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.
WHAT IS THE CFE?

• The WHO Contingency Fund for Emergencies (CFE) fills a critical gap from the beginning of an emergency until resources from other financing mechanisms begin to flow.

• The CFE enables WHO to deploy experts and begin operations immediately. Critical human resources, from WHO’s own field of experts and from the Global Health Emergency Workforce, including the partners of the Global Outbreak Alert and Response Network can be working to save lives from the beginning of an emergency.

• The CFE is to be financed through flexible voluntary contributions and is replenishable, including through retroactive agreements with other emergency finance sources.
WHAT WILL THE CFE DO?

• The CFE will finance leadership and coordination of the emergency health response, including:
  – recruiting and deploying surge emergency human resources;
  – coordinating emergency medical teams;
  – traveling of technical experts to where they are needed;
  – setting up of information technology systems where needed, procurement and delivery of medical supplies;
  – compiling, analysing mapping and communicating health and emergency response information;
  – establishing and operating field offices; and advising local authorities on all aspects of emergency response.

• The CFE will finance WHO emergency operations for up to 3 months.

• It will not finance ongoing WHO emergency programme costs or stockpiling of supplies.
HOW WAS THE CFE ESTABLISHED?

• 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.

• The CFE is under the authority of the Director-General with disbursement at his or her discretion.

• The CFE’s financial, implementation and performance data will be reported to WHO’s Governing Bodies.
MORE ABOUT THE CFE

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

• 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 intranet.

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

• When using the CFE, the Director-General prioritizes in-field operations in affected countries.
THE CFE AND THE NEW WHO EMERGENCY PROGRAMME

• WHO is improving the way it manages 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 is a tool to support the response component of the emergency programme.

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

• The Global Health Emergency Workforce, including the Global Outbreak Alert and Response Network, will draw on the CFE to finance deploying and equipping human resources for acute emergency response.
POSSIBLE PROCESS FOR DISBURSEMENTS FROM THE CFE

CFE disbursement could be made through three mechanisms:

1. Initial amounts to be disbursed with absolutely minimal bureaucratic requirements. The request can be made by phone, email, or other means.
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 Director within 72 hours, using pre-negotiated inter-agency agreements, protocols, and costing templates.
MORE ON DISBURSEMENT

• 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 response component of 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, and will operate in coordination with the Office for the Coordination of Humanitarian Affairs, when appropriate.
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.

Once triggered, 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.

The CFE is under authority of the WHO DG who can use it to respond immediately to emergencies without having to wait for disbursement from another agency or organization.

WHO can use the CFE to rapidly mobilize, equip and deploy WHO and Global Health Emergency Workforce assets for immediate control and containment of a disease outbreak or emergency with health consequences, even before other funding mechanisms including PEF are triggered.

The CFE will fund acute response to both emergencies with health consequences and disease outbreaks, whereas the PEF will fund only disease outbreaks that have a potential to become epidemics.

WHO is working closely with the World Bank in creating the PEF to ensure both the success of the PEF and that the CFE and PEF mechanisms work in concert.

HOW IS THE CFE DIFFERENT FROM CERF

• Funds outbreak response?
  – WHO CFE: yes
  – CERF: Rarely, when outbreak is considered a humanitarian emergency

• Funds health sector aspects of response to humanitarian emergency
  – WHO CFE: yes
  – CERF: Sometimes

• Funds costs to deploy personnel
  – WHO CFE: yes
  – CERF: only for lifesaving and typically only up to 5-10% of total budget

• Funds disease surveillance, information systems and related communications during and outbreak
  – WHO CFE: yes
  – CERF: No, only funds live saving measures

• Funds available from inception of outbreak or emergency with health consequences
  – WHO CFE: yes
  – CERF: No, but may be used to retroactively finance early WHO response in some cases
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.
A CFE CONTRIBUTION IS AN INVESTMENT IN HEALTH SECURITY

• The best way to manage the risk of epidemic, pandemic disease and 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 retooling to deliver the emergency response capacity the world demands. CFE ensures that WHO has the resources to respond.