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 European 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.

He explained that the objective is to create an Organization designed for and capable of doing direct support for governments and communities on outbreaks and emergencies. Part of that is a platform linked to operational emergency partners.

1. Expectations on what WHO should provide

Country Offices expect that human resources should not stop at technical level and capacities for emergencies should stretch to support staff. Partnerships at country level are important. There is a need to strengthen leverage of WHO in the UN system (there has been a lack of clarity regarding WHO’s role with the RC), partnerships with peacekeeping corps and military (what is role of WHO in such cases). The issue post-disaster assessments was raised in relation to recovery phase.

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

Human resources must be made available at the local level where the crisis is occurring. Human resources has to be at the center, process of bringing and keeping people on board with searchable database to find the people we need.

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

ROs and COs must be part of the operational platform. There are elements that need to be in COs and ROs to be proactive and reactive. Chain of command: terminology issues need to be clarified. DG is ultimately the head, but she may not be dealing with all emergencies. Need advice on the right operational decisions, who makes the decisions. We need administration, communications and logistics staff (not just technical). Senior administrator needs to be onsite. ROs need more resources to play an active role. An EOC in each RO is needed, as is more work on infrastructure and tools. We don’t have a contingency plan for absorbing 20 staff coming rapidly. Needs to strengthen technical units. ToRs of WRs may have to change during emergencies, there should be some way to assure WRs that they will not be held responsible. EURO agrees that it is a good idea. Solid core is needed but it is important to have Regional equivalents of the platform. Platform requires core staff, some HR, technical, trainers, etc, who are not to replace technical staff we have. Platform
functions should include resource mobilization within and outside the Organization. Roles and responsibilities need to be clear. An emergency module may be needed for quick action.

The EURO RD initiated a Health Security Cluster, and our staff are working on an all-hazard approach. We have a core group that can be enlarged with technical expertise when needed. Doesn't require huge core capacity but strong surge capacity. Having the Operational Platform within the WHO structure is good for political leverage.

Clear lines and chain of command should be defined in new Emergency Response Framework. Clear terms of reference are needed to define who has accountability and responsibility and who makes decisions at the three levels of the Organization. In some cases there needs to be WR-led control and RO-led. Having ROs with close understanding of local context is an advantage. Need clear roles and responsibilities clarified in emergencies: role of WR, RO, HQ. Risk mapping is needed to identify in advance most probable types of risks and develop a scenarios and action plans. Communications with the outside world is important and clear strategy across 3 levels with clear roles and responsibilities is needed. Risk mapping can be done well if it is inside WHO because the expertise is here. Emergency risk communication; situation since 2004 is that UNICEF has leadership but we have the mandate/role/leadership in epidemiology.

### 4. Other issues:

EURO raised the issue of framework for engagement of non-State actors which is to be endorsed in Jan 2016 to regulate engagement of WHO across 3 levels (meetings, financial resources, technical institutions, NGOs, academia, foundations and private sector). In times of crisis implementation of this framework will be very challenging and might undermine our work.

*Participants*

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