

Seventh Teleconference of the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences

**Meeting by teleconference
1430 –1630 (CET), 22 December 2015**

Draft Meeting Report

Action Points and Decisions

- (a) The Advisory Group will conclude its work by the end of the face-to-face meeting, 7-8 January 2016, and the final report will be finalized shortly thereafter so that it can be made available prior to the start of the EB session on 25th January 2016.
- (b) WHO Secretariat will support the face-to-face meeting and continue to provide the Advisory Group with updates and further information including:
 - 1. Breakdown of finance data
 - 2. Surge mechanism of GOARN and Global Health Emergency Workforce
 - 3. Clarity on the structure and functions of the Programme

List of Participants: See Annex 1

Preparation

- 1. Based on discussions during the sixth teleconference of the Advisory Group and subsequent comments provided by Members, the draft of the Second Report has been revised and circulated to Members.
- 2. For the discussion on human resources and financing, members were provided with a set of analytics on 2015 spending and staffing prepared by WHO.
- 3. Prior to the meeting, the Chair also shared the meeting report of sixth teleconference and a letter from the co-chairs of the Strategic Advisory Board for the Global Health Cluster, with suggestions on WHO reform and the role of the Health Cluster, for consideration by the Advisory Group.

Ongoing progress by WHO: performing while reforming

4. The Advisory Group was briefed by the WHO Director- General, the Regional Director of Eastern Mediterranean Region and Executive Director ad Interim of the Cluster of Outbreaks and Emergencies, on the work that has been undertaken by WHO.
5. In preparation for the second face to face meeting of the Advisory Group and the 138th Executive Board session, WHO is focusing on four areas: (i) design of the Programme: structure, activities across to three levels of the Organization, the roles and responsibilities, organizational relationships within and beyond WHO; (ii) business processes for human resources, finance and the IT systems; (iii) human resources and finance requirements; and (iv) the implementation of the first phase of the Programme.
6. The Advisory Group welcomed the significant efforts being undertaken by WHO, but also expressed concern about the time needed for changes to be implemented. The Advisory Group emphasized that WHO should be able to perform while reforming and recommended putting together subsets of a new platform to be made operational in one or two months to show immediate improvement in case of future crises.
7. The Advisory Group endorsed the idea for piloting the emergency programme in different countries from various regions. The Advisory Group pointed out that some of work should be carried out before launching pilot schemes. For example, identification of subsets of the platform assessment of country capacity, methodology for monitoring in relation to pilot should be set in advance.
8. The Advisory Group emphasized the importance of continuous assessment, training, and further improvement based on lesson learnt.
9. The Advisory Group acknowledged the Secretariat's information on WHO emergency spending and staffing in 2015 in and requested the details on the number of crises, including protracted crises.
10. WHO informed the Advisory Group of the updated timeline for enabling the Director-General to present an overview of the health emergency architecture, to the Member States in the Executive Board at the end of January.
11. The Advisory Group recognized WHO's broader engagement with both the Regional offices and mechanisms across the three levels of the organization and some of close partners such as the Global Health Cluster.
12. The Director-General reiterated her commitment to implement the reform and confirmed that she would start the implementation with currently available

resources rather than waiting for full funding. The Advisory Group and congratulated WHO for the progress made and expressed its appreciation for the sense of urgency of implementation with which WHO has approached this work. The Advisory Group indicated that it will consider practical recommendations for resource mobilization strategy.

Outstanding issues for completion of the Second Report of the Advisory Group

13. The Advisory Group expressed its satisfaction with the first draft of the Second Report. Members recognized that the revised draft of the Second report incorporated key points from previous discussions.
14. Some members expressed concerns about the language used to describe the Programme in the Second Report , which they found confusing. The Advisory Group recommended using consistent and clear terminology to discuss the concept of outbreaks and emergencies, the nature of the Programme and Operational Platform.
15. The Advisory Group requested further clarification on decision making and actions needed at different stages, as well as roles and responsibilities at various levels and relations with partners. It was noted that an organization chart might be useful.
16. The Advisory Group acknowledged that reporting lines in the draft report are comprehensive but clarity on hierarchy, relations and functions of health cluster coordinator and WHO incident manager is required.
17. The Advisory Group noted that surge mechanism and the responsibilities of key partners such as GOARN and the Global Health Emergency Workforce (GHEW) should be elaborated. The Advisory Group agreed to review how they should be linked to the Programme at the face to face meeting. The WHO Secretariat will provide an overview of GHEW and the Programme's relationship with GOARN for the Advisory Group's consideration.
18. The Advisory Group reiterated that WHO should strengthen its collaboration and formalize agreements with partners like the national committees of the Red Cross that have standing capacities in countries and can use their roster mechanisms to deploy local staff during emergencies.
19. Some members commented that there should be clarification of WHO's core public health functions and service delivery in emergencies. While WHO will have to fulfill its obligations as the Global Health Cluster lead, other players and partners should also take part and provide support . The Advisory Group

reiterated that WHO should not attempt, nor be expected, to take on all functions by itself.

20. The Advisory Group acknowledged that transforming into an operational organization for emergencies will require significant changes for WHO in terms of culture, structure and finance. The Advisory Group emphasized that meaningful change cannot be implemented as a no-cost option. Significant changes in financing mechanism are necessary and additional funding will be required. The Advisory Group will review the current financing mechanisms and propose a resource mobilization strategy.
21. Some Advisory Group members acknowledged that the current funding system, which relies heavily on voluntary contributions, is not sustainable and wanted to consider recommendations for a financing strategy that will include increased assessed contributions. WFP has an Immediate Response Account that provides financing for emergencies and is replenished on an ongoing basis. The Contingency Fund for Emergencies established by WHO last year is similar to the WFP's IRA.
22. The Advisory Group noted that business processes for Finance and HR can significantly contribute to a success of the reform. The Advisory Group recommended establishing benchmarks and specific objectives to ensure that the Programme has predictable and dependable capacity.
23. The Advisory Group recognized the critical role of WHO in R&D and welcomed the inclusion of research and science in the Programme.
24. The Advisory Group acknowledged that the Director-General will need to share her views on the independent oversight body for the Advisory Group to make recommendations. This issue will be further discussed at the face to face meeting.

Production of the Final Report of the Advisory Group on Reform of WHO's work in outbreaks and emergencies

25. The Advisory Group appreciated the need for the Second Report to be finalized quickly once the face to face meeting has concluded. It is noted that the Executive Board Meeting will start on 25th January 2016.
26. The Advisory Group will meet in Geneva on 7th and 8th January 2016 at the Headquarters of World Health Organization to conclude its work.

Annex 1: List of Participants

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, Former 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, Former 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, Médecins Sans Frontières
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, Senior Adviser on Resilience, Humanitarian Aid and Crisis Response, European Commission
Denise WERKER, Deputy Chief Medical Health Officer, Government of Saskatchewan, Canada

In attendance from World Health Organization:

Margaret CHAN, Director-General
Ala Din Abdul Sahib Alwan, Regional Director, WHO Eastern Mediterranean Region
Bruce AYLWARD, Executive Director ad interim, Cluster for Outbreaks and Health Emergencies

**Unable to attend the meeting on 22nd December 2015*