

# ADVISORY GROUP ON REFORM OF WHO'S WORK IN OUTBREAKS AND EMERGENCIES

FIRST REPORT | NOVEMBER 15<sup>TH</sup> 2015

## EXECUTIVE SUMMARY

### ADVISORY GROUP OBSERVATIONS ON WHO'S CORE MANDATE, FUNDAMENTAL PRINCIPLES AND CRITICAL FUNCTIONS

1. The Advisory Group acknowledges that at all times WHO is committed to the “attainment by all peoples of the highest possible level of health”. A core component of this objective is WHO’s mandate to provide technical assistance and aid in emergencies. This mandate is expressly set out in Article 2(d) of the Organization’s Constitution and has been recognized in numerous resolutions of the World Health Assembly.<sup>1</sup>
2. To fulfil this mandate, WHO needs sufficient operational capability to lead and support preparations for, and responses to, both outbreaks and emergencies with health and humanitarian consequences. In these situations, WHO must exercise decisive leadership on the health aspects of the response, while – at the same time - supporting national authorities and operating as one partner alongside other international and local actors for health. Each of these have their own responsibilities and expertise in the different aspects of the work in outbreaks and emergencies.
3. WHO is expected to demonstrate that it is an independent and impartial institution that gives priority to the health and well-being of all people, especially those who are vulnerable. Article 37 of the WHO Constitution stipulates that in the “performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization... Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.” Independence and impartiality underpin WHO’s mandate and are expected of WHO staff at all levels. These fundamental principles should be made much more explicit both in all work undertaken throughout the Organization and in all its external communications.
4. The Advisory Group recommends the expansion of the current Emergency Response Framework to cover all phases of the emergency management cycle – preparedness, alert, response, recovery and prevention. The Framework should incorporate six critical functions that WHO must address when working on outbreaks and emergencies – (i) leadership for the health of all people; (ii) engagement with political leaders (when necessary, beyond the Minister for Health); (iii) coordination (iv) scientific and technical expertise (backed by research and development); (v) information and communications; and (vi) facilitation of access to essential health services for people whose urgent needs are not being met by any other provider.

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<sup>1</sup> WHA28.45, WHA34.26, WHA 44.41, WHA46.6, WHA48.2, WHA58.1, WHA59.22 , WHA64.10, and WHA65.20.

## **ADVISORY GROUP RECOMMENDATIONS FOR THE TRANSFORMATION OF WHO**

5. WHO must quickly develop the capabilities it needs to provide credible leadership and offer effective support for the collective efforts to ensure the health of all people facing outbreaks and emergencies. The establishment of these capabilities will require political commitment from WHO's Member States, structural change within the Organization, an evolution of internal culture, a renewal and strengthening of relationships with external actors, and the application of new authorities, mechanisms, procedures and systems for accountability.
6. The Advisory Group recommends the immediate establishment of a centrally-managed, global Programme for Outbreaks and Emergencies Management. This Programme will be a separate, dedicated entity within the Organization. It will bring together and fully integrate the functions and units across the country, regional and headquarter levels that work on outbreaks, on emergencies and on risk analysis and assessment under the International Health Regulations. The Programme should be structured in a manner that enhances collaboration between the relevant functions of the Organization.
7. The Advisory Group recommends that the Programme should be headed by an Executive Director at the rank of Deputy Director-General who reports to the Director-General. The Director-General would undertake appropriate consultations with the WHO Global Policy Group (consisting of the Director-General, Deputy Director-General and the six Regional Directors) when acting on outbreak and emergency issues. The Executive Director would be responsible and accountable for the centralized management of the budget and human resources of the Programme.
8. The Programme should include a dedicated Platform to provide operational and logistic support for preparedness and response operations in communities and countries. Given the number of outbreaks and emergencies being addressed at any one time, it is anticipated the Platform will always be operational to varying degrees. When a risk assessment indicates that significant action is needed, an Incident Manager may be appointed: in some instances by the Director-General (at the recommendation of the Executive Director); in other instances by the Executive Director. The Incident Manager will have the delegated authority to build support teams, access financing and procure necessary supplies. While reporting to the Executive Director, the Incident Manager will also work in close consultation with the relevant Country Representative and relevant Regional Director. Depending on the outbreak or emergency, the Country Representative may be appointed as the Incident Manager. The Platform should interface seamlessly and be interoperable with other similar Platforms established by national authorities, the UN system and partners.
9. The Programme will have the following key features:
  - a. Enhanced and robust capabilities so as to handle surveillance for outbreaks and events, risk assessment and management, planning and execution of operations, relationships with partners and coordination, information systems and risk communications, human resources, logistics, finance, quality assurance and monitoring;
  - b. Standardized procedures for operations, including pre-planned and tested procedures to ensure immediate responses to imminent crises;
  - c. Dedicated and tailored business processes and mechanisms for managing human resources, financing and information technology

10. To sustain these capabilities the Programme will require predictable “steady-state financing” as well as prompt access to a reliable contingency fund in case of need: this Fund should be replenished promptly once used. The Advisory Group will examine options for financing the Programme and some Advisory Group members have highlighted the need for increased allocations for the core budget of the Organization so that the Programme and Platform can receive predictable financing.

11. An external, independent oversight body should be established by the Director General to monitor the performance of the Programme and the Platform using benchmarks established for this purpose.

#### **ADVISORY GROUP RECOMMENDATIONS FOR WHO’S STRATEGIC COLLABORATIONS**

12. The central focus of WHO’s involvement in outbreaks and emergencies is to enable national authorities, local communities and other actors for health to be more effective and resilient. In these circumstances WHO has two responsibilities – firstly, enabling countries to deal with outbreaks and emergencies themselves and, secondly, leading and supporting other actors for health through the provision of strategic direction, reliable information, coordination and technical guidance.

13. The Advisory Group recommends that WHO should lead independent and comprehensive risk assessments in order to assist countries to prepare and respond to outbreaks and emergencies. These will generally be undertaken jointly with the authorities of countries affected by outbreaks and emergencies, as well as with operational partners. Risk assessments will reach conclusions on the level of alert necessary, action to be triggered and means through which the risks are communicated to different audiences. In settings where the national authorities are not in a position to participate in comprehensive risk assessments, WHO would perform this function in collaboration with local-level, national and international actors in ways that reflect the best interests of all the affected communities.

14. The Advisory Group notes that in its work to lead and support other actors for health, WHO should operate within the existing humanitarian architecture – the Inter-Agency Standing Committee, including the Global Health Cluster. The Advisory Group recommends that WHO affirm and demonstrate a commitment to strong, consistent and visible leadership of the Health Cluster, and to consistent high-level engagement with the Inter-Agency Standing Committee. The Advisory Group proposes that WHO consistently seeks fuller engagement with other humanitarian Clusters whose activities contribute to people’s health and well-being (e.g. water and sanitation, food, nutrition and protection). WHO should treat its Cluster activities as part of its core mandate and seek predictable funding for this mandate. WHO should also establish partnership agreements with humanitarian and other partners, put in place a framework for cooperation and clarify the respective roles and responsibilities of the Organization and the partners.

15. The Advisory Group considers that the Global Outbreak Alert and Response Network (GOARN) is another collaboration mechanism that needs to be strengthened. Training GOARN members in teams and involving them in joint risk assessments will help enhance their readiness to deploy. WHO should encourage long-term investments in to increase integrated national, regional and global capabilities for risk assessment, management, communication and outbreak response in the Global Outbreak Alert and Response Network,

as well as preparedness and prevention - especially in relation to risks posed by unfamiliar and potentially dangerous pathogens.

#### **ADVISORY GROUP RECOMMENDATIONS FOR IMMEDIATE ACTION**

16. The Advisory Group recommends that the Director-General take immediate action to:
  - a. Demonstrate a commitment to strong, consistent and visible leadership of the Global Health Cluster, and to more active engagement with the Inter-Agency Standing Committee;
  - a. Establish standby partnership agreements with humanitarian and other partners that can be activated under defined circumstances;
  - b. Restructure WHO to enable it to lead and support collective efforts in outbreaks and emergencies, with the establishment of the single Programme, its Platform for operation and centralization of the budget and of accountability for its work;
  - c. Redesign WHO's human resources management system to establish systems that reflect the needs of the Programme and Platform and implement the changes immediately; and
  - d. Transform financial management processes so that the funds required for outbreaks and emergencies can be promptly disbursed to where they are needed and immediately accessed by those who need them.
  
17. The Advisory Group recommends that the Executive Director be engaged in the redesign of Human Resources and Financial Management Processes.

## **FIRST REPORT**

### **INTRODUCTION**

18. During its 68<sup>th</sup> session, the World Health Assembly discussed WHO's response in the Ebola outbreak and examined the first report of the Ebola Interim Assessment Panel, established by the Executive Board in January 2015. In Decision WHA68(10), the World Health Assembly welcomed the Director-General's proposal to establish a small, focused expert advisory group to guide and support the further development of reform of WHO's work in emergencies with health consequences.

19. On 21 July 2015, the Director-General announced the establishment of an Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences. The Advisory Group is comprised of 19 high level experts in outbreak management, responses to emergencies and health work in protracted crises. Pursuant to its terms of reference, the Advisory Group will provide advice and guidance to the Director-General on all aspects of the change management process in WHO.

20. Since commencing its work in July 2015, the Advisory Group has met on a monthly basis, by teleconference (in July, August, September and November) and in person (in October). The papers considered by the Advisory Group, together with its reports and reflections of the Chair, are posted on the WHO website.<sup>2</sup> The Advisory Group has engaged with WHO staff at headquarters and regional offices, as well as some country offices. The Advisory Group has also consulted with the Global Health Cluster, the Steering Committee of the Global Outbreak Alert and Response Network (GOARN), and representatives of Member States in Geneva.

21. Following an in-person meeting on 26-27 October, the Advisory Group adopted its first report. The report contains the recommendations of the Advisory Group to date, including on matters for immediate action by the Director-General. A second report will be presented when the Advisory Group concludes its work.

22. The Advisory Group emphasizes that WHO's reform of its work on outbreaks and emergencies needs to be consonant with the findings of the UN Secretary-General's High Level Panel on the Global Response to Health Crises and the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, as well as other relevant studies underway. Particular attention should be given to the functional links between WHO's Director-General and the UN Secretary-General (together with the Principals of different UN System entities) so as to ensure prompt, effective and well-coordinated actions as soon as there are signs of an imminent health crisis (such as outbreaks of a highly pathogenic airborne virus in multiple locations).

### **I. WHO'S CRITICAL FUNCTIONS AND CORE COMMITMENTS**

23. The Advisory Group acknowledges that at all times WHO is committed to enabling the fulfilment of Article 1 of its Constitution: the "attainment by all peoples of the highest possible level of health". A core component of this objective is WHO's mandate to provide

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<sup>2</sup> [http://www.who.int/about/who\\_reform/emergency-capacities/advisory-group/en/](http://www.who.int/about/who_reform/emergency-capacities/advisory-group/en/)

technical assistance and aid in emergencies. This mandate is expressly set out in Article 2(d) of its Constitution and has been recognized in numerous resolutions of the World Health Assembly.<sup>3</sup>

24. To fulfil this mandate, WHO needs to have sufficient operational capabilities to lead and support collective efforts to prepare for and respond to disease outbreaks and emergencies with health and humanitarian consequences. In these situations, WHO must exercise decisive leadership on the health aspects of the response, while supporting national authorities and operating as one partner alongside other international and local actors for health – each of whom have their own responsibilities and expertise in the different aspects of the work in outbreaks and emergencies.

25. WHO is expected to demonstrate that it is an independent and impartial institution that gives priority to the health and well-being of all people, especially those who are vulnerable. Article 37 of the WHO Constitution stipulates that in the “performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization... Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.” Independence and impartiality underpin WHO’s mandate and are expected of WHO staff at all levels. These fundamental principles should be made much more explicit both in all work undertaken throughout the Organization and in all its external communications.

### **A new Framework for Outbreaks and Emergencies**

26. At present, the critical functions and core commitments that are expected of WHO during emergencies are set out in its Emergency Response Framework. This Framework is currently under review within WHO. The Advisory Group recommends that the Emergency Response Framework should be expanded to focus not just on the emergency response, but to cover all phases of the emergency management cycle – preparedness, alert, response, recovery and prevention. The Framework should reflect an all hazards approach, align with humanitarian principles and include ways in which the whole of society – especially communities at risk – can be fully engaged. The critical functions and core commitments in the Emergency Response Framework should be updated.

### **Critical functions**

27. Under its current Emergency Response Framework, WHO is expected to undertake four critical functions – leadership and coordination, up-to-date information, technical expertise and core services. The Advisory Group recommends that WHO should identify critical functions that leverage the Organization’s strengths and expertise, while recognizing that other partners should lead on functions where they have a comparative advantage. The Advisory Group considers that the following six critical functions are essential for WHO’s work in outbreaks and emergencies:

- a. Leadership for the health of all people: providing policy guidance, strategic direction and operational planning;

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<sup>3</sup> WHA28.45, WHA34.26, WHA44.41, WHA46.6, WHA48.2, WHA58.1, WHA59.22, WHA64.10 and WHA65.20.

- b. Engaging with political leaders: engagement with national and local authorities and community leaders to ensure that actions taken are evidence-based and that health workers have access to affected populations. When necessary, this engagement would go beyond the Minister of Health;
- c. Coordination: fulfilling WHO's obligations as the global Health Cluster lead; convening health actors; coordination of international support and operations in the field; promoting harmonization and synergy around a common plan and pursuit of agreed outcomes; and facilitating alignment on public health and patient care issues
- d. Scientific and technical expertise (backed by research and development): ensuring the application of the best scientific knowledge of an outbreak in continuous risk assessment; commissioning research and product development as required, while pushing for innovation; issuing relevant standards, guidelines and technical support; analyzing and assessing risk under the International Health Regulations and certifying elements of national systems for health, (including clinical services, human resource, infection prevention and control, surge capacities, and management of supplies)
- e. Information systems and risk communications: providing reliable information on risks and responses; ensuring that information is available to health actors; recognizing that the timely dissemination of accurate information about an event to the public is critical to managing outbreaks and emergencies
- f. Facilitation of access to essential health services for people whose urgent needs are not being met by any other provider: Using good offices to ensure that people whose extreme needs are not being met by any national or international provider – including clinical patient care – can access essential services.

### **Core commitments**

28. The Emergency Response Framework identifies actions that the Organization will always deliver and be accountable for during emergencies with public health consequences. These five core commitments have focused on actions to:

- a. Develop an evidence-based health sector response strategy, plan, and appeal
- b. Ensure that adapted disease surveillance, early warning and response systems are in place;
- c. Provide up-to-date information on the health situation and health sector performance;
- d. Promote and monitor the application of standards and best practices; and
- e. Provide technical expertise to affected member States and all relevant stakeholders.

29. ***Proposed additional commitment***: These commitments should be augmented to emphasize the need for WHO to take leadership in health emergencies. The Advisory Group recommends the addition of a commitment to “provide independent strategic direction and

ensure the involvement of national Heads of State and Government, as well as local authorities and community leaders” in work on outbreaks and emergencies”.

### **Core support services and quality assurance**

30. Additionally, WHO will need to undertake core support services as well as quality assurance and monitoring functions to reinforce the quality and utility of its work in outbreaks and emergencies.

- a. Core support services: providing logistical, human and financial resources needed to support preparedness, alert, response, and recovery operations
- b. Quality assurance and monitoring: ensure that procedures and processes developed to support preparedness, response and recovery operations are fit-for-purpose and functioning effectively

### **No-regrets policy**

31. The Emergency Framework identified three policies as essential to optimizing WHO’s response to emergencies – the surge policy, the Health Emergency Leader policy and the no-regrets policy. The Advisory Group considers that it is important to maintain the no-regrets policy in the Framework for Outbreaks and Emergencies. Pursuant to the no-regrets policy, WHO will err on the side of caution by deploying more resources and capacity to respond to outbreaks and emergencies, without blame or regret, even if the level of deployment subsequently proves to exceed the actual need. The Advisory Group recommends that the surge policy and Health Emergency Leader policy should be revised to reflect the Advisory Group’s recommendations on the Programme and Platform for Outbreaks and Emergencies, as discussed below.

## **II. TRANSFORMING WHO FOR FULL EFFECTIVENESS IN OUTBREAKS AND EMERGENCIES**

32. ***Rapid development of Enhanced and Robust Capabilities***: WHO must quickly develop the enhanced and robust capabilities it needs to provide credible leadership and offer effective support for the collective efforts to ensure the health of all people facing outbreaks and emergencies. The establishment of these capabilities will require political commitment from WHO’s Member States, structural change within the Organization, an evolution of internal culture, a strengthening of relationships with external actors, and the application of new authorities, mechanisms, procedures and systems for accountability.

33. ***A centrally-managed Global Programme***: The Advisory Group recommends the immediate establishment of a centrally-managed global Programme for Outbreaks and Emergencies Management. The Programme will be a separate, dedicated entity within the Organization. It consists of the structures, mechanisms and processes needed for WHO’s capabilities to be significantly enhanced and robust. The capabilities could be drawn on in relation to any aspect of an outbreak or emergency.

34. ***A Platform to support Readiness and Response Operations***: The Programme should include a dedicated Platform to support readiness and response operations in countries and in

communities. The Platform is comprised of the structures, mechanisms and processes that enable WHO to respond effectively to outbreaks and emergencies, wherever they are and as long as needed, supporting the deployment of – and responding to requests made by – Incident Managers and their teams. Given the number of outbreaks and emergencies being addressed at any one time, it is anticipated the Platform will always be operational to varying degrees.

35. The Advisory Group’s recommendations for the fundamental principles underlying the Programme and Platform, their basic features, and the mechanisms for activating the Platform and for oversight are set out below.

### **Fundamental principles of the Programme and Platform**

36. ***Guiding Principles:*** The Advisory Group recommends that the Programme and the Platform should be guided by the following fundamental principles:

- a. Be comprehensive: The elements should be developed in a way that enables WHO to contribute effectively to the management of all kinds of infections and emergency health risks, including public health emergencies of international concern. It should cover all phases of the emergency management cycle – preparedness, alert, response, recovery and prevention – and adopt an all hazards approach.
- b. Able to act on many levels: The elements should be designed to support local (community-owned) and national-level operations within countries as well multi-country operations when appropriate.
- c. Able to move rapidly and at scale, where needed: The elements should enable the immediate movement of personnel, materials and funds to ensure (a) outreach to where efforts are needed, (b) scaling-up to the required level, and (c) rapid arrival where needed, at sub-national or national level during both acute or protracted situations.
- d. Be flexible and able to do what is required: The elements should be able to support rapid increase, repositioning or scale-down of action in response to assessments of need undertaken by locally-placed expert personnel whose judgement is trusted.
- e. Allow full participation and multi-lateral integration of committed partners: The elements should enable the full integration and participation of national authorities, in-country partners and international supporters and encourage collaboration among committed actors who have a shared understanding of respective roles and responsibilities and a common commitment to the implementation of the risk assessment and management plans.
- f. Operate with clear accountability: The elements should function with clear lines of authority and accountability in ways that reflect best practice for incident management.

## A new Global Programme for Outbreaks and Emergencies

37. **Structure:** The Advisory Group recommends the establishment of a centrally-managed, global Programme for Outbreaks and Emergencies across all three levels of the Organization. The structure of the Programme should bring together and fully integrate the functions and units of the Organization that work on outbreaks, on emergencies and on risk analysis and assessment under the International Health Regulations. The Programme should be structured in a manner that enhances collaboration between the relevant functions of the Organization. These areas of work should be combined across all levels of the Organization.

38. **Executive Director:** The Advisory Group recommends that the Programme should be headed by an Executive Director at the rank of Deputy Director-General who reports to the Director-General. The Director-General would undertake appropriate consultations with the WHO Global Policy Group (consisting of the Director-General, Deputy Director-General and the six Regional Directors) when acting on outbreak and emergency issues. The Executive Director will be responsible and accountable for the centralized management of the budget and human resources of the Programme. The Executive Director will be expected to undertake regular risk assessments on behalf of the Director-General and the Global Policy Group, to assess organizational readiness and to bring concerns about outbreaks and emergencies to the notice of the Director-General. Under the overall guidance of the Director-General, the Executive Director will ensure the deployment of people required to undertake assessment and response measures, issue public statements and mobilize a national, regional or global response. These activities will be taken in close consultation and coordination with national authorities, the UN system and non-governmental organizations.

39. **Enhanced and Robust capabilities:** The Advisory Group recommends that the Programme should have capabilities that are significantly enhanced and robust compared with the present situation. These capabilities should be spread – as appropriate - across all levels of the Organization, and ready to be deployed as necessary. The Advisory Group did not discuss the specific locations of these capabilities. They may include dedicated units to handle the following matters:

- a. Surveillance for Outbreaks and Events – risk identification and alert
- b. Risk assessment and management – preparedness, response and prevention; risk assessment and management under the International Health Regulations
- c. Planning and execution of operations – policies, operational planning and standard operating procedures
- d. Coordination and strategic collaborations – Global Health Cluster, IASC, GOARN and Emergency Medical Teams
- e. Information Systems and Risk Communications
- f. Human resources – surge mechanisms, Global Health Emergency Workforce, emergency health teams (formerly FMTs), staffing and training
- g. Logistics – travel, supplies, security, information and technology
- h. Finance – budget, Contingency Fund for emergencies, procurement, donor relations
- i. Quality assurance and monitoring – performance monitoring, evaluation, simulations and lessons learned.

40. **Scale of implementation:** The Advisory Group recommends that in developing its enhanced and robust capabilities in these areas, WHO should plan on being able - at any

given time - to respond to at least 25 events at Grades 2 or 3<sup>4</sup> (including protracted crises). WHO must be able to undertake reviews of these events at regular intervals (within a day, two days, 3 days, 7 days and 30 days after onset and frequently thereafter, with at least quarterly reviews of protracted crises and outbreaks). These reviews should be received by the Global Policy Group.

41. **Standardized operations world-wide:** The Advisory Group recommends that the nomenclature, elements and procedures for the Programme be standardized across all parts of the Organization. The Programme should have the identical components and operating systems whether it is reaching into countries, or passing through locations in national capitals, sub-regional, regional and Headquarters. It should be able to operate where needed, not just on WHO premises. Standard protocols and operating procedures (for readiness, for simulations, for alerts, for initiating action, for surging and for transitioning) are essential to promote transparent, consistent and efficient working methods and to clarify reporting relationships and accountability across all levels of the Organization. At the same time, it is recognized that the implementation of these protocols and operating procedures will require adjustment to the country context and the nature and severity of the hazard. To enable immediate responses to imminent crises, the Programme needs a set of pre-planned and tested procedures that can be used – when triggered – to enable key actors for health to access what they need to be effective. This can include strategic direction, coordination mechanisms, financing, technical expertise, operational support and risk communication capacity. This immediate action should continue as needed, but would be subsumed once event-specific actions have been developed and initiated.

42. **Programme-specific processes and mechanisms:** The Advisory Group stresses that the Programme should have its own processes and mechanisms that are specifically designed to build WHO's personnel, funding, materials, information and logistics capabilities during its general operations mode. WHO should work with national authorities, the UN system and partners to ensure that processes and mechanisms are standardized and inter-operable. There should be a predictable set of processes that can be activated to provide rapid access to the personnel, financing and supplies needed for outbreaks and emergencies operations, whether provided internally by WHO or by partners. These processes would allow for scale-up, stretch and rapid deployment of resources. They need to be clear and streamlined so that they can implemented transparently and with minimum complexity.

43. **Personnel:** With regard to the personnel needed for the Programme, the Advisory Group recommends the following:

- a. The Programme should consist of WHO's own professional staff and external personnel. WHO staff will need to have relevant technical skills, as well as skills to perform the administrative, operational, communications, logistic,

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<sup>4</sup> In the WHO Emergency Response Framework, a **Grade 2** event is defined as “a single or multiple country event with moderate public health consequences that requires a moderate [Head of WHO Country Office (WCO)] response and/ or moderate international WHO response. Organizational and/or external support required by the WCO is moderate. An Emergency Support Team, run out of the regional office, coordinates the provision of support to the WCO.” A **Grade 3** event is defined as a “single or multiple country event with substantial public health consequences that requires a substantial WCO response and/or substantial international WHO response. Organizational and/or external support required by the WCO is substantial. An Emergency Support Team, run out of the regional office, coordinates the provision of support to the WCO.”

technical, coordination and leadership roles necessary to support emergency management operations in-country.

- b. The Programme should also engage personnel accessed through collaborations, standby partnerships and other standing agreements. The Programme's human resources may need to be present in WHO country, regional and Headquarters offices and in collaborating agencies (e.g. CDC), partnerships (e.g. GOARN), in Emergency Health Teams and in different parts of the UN system (relevant UN organizations, programmes and funds, , Regional and Humanitarian Coordinators and the Inter-Agency Standing Committee).
- c. WHO should establish new arrangements and partnerships, so that personnel can be engaged from other UN agencies (e.g. WFP, UNICEF, OCHA, UNDP), national government entities, regional entities (e.g. African Union) and non-governmental organizations. Existing networks of expertise (e.g. the Global Outbreak Alert and Response Network) should be reviewed so that they can be utilized more effectively and predictably.
- d. WHO rules should be reviewed and modified, if needed, so that they can facilitate the re-assignment of WHO staff for limited periods in order to draw upon existing expertise when responding to outbreaks and emergencies. A separate recruitment process should be established for emergency deployments so that additional staff can be quickly recruited to fill surge capacity needs.

44. ***Business processes:*** The Advisory Group recommends that procurement rules and processes need to be reviewed: dedicated systems should be established so that materials can be acquired and moved quickly to the locations where they are needed. It was noted that emergency agencies in some countries permit non-competitive procurement processes. In addition, the Advisory Group stresses the importance of delegating spending authority for an appropriate level (e.g. USD 750,000 to USD 1 million) to the designated official responsible for a specific event (the Incident Manager). Further information is needed on how the existing authority of the Health Emergency Leader to approve expenditures up to USD 500,000 has worked in practice.<sup>5</sup>

45. ***Predictable Steady-State Finance and Contingency Fund:*** To sustain these capabilities, the Programme will require predictable "steady-state finance" as well as prompt access to a reliable contingency fund in case of need: this Fund should be replenished promptly once used. The Advisory Group will examine options for financing the Programme and some Advisory Group members have highlighted the need for increased allocations for the core budget of the Organization so that the Programme and Platform can receive predictable financing.

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<sup>5</sup> WHO Emergency Response Framework, Table 4 ([http://www.who.int/hac/about/erf\\_.pdf](http://www.who.int/hac/about/erf_.pdf))

## **A new Operational Platform for Outbreaks and Emergencies**

46. ***Enabling WHO – with partners and collaborators - to “go operational” within countries:*** To support WHO’s work in outbreaks and emergencies, the Advisory Group recommends the establishment of an Operational Platform within the Programme. This Platform will be comprised of the structures, mechanisms and processes that are drawn on for WHO and partners to operationalize their responses to each event, for as long as necessary. The Platform will focus on strengthening WHO’s capacity to function as an operational entity within countries. The Platform will be used by the full range of WHO specialists as well as accredited partners and collaborators. The Platform should interface seamlessly and be interoperable with other similar Platforms established by national authorities, the UN system and partners.

47. ***Appointment of Incident Managers:*** When a risk assessment indicates that significant action is needed, an Incident Manager will usually be appointed: in some instances by the Director-General (at the recommendation of the Executive Director); in other instances by the Executive Director. The Incident Manager will have the delegated authority to build support teams, access financing and procure necessary supplies. While reporting to the Executive Director, the Incident Manager will also work in close consultation with the relevant Country Representative and Regional Director. Depending on the outbreak or emergency, the Country Representative may be appointed as the Incident Manager. In case of protracted or localized crises, authority for incident management may be delegated to senior officials within different parts of the Organization. An Incident Management Team will include officials responsible for operational planning, technical expertise information and communications, administration, and logistics. An Incident Manager may be replaced at intervals (as the task can be onerous) but not so frequently as to disrupt operations: in a complex or protracted outbreak or emergency there may be a need for more than one Incident Manager. The Advisory Group will continue to examine different modalities for how the Incident Manager and Incident Management Teams may operate.

48. ***Enabling Incident Managers to have rapid access to personnel with specified expertise, logistics capacity, finance, and authority to spend:*** When WHO is required to respond to an outbreak or emergency and the Platform is activated, the following processes and mechanisms may be activated to enable Incident Management Teams to have rapid access to the personnel, financing and supplies needed for outbreaks and emergencies operations:

- a. Use of surge mechanisms to identify and deploy personnel for Incident Management Teams. These mechanisms include standby partnerships with UN agencies, other standing agreements with national government entities, regional entities (e.g. African Union) and non-governmental organizations, networks of technical partners (e.g. GOARN), rosters for recruitment, and internal arrangements for the temporary assignment of WHO staff
- b. Activation of agreements with partners to augment logistics capacities
- c. Allocation of funds from Contingency Fund for rapid disbursement to Incident Management Teams

- d. Delegation of authority to Incident Manager for spending at an appropriate level

### **Activation of the Platform**

49. ***Risk Assessments as principal triggers for activation, scale-up, scale-down and stand-down of actions through the platform:*** The Advisory Group observed that the quality and timeliness of a risk assessment is one of the most important areas for action in a response. Risk assessments – repeated at intervals - serve as principal triggers for activation, scaling up or down and eventual stand down of actions implemented through the Platform. Some elements to be considered in a risk assessment include the level of the risk posed by the event, the level of the capacity in the affected country, and the level and nature of the gap in the national capacity to respond to the event. The relationship between risk assessments, emergency classifications by the Inter-Agency Standing Committee and the alert system under the International Health Regulations will need to be clarified. The initiation of a risk assessment should not just depend on a request by the Country Representative: it could be initiated as a result of information received from a variety of sources. Care is needed to ensure the best possible pattern for engaging with national authorities based on a comprehensive needs and gap assessment and an appreciation of national sensitivities and sovereignty. Decisions relating to risk assessment and the activation and de-activation of the Platform should be made by the Executive Director, under the direction of the Director-General (who would undertake appropriate consultations with the WHO Global Policy Group).

50. ***Senior Managers' obligations in relation to activation of the Platform for a specific event:*** Once the Platform has been activated for a specific event, senior managers should be made aware of the measures that will be put in place as a result of this activation, and their responsibilities and obligations to facilitate these measures, including the release of staff to serve on Incident Management Teams, as needed.

### **Oversight of the Programme and Platform**

51. ***Continued work on roles and responsibilities of a proposed oversight body:*** An external, independent oversight body should be established by the Director General to monitor the performance of the Programme and the Platform using benchmarks established for this purpose. The Advisory Group will consider the roles and responsibilities that such a body could have, which may include reporting on the progress of the Programme and the Platform to the WHO Executive Board and the World Health Assembly and on the state of health Security to the UN Secretary-General for transmission to the General Assembly

## **III. STRENGTHENING WHO'S STRATEGIC COLLABORATIONS**

52. ***WHO's two responsibilities in relation to outbreaks and emergencies:*** The central focus of WHO's involvement in outbreaks and emergencies is to enable national authorities, local communities and other actors for health to be more effective and resilient. In these circumstances WHO has two responsibilities – firstly, enabling countries to deal with outbreaks and emergencies themselves and, secondly, leading and supporting other actors for health through the provision of strategic direction, reliable information, coordination and technical guidance.

## **WHO's relationships with Member States with regard to risk assessment, preparedness and response**

53. ***Preparedness:*** The Advisory Group considers that WHO should join with national authorities at regular intervals to ensure that there are sufficient in-country capabilities in relation to outbreaks and emergencies. These include capabilities for the identification, assessment, risk and communication of risks to people's health. They also include capabilities for implementing essential actions related to each phase of all-hazard emergency management cycles. One element of this joint work for preparedness is the assessment and (if necessary) enrichment of national capabilities under the International Health Regulations (IHR) - supplementing the existing practice of self-assessment. The Advisory Group considers that such efforts should lead to the more rapid achievement of the high priority IHR core capacities, but notes that WHO's role in monitoring compliance with the International Health Regulations is presently being examined by an IHR Review Committee. Another element of effective preparedness is the convening of multi-stakeholder inter-sectoral groups to establish - and then test - procedures to be adopted in the event of an outbreak or health emergency. A broad mix of national and external stakeholders should participate in these groupings: WHO could, if necessary, assist national stakeholders with building rosters of personnel with expertise in outbreaks and emergencies, and help establish triggers and the protocols for activating their deployment.

54. ***Risk Analysis:*** The Advisory Group considers that countries are best served if WHO is ready to provide independent and comprehensive leadership when risk assessments are being made. Assessments are generally be undertaken jointly by WHO and the national authorities, together with operational partners. Risk assessments will reach conclusions on the level of alert necessary, actions to manage risks and means through which the risks are communicated to different audiences. In settings where the national authorities are not in a position to participate in comprehensive risk assessments, WHO would perform this function in collaboration with local-level, national and international actors in ways that reflect the best interests of all the affected communities.

55. ***The establishment of national task forces and requests for international support:*** One important element of preparedness is the creation of a Joint Health Emergency Task Force (or similar arrangement) which can be activated following a risk assessment. If a Task Force does not exist it should be established immediately. The Task Force initiates the implementation of prioritized national response mechanisms: it also makes recommendations as to whether international support should be requested, the type of expertise that is required and the ways in which such international support can most usefully be deployed. It is expected that the WHO Regional Directors and Director-General will engage with the national Head of State and Ministerial team quickly and participate in decisions on whether international support is needed, including roles, deployment pattern and timing.

56. ***Adapting the relationship to national circumstances:*** The Advisory Group recognizes that governments may sometimes not be in a position to ensure that all people can access essential services for the health: this may be a result of weak political institutions, conflict or lack of operational capacity. WHO's manner of engagement with each country – given its overarching role in enabling all people to attain the highest possible level of health - should be adapted according to the specific context and informed by, among other factors, the posture of the Inter-Agency Standing Committee and Humanitarian Country Team.

57. ***Seeking to reach those most in need: leaving no-one behind:*** The impartial provision of assistance that is based on people's needs is a core principle of humanitarian action. It is also a core obligation of WHO as a member of the Inter-Agency Standing Committee. The Advisory Group acknowledges that a fundamental pre-requisite for WHO to be able to assist Member States whose people are at risk because of outbreaks and emergencies is WHO being able to reach all people whose health is at risk, wherever they live and whoever they are. The Advisory Group notes that this may be impeded for a range of reasons including lack of infrastructure, climatic conditions, or conflict. The WHO Global Policy Group should encourage WHO's Country Representatives, the Programme on Outbreaks and Emergencies and the Operational Platform to prioritize services to people who are in greatest need of assistance (even if they are hard to reach) and support Country Representatives and Incident Managers as they negotiate this with all concerned parties. The Advisory Group also notes that in many such instances, WHO will act as part of a larger UN Humanitarian Country Team and will coordinate such negotiations with those partners. WHO's Global Policy Group should encourage governments of countries whose people are at risk always to do whatever they can to facilitate the movement of health experts and relief items to where people are most at risk. This is not always the case: for example, a significant number of countries have not accepted the obligation to ensure rapid processing of applications for entry visas that are made on behalf of WHO officials.<sup>6</sup>

#### **WHO's relationships with other actors for health**

58. ***Leadership earned through predictability, dependability, capability and consistency:*** The Advisory Group considers it important for WHO to provide leadership on outbreaks and emergencies, while recognizing that it is operating as one actor among many – each of whom have their own responsibilities and expertise in other aspects of outbreaks and emergencies, including nutrition, water and sanitation, and logistics. WHO will be valued as the lead entity for health if it makes genuine investments in its relationships with other actors for health, always with an emphasis on predictability, dependability, capability and consistency.

59. ***Strong, consistent and visible in the Global Health Cluster and fuller engagement with other clusters:*** The Advisory Group notes that in its work to lead and support other actors for health, WHO should operate within the existing humanitarian architecture – the Inter-Agency Standing Committee, including the Global Health Cluster. The Global Health Cluster is an important interface mechanism, because it avoids duplication of effort, allows partners to contribute their respective expertise and strengths, and brings together the UN system and non-governmental organizations. The Advisory Group recommends that WHO reaffirm its commitment to strong, consistent and visible leadership of the Health Cluster, particularly at country level, and consistently maintains high-level engagement with the Inter-Agency Standing Committee. The Advisory Group proposes that WHO consistently seeks fuller engagement with other humanitarian Clusters whose activities contribute to people's health and well-being (e.g. water and sanitation, food, nutrition and protection). WHO should ensure that its Cluster activities are treated as part of its core mandate and have predictable funding. WHO should also establish partnership agreements with humanitarian and other partners to put in place a framework for cooperation and clarify the respective roles

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<sup>6</sup> [https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg\\_no=III-2-7c&chapter=3&lang=en](https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=III-2-7c&chapter=3&lang=en) (containing a list of the 56 countries that have undertaken to apply the Convention on the Privileges and Immunities of the Specialized Agencies to WHO).

and responsibilities of the partners. The extent and quality of these engagements will be important indicators of the change in WHO's approach to outbreaks and emergencies.

60. ***Encouraging longer term investments to increase capabilities within the Global Outbreak, Alert and Response Network:*** The Advisory Group considers that the Global Outbreak Alert and Response Network (GOARN) is another collaboration mechanism that needs to be strengthened. The Advisory Group was informed that the Network has faced challenges when trying to intensify deployments in order to meet WHO's needs for scaled-up responses to outbreaks. It has not proved easy to find the right people who are ready to deploy rapidly and who have the experience to operate in field conditions. Training GOARN members in response teams and involving them in joint risk assessments will help enhance their readiness to deploy. WHO should encourage long-term investments in to increase integrated national, regional and global capabilities for risk assessment, management, communication and outbreak response in the Global Outbreak Alert and Response Network, as well as preparedness and prevention - especially in relation to risks posed by unfamiliar and potentially dangerous pathogens.

#### **IV. RECOMMENDATIONS FOR IMMEDIATE ACTION**

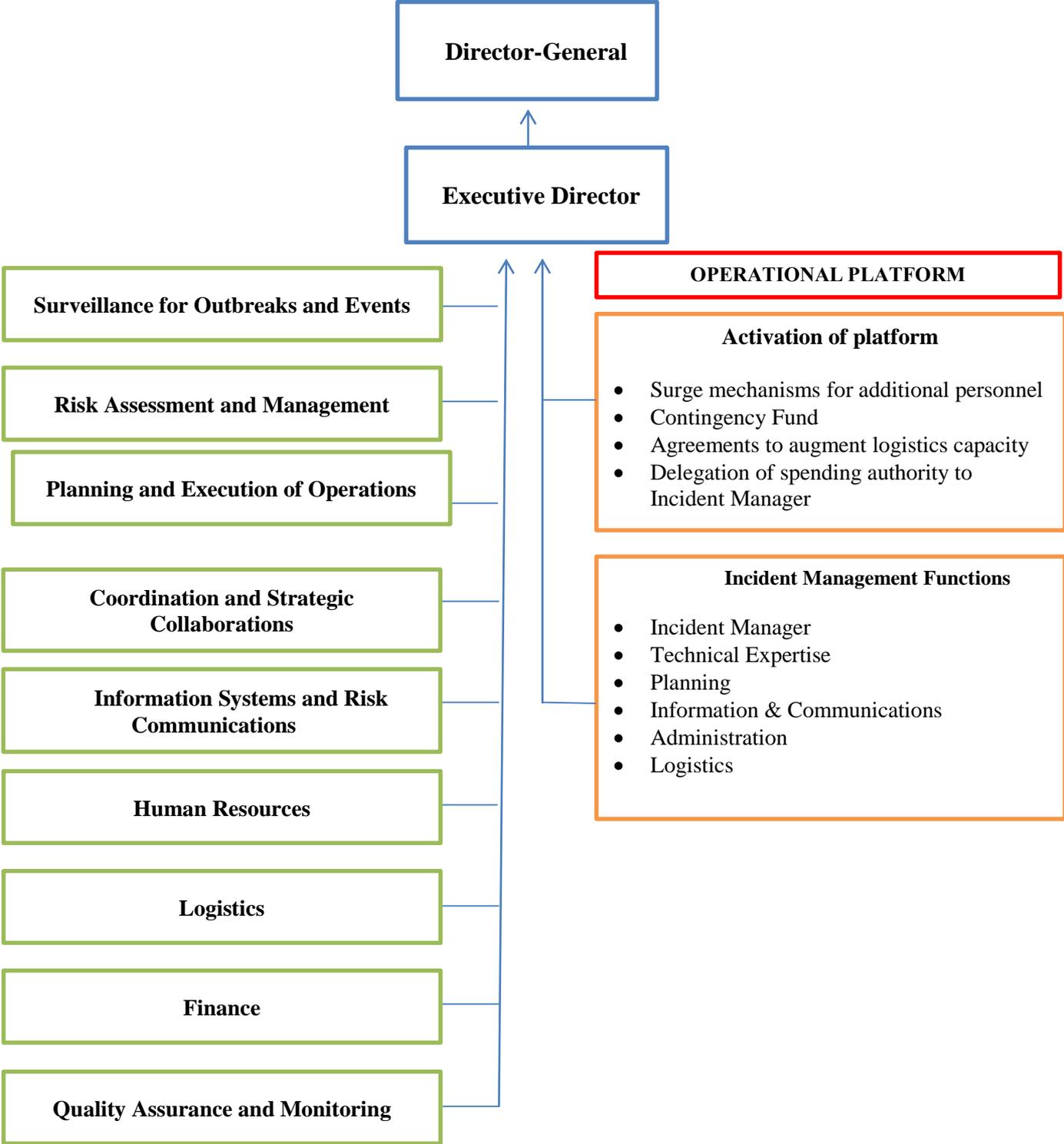
61. The Advisory Group recommends that the Director-General take immediate action to:

- a. Demonstrate a commitment to strong, consistent and visible leadership of the Global Health Cluster, and to more active engagement with the Inter-Agency Standing Committee;
- b. Establish standby partnership agreements with humanitarian and other partners that can be activated under defined circumstances;
- c. Restructure WHO to enable it to lead and support collective efforts in outbreaks and emergencies, with the establishment of the single Programme, its Platform for operation and centralization of the budget and of accountability for its work;
- d. Redesign WHO's human resources management system to establish systems that reflect the needs of the Programme and Platform and implement the changes immediately; and
- e. Transform financial management processes so that the funds required for outbreaks and emergencies can be promptly disbursed to where they are needed and immediately accessed by those who need them.

62. The Advisory Group recommends that the Executive Director be engaged in the redesign of Human Resources and Financial Management Processes.

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**OUTBREAKS AND EMERGENCIES PROGRAMME**



**Advisory Group on Reform of the World Health Organization’s work on Outbreaks and Emergencies with Health and Humanitarian Consequences: July – December 2015**

**List of Members**

	Name	Title and Affiliation
1	Amir ABDULLA	Deputy Executive Director, United Nations World Food Programme (WFP), New York, USA
2	Walid AMMAR	Director-General of Health, Deputy Minister for Health, Lebanon
3	Valerie AMOS	Director of the School of Oriental and African Studies, University of London, UK
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7	Yves DACCORD	Director-General, International Committee of the Red Cross (ICRC), Geneva, Switzerland
8	Vinod Kumar DUGGAL	(Former) Governor of the States of Manipur and Mizoram, India
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11	Michael L. GERBER	Chief, Emergency Response and Recovery Branch, Centers for Disease Control and Prevention, Atlanta, USA
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13	Stephen KARAU	Ambassador, Permanent Representative of Kenya to the International Organizations in Geneva, Switzerland
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15	Poh Lian LIM	Senior Consultant, Ministry of Health, Singapore
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17	Mary PACK	Vice President, International Medical Corps, Washington, USA
18	Claus Haugaard SORENSEN	Senior Advisor on Resilience, Humanitarian Aid and Crisis Response, European Commission, Brussels, Belgium
19	Denise WERKER	Deputy Chief Medical Officer, Government of Saskatchewan, Canada

## **Advisory Group's Meetings to date and planned**

- 1. Teleconference, 28 July 2015**
- 2. Teleconference, 26 August 2015**
- 3. Teleconference, 22 September 2015**
- 4. First in-person Meeting in Geneva, Switzerland, 26-27 October 2015**
- 5. Teleconference, 4 November 2015**
- 6. *Planned* 27 November 2015 by teleconference**
- 7. *Planned* 10 December 2015 by teleconference**
- 8. *Planned* 22 December 2015 by teleconference**
- 9. *Planned* Second in-person Meeting: 7-8 January 2016**