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

SECOND REPORT | JANUARY 18TH 2016

EXECUTIVE SUMMARY

1. WHO's Member States and their people expect the Organization to provide leadership, support and expertise when public health is threatened by outbreaks and emergencies. WHO's mandate for working in outbreaks and emergencies must be reflected in every aspect of the Organization – its planning and budgeting of WHO, the capabilities of its staff and the focus of its governing bodies. This mandate is at the heart of WHO's identity.

2. In its work in outbreaks and emergencies, WHO has been regarded as insufficiently engaged on the ground, slow to deploy in crises, lacking in independence, overly political and poor at working in partnership with others. WHO must change these perceptions and improve its performance in order to restore public trust and confidence in the Organization's ability to deliver on its mandates. In its work on outbreaks and emergencies, WHO must demonstrate that it is an independent and impartial institution that gives priority to the health and well-being of all people, especially those who are vulnerable.

3. WHO must be prepared to undertake a profound organizational transformation, rather than piecemeal reform. WHO must reposition and refashion the way it contributes to the management of risks to people's health, to responses to infectious risks and disease outbreaks, and to ensuring access to health care and assistance in acute and protracted emergencies. The Advisory Group agrees with the conclusion of the Ebola Interim Assessment Panel that a "single merger [of organizational units within WHO] will not suffice – it will need new organizational structures and procedures". WHO must have a single Programme for its work in outbreaks and emergencies, with a single budget, a single workforce, a single line of authority, a single operations support system, and a single set of business processes, while remaining flexible and adaptable to the multi-faceted nature of health and humanitarian emergencies.

4. The Advisory Group recommends that WHO position itself as an operational organization while maintaining its leadership in technical expertise. As an operational organization, WHO will need to be present in outbreaks and emergencies; be capable of leading, coordinating and implementing key public health functions; be equipped with adequate capacity; be ready to engage quickly and openly with other actors for health and be consistent in reflecting humanitarian principles. This means recognizing that as an operational actor, WHO will not be the default actor to implement all needed interventions in an outbreak or emergency. In most instances, the national government will be the principal actor, supplemented by other national and international partner organizations. WHO's principal operational role will be to work in partnership with others to facilitate and ensure that critical operational requirements are covered and gaps are filled, with WHO itself serving as an implementer when appropriate.

5. WHO must recalibrate its relationships with Member States and other partners for health in emergencies. In its health emergencies work, WHO must demonstrate that it is an independent and impartial institution that gives priority to the health and well-being of all

people, especially those who are vulnerable. WHO needs to balance this role with its recognition of the primary role of Member States in preparing for and responding to outbreaks and emergencies. In its engagement with others, WHO needs to recognize that it is one partner alongside other local, national, regional and international actors for health.

6. In the development of the structure and functions of the Programme, WHO needs to keep in mind the importance of ensuring independent risk assessment, the value of integrating research and development functions as part of emergency operations and of including capacity for change management. WHO must treat the development of the Programme's structure and functions as an urgent and iterative process.

7. Regarding incident management, the Advisory Group recommends that the Director-General remain ultimately accountable for incident management within WHO. Incident Managers should report to the Director-General through heads of Country Offices in Grade 1 emergencies, and to the Director-General through the Executive Director of the Programme in Grade 2 and 3 emergencies, as the default position. Heads of WHO Country Offices and Regional Directors need to be fully engaged in incident management decision-making and within the functioning of the Programme. Incident Managers, heads of Country Offices and Regional Directors must be expected to establish good working relationships with one another during the management of events and be held accountable for doing so. WHO should build the capacity of its staff in humanitarian partner coordination and response so that they can engage in outbreaks and emergencies and function within an incident management system more successfully.

8. As for WHO's strategic collaborations, the Advisory Group recommends that in its Country Offices, WHO undertake an analysis of stakeholders on the ground, work with Health Cluster partners to build a dedicated Cluster capacities, ensure the integration of the capacities of Health Cluster partners in emergency operations**,** and articulate the linkages between the Programme, the Health Clusters and the overall humanitarian coordination system. Additionally, WHO will also need to undertake a stakeholder analysis of international partners that contribute to a global early warning function and global health emergency workforces. As part of its work on supporting health workforces and technical networks, WHO must define and promote acceptance of common professional standards, and build a robust capacity for systematized information management.

9. With respect to the business processes for human resources and financial management, WHO should continue to focus on the development of processes specific to its works in outbreaks and emergencies that will introduce transformational changes, that are based on a no-regrets approach and that establish ambitious benchmarks.

10. The transformation required for WHO effectively to perform its functions in outbreaks and emergencies will require a significant increase in staff and financial resources. The Advisory Group recommends that WHO distinguish the resources needed for the baseline capacity of the Programme from the programmatic funding needed to support specific emergency operations; these will require different funding streams. WHO should also present a schedule of the resource requirements associated with each phase of the development of the Programme, highlighting the upfront investments needed for the initial phase of the Programme.

11. In compiling its resource requirements, WHO should show how existing resources can be used more efficiently and prioritize, articulate the linkages between resources and specific outcomes, identify benchmarks to assess progress on deliverables, and establish processes for the rigorous tracking of expenditures. WHO must set out a broader vision for its work in outbreaks and emergencies in the coming years, explaining how investing in the Programme is cost-effective and exploring the consequences of not having a strong and effective WHO. WHO needs to consider new ways of engagement with different donors and stakeholders.

12. Regarding an independent oversight body for WHO's work in outbreaks and emergencies, the Advisory Group recommends that its observations on the composition, function and reporting of the body be taken into consideration in WHO's development of its proposal for this body.

13. As for the timeframe for the roll-out of the Programme, the Advisory Group recommends that WHO continue to be ambitious, paying special attention to establishing an independent and transparent process for the evaluation of the first phase by a coalition of stakeholders.

14. The Advisory Group reaffirms the recommendations made in its First Report issued in November 2015. In the present Second Report, the Advisory Group makes further recommendations to guide the ongoing development of the new Programme and the direction of WHO's work in outbreaks and emergencies. This Second Report is to be read together with the First Report.

INTRODUCTION

1. On 21 July 2015, the Director-General announced the establishment of an Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences ("Advisory Group"). The Advisory Group commenced its work shortly thereafter, convening monthly meetings.

2. On 16 November 2015, the Advisory Group issued its First Report. The Advisory Group recognized that a core component of WHO's mandate is to provide technical assistance and aid in emergencies. To fulfill this mandate, WHO must have sufficient operational capability. The Advisory Group recommended the establishment of a Programme for Outbreaks and Emergencies ("Programme"), which would include an Emergencies Operations component[1] to provide operational and logistics support for preparedness and response operations. The Programme would be headed by an Executive Director reporting to the Director-General. The Programme would require enhanced capabilities, standardized procedures for operations, dedicated business processes, and predictable financing. It would have one budget and workforce (reporting to the Executive Director), one line of managerial authority, consistent procedures for supporting operations across the Organization, specially designed processes for managing human resources, finances, procurement and logistics, and one set of performance benchmarks to be applied across the organization. The Advisory Group recommended the consistent appointment of capable Incident Managers to manage risks and events.

3. In its First Report, the Advisory Group also issued recommendations relating to WHO's strategic collaborations, noting that the central focus of WHO's responsibilities in outbreaks and emergencies related to enabling countries and leading and supporting other actors for health. In this connection, the Advisory Group made recommendations on how WHO should work with national authorities on preparedness, risk analysis and the establishment of joint national task forces. It recommended that WHO reaffirm its commitment to strong, consistent and visible leadership of Health Clusters and encourage longer term investments to increase capabilities within the Global Outbreak, Alert and Response Network (GOARN). Finally, the Advisory Group recommended that the Director-General take immediate action with respect to a number of areas, including restructuring WHO to enable it to lead and support collective efforts in outbreaks and emergencies.

4. In November 2015, the Director-General announced that as a preliminary step, two existing clusters in WHO (the Health Security Cluster and the Emergencies Cluster) would be merged to create a new Cluster for Outbreaks and Health Emergencies. The Director-General also appointed an Executive Director ad interim to head this new Cluster, which would form part of the future Programme together with changes in the Country and Regional offices.

5. Since the issue of the First Report, the Advisory Group held three teleconferences (on 27 November, 10 December and 22 December 2015) and one in-person meeting from 7-8 January 2016. The Advisory Group received briefings and information from the WHO Secretariat on its ongoing work to design the Programme and prepare for the implementation of the Advisory Group's recommendations.

[1] The Emergency Operations component was referred to as the Operational Platform in the First Report.

6. The Advisory Group reaffirms the recommendations made in its First Report. In the present Second Report, which needs to be read together with the First Report, the Advisory Group makes further recommendations to guide the ongoing development of the new Programme and the direction of WHO's work in outbreaks and emergencies. These recommendations relate to the following areas:

a. Overarching principles for WHO's work in outbreaks and emergencies;
b. Structure and functions of the Programme;
c. Lines of authority in incident management systems;
d. WHO's strategic collaborations;
e. Business processes for human resources and financial management;
f. Resources needed for a viable Programme;
g. Resource mobilization and political strategies;
h. Independent oversight of WHO's work in outbreaks and emergencies;
i. Timeframe for the roll-out of the new Programme.

RECOMMENDATIONS OF THE ADVISORY GROUP

A. Overarching principles for WHO's work in outbreaks and emergencies

Recommendation 1: With respect to the overarching principles for WHO's work in outbreaks and emergencies, the Advisory Group recommends that:

(a) WHO's work in outbreaks and emergencies be recognized as a core part of its mandate and reflected in every aspect of the Organization.

(b) WHO develop the capacity to function as an operational organization so that it is seen as an entity that offers predictable, dependable, capable and adaptable action in support of people at risk of, or affected by, outbreaks and emergencies, consistent with ways that strengthen local and national capabilities.

(c) WHO recalibrate its relationships with Member States and other partners for health in emergencies, by demonstrating that it is an independent and impartial institution that gives priority to the health and well-being of all people and by recognizing the distinct roles that national authorities, WHO and other actors for health have to play in outbreaks and emergencies.

7. In its First Report, the Advisory Group recommended that the development of the Programme should be guided by a number of fundamental principles. The Programme must be comprehensive and able to act on many levels. It needs to be flexible and be able to move rapidly and at scale. The Programme should allow full participation and multi-lateral integration of committed partners. Finally, the Programme must operate with clear accountability.

8. Throughout its First Report, the Advisory Group also made observations on how WHO should position itself going forward. The Advisory Group considers it useful to

reiterate some of these overarching principles to guide the orientation of WHO's work in outbreaks and emergencies.

WHO's work in outbreaks and emergencies is a core part of its mandate

9. WHO is committed to the "attainment by all peoples of the highest possible level of health", as set out in Article 1 of its Constitution. A core component of this objective is WHO's mandate to provide technical assistance and aid in emergencies. This mandate is expressly set out in Article 2(d) of its Constitution and has been recognized in numerous resolutions of the World Health Assembly.[2] Most recently, the General Assembly acknowledged the "key role" of WHO in dealing with outbreaks and emergencies with health consequences in its resolution 70/183 adopted on 17 December 2015.[3]

10. WHO's Member States and their people expect the Organization to provide leadership, support and expertise when public health is threatened by outbreaks and emergencies. WHO's mandate for working in outbreaks and emergencies must be reflected in every aspect of the Organization – its planning and budgeting, the capabilities of its staff and the focus of its governing bodies. This mandate is at the heart of WHO's identity.

WHO must position itself as an operational organization

11. To effectively carry out its work in outbreaks and emergencies, WHO must position itself as an operational organization while maintaining its leadership in technical expertise. This will require WHO to be seen as an entity that offers predictable, dependable, capable and adaptable action in support of people at risk of, or affected by, outbreaks and emergencies, in ways that strengthen local and national capabilities. As an operational organization, WHO will need to:

a. Be present in outbreaks and emergencies – at local levels, and nationally;
b. Be capable of leading, coordinating and implementing key public health functions;
c. Be equipped with adequate capacity to support implementation of these functions;
d. Be ready to engage quickly and openly with other actors for health;
e. Be consistent in reflecting humanitarian principles, including impartiality and neutrality, and political independence.

12. This operational posture of WHO must be reflected in every aspect of its work, especially the positioning of WHO Country Offices, the structure and functions of the new Programme, and the business processes that underlie its operation. WHO must rapidly develop sufficient capability to perform all core functions at the forward level, and have the operational support infrastructure to enable all deployed staff to function effectively.

13. As an operational actor, WHO will not be the default actor to implement all needed interventions in an outbreak or emergency. In most instances, the national government will be the principal actor, supplemented by other national and international partner organizations. WHO's principal operational role will be to work in partnership with others to facilitate and

[2] WHA28.45, WHA34.26, WHA44.41, WHA46.6, WHA48.2, WHA58.1, WHA59.22, WHA64.10 and WHA65.20.
[3] The references to General Assembly resolution 70/183 in the present Report are based on the text contained in UN document A/70/L.32, as the final text of the resolution has not been issued.

ensure that critical operational requirements are covered and gaps are filled, with WHO itself serving as an implementer when appropriate.

WHO must recalibrate its relationships with Member States and partners

14. In its work in outbreaks and emergencies, WHO has been regarded as insufficiently engaged on the ground, slow to deploy in crises, lacking in independence, overly political and poor at working in partnership with others. WHO must change these perceptions and improve its performance in order to restore public trust and confidence in the Organization's ability to deliver on its mandates.

15. In work on outbreaks and emergencies, WHO must demonstrate that it is an independent and impartial institution that gives priority to the health and well-being of all people, especially those who are vulnerable. Article 37 of the WHO Constitution stipulates that in the "performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization….Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them." Independence and impartiality underpin WHO's mandate and are expected of WHO staff at all levels.

16. The primary role of Member States in preparing for and responding to outbreaks and emergencies and taking care of the needs of its people has been recognized by the World Health Assembly and the United Nations General Assembly.[4] The responsibility of WHO is to enable and assist national authorities in dealing with outbreaks and emergencies, including by filling gaps. Consideration can be given to setting out the respective roles of national authorities and WHO in a framework agreement that would clarify expectations from both sides in advance of a crisis and would prevent confusion and misunderstanding later on. In the more limited instances where a national authority lacks the capacity or the will to provide essential services to its people, WHO's manner of engagement will need to be adjusted with a view towards ensuring that vulnerable populations in these situations can receive assistance to attain the highest possible level of health.

17. In its engagement with others, WHO must recognize that it is one partner alongside other local, national, regional and international actors for health. WHO is expected to lead and assist other actors for health by providing strategic direction, common operational planning, reliable information, coordination and technical guidance. At the same time, these other actors have their own responsibilities, strengths and expertise in the different aspects of the work in outbreaks and emergencies. They need to be given the space and the support to effectively perform their roles. WHO should not duplicate the operational capacity already present in other actors for health.

[4]World Health Assembly resolution WHA65.20 ("[r]eaffirming that it is the national authority that has the primary responsibility to take care of victims of natural disasters and other emergencies occurring on its territory") and General Assembly resolution 70/183 ("[r]ecognizing the primary role of Member States in preparing for and responding to outbreaks of infectious disease, including those that become humanitarian crises).

B. Structure and functions of the Programme

Recommendation 2: With respect to the structure and function of the Programme, the Advisory Group acknowledges that it is for WHO to make strategic decisions about whether specific functions should be included in the Programme. The Advisory Group recommends that:

(a) In the development of the structure and functions of the Programme, WHO consider the Advisory Group's observations regarding the importance of ensuring independent risk assessment, integrating applicable provisions of the International Health Regulations and reflecting guidance from relevant committees and panels, and the value of incorporating research and development functions as part of emergency operations.

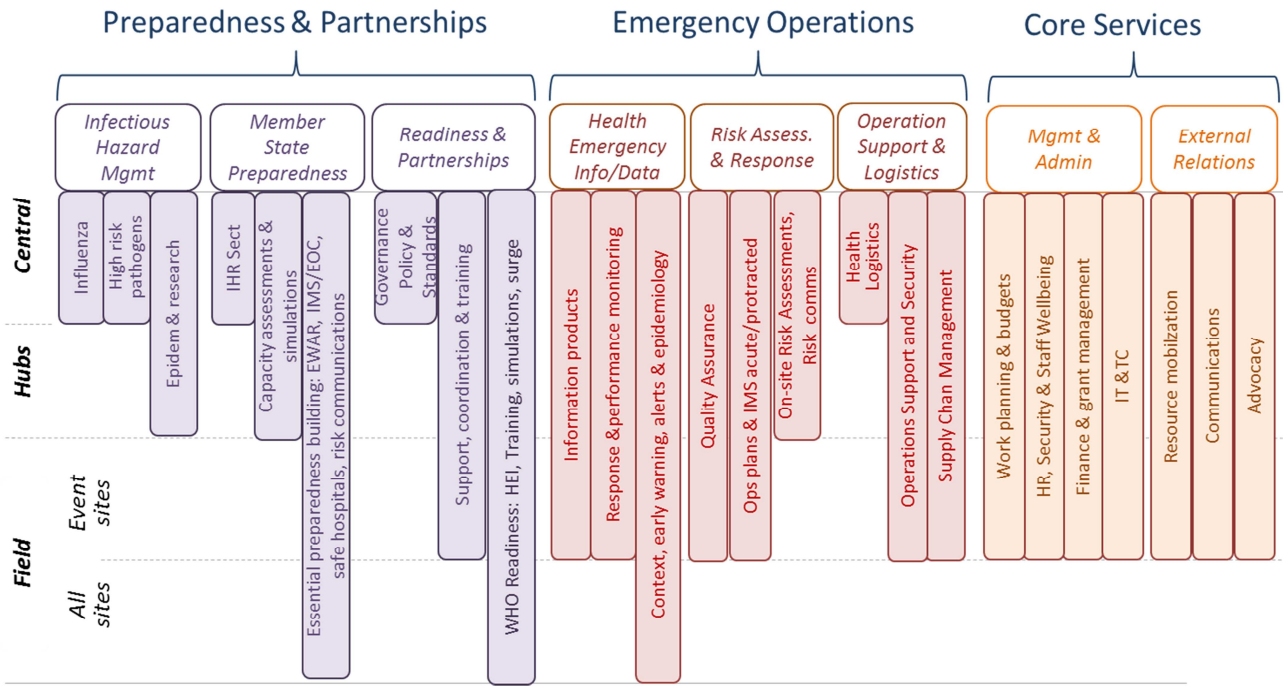
(b) WHO treat the development of the Programme's structure and functions as an iterative process, providing for a structural capacity and established procedures to conduct after-event evaluations and take action as a result of these evaluations.

(c) WHO include a capacity for change management in the development of the Programme to present the rationale, content and implications of the Programme to staff, Member States and other relevant stakeholders, with a view towards changing organizational culture.

18. In its First Report, the Advisory Group recommended the immediate establishment of a centrally-managed, global Programme for Outbreaks and Emergencies Management. It would bring together and fully integrate the functions and units across the country, regional and headquarter levels that work on outbreaks, on emergencies and on risk analysis and assessment under the International Health Regulations. Its structure, functions and operating procedures will be consistent across all levels of the organization. It will have one budget and a single workforce reporting to the Director General.

19. The Advisory Group was provided with information regarding the structure and functions of the Programme as proposed by the Director General, including the high-level structure setting out the main areas of work in Figure 1.

Figure 1: High-level concept for the Programme



20. The Advisory Group notes that the general design of the Programme is broadly consistent with the recommendations in its First Report for a single corporate Programme on outbreaks and emergencies, as a distinct entity integrated within the Organization across all three levels. It is for the WHO Secretariat to make strategic decisions on which specific functions should be included within the scope of the Programme. WHO will need to demonstrate that form and functions, including linkages to normative areas of work within the Organizations, have been efficiently and coherently designed throughout all levels of the Organization.

21. The Advisory Group affirms that preparedness is an area of work that needs to be included in the Programme. Questions were raised as to whether risk reduction functions should be included in the Programme. It was noted that in the humanitarian context, there have similar debates regarding whether risk reduction should be treated as a humanitarian or a development issue. There was concern that including risk reduction functions in the Programme could detract from the need to focus on emergency response, and these functions could instead be taken up by the Regional and Country Offices.

22. The Advisory Group notes the need to integrate applicable provisions of the International Health Regulations in the overall operational constructs of the Programme. Additionally, there will be guidance from committees such as the IHR Review Committee and the Secretary-General's High Level Panel on the Global Response to Health Crises that should be taken into account.

23. Regarding risk assessments, the WHO Secretariat reported that the following benchmarks are proposed:

a. An on-site risk assessment will be initiated at the Director-General's discretion within 72 hours for all high threat pathogens, highly vulnerable low capacity countries with clusters of unexplained deaths and unexplained /suspicious events;

b. A grading decision for all major health emergency events and infectious risks will be taken within 72 hours, and immediately communicated to the Organization, government and core partner agencies;

c. At least every six months, the Global Policy Group will review a standardized Programme assessment of WHO operations in all major protracted emergencies.

24. The WHO explained that to ensure independence, risk assessments will be initiated by the Director-General and conducted by multi-agency team with expertise in hazard, vulnerability and emergency crisis management. As risk assessments involve an evaluation of both national capacity and Country Office capacity, Country Offices will not be involved in assessments of their own capacity.

25. The Advisory Group affirms that risk assessment is a critical function that must be incorporated in the Programme and stresses that they need to be conducted independently. Risk assessments should be done at all levels of the Organization and are a core capacity of all States under the International Health Regulations. There should be triggers for the initiation of independent risk assessment by the Director-General, which would need to consider the grading system and lack of coherence of information coming from credible sources. In the assessment of risks, the Advisory Group further stresses the importance of maintaining alignment between the WHO's Emergency Response Framework and the grading systems of other UN organizations and to integrate events that may constitute a public health emergency of international concern into the grading system.

26. Research and development functions must be incorporated as part of the emergency operations. As seen from the Ebola response, it is important to manage research activities as a critical component of risk management and response activities and have the real-time ability to integrate the results of research into the development and adjustment of response strategies.

27. The Advisory Group stresses that the development of the Programme's structures and functions should be an iterative process. Following each event, the Programme should undertake a critical evaluation of its performance to adapt its structure, mechanisms and functions for better performance in the future. To ensure continuous improvement of the Programme, it must have a structural capacity and established procedures for after-event evaluations, as well as a commitment to learn from lessons and take action as a result of these evaluations. Such after-evaluation processes are common in international and national agencies with emergency operations.

28. The scope and intensity of the organizational changes envisioned for WHO as a result of the introduction of the Programme will need to be carefully managed. WHO must develop clear communications to present the rationale, content and implications of the Programme to staff, Member States and other relevant stakeholders, with a view towards changing organizational culture. To achieve these objectives, WHO needs to include a dedicated capacity in the Programme to undertake change management activities.

C. Lines of authority in incident management systems

Recommendation 3: With respect to the lines of authority in incident management, the Advisory Group recommends that:

(a) The Director-General remain ultimately accountable for incident management within WHO.

(b) Incident Managers report to the Director-General through the heads of Country Offices in Grade 1 emergencies, and to the Director-General through the Executive Director of the Programme in Grade 2 and 3 emergencies, as the default position.

(c) Heads of WHO Country Offices and Regional Directors be fully engaged in incident management decision-making and within the functioning of the Programme.

(d) WHO establish that Incident Managers, heads of Country Offices and Regional Directors will be expected to establish good working relationships with one another during the management of events and will be held accountable for doing so.

(e) WHO build the capacity of its staff in humanitarian partner coordination and response so that they can engage in outbreaks and emergencies and function within an incident management system more successfully.

29. In its First Report, the Advisory Group recommended that the Programme should be headed by an Executive Director at the rank of Deputy Director-General who reports to the Director-General. The Director-General should undertake appropriate consultations with the WHO Global Policy Group (consisting of the Director-General, Deputy Director-General and the six Regional Directors) when acting on outbreak and emergency issues. The Executive Director would be responsible and accountable for the centralized management of the budget and human resources of the Programme across the three levels of the Organization. Depending on the severity and grade of an emergency, the Director-General may appoint an Incident Manager and establish an Incident Management Team.

30. Incident management will generally not involve the appointment of just a single incident manager. Rather, it requires the establishment of an incident management system, with manager on-site and at country and regional levels. An incident management system will require incident command, operations, planning, logistics, finance and administration. To ensure coherence of decision-making and clarity in accountability, the overall accountability for incident management will be with the Director-General. An incident management system will generally deal with an acute emergency or an acute phase within a complex emergency but over time, the management will need to be mainstreamed.

31. The Advisory Group discussed whether the head of a Country Office should be designated as an Incident Manager or whether an additional person should be appointed as an Incident Manager. There are currently few Country Office heads who have the skillset to undertake incident management and humanitarian partner coordination. WHO should build

the capacity of its staff in humanitarian coordination and response so that they can engage in outbreaks and emergencies and function within an incident management system more successfully.

32. An additional consideration for appointing an Incident Manager who is separate from the head of a Country Office is the need to augment the capacity of the Country Office during an outbreak or emergency. By bringing in an additional person who will be dedicated to managing an event, the heads of Country Offices and Regional Directors will be able to continue with their usual responsibilities to support public health functions, including the maintenance of relationships with national authorities and neighboring countries. The appointment of an Incident Manager should not be seen as reflecting a negative judgment of the head of the Country Office, but as a good management practice to ensure that sufficient organizational resources are allocated to address urgent corporate priorities and to facilitate rapid action during a crisis through special procedures.

33. During the management of an incident, the relationships between the heads of Country Offices and Regional Directors with the national authorities and partners working locally must remain strong to permit WHO to have access to affected areas and to function in an impartial manner. To this end, the heads of WHO Country Offices and Regional Directors must be engaged in incident management decision-making and within the functioning of the Programme. Incident Managers will be expected to establish good working relationships with the relevant heads of WHO Country Offices and Regional Directors and to ensure the timely flow of information to them. Similarly, the ability of the heads of WHO Country Offices to maintain good cooperation with Incident Managers will be a factor in their performance evaluations.

34. Lines of authority for incident management systems will shift depending on the severity of the outbreak or emergency. Establishing a rigid system of reporting lines for each grade of emergency will impose undesirable constraints in situations that require flexibility. At the same time, in order to clarify expectations, it may be useful to articulate default positions identifying normal reporting lines, from which deviations can be made if justified by the circumstances. The Advisory Group considers that in Grade 1 emergencies, the default position should be that the Incident Manager will report to the head of the Country Office while maintaining a secondary reporting line to the Executive Director of the Programme. During Grade 2 and Grade 3 emergencies, the default position should be that the Incident Manager will report to the Director-General through the Executive Director of the Programme, while maintaining a secondary reporting line to the head of the Country Office.

D. WHO's strategic collaborations

Recommendation 4: With respect to building WHO's strategic collaborations, the Advisory Group recommends that:

(a) WHO undertake an analysis of stakeholders on the ground before an outbreak or emergency occurs and incorporate such analyses as a standard component of operational planning in WHO Country Offices and as a standard part of WHO readiness. Additionally, an analysis of networks in place at the global level could also clarify the purpose, governance, structure, and functions of such networks.

(b) WHO review the appropriate partners for co-leadership of Health Clusters at the national level against criteria such as inclusiveness, added value and adherence to humanitarian principles, and adjust leadership arrangements, as necessary.

(c) WHO work with Health Cluster partners to build a dedicated capacity for coordination, planning, information management, and communications and ensure the integration of the capacities of Health Cluster partners in emergency operations.

(d) WHO articulate the linkages between the Programme (including incident management systems), the Health Clusters and the overall humanitarian coordination system.

(e) As part of its work on supporting health workforces and technical networks, WHO define and promote acceptance of common professional standards on health interventions, sharing information and handling personal health data, and build a robust capacity for systematized information management and protocols to enable information from multiple sources to be shared.

Developing an understanding of the ecosystem of partners on the ground

35. In its First Report, the Advisory Group noted that the WHO will be valued as a key entity for health if it makes genuine investments in its relationships with other actors for health. It recommended that WHO establish partnership agreements with humanitarian and other partners to put in place frameworks for cooperation and clarify the respective roles and responsibilities of the partners. Such an approach acknowledges that each partner has unique strengths, responsibilities and areas of expertise.

36. In seeking to establish strategic collaborations with other partners, WHO must look beyond its traditional government ministry partners and develop an understanding of the entire ecosystem of partners on the ground, including the private sector, civil society and faith-based groups. WHO should undertake a stakeholder analysis at the national levels to have a complete picture of the actors and their roles. Such an analysis should be completed before an outbreak or emergency occurs so that these stakeholders can be convened on short notice when required. This analysis should form a standard component of operational planning in WHO Country Offices and as a standard part of WHO readiness. Additionally, an analysis of networks in place at the global level could also clarify the purpose, governance, structure, and functions of such networks.

Working with partners to establish dedicated Health Cluster capacities

37. With respect to Health Clusters, the Advisory Group recommended in its First Report that WHO reaffirm its commitment to stronger and more visible leadership of Health Clusters, and maintain high-level engagement with the Inter-Agency Standing Committee. It recommended that WHO build stronger linkages with other humanitarian Clusters and treat its Cluster activities as part of its core mandate with predictable funding.

38. As of December 2015, there were 24 active Health Clusters, which included five clusters in Grade 3 emergencies and 17 clusters in complex emergencies. WHO co-leads 14 clusters with Ministries of Health, nine clusters with NGOs, and one cluster with UNICEF. Co-leadership of clusters with NGOs or other partners where feasible has been recommended by the IASC. WHO should review the appropriate partners for co-leadership for Health Clusters at the national level against criteria such as their inclusiveness, added value and adherence to humanitarian principles, and adjust leadership arrangements, as necessary, in the light of this review.

39. The capacity of the Health Clusters is variable with only 50% led by a full-time Health Cluster Coordinator. Moreover, 30% of the Clusters have no information management capacity, 41% have a part-time Information Management Officer and 29% have a dedicated Information Management Officer. There is no communication focal point for 58% of the Clusters. WHO should work with Health Cluster partners to build a dedicated capacity for coordination, planning, information management, and communications. These capacities can be filled by WHO or by cluster partners, through standby partnership and rapid deployment arrangements. WHO should also recognize and integrate the capacities of Health Cluster partners in emergency operations.

40. The Advisory Group welcomes the inclusion of the Health Cluster functions in the design of the Programme and reiterates that WHO must operate within the existing humanitarian architecture. In developing the Programme, WHO needs to articulate the linkages between the Programme (including incident management systems), the Health Clusters and the overall humanitarian coordination system.

Supporting health workforces and technical networks

41. At the 68th World Health Assembly, the Director-General presented a conceptual plan for a work force to respond to acute or protracted risks and emergencies with health consequences. This plan was welcomed by the World Health Assembly, which "emphasized the importance of WHO building capacity in its areas of comparative advantage and drawing extensively on the capacities of other United Nations agencies, funds and programmes, the Global Outbreak Alert and Response Network, foreign medical teams and stand-by partners."[5]

42. The WHO Secretariat presented to the Advisory Group its current design for an international health emergency work force and architecture, noting that at the national level, the relevant actors will include government and national capacities, regional entities, NGOs

[5] Report by the Director-General on a "Global health emergency workforce" (A68/27) and World Health Assembly Decision 68(10).

and militaries. International partners will include the UN system, WHO, NGOs, private partners, academic institutions and technical institutions.

43. National health workforces will be the first responders in an outbreak or emergency. Governments have the primary role and responsibility to coordinate and train national workforces. As part of its stakeholder analysis and readiness work, WHO Country Offices will need to identify and establish relationships with national workforces. WHO will continue to support national workforces through the provision of training and technical guidance.

44. WHO is responsible for coordinating international health actors. Member States rely on WHO to ensure that international health workers adhere to common standards, capacities, knowledge and training when they are deployed. WHO should also strengthen the operational support provided to networks that are deployed through WHO, such as the Global Outbreak Alert and Response Network (GOARN) and other partnerships in the global health workforce through more effective human resources and administrative processes. The WHO Secretariat noted that an ongoing challenge is getting international partners who arrive in-country to work according to a common plan, using common standards.

45. The Advisory Group welcomes the WHO's presentation on health workforces, which represents a shift from previous proposals for a single global workforce of "white helmets" that would be deployed where needed. The WHO's design appropriately indicates that the health workforces will involve multiple actors from multiple sectors and at multiple levels. The Advisory Group highlights a number of issues that will need to be addressed in WHO's future work on health workforces. WHO must define and promote acceptance of common professional standards on health interventions, sharing information and handling personal health data. More work is needed to build robust capacity for systematized information management and protocols to enable information from multiple sources to be shared.

46. In its First Report, the Advisory Group recommended encouraging investments to increase capabilities in the Global Outbreak Alert and Response Network (GOARN). It noted that training GOARN members in response teams and involving them in joint risk assessments is more useful enhance their readiness to deploy. The integration of GOARN into the Programme will strengthen risk assessment, early warning, and surge capacity for outbreak detection and response by mobilizing technical expertise of the highest caliber across a range of professional disciplines for novel, emerging and known pathogens

E. Business processes for human resources and financial management

Recommendation 5: With respect to the business processes for human resources and financial management, the Advisory Group recommends that WHO develops processes specific to its works in outbreaks and emergencies that permit the realization of the performance benchmarks for human resources and financial management. There must be transformational changes, based on a no-regrets approach and establishing the ambitious benchmarks.

47. In its First Report, the Advisory Group recommended that the Programme should have its own processes and mechanisms that are redesigned so that WHO has the personnel,

funding, materials, information and logistics capabilities to function effectively in outbreaks and emergencies. The Advisory Group further recommended that procurement rules and processes and delegations of spending authority in-country be reviewed.

48. The Advisory Group was informed that since October 2015, the WHO Secretariat has been reviewing the Organization's management processes in the areas of planning; financial resource management; human resource management; operations, supply and logistics; and staff security, health and well-being. In order to transform WHO's business processes, rather than to simply improve them in an incremental fashion, the following innovations are being developed:

a. Clear emergency delegations of authority and a single management structure to facilitate planning, management and implementation under one budget and one human resources plan.

b. Core services teams under the Programme in strategic and cost-effective locations, including an Emergency Core Service Support Unit.

c. New IT systems and policies for human resources to harmonize the treatment of staff and non-staff and facilitate staff deployment.

d. New procedures for identification, recruitment and deployment of candidates from roster and non-roster sources, enabling immediate deployment pending full medical clearance.

e. New contractual modalities for emergencies with appropriate arrangements for insurance, duty of care and entitlements, ideally staff contracts for emergencies with streamlined entitlements.

f. Ability to engage in partnerships and have secondments from non-state actors.

g. New IT systems and clear delegations of authority to facilitate rapid disbursement of funding to event sites, and on location cash advances and payments, with key performance targets of initial disbursement of emergency funds of up to US$500K within 24 hours and full cash transfer within 24 hours upon request for up to US$20,000.

h. Implementation of a sustainable system, procedures and capacity to develop and update SOPs on an ongoing basis, including rapid availability of an interactive, accessible IT repository for SOPs.

i. New emergencies frameworks for accountability, risk management and internal control.

j. New processes for review of lessons learned from each emergency and for incorporating changes through a structured mechanism.

k. Investment in training programmes and change management to support organization-wide culture change.

49. The Advisory Group welcomes the substantial work undertaken by WHO to date to identify new business processes to support the Programme . It concurs with the view that change in this area needs to be transformational rather than incremental and must be completed as a matter of urgency. These processes should not be the same as those used for WHO's normal business, and there must be processes that are specific to WHO's work in outbreaks and emergencies. WHO's general administration and management units need to be engaged and fully support these transformations. The Advisory Group agrees that development of business processes must be based on a no-regrets approach and the establishment of ambitious benchmarks will help to assess whether these new processes are implemented rigorously. Suggestions were made to consider increased reliance on contractors and the development of legal provisions permitting deviations from normal rules and procedures to allow for greater flexibility in exceptional and appropriate cases.

F. Resources needed for a viable Programme

Recommendation 6: With respect to the resources need for a viable Programme, the Advisory Group considers that the expectations of Member States for WHO to play a key role in outbreaks and emergencies can only be met if there is a corresponding willingness to make investments that will enable the Organization to play this role. The transformation required for WHO to effectively perform its core functions in outbreaks and emergencies will require a significant increase in staff and financial resources. The Advisory Group recommends that:

(a) WHO distinguish the resources needed for the baseline capacity of the Programme from the programmatic funding needed to support specific emergency operation

(b) The baseline capacity of the Programme be funded by predictable and reliable financing streams, including assessed contributions.

(c) For programmatic funding to support emergency operations, WHO maximize its use of existing funding mechanisms such as the Central Emergency Response Fund, as well as actively seek the full capitalization of the Contingency Fund.

(d) WHO present a schedule of the resource requirements associated with each phase of the development of the Programme, highlighting the upfront investments needed for the initial phase of the Programme.

50. In its First Report, the Advisory Group noted that the Programme will require stable financing to sustain predictable levels of human resource and system capacity to carry out its work in outbreaks and emergencies.

51. The Advisory Group was informed that in 2015, WHO spent USD 523 million in its work in outbreaks and emergencies. A significant portion of these resources related to the substantial demands placed on WHO as a result of the Ebola response. Regarding the sources of funding, 8% was financed from assessed contributions, 7% from flexible voluntary contributions, 11% from specified voluntary contributions, and 74% from emergency funding. The Advisory Group was presented with preliminary figures for expected costs of

the Programme, reflecting a substantial increase from its current expenditures on its work in outbreaks and emergencies. The WHO Secretariat explained that these increases were consistent with the expansion from a technical, specialized agency to an operational one.

52. The Advisory Group considers that in order for the Programme to be viable, WHO will require an increase in staff and financial resources. The transformation required for WHO effectively to perform its operational and technical functions in outbreaks and emergencies in a predictable manner cannot be achieved within existing resources, at no cost. This is reflected in General Assembly resolution 70/183 which recognized the "importance of the strengthening of financial resources and mechanisms, including within the World Health Organization, to ensure a timely, effective and coordinated response to outbreaks of disease."

53. In presenting the resources required for its work on outbreaks and emergencies, WHO needs to distinguish the resources needed for the baseline capacity of the Programme from the programmatic funding needed to support specific emergency operations. These two categories of resource requirements are subject to different considerations and will be financed by different funding streams. There must be coherence between the nature and expected duration of the resource requirements and the type of funding stream.

54. The baseline capacity of the Programme refers to the core staff at all levels of the Programme whose services will be required irrespective of the number of outbreaks and emergencies being addressed, as well as the infrastructure, systems and equipment that will be needed to sustain the Programme at all levels.[6] The inclusion of the staffing required in highly vulnerable countries and countries with protracted crises in the baseline capacity should also be considered. The resource requirements for the baseline capacity will generally remain constant, and its financing must be predictable and reliable. Sources of predictable financing may come from assessed contributions[7], allocations made pursuant to the Director-General's authority to make budget transfers across budget categories or longer-term commitments for flexible voluntary contributions.

55. Programmatic funding refers to the resources required to support specific emergency operations and these needs will necessarily fluctuate. WHO must be able to access funds to scale up quickly on a no-regrets basis when an emergency occurs. WHO should seek to maximize its use of existing funding mechanisms, such the Central Emergency Relief Fund (CERF) managed by the Emergency Relief Coordinator on behalf of the UN Secretary-General. In 2014, disbursements to WHO accounted for 10% of total disbursements made by the CERF. A Contingency Fund for Emergencies established by the World Health Assembly in May 2015 has already been used by WHO to fund emergency operations in 2015. The Contingency Fund has a capitalization target of USD 100 million but as of January 2016, the Fund only has USD 12.8 million available. The Fund must have sufficient funds in the pipeline so that it can be replenished each time it is drawn down.

[6] It has also been suggested that the baseline capacity of the Programme should also include establishing an organizational structure, training staff and other partners, developing systems and policies, specification and procurement of equipment, establishment of a logistic supply chain and stockpile, specification and maintenance of information systems,

[7] The total amount of assessed contributions has remained constant at $929 million since the 2008-2009 biennium.

56. In presenting the resource requirements, WHO should also present a schedule of the resource requirements associated with each phase of the development of the Programme. The presentation of the information in this way will highlight the investments in the Programme that are needed upfront. The end of each phase provides an opportunity to assess whether the development of the Programme is on track and whether any refinements to the Programme (including greater reliance on partners to provide surge capacity) will result in an upward or downward adjustment of resource projections.

G. Resource mobilization and political strategies

Recommendation 7: With respect to resource mobilization and political strategies, the Advisory Group recommends that:

(a) WHO exercise due diligence in compiling its resource requirements, showing how existing resources can be used more efficiently, through internal savings and prioritization;

(b) WHO articulate the linkages between resources and specific outcomes, identify benchmarks to assess progress on deliverables, and establish processes for the rigorous tracking of expenditures;

(c) WHO set out a broader vision for WHO's work in outbreaks and emergencies in the coming years, explaining how investing in the Programme is cost-effective and exploring the consequences of not having a strong WHO that can work effectively in outbreaks and emergencies;

(d) WHO consider new ways of engagement with different donors and stakeholders, including by providing them with opportunities to provide input on the implementation of the Programme.

57. In addition to discussing how the data on the resources needed by WHO for its work in outbreaks and emergencies should be disaggregated, the Advisory Group also discussed the broader context and narrative in which such data should be presented. WHO must develop resource mobilization and political strategies that acknowledge and address the needs and concerns of donors and other key stakeholders.

58. WHO must demonstrate that it has exercised due diligence in compiling its resource requirements. It is important to show that the Programme was designed in a manner to use existing resources more efficiently, through internal saving and prioritization.

59. Transparency in the compilation of resource requirements also means being explicit about the linkages between resources and specific outcomes. WHO needs to explain how resources requested for the Programme will be used, what deliverables can be expected and which benchmarks will be utilized to assess whether those deliverables have been achieved. WHO must also demonstrate accountability for how the money will be spent, by rigorously tracking expenditures.

60. WHO needs to also work on developing a narrative for the Programme that sets out a broader vision for WHO's work in outbreaks and emergencies in the coming years. In such a narrative, WHO should address how investing in the Programme is in fact a cost-effective strategy, when compared to other alternatives. In this connection, a benchmarking against other providers may be useful. The consequences – political, financial and otherwise – of not having a strong WHO that can work effectively in outbreaks and emergencies need to be explored.

61. Finally, WHO needs to consider new ways of engagement with different donors and stakeholders. WHO should keep in mind that different categories of donors (Member States, foundations, and private sector) have different constituencies (legislatures, civil society, and shareholders) and WHO's engagement with donors must be tailored accordingly. In the development of the Programme, it may be useful to provide donors and other stakeholders with opportunities at different stages of the Programme's implementation to offer input on the progress and suggestions on course correction.

H. Independent oversight of WHO's Work in Outbreaks and Emergencies

Recommendation 8: With an independent oversight body for the WHO's work in outbreaks and emergencies, the Advisory Group recommends that its observations on the composition, function and reporting of the body be taken into consideration in WHO's development of its proposal for this body.

62. In its First Report, the Advisory Group recommended the establishment by the Director-General of an external, independent oversight body to monitor the performance of the Programme and the Platform using benchmarks established for this purpose.

63. The Advisory Group recalled that the Ebola Interim Assessment Panel, chaired by Dame Barbara Stocking, recommended the establishment of an independent Board to oversee the Programme, guide its development and report on its progress to the Executive Board, Health Assembly and the United Nations' Inter-Agency Standing Committee. Additionally, the Panel recommended that the Chair of such a Board should provide an annual report on global health security to the Executive Board, Health Assembly and the United Nations General Assembly".[8]

64. The Advisory Group examined three models for an oversight body, namely, (i) the WHO Independent Expert Oversight Advisory Committee; (ii) the Independent Monitoring Board of the Global Polio Eradication Initiative; and (iii) the proposed Accountability Commission for Disease Outbreak Prevention and Response recommended by the Harvard-London School of Health and Tropic Medicine Independent Panel on the Global Response to Ebola.

65. The Advisory Group was informed that the proposal by the WHO Secretariat for an independent oversight body remained under development, pending the finalization of other

[8] Report of the Ebola Interim Assessment Panel, paragraph 12. (http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf?ua=1)

reports (including that of the Secretary-General's High Level Panel on the Global Response to Health Crises), which will also contain recommendations for such a body.

66. The Advisory Group made the following observations regarding the following features of an independent oversight body.

a. *Composition*: The members of the body should have technical expertise in areas that are relevant to the operation of the Programme, including public health, infectious disease, public administration, humanitarian crises, emergency management and development. The membership should be multi-sectoral and could be drawn from Member States, donors, NGOs and civil society, private sector, and the UN system. However, once appointed to the body, the members would exercise their responsibilities with full regard for the paramount importance of independence.

b. *Functions*: The functions of the body could include monitoring and advising on the implementation of the Programme, examining the sufficiency of resources available for the Programme, monitoring the application of lessons learned from past events to the future adaptation of the Programme and providing observations on health systems strengthening and global health security.

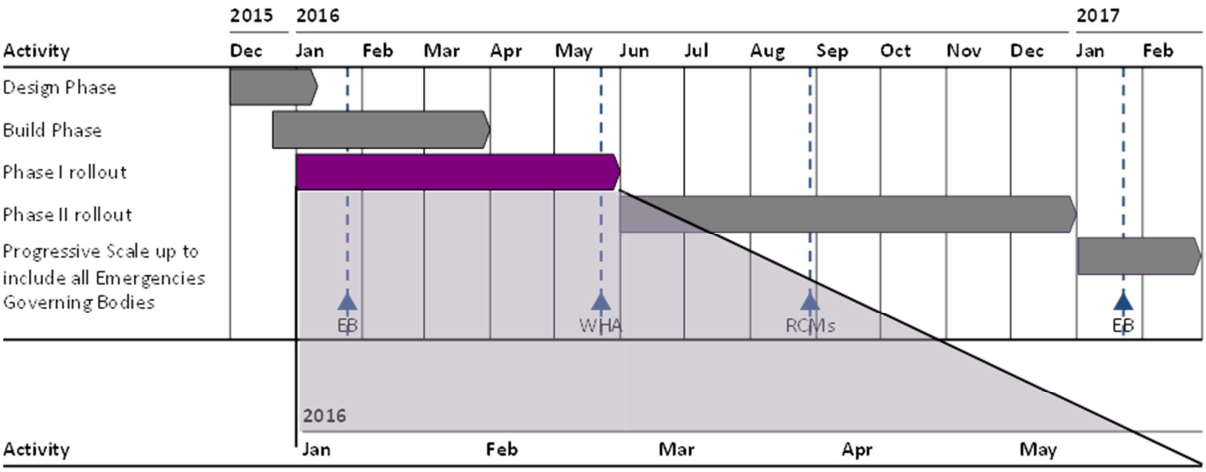
c. *Reporting*: Where the procedures of the UN and WHO governing bodies (UN General Assembly, World Health Assembly, WHO Executive Board) do not allow for the oversight body to directly submit reports, such reports could be taken into consideration and appropriately reflected by WHO in its reporting to these bodies.

I. Timeframe for the roll-out of the new Programme

Recommendation 9: With respect to the timeframe for the roll-out of the Programme, the Advisory Group recommends that WHO continue to be ambitious, paying special attention to establishing an independent and transparent process for the evaluation of the first phase by a coalition of stakeholders.

67. The WHO Secretariat provided a presentation on the timeframe for the roll-out of the Programme. It is envisaged that the design of the Programme will be completed in January 2016. From February to May 2016, the first phase of the roll-out will include the implementation of transformative changes to responses to health risks and emergencies in activities at Headquarters and in the Eastern Mediterranean and African regions. The sites at which these changes will be implemented are under discussion. An evaluation of the implementation of this first phase will also be undertaken and its results will be considered by the World Health Assembly in May 2016. The timeframe for the roll-out of the new Programme proposed by WHO is set out in Figure 2.

Figure 2: Design and rollout process for the Programme



68. The Advisory Group welcomes the ambitious nature of the timeframe and the decision to conduct independent evaluations of first phase of the implementation of the Programme. Having a coalition of stakeholders conduct the evaluations will give the process more credibility than if they were undertaken within WHO. Making the outcome of evaluations available publicly will be important for transparency. Given the importance of leadership, the performance targets relating to leadership (the identification of incident managers and the delegation of authorities) and implementation of incident management systems during a response should be evaluated in the first phase. The ongoing work on partnerships, the Health Clusters and GOARN should also be reflected in the timeframe.

CONCLUSION

69. In its report issued on 7 July 2015, the Ebola Interim Assessment Panel concluded that WHO "does not have the capacity or organizational culture to deliver a full emergency public health response". It considered options to have health emergencies dealt with by a new agency or another part of the UN system, but rejected these options. Ultimately, it concluded that the option that should be pursued "with vigour" was to create a new entity within WHO to address health emergency preparedness and response.

70. As clear from the General Assembly's acknowledgment in December 2015 of the "key role" of WHO in dealing with outbreaks and emergencies, the world wants a predictable, dependable, capable, adaptable and accountable WHO. The world needs WHO to provide leadership, support and expertise when public health is threatened by outbreaks and emergencies.

71. In order to these carry out responsibilities, WHO must be prepared to undertake a profound organizational transformation, rather than piecemeal reform. WHO must reposition and refashion the way it contributes to the management of risks to people's health, to responses to infectious risks and disease outbreaks, and to ensuring access to health care and assistance in acute and protracted emergencies.

72. The Advisory Group agrees with the conclusion of the Ebola Interim Assessment Panel that a "single merger [of organizational units within WHO] will not suffice – it will need new organizational structures and procedures". WHO must have a single Programme for its work in outbreaks and emergencies, with a single budget, a single workforce, a single line of authority, a single operations support system, and a single set of business processes.

73. In the course of its work over the past six months, the Advisory Group has welcomed the participation of the Director-General and other WHO staff to provide information and perspectives during its meetings. The Advisory Group is encouraged by the commitment and the urgency with which the Director-General has approached the process of transforming the Organization.

74. The Advisory Group recognizes that the challenges that lie ahead for WHO remain significant. It is hoped that the guidance and advice of the Advisory Group will assist WHO in overcoming these challenges.