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 Eastern Mediterranean Regional Office by Teleconference
1200-1245 (CEST), 3 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. General Comments by EMRO

This is an extremely important area of work for EMRO. Following a 2012 assessment analysis with Member States, EMRO decided to focus on 5 key priorities, with emergency response being one. Changing situation since 2012, as today we face unprecedented crises in terms of magnitude and severity (L3: Iraq, Syria and Yemen, plus protracted emergencies). Following the 2005 humanitarian reforms, there were voices questioning WHO’s role in humanitarian work. For people still doubting this, the situation is clear now. For the countries in this region, which had best health indicators (Syria and Iraq) we are today focusing on emergency work instead of development work. Due to this, we are looking seriously at our capacities in COs and how to readjust and restructure so to support Member States. We have completed our restructuring that includes a scaling up in surge for emergency response.

2. Views on the ongoing Reform process – and of the work of the Advisory Group

EMRO welcomes the reform and is part of it; we need to move quick on the HR part; need concrete recommendations from AG in terms of funding. We also must discuss the work we need to do to strengthen technical competence in emergency and humanitarian reform, our working relationships with other agencies should be reviewed and strengthened. We are doing well in 3 L3 emergencies with the UN agencies; we need to think about the operational platform. The Organization must identify where to strengthen and focus on the gaps in those areas.

Constraints/challenges:
- We have major gaps in technical support, guidance and advice;
- Gaps in internal HQ/qualified experience to deploy to countries and maintain ongoing work. WHO has not treated this issue seriously enough (scale, surging, resources in humanitarian response). This area should receive a great deal of attention, with people being recruited and trained, and an effective network of experts available to deploy during emergencies to support work of WHO and partners.
Leadership and coordination: we have improved by understanding what we actually mean in terms of coordination, working closely with national authorities where they are sometimes weak and in other cases where they have the ability to lead the work. This also needs to be strengthened.

We need to be credible with our technical competencies; in our response to the L3 crises, we are overwhelmed with Member States, donor and partner demands. We must address the gaps in the quality of WHO staff and the people we recruit for this to ensure effectiveness and credibility. Reform process must address HR policies for recruiting staff and external people to work with WHO because there are major gaps in HR policy improvements; Processing HR transactions must be addressed within the Reform.

No SOPs; we started working on Emergency SOPs in 2006-7 but in many cases not implemented. We need to revise these SOPs and ensure effective implementation - lack of implementation is a great source of frustration.

Logistics and operational platform must improve. We should work more closely with WFP. We must look at this area of work in an innovative way, logistics capacity has to expand in terms of operational aspects.

More capacity needed in health information, analysis and intelligence.

Funding; We have major problems with funding. We have been trying to have an Emergency Fund. How do we maintain and sustain emergency response funds? We hope Member States will be enthusiastic about the $100m contingency fund. We need to look at WFP and Unicef to see how they are financing their emergency work.

Moving towards operational role for WHO has to involve all parts of the Organization; the COs are the first responders and strengthening COs is urgent and critical. Important point is that all parts of WHO must be involved in this transition and reform of this area of work. We are positive about a central platform, which will provide a clear role with responsibilities and require strengthening the 3 levels of WHO. Priority is to increase country and technical presence to ensure it is competent and effective in area of humanitarian response. Emergency work must include technical departments otherwise the health response is lacking. We need to involve other programs (NCDs, health systems) and dedicated expertise is needed across all fronts; Member States are waiting for us to be efficient during the emergency and relying on our technical expertise to guide them.

EMRO has an expanded presence in Syria, Iraq and Yemen, and a regional emergencies centre in Amman because of the current political situation in the region; two regional centres (Amman and Tunis); Amman has been coordinating the work in Syria for over a year; bulk of EMRO emergency work will stay in Cairo. EMRO EHA has expanded from 5 RO professional staff to 14; starting 1 Oct will have a number of senior people joining us in EMRO as part of a surge. New structure will have 3 key units:
1) emergency response with people assigned to each major crisis, working with all crisis MSs, supporting our staff in these countries;

2) unit on coordination and leadership, will be focused on support to the HC and coordination with other UN agencies, and we have partnerships and the SHOC within this;

3) Amman-based emergency readiness unit, responsible for capacity building and pre-deployment training, starting in Dec conducting regional pre-deployment training

Expanding emergency work will require strengthened emergency management in RO and CO. As emergency work increases, the likelihood of WHO being compromised in management increases. Scaling up means we need good management; EMRO has a unit within the restructured emergency set has a focus on planning, management, financing with aim of improving services in crisis countries.

EMRO works extensively with NGOs. Access is a major problem in crises. Fragmented health systems. Without working with NGOs, services can’t get delivered. NGOs require funding. Capacity building in WHO to address/rebuild health system needs in emergencies is required. Political dilemmas pose day-to-day challenges. Working with different players. Often there are so many players controlling pieces of a country, we have to negotiate cross-border access, cross-lines, create balance with all parties to reach some balance in the country. EMRO works with UN partners, and in 3 L3 emergencies we have excellent coordination. But WHO must find its own channels in many cases to gain access. Working with Unicef on eight-country polio vaccination campaign.

Participants

David Nabarro, Chair of the Advisory Group
Daniel Kertesz, Lead of the Project Management Team
Ala Alwan, Regional Director, EMRO
Jaouad Mahjour, DPM, EMRO