quickly identified and located close to the situation(s) where risk is highest and/or where the greatest management challenges are being faced;

4.6. Encourage local-level appreciation of health risks, so enabling communities to respond effectively and develop their own strategies for managing risk;

4.7. Ensure effective management of information and issue timely communications to national authorities, partners, the global community on changing risks;

4.8. Measure performance against standardized benchmarks; continuously improving performance through practical exercises based on diverse scenarios

Prerequisites for WHO to perform these functions: capabilities and partnerships

5.   The capabilities that WHO will need to perform its core functions during outbreaks and emergencies fall under four broad categories: personnel, funding, materials and information.

5.1. Personnel: **WHO will need to access personnel with a broad range of skills and experience.** These include staff with relevant technical skills, as well as staff to undertake the administrative, operational, communications, logistic, technical, coordination and leadership roles necessary to support operations in-country.

5.2. Funding: WHO will need increased of **predictable and accessible core funding** to sustain specified levels of human resource and system capacity for this programme of work – especially to support staff performing WHO's core functions in outbreaks and emergencies. It will also need **reliable contingency funding to ensure that it has the necessary resources early on** to surge its efforts in a specific outbreaks or emergency setting. This funding needs quickly

to be made available for use within countries and the contingency fund needs to be replenished promptly after resources have been disbursed.

5.3. <u>Materials</u>: **Procurement rules and processes** need to be reviewed and streamlined so that materials can be acquired and moved quickly to the locations where they are need.

5.4. <u>Information</u>: WHO needs to improve its ability **to collect and analyse health information**. Systems for collecting and disseminating this information at all levels – district, country, regional and global – must be interoperable, harmonized and eventually standardized.

6.　　**Strategic collaborations and partnerships** are vital to WHO's capacity to perform core functions. WHO needs them to provide the capacities it lacks (and which would duplicate the good work of others if developed) such as heavy-lift logistics. But given the need for WHO to get close to the problem, it does need strong health logistics, communications, fleet management and personnel support capacity within its operations support systems. Ensuring that partners can be engaged in this way will mean that WHO is convening Inter-Agency Collaborative Approaches (such as the present Inter-Agency Collaboration on Ebola), where each entity provides expertise in their respective areas of specialization and where there is a strong emphasis on effective coordination. Sometimes partnerships permit actions to take place in areas or communities that WHO (as a UN system entity) is otherwise unable to reach. Taken together, these considerations suggest that WHO should adopt a strategic approach to strengthening and expanding partnerships (a) at all levels (community, national, regional and international), (b) across all sectors (civil society organizations, private sector groups, governmental entities, faith-based groups) (c) with an emphasis on national and community groups, and (d) ensuring effective joint working across the UN system, with GOARN members and the Global Health Cluster.

<u>The proposed Operational Platform</u>

7.　　The focus of this note is on a new mechanism that will enable WHO to work effectively in Outbreaks and Emergencies with Health and Humanitarian Consequences. It is useful to make a distinction between the overall Programme of Work in this area that will be implemented across the organization. It will have Core Commitments, Culture Change and Capabilities that will be central to the Programme. Its implementation will be an enormous transformation for the Organization. At the heart of the Programme is an organization-wide Operational Platform, that will enable the Organization to be ready to fulfil its commitments throughout the emergency risk cycle, acting as one, with no managerial, administrative or logistic constraints, with strategic collaborations and partnerships in place and working, and with a clear system of Command and Control that is understood by all, inside and outside WH O.

8.　　The Operational Platform could contribute to **all** WHO's work related to outbreaks and emergencies, across the risk management cycle (preparedness, preparedness, response and recovery), for emergencies relating to all hazards, wherever they may be. It should enable WHO to implement Core Commitments in a predictable, dependable, capable, adaptable and accountable manner. The platform is

the enabler: the effectiveness of WHO's work will depend on the leadership, technical, coordination and diplomatic capabilities of its personnel and those who it engages through collaborations and partnerships. For the platform to be effective it needs to function in a standardized way across the organization – from inside countries, through country, subregional, regional and HQ locations, and to focus on strengthening the organization's capacity to function within countries. The Platform will enable WHO to establish Emergency Operations Centres at the local level and to operate Incident Management Systems effectively.

9.   As stated above the Platform will operate across the whole of the Organization enabling the overall Programme of work on outbreaks and emergencies to be implemented effectively. The Platform will combine a decentralized operational capability at country and regional level with a clear command structure and lines of authority across all levels of the Organization. The respective roles and responsibilities at the country, regional and Headquarters levels need to be clarified.

10.   The design of the overall Programme and the functioning of the Platform will be governed by the following **principles**:

   10.1.   Multi-level: It should be designed to support local- and national-level operations within countries as well multi-country operations as appropriate.

   10.2.   Speedy: It should be capable of immediate deployment of personnel, materials and funds to ensure rapid response at national or sub-national level during acute or protracted situations.

   10.3.   Versatile: It should facilitate WHO's contributions to all kinds of outbreaks and emergencies. The Platform should enable WHO to assist with preparedness and readiness as well as response and recovery.

   10.4.   Adaptable: It should be capable of supporting rapid scale-up, scale-down or prompt repositioning of WHO action in response to the assessed needs from skilled and trusted personnel on the ground.

   10.5.   Multi-lateral: It should enable the full integration of WHO's contribution with the work of national authorities, in-country partners and international supporters.

   10.6.   Clear accountability: It should work with clear lines of authority and accountability according to Incident Management System practices.

11.   The Platform will need to have its own systems and processes that are specifically designed to enable WHO to perform its core functions during outbreaks and emergencies. They need to be clear and streamlined so that they can implemented transparently and with minimum complexity. These systems and processes need to facilitate:

   11.1.   The rapid recruitment and deployment of staff and other personnel. The Platform will allow WHO to draw on capacities from anywhere in the

Organization and enable it to establish partnerships needed to support rapid surge capacity;

11.2.   The provision of appropriate care for the medical needs and wellbeing of personnel;

11.3.   The rapid procurement and shipment of materials, supplies, and equipment to locations in-country;

11.4.   The movement of funds to fulfil in-country and regional requirements. This would require establishing the necessary delegations of authority across the organization, as well as systems that permit the use of such funds by in-country implementing entities as well as by WHO and partners within and outside the UN system;

11.5.   The development of protocols to provide guidance on the operation of the Platform.

12.   The Platform will require new ways of working and thinking. The working of the platform will require new authority relationships:

12.1.   <u>Within WHO</u>: The platform will enable WHO to function credibly as both a standard-setting and operational organization. The functioning of the platform will be under the authority of the Director General and managed by a suitable experienced and respected senior figure (at the rank of Deputy Director General) who will relate to and be directed by the Director General (and the Global Policy Group) on a regular basis both between and during outbreaks and emergencies. The response to all outbreaks and emergencies with health and humanitarian consequences (including protracted crises) will be under the authority of the Platform Manager. In the case of protracted or localized crises the Platform Manager may delegate it to Senior Platform officials within the Regional offices. The Platform Manager will determine the identity of those who are Incident Managers for any Outbreaks or Emergencies and will be their reporting officer. Upon request by the Platform Manager, all units and personnel within WHO must be prepared to delegate personnel to work within the Platform on a response and when they do so they are under the authority of the Platform Manager. If the delegations are for long term, the parent department will need to be compensated.

12.2.   <u>Between WHO and the UN system</u>: The platform will enable WHO to have a revitalized role as the lead of IASC Health Cluster and a clearer role in humanitarian emergencies. Closer engagement with Resident Coordinators will be needed to strengthen WHO's relationships with the Government and the UN agencies in-country.

12.3.   <u>Between WHO and national authorities</u>: Strategic direction for work in outbreaks and emergencies are normally developed in consultation with national and regional leaders. The Platform should permit WHO to offer unambiguous direction when this is required. If national authorities are not in a position fully to exercise their responsibilities for responding to people's health

needs, the Platform should enable WHO to consider taking on some of the functions that the authorities would take if they had the necessary capacities. The Platform should enable WHO to have more direct interaction with affected populations.

12.4.   Between WHO and Member States: If WHO is to deliver on its core functions in a predictable manner, certain posts needed for performing these core functions will require reliable funding through protected and predictable financing.

Appendix 1: WHO Core Commitments in Emergency Response

The core commitments are outlines in a 2012 Executive Board Resolution (EB 130 R14) and are listed in page 14 of the Emergency Response Framework (the Framework will be put on the Advisory Group web-site).

WHO's core commitments in emergency response are those actions which the Organization will always deliver and be accountable for during emergencies with public health consequences. This will ensure a more effective and predictable response to and recovery from natural disasters, conflict, food insecurity, epidemics, environmental, chemical, food and nuclear incidents, political or economic crises and all other types of emergencies with public health consequences. In all countries experiencing emergencies, to support Member States and local health authorities to lead a coordinated and effective health sector response together with the national and international community, in order to save lives, minimize adverse health effects and preserve dignity, with specific attention to vulnerable and marginalized populations, WHO will:

1. Develop an evidence-based health sector response strategy, plan and appeal;
2. Ensure that adapted disease surveillance, early warning and response systems are in place;
3. Provide up-to-date information on the health situation and health sector performance;
4. Promote and monitor the application of standards and best practices; and
5. Provide relevant technical expertise to affected Member States and all relevant stakeholders.