Regional Office consultation with the Chair of the Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences

Meeting with the WHO Regional Office for Africa by Teleconference
1645-1730 (CEST), 7 September 2015

The Chair of the Advisory Group opened the meeting with background on the Director-General’s decision to establish an Advisory Group on a time-limited basis, and noting that extensive face-to-face and teleconference consultations were needed with Regional emergency counterparts to inform the reform process.

1. Needs of National Governments and Partners from WHO in Outbreaks and Emergencies

Regarding declarations of emergencies and outbreaks WHO must find a way to involve Ministries of Foreign Affairs, Ministries of Security/Interior and the UN Resident Coordinators. Involving the RC will make other agencies aware of the issue. The Ministries of Foreign Affairs and Interior are stronger than the Ministries of Health. IHR must find a way to involve non-health authorities in the timely notification of outbreaks and emergencies. We need to do a risk mapping of countries. Out of AFRO’s 47 countries we need to find out which are the most vulnerable and concentrate efforts there. In the old Emergency Response Framework there was a “no regrets” policy but this did not translate to CO level. It was difficult for WRs to overstretch the mark without clear guidance. It is good if we have the procedures that promote a “no regrets” policy but our procedures don’t currently cater for this.

Member States need technical support, guidance, SOPs and surveillance support from WHO to help their countries respond to outbreaks and health emergencies.

2. Challenges WHO personnel face with responding to the needs and expectations

13 challenges were identified that the Emergency Reform has to respond to:

1. WHO operational support is low and slow, especially with deployment of personnel, releasing funds rapidly, delays in recruitment, provision of supplies, etc. This is very important and a critical challenge.
2. SOPs are not updated. Not included in the GSM process and can’t be used by the WRs at Country level when an emergency occurs. WRs don’t use fast track.
3. Lack of communication with the public and donors. General public don’t know exactly what WHO is doing. They know about other partners but not us.
4. Internal coordination must be improved. There is need to define roles and responsibilities at the country level. Don’t need executive leadership from
HWQ: need roles and responsibilities from the three levels. This will build capacities at RO.
5. Personnel: insufficient number of qualified personnel (public health, ICT, human resources specialists, etc)
6. Emergency management capacities
7. Financial and logistical resources to support emergency operations
8. Combining emergency response while achieving results with government
9. Harmonizing work of the 3 Levels as “one team,” rather than seeing one level undermine the contribution of another
10. Lack of understanding of WHO’s role in (a) supporting affected population, (b) partnerships and (c) supporting Member States to support affected populations
11. Delays by governments in identifying the necessary resources. Raising domestic resources is very difficult at country level.
12. Delays by government in informing public on outbreaks, which impacts decision-making at country level. Delays in notification prevent WHO from responding in a timely manner. What can WHO CO do to enable a timely declaration of the outbreak or emergency by the governments?
13. Government bureaucratic processes are not efficient, leading to slow reaction, which in turn falls back on the WHO Country Office.

There needs to be a distinction between protracted/chronic emergencies versus acute emergencies. SOPs are critical. The current SOPs don’t reflect realities on the ground, as they tell you what you are delegated to do but not how to do it.

Government bureaucratic processes: WHO often has had to wait for the government “green light for procurements” and bringing materials into countries. We train and operate staff and they implement in accordance with procedures. We don’t have operating systems: In Ebola, we had more than 10 staff rotations of 1000 staff, with no systems in place to manage that rotation across the 3 levels.

AFRO’s Country Offices and Regional Office need more guidance on roles and responsibilities. During Ebola we had to ask WRs to go further than what the Organization had asked of us. The tools and processes we have do not empower the first line of the response – the Country Offices. Learning from others is important. Other operational actors develop and implement programmes and are ready to deploy people in real-time. WHO requires a strong team ready to deploy when needed and to start responding early from the country level. People from outside the emergency programme must be prepared for working in emergencies.

Four issues have emerged:

   Internal:

       1. Procedures: are not fit for the task we are meant to do. The procedures get snarled up in process and are not rapid enough. No emergency capability.
- 2. Capabilities: we don’t have the necessary people, logisticians, IT specialists, emergency managers. These capacities must be more widely available.
- 3. Financing: at the moment you don’t have the necessary resources to enable a CO to start quickly and enable others to support the CO.

External:

- 4. Major challengers related to relationship between WHO as a specialized agency and governments. Lack of understanding of WHO’s role in terms of directly interacting with affected populations, delays in accessing resources, informing the public and standing in WHO’s way.

3. Views on the Ongoing Reform Process – and of the work of the Advisory Group

The Advisory Group will help us move faster with the reform. It will help to identify roles and responsibilities and make the Organization more accountable and responsive.

4. Views about how the platform will function across the three levels of WHO

The WHO Operational Platform will need to be like a military response with soldiers and logisticians in the field working within a chain of command with clearly defined roles and responsibilities. Resources must be allocated at country level and we must advocate to sensitize government that we need to raise funds in support of WHO Country Offices.

Once “high risk” countries are identified, core capacities are need to react in those countries where we don’t have other resources.

The African region handles dozens of emergencies. Most are handled entirely by the Regional Office. There is a need to strengthen capacities to deal with mega and routine emergencies in the AFRO region. The Country Office is essential to the response, and practical procedures and systems must be developed and implemented to support field level response and preparedness.

5. How the proposed platform for supporting WHO operations will dovetail with the work of governments and partners in-country

Coordination is one of the most important points of all. Coordination challenges; We need to expose our people to partners before they become WRs. Point was made on the regional aspects of strengthening poor capacities and identifying clear roles and responsibilities. There is a need to identify how many people are needed. We naturally have that flow. Risk mapping and vulnerability; the platform must perform certain tasks in peacetime before the events in order to prepare well and then have to go into an emergency mode after and have to define how the platform will work in these modes. Need SOPs. In relations with governments, the RC has to be brought in. If we have a failed State or complicated political situation, it is not just the
responsibility of WHO to get the green light. There is a totality of the system that has to come into help.

Participants

David Nabarro, Chair of the Advisory Group
Dr Anarfi Asamoah-Baah, WHO Deputy Director-General
Daniel Kertesz, Lead of the Project Management Team
J. Cabore, Director Programme Management (DPM/AFRO),
R. Thomas, Director of General Management & Coordination (GMC/AFRO)
I. Fall, Director of Health Security & Emergencies (HSE/AFRO),
Maria Guevara, Regional Humanitarian Representative in Asia, MSF
Mary Pack, Vice President, International Medical Corps
Claus Haugaard Sørensen, Senior Advisor on Resilience, Humanitarian Aid and Crisis Response, European Commission