



## **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**

### **Meeting Report**

#### **Action Points**

- (a) There should be a series of COMMITMENTS developed by WHO in order to indicate what should be expected of it under different outbreak and emergency conditions;
- (b) The CAPABILITIES needed within WHO if it is to fulfil these commitments should be clearly articulated;
- (c) There should be clarity on the kinds of PARTNERSHIPS that WHO should seek to strengthen;
- (d) There should be a clearer definition of the FUNCTION, STRUCTURE, MANAGEMENT and FINANCING of the Operational Platform (with a particular focus on human resource systems);
- (e) There should be further exploration of LOCUS OF AUTHORITY when the WHO Operational Platform is activated;
- (f) The WHO Secretariat should set out the process through which Commitments and Capabilities will be developed, Partnerships will be explored and the Operational Platform will be established (including Functions, Structure, Management, Financing and Locus of Authority).

**List of Participants: See Annex 1**

#### **Preparation**

1 In advance of the meeting, members received two background documents: (i) updated Terms of Reference for the Advisory Group and (ii) A Concept Note from the WHO Secretariat on The Platform for WHO operations on Outbreaks and Emergencies with Health and Humanitarian Consequences (dated 19<sup>th</sup> August 2015) as well as (iii) the Chair's proposal that the Group focus on the Platform and Partnerships during the second meeting. Several members sent emails providing further details on their points-of-view to the Chair after the meeting: these are to be made available to all members via a password protected area on the website.

### WHO's actions in Outbreaks and Emergencies

2 In their first meeting on July 28<sup>th</sup> 2015, Advisory Group members concluded that WHO needs a strong Platform that supports the Organization's operations at country, regional and headquarters levels. The Platform would increase the ability of WHO to operate across the risk management cycle, in response to all hazards, drawing on capacities from anywhere in the organization and enabling it to establish the partnerships that it needs to surge rapidly and effectively as and when needed.

3 In the second meeting on August 26<sup>th</sup> 2015 Advisory Group members started to identify specific functions that WHO is expected to perform in outbreaks and emergencies. The main function is to assist authorities within countries (and/or groups actively working for the health of people within countries) to warn if people are at increased risk of threats to their health and to stand ready to assist with responses if these threats materialize in the form of a disease outbreak or potential emergency. WHO may be asked to assist with (a) defining the risks associated with disease outbreaks, complex emergencies and natural disasters, whether they are slow or sudden-onset, (b) preparing for responses to these risks, (c) implementing effective responses in ways that reduce people's suffering and loss of life, and (d) ensuring the recovery and revitalization of systems that protect health and well-being once the situation has stabilized.

4 The Advisory Group recognized that the ways in which WHO responds to different outbreaks and emergencies depends on the nature of the emergency and the context in which it occurs. In disease outbreaks WHO is the lead entity within the international system for prevention, preparedness and readiness, alert, response and resilience. In humanitarian emergencies, sudden and slow onset disasters and complex emergencies, WHO's contribution to the response is undertaken within the context of the Inter-Agency Standing Committee and the provisions of the cluster system. In biological, chemical, nuclear, environment and migration induced emergencies other UN agencies and international organizations (such as OIE, OPWC, IAEA, OCHA/UNEP, or IOM) may take the lead and WHO would be requested to provide support. It is expected that the operational platform should facilitate and support WHO's contributions to all kinds of health emergencies.

5 The Advisory Group also recognized that WHO has multiple roles in these settings. The principal role is to respond to specific requests from national and regional authorities as they analyse risk, identify threats (whether anticipated or unexpected), communicate with those responsible, encourage community ownership, devise responses, coordinate responders and review progress, doing this in a transparent and inclusive way. At the same time, WHO also has responsibility to support the full range of actors who are involved in responding to outbreaks and emergencies as they seek technical guidance and request coordination so that they are able to act in synergy, address the full range of people's needs and support local-level resilience within communities at risk.

6 The Advisory Group suggested that WHO engagement should at all times prioritize people's health security, humanitarian action and the one health approach,

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with a particular focus on communities who are most vulnerable. Humanitarian action is a core part of WHO's work: the worst health crises and outbreaks in today's world often take place in locations that are experiencing humanitarian emergencies. This means that humanitarian response has to have a strong place within the WHO of today, and WHO must make a predictable and dependable contribution to the functioning of the global humanitarian response system. This underscores the need for an all hazards approach to emergencies, stronger WHO engagement with the global humanitarian architecture, robust WHO leadership of the Health Cluster, effective participation in the UN IASC and leadership of the one health approach (with emphasis on diseases that occur at the animal-human-ecosystem interface).

7 The Advisory Group also suggested that scenarios for the appropriate WHO response to a range of potential situations be established as clearly and quickly as possible, with proposed standards for performance that are reviewed regularly both within a specific response as well as between responses (so as to establish capacities needed and to manage expectations).

8 The Advisory Group expects that WHO would seek – at all times – to adjust the ways it works in any situation, so as to reflect technical and operational capacities within both countries and regions, the patterns of risk faced by people, and their vulnerabilities; with each response constantly reviewed and adapted to changing circumstances.

9 The Advisory Group has identified the following functions that will be undertaken by WHO during outbreaks and emergencies in the closest possible cooperation with national authorities and other partners.

(a) Provide high quality technical direction that contributes to optimal action, is adapted to the needs of a specific situation, and anticipates the potential manner in which the situation may evolve (anticipating both the worst- and best-case scenarios and expecting that there will be no regrets if they do not evolve as predicted).

(b) Provide leadership and coordination to ensure effective action in ways that engage a broad range of international, regional and national partners, outlining clear roles and responsibilities for partners and sectors (thus contributing to the fulfilment of WHO's role as the lead of the IASC Health Cluster and compliance with the IHR);

(c) Manage data to so as to provide timely, consistent and accurate information on risks, disease outbreaks, as well as health risks in fragile or humanitarian contexts, adapted to specific contexts, ensuring that this information is of use to governments, partners and relevant sectors for immediate action (such information would contribute to risk assessments; early warning, alert and response systems; risk-related surveillance, etc.)

(d) Contribute technical information to cross-sector coordination and response mechanisms (including national disaster management authorities and OCHA) in ways that assist decisions as to whether to trigger an escalation to the response;

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(e) Contribute to local-level appreciation of health risks and to local ownership of the response – with an emphasis at all times on community engagement (informed by anthropological approaches) and responses to locally-expressed priorities.

(f) When the same risks affect people in multiple locations simultaneously, adapt to the varied needs and contexts within these locations at the same time;

(g) Ensure that standards, guidelines and technical support relating to risk assessment, readiness, response and recovery are available for use to upgrade and certify national services, human resources, surge teams, and systems for the procurement and distribution of supplies.

This is not an exhaustive list: indeed given the broad reaching responsibilities of WHO it is likely that other functions will emerge over time.

10 The Advisory Group proposes that WHO outlines the core areas of outbreak and emergency work for which the organization will expect to perform effectively and efficiently. These could be expressed as a series of Core Commitments and should help to ensure that there are realistic expectations for what the Organization will achieve in different settings.

### **The Proposed Operational Platform**

#### *(a) Specific Considerations*

11 The Advisory Group sees the proposed organization-wide Operational Platform as a means that enables WHO to undertake all the functions that are expected of it to the desired standard. The Platform will enable WHO to deliver on these Core Commitments within countries and be supported by other levels of the organization as well as through purpose-built partnerships.

12 The Advisory Group considers that the primary purpose of the Platform is to enable WHO to perform these functions effectively especially at country level. The Platform should be deployed and used in ways that reflect the overall strategic directions for work in specific outbreaks and emergencies that are provided by the WHO Director General and Regional Directors. These are normally developed in consultation with concerned national and regional leaders as well as leaders from within the UN system and elsewhere.

13 The Operational Platform would permit WHO to ensure an integrated response to the needs of people and the requirements of countries whatever the health risks they face. The Platform should be designed to enable the WHO contribution to be fully integrated with the work of national authorities, in-country partners and international supporters. The platform 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.

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14 When it is established, the platform will:

- Enable WHO to act and speak in ways that enable it to gain authority as an organization with operational capability, and so to offer strategic direction, set out key decisions and ensure follow-through within countries and externally, in conjunction with governments, through established partnerships and drawing on all the capacities in the Organization;
- Enable WHO personnel quickly to be physically located alongside personnel from national authorities physically close to people most at risk.
- Enable WHO - at all levels of the organization - to perform according to the desired standard, during all phases of the risk management cycle [prevention and preparedness to response and recovery] - including with communities (working through partners as appropriate).

This means having the people, funding, systems, the standard operating procedures, and tested capabilities needed for these functions.

15 The platform should combine (a) decentralized operational capability at country and regional level combined with a clear command structure across all levels of the organization; (b) capacity to mobilize expertise from different parts of WHO and beyond, bringing personnel together in ways that encourage effective working, (c) an incident management (IM) approach. The IM approach calls for clear lines of authority, unambiguous designation of responsibilities, and unity of effort. Its application will create greater opportunities for WHO's technical personnel to make optimal contributions in outbreak and emergency settings. However, implementing the IM approach will not be easy: it will involve major changes to WHO's structure, systems and culture. Implementation should be preceded by a careful review of how the IM approach has been applied in other organizations.

### *(b) Influences on the concept for the Platform*

16 The Platform should be designed to permit WHO to offer unambiguous direction when this is required, to enable WHO staff and their partners to operate effectively as needed, to mobilize the resources needed speedily and to deploy necessary national and international personnel and materials to locations where they are needed. The Advisory Group reiterates that the Platform should enable WHO to assist promptly and effectively with preparedness and readiness as well as response and recovery.

17 The Advisory Group emphasises that the mobilization and deployment of WHO and partner capacities through the use of this Operational Platform should take full account of (a) the risks posed by the outbreak or emergency, as well as its nature, extent and evolution; (b) the needs and vulnerabilities of people at risk, (c) the capacities available at local and national levels, and (c) the scenarios for ways in which the situation may evolve.

18 The Advisory Group suggests that the Operational Platform be designed and established in such a way that it enables WHO to perform these functions and fulfil both current and future commitments with easily understandable processes that are implemented transparently and with the minimum of complexity. The Platform will

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enable the Organization to deploy people to settings where they can provide local-level leadership relating to outbreaks and health emergencies. It will require the Organization to establish clear roles for all concerned personnel as well as unambiguous chains of command.

### *(c) The significance, position and operation of the Platform within WHO*

19 The Advisory Group has considered the Concept Note about the Platform provided by the WHO Secretariat and concluded that if it is to be effective the Platform needs to exist as a distinct entity within the Organization (an Organization within the Organization). It should be designed to support local- and national-level operations within countries as well multi-country operations as appropriate. It should be capable of rapidly being activated through triggers initiated at any level of the organization, especially within country offices and sub-offices. It needs its own operation-oriented business processes and management systems that are specifically designed to enable WHO and partners to support national authorities with rapid and robust responses to a range of situations.

20 The platform should operate across the whole of WHO, enabling it to implement operations with clear lines of authority: it should be structured so that WHO can perform functions expected by Member States and partners across all elements of the risk management cycle. The Platform should enable WHO to contribute to the establishment of Emergency Operations Centres at local level and to the implementation of effective Incident Management Systems as appropriate. It should be possible at all times for the working of the Platform to be reviewed by national authorities, partners, WHO governing bodies and others with an interest through transparent systems for accountability.

21 WHO should be able to use the Platform to offer prompt, focused and intensive support to countries as they prepare for extreme and hard-to-imagine situations, as they establish graded systems for response and as they transition to recovery and revitalization. The Platform should enable WHO to operate in a predictable and dependable manner especially within countries that do not have well-developed health systems and which have insufficient capacity to mount national response that is sufficient to deal with major health emergencies. 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 (within the context of the Core Commitments described above). Where required the Platform should be able to support the provision of appropriate services directly to people in need in the event that this action is considered necessary by the Director General.

22 The Advisory Group anticipates that the Platform should enable WHO to access and deploy a broad range of personnel with administrative, operational, communications, logistic, technical, coordination and leadership skills, as well as a broad range of linguistic abilities and past experience as and when needed. Some of the personnel recruitment and management practices in WHO are just not compatible with emergency work: alternative approaches should be considered for the operational

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platform. Some of the human resources procedures used by WHO's polio teams appear to be both rapid and nimble and could be considered for the operational platform.

23 The administrative systems and business processes within the platform should always contribute to its functionality. The platform should be able to draw on personnel with certified capabilities from within WHO, as well as cooperating institutions and networks (including the well-established GOARN network, pre-trained health teams ("FMTs") with a range of expertise and Global Health Cluster members and mechanisms). They should be accessed through a single HR system that is designed for emergency response, that contributes to surge capacity, and ensures appropriate care to medical needs of personnel and for their wellbeing, with well-managed rosters for deployment (including systems for R and R, and the re-purposing of staff in case of need). [There should be no reason for the organization to suggest that an inability to engage skilled people was impeded by "rules and procedures"].

24 The Platform should also enable WHO to move funds in response to 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 as required.

25 The operations of the Platform should be guided by well-tested and rehearsed protocols (and if these protocols do not exist they will need to be developed). The protocols should cover the range of risks and hazards for which WHO assistance is required - managing disease outbreaks, responding to humanitarian crises, and implementing the International Health Regulations.

### *(d) The establishment of the Platform*

26 The Advisory Group proposes that form should follow function – meaning that the platform should be designed, structured and run in ways that are best suited to the functions WHO will need to perform (rather than being made to fit in with existing organizational characteristics, protocols or structures). It will enable those involved in the direction of a specific response to draw on needed technical capacity in different parts of the organization and elsewhere; WHO will establish strategic alliances with capable entities within and outside the UN system when these are needed to ensure that the platform provides WHO with necessary or specific operational capabilities: these alliances should ideally be established between, rather than in the midst of, emergencies.

27 As the Platform is established it should be enabled to draw on (and contribute to) other relevant initiatives such as the Global Health Security Agenda and regional initiatives for disease control and prevention. The Platform will have close links to, and be used by, the parts of WHO concerned with the establishment of resilient and functional health systems, including health information systems to measure and monitor both short and long term health outcomes, as well as the core capacities needed for obligations in relation to the IHR.

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28 The Advisory Group is of the view that the Platform is vital as effective responses to outbreaks and emergencies can lead to the saving of many people's lives and can reduce suffering and disability. The establishment of the platform as a major and ambitious undertaking that will transform WHO and enable the organization to react promptly, decisively and fearlessly in outbreak and emergency situations. It will be some years before the platform is able to work to its full potential: benchmarks and processes for its development must take into account the scale and scope of the task ahead.

29 A pre-requisite for establishing the platform is a profound transformation in WHO's approach to working as an operational entity. This requires new structures, capabilities and procedures throughout the organization that bring it together and lead to synergized working on these issues. The Platform should be designed in a way that encourages the engagement of technical staff with a broad range of skills in operations. The establishment of the Platform should be accompanied by a change in the Organization's overall culture so that all units and personnel are prepared to provide the assistance they, upon request, to operations.

30 Given the scale and scope of transformation required, some Advisory Group members suggested that the Organization should consider drawing on appropriate external expertise to assist the internal teams that are considering how to implement the necessary changes in ways that link together all levels of the organization in a single mechanism. This will help those designing and implementing the Platform to focus on matching form to function in ways that are quite novel for many within WHO.

### **Considerations about Partnerships**

31 WHO also needs to invest on functional multi-sectoral interfaces, linkages, and partnerships with other relevant stakeholders in preparing and responding to health emergencies. Concerning partnerships the Advisory Group identified the following issues:

- i. **Partnerships in all levels and for all situations:** WHO needs to improve its partnerships in national, regional and international levels. Partnerships must be flexible and adaptable to various emergency situations. New partnerships should be explored for example with private sector and other relevant organizations.
- ii. **Existing partnership mechanisms:** The IASC health cluster is the means by which most humanitarian partners will engage in managing information, developing strategy and aligning action in emergency settings. It is a key venue in which effective WHO leadership and coordination are expected. The Inter-Agency Standing Committee mechanism and cluster system should be a central element of WHO's development and maintenance of both national and international partnerships.
- iii. **Working with national partners:** There should be a particular emphasis on WHO partnering with groups within countries in receipt of support. National emergency response platforms including local level partners form a

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backbone for the national level partnerships. WHO's support for national partners depends on the affected country's own capacity to deliver response. When country capacity is overwhelmed and international intervention is needed, this should be done in ways that contribute to the capacity of national partners.

- iv. Development of partnerships: WHO should not seek to address all needs itself: the Organization should leverage the capacity and expertise of identified partner organizations with whom collaboration will contribute to an enhancement of the overall effort. Partnerships and collaborations should be developed proactively and coordination mechanisms established to manage them. Pre-negotiated agreements should be established with specific partners or collaborators to ensure that the necessary capacity is available for responses to large scale emergencies.

32 The Advisory Group considers that some potential partners will not immediately be ready to enter into trusting relationships with WHO: some time may be required to establish viable partnerships. Potential partners will want to be sure that partnering with WHO does not affect their ability to function as they deem necessary. Advisory Group members also made the point that ongoing discussions in WHO's Governing Bodies about the Organization's relations with non-State actors need to be taken into account as plans are made for WHO to establish stronger partnerships for outbreak and emergency response.

### **Method of working**

33 Members of the Advisory Group agreed to the updated Terms of Reference noting that minor adjustments may be required in the future as the group's work evolves. They will continue the practice of exchanging views and ideas on relevant issues by email in between meetings. They expressed need for a face-to-face meeting in the near future: the Chair is exploring options with the WHO Secretariat.

34 Members of the Advisory Group were informed of plans for the Advisory Group Chair to engage with senior WHO staff members in headquarters and in regional offices, as well as with NGOs in the Global Health Cluster of the Inter-Agency Standing Committee on Humanitarian Action as well as Geneva-based representatives of WHO's Member States. The Chair invited Members of the Advisory Group to join the meetings and undertook to provide summary reports of the issues that are discussed.

### **Next Meeting**

35 The next Advisory Group teleconference meeting is scheduled to take place 22<sup>nd</sup> September 2015, 1500-1630 Geneva time.

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### Annex 1: List of Advisory Group Members

Amir ABDULLA\*, Deputy Executive Director, WFP  
Walid AMMAR, Director-General of Health, Lebanon  
Valerie AMOS\*, Director, The School of Oriental and African Studies, University of London  
Michael von BERTELE, Humanitarian Director, Save the Children  
Ted CHAIBAN, Director of Programmes, UNICEF  
Jarbas Barbosa DA SILVA Jr., President, National Agency of Health Surveillance, Brazil  
Yves DACCORD, Director-General, International Committee of the Red Cross  
Vinod Kumar DUGGAL, Former Governor of the State of Manipur, India  
Gabrielle FITZGERALD, Director, Ebola Program, Paul G. Allen Family Foundation  
Toni FRISCH\*, Ambassador, Chairman, International Search and Rescue Advisory Group  
Michael GERBER, Chief, Emergency Response and Recovery Branch, US CDC  
Maria GUEVARA, Regional Humanitarian Representative, Medecins Sans Frontieres  
Stephen Ndung'u KARAU, Ambassador, Permanent Representative of Kenya in Geneva  
Jeremy KONYNDYK, Director, USAID Office of U.S. Foreign Disaster Assistance  
Poh Lian LIM, Senior Consultant, Singapore Ministry of Health, Head, Infectious Diseases, Tan Tock Seng Hospital  
David NABARRO, United Nations Secretary-General's Special Envoy on Ebola (Chair)  
Mary PACK, Vice President, International Medical Corps  
Claus SORENSEN, Director-General, European Commission's Humanitarian Aid and Civil Protection  
Denise WERKER, Deputy Chief Medical Health Officer, Government of Saskatchewan, Canada

In attendance: Margaret CHAN, Director-General, World Health Organization

*\*Unable to attend the meeting on August 26<sup>th</sup> 2015*