

The WHO Contingency Fund for Emergencies

CFE



The WHO Contingency Fund for Emergencies:

- enables immediate action to help prevent escalation of health consequences of emergencies
- saves lives, promotes global health security and protects economic assets
- is part of a new high performance WHO emergency programme
- has a capitalization target of US\$100 million of flexible voluntary contributions.



Welcome



■ ■ As Director-General of WHO, I am committed to building an Organization with the culture, systems, and resources to lead the response to outbreaks and other health emergencies. The Organization you want. The Organization the world needs. ■ ■

Dr. Margaret Chan WHO Director-General



**World Health
Organization**

What is the WHO Contingency Fund for Emergencies and what will it do?

The WHO Contingency Fund for Emergencies (CFE) fills a critical gap in funding from the beginning of an emergency until resources from other financing mechanisms begin to flow. The CFE is constantly available to finance WHO's initial response.

The CFE enables WHO to deploy resources and begin operations immediately. Critical human resources from WHO and from the Global Health Emergency Workforce including standby partners and the partners in the Global Outbreak Alert and Response Network and the Global Health Cluster will be working to save lives from the beginning of an emergency.

The CFE will finance WHO leadership and coordination of the emergency health response, including: recruitment and deployment of surge emergency human resources; coordination of emergency medical teams; travel of technical experts to where they are needed; the setting up of information technology systems where needed; procurement and delivery of medical supplies; compilation, analysis, mapping and communication on health and emergency response information; establishment and operation of field offices; and provision of technical advice to local authorities on all aspects of the emergency response.

The CFE will finance WHO and/or WHO-led emergency operations for up to 3 months. It does not finance regular WHO emergency programme costs or stockpiling of supplies.

The CFE is to be financed through:

- i) flexible voluntary contributions, and
- ii) retroactive funding for specific emergency events from other emergency finance sources.



How was the CFE established and how is it held accountable?

WHO's governing body, the World Health Assembly, established the CFE on 26 May 2015.

Operation of the CFE emphasizes predictability, timeliness, and country ownership; humanitarian principles of neutrality, humanity, impartiality, and independence; and practices of good humanitarian donorship.

To ensure accountability and transparency, the fund is subject to WHO's Financial Regulations and Financial Rules while including built-in flexibility to allow for rapid access.

All income and expenditure of the CFE will be reported in WHO Financing Reports submitted to the World Health Assembly on an annual basis.

Further reporting on the CFE will be provided to donors on a yearly basis and posted on the WHO website.

CFE contributions must be unspecified and will be pooled. There is a 7% programme support cost levied on contributions.

The CFE will work in concert with WHO Regional, UN and World Bank emergency financing mechanisms.

The CFE is under the authority of the Director-General, with disbursement at his or her discretion. When using the CFE, the Director-General will prioritize in-field operations in affected countries.



How does the CFE fit into the new WHO emergency platform?

As part of its overall reform, WHO will improve the way it responds to outbreaks and emergencies with health and humanitarian consequences across the risk management cycle (preparedness, response and early recovery).

WHO will establish a unified emergency programme to manage this work, and will be guided by a comprehensive emergency risk management framework.

The CFE standard operating procedures will be consistent with the WHO emergency risk management framework, WHO emergency management processes, and the Global Health Emergency Workforce protocols and processes.

The Global Health Emergency Workforce will draw on the CFE to finance deploying and equipping human resources for initial emergency response.

What is the process for disbursements from the CFE?

CFE disbursement will be made through three mechanisms:

1. Initial amounts at the inception of the emergency are to be disbursed immediately.
2. More substantial disbursement will require a budgeted plan to be prepared within 24–48 hours from inception of the incident. Emergency programme information systems will enable rapid preparation of budgeted plans based on prepared standard costing templates for various scenarios involving outbreaks and emergencies with health consequences.
3. Substantive levels of disbursement will require preparation of a WHO-led Health Cluster joint agency action plan by the WHO incident manager within 72 hours, using pre-negotiated agreements, protocols, and costing templates.

CFE standard operating procedures will dovetail with the financial management standard operating procedures of the emergency programme as a whole, including safeguards to ensure accountability and transparency in complex situations where cash transactions are the norm and aid diversion is a substantial risk.

The WHO risk management framework will provide a transparent, common and rapid mechanism to guide and enable immediate action against known performance standards.

This approach accommodates the declaration of a Public Health Emergency of International Concern under the International Health Regulations (2005).

The WHO risk management framework will be coherent within the international emergency response system, including the Inter-Agency Standing Committee.

The CFE and the World Bank Pandemic Emergency Facility



The World Bank Pandemic Emergency Financing Facility (PEF) is being designed as a global financing facility to rapidly channel funds to country governments as well as to international and national responders, including multilateral agencies and NGOs, to finance the response to dangerous epidemic outbreaks before they take on pandemic proportions.

The PEF proposal under development includes two options, which are not mutually exclusive:

1. An insurance product developed with private insurance partners that could disburse funds soon after an outbreak occurs; and
2. a financing structure underpinned by contingent long-term pledges from development partners, against which the WBG would frontload funds for the crisis response.

The PEF would purchase insurance coverage from the private sector on behalf of developing countries to cover costs associated with disease outbreak response. When a pre-agreed parametric trigger (based on public and observable data) is activated, the private sector would make the agreed payouts to the PEF, which would disburse resources to eligible implementing partners to finance critical containment measures.

PEF pay-outs would be managed by the World Bank and disbursed to eligible affected governments as well as to international and national responders, including WHO. These funds would be available immediately upon activation of a pre-agreed trigger.

The differences between the financing mechanisms are summarised in the table opposite.



	WHO CFE	PEF insurance mechanism (under discussion)
Funds outbreak response	Yes.	Yes.
Funds WHO and/or WHO-led response to humanitarian emergency	Yes.	Disbursement to WHO and other agencies could happen, depending on the capacity of the country experiencing the event.
Funds personnel costs	Yes.	Yes. According to outbreak response plan.
Funds disease surveillance, information systems and related communication during an outbreak	Yes.	Yes, if included in response plan.
Funds available from inception of emergency	Yes.	No, a trigger point must first be reached and reported prior to disbursement.

Performance and impact

Performance indicators are built into the standard operating procedures through adherence to WHO's tracking, information systems and monitoring and evaluation tools. A web portal will be used to report on how CFE funds are sourced, programmed and spent.

WHO set performance standard in Nepal earthquake response

On 25 April, 2015 a magnitude 7.8 earthquake hit Nepal. WHO Director-General Dr Margaret Chan declared the crisis a grade three emergency on 27 April 2015, requiring a large-scale response from all three levels of the Organization (country office, regional office and headquarters). WHO responded rapidly to address the health needs of the people, sending essential medicines and supplies to cover 120,000 people for a period of three months, as well as trauma and surgical kits. This was quickly followed by the deployment of technical experts and WHO-coordinated emergency medical teams. These emergency medical teams assisted with the treatment of the thousands who were injured, as well as attended to other health needs. WHO also assisted the Nepalese Ministry of Health and Population in the establishment of a Health Emergency Operations Centre.

WHO's main roles and activities in responding to the health needs of the people of Nepal were guided by the response component of the emergency risk management framework, and included:

Leadership: Providing leadership of the Health Cluster (which, in Nepal, brought together more than 30 partner organizations) and coordinating the deployment of emergency medical teams.

Information: Collecting, analysing and mapping information on the extent of the damage to the health system, health needs, risks and response activities.

Technical expertise: Providing technical assistance to the Government of Nepal and partners on a wide range of topics including trauma care, communicable diseases, reproductive health, dead body management, safe waste management, mental health and psychosocial services.

Core services: Procuring medical supplies and equipment, establishing offices, recruiting and deploying surge human resource capacity.



GOARN gets the right people to the right place, at the right time

The Global Outbreak Alert and Response Network (GOARN) is a global technical partnership, coordinated by WHO. The network comprises over 700 technical institutions and networks capable of providing international assistance.

GOARN provides rapid multi-disciplinary technical support for outbreak response.

As of 20 September 2015, GOARN has conducted over 130 operations in 80 countries involving 2,500 deployments, and 65,000 person days in the field.

GOARN provides technical expertise in laboratory services, case management, logistics, infection control, epidemiology and coordination.



No single institution can deliver all GOARN functions. It takes a network.



A CFE contribution is an investment in health security

The best way to manage the risk of epidemic or pandemic disease or the health consequences of emergencies is through investment in health systems, emergency preparedness, and emergency response. The CFE is an essential element in this risk reduction investment strategy.

The CFE will enable a rapid scaling up of action to save lives, alleviate suffering, provide medical care to those in need, enable preparedness and

surveillance in surrounding areas at high risk and, whenever possible, quickly address factors that could lead to escalation of a given emergency.

The CFE will, by enabling emergency response, reduce economic losses and enhance health security.

WHO is reforming to deliver the emergency response capacity the world demands. CFE ensures that WHO has the resources to respond.





WHO needs resources to respond

🗨️ I am asking you to help make the WHO Contingency Fund for Emergencies a reality by contributing to the capitalization. This is a replenishable fund that will deepen and strengthen WHO's emergency response, saving lives and preventing escalation of emergencies. Your contribution to the target capitalization will strengthen a vital component of the global health security architecture. 💬

Dr. Margaret Chan WHO Director-General



For more information on how to contribute to the WHO Contingency Fund for Emergencies please contact: financingdialogue@who.int



World Health Organization
Country Office for Nepal