Note for the record
Meeting of the “Friends of the Resolution”
Chaired by South Africa and the United States of America
9 September 2015

Background

Further to resolution EBSS3.R1, adopted by the Executive Board when it convened in Special Session on 25 January 2015 and to the decision adopted by the Health Assembly on 26 May 2015, WHO is undertaking a considered and thorough review and reform of its capacities in emergency risk management and response to emergencies with health consequences. This reform is guided by the Director-General’s Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences and the Report of the Ebola Interim Assessment Panel, requested in EBSS3.R1 and released on 7 July 2015.

The purpose of the Friends Group is to provide the Secretariat with a mechanism to consult informally with all interested Member States as the reform of WHO’s work in outbreaks and emergencies progresses.

Summary of Discussion

The discussion was structured around two overarching areas: (1) an update on the work of the Director-General’s Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences; and (2) an update on the work of the Project Team established in WHO to support and coordinate this aspect of reform.

Update on the work of the Director-General’s Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences

Dr David Nabarro, the UN Secretary General’s Special Envoy for Ebola and Chair of the Advisory Group, provided the meeting with background on the formation and timeline of the Advisory Group, and an update of the Group’s work, reflecting the advice the Group has given to the Director-General and her management team.

Dr Nabarro noted that the Group was established in July, following the released of the Report of the Ebola Interim Assessment Panel. The Group has 19 high-level experts representing governments, NGOs and other response partners, with expertise across the spectrum of outbreaks and humanitarian action. It is a time-limited, and will work through end 2015. All materials from the Advisory Group are available on the WHO website at: http://www.who.int/about/who_reform/emergency-capacities/advisory-group/en/

Dr Nabarro indicated that, as per Member State mandate from the EBSS and the WHA, the expected outcome of the reform process is that WHO is fit-for-purpose when called on to engage in the context of emergencies. He noted that in his view and that of the Advisory Group, WHO’s role at global level is irreplaceable, but that it is not performing as needed under the status quo.

Several Member States asked questions, including on the scope of the proposed WHO platform for its work in outbreaks and emergencies with health and humanitarian consequences, what role the Advisory Board believes that partnerships should play in WHO, how best to enhance the linkages between WHO and the UN Secretary-General’s Office, progress on establishing and the role of the global health emergency workforce and the possible structure of a potential independent advisory board as recommended in the Stocking Report.

1 EBSS3.R1 Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO’s capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences. Available at http://apps.who.int/ebwha/pdf_files/EBSS3-REC1/EBSS3_REC1.pdf#page=12
In response, Dr Nabarro explained that the Advisory Group feels that WHO’s emergency capacity should exist and always be ready to operationalize, rather than requiring adaptation of non-emergency procedures. This will require an operational platform, working across all three levels of the Organization, designed to be the means through which WHO become operational at short notice to address any hazard in a way that is predictable, dependable, capable, adaptable and accountable. The Group recognizes that WHO has multiple functions, from normative to technical. This platform will be designed to expand the Organization’s capacities to include operations, enabling WHO to provide discreet, and defined services to countries and their people.

He went on to express that the Advisory Group considers partnerships to be a vital part of WHO’s emergency capacities. WHO is one part of a much larger humanitarian and emergency response system and strengthening and expanding partnerships is essential to this reform. Dr Nabarro emphasized the importance of the global health emergency workforce in the operations platform that WHO is developing. He noted that the Secretary-General’s High-Level Panel on Global Response to Health Crises was very interested in WHO’s reform of its emergency capacities and assured the room that the High-Level Panel wants to build a strong bridge between WHO and entities in the UN Secretariat, to make it easier for WHO to activate capacities under UN Secretary-General control to help WHO achieve its objectives.

Dr Nabarro indicated that matter of an independent board is one that the Director-General will consider with the Executive Board in January, as it includes questions of Organizational governance. He noted that this matter is linked to the discussions on accountability that the Group will have in its October meeting. Member States expressed some scepticism around the establishment of an independent oversight board outside of the governing bodies and noted there were a number of models including within WHO that stop short of creating a new governance structure to provide independent outside oversight and pressure for needed change.

Member States expressed support for the work of the Advisory Group and encouraged the Group to continue to consider questions of the scope of the platform, including Member State capacity building as part of WHO’s work in emergency risk management, WHO’s interoperability with the IASC mechanisms including the Global Health Cluster and the structural and systems work that will need to be included to ensure platform functionality and stressed that WHO is the right venue for this type of capacity – there is no appetite for creating a new organization.

Dr Nabarro agreed that the Advisory Group would continue to consider these areas, thanked Member States for their support and encouraged patience with the pace of the reform. This is a critical time in global emergency response and in particular for WHO, and it is essential that the process lands the Organization and the outbreak and emergency response community in the right place, so time and careful attention are required. Dr Nabarro also committed to provide further updates and opportunities for dialogue with Member States through the Friends group process.

**Update on the work of the Project Team**

**Implementation Roadmap**

Dr Daniel Kertesz, Project Team Lead, presented an implementation work plan for the Team through the end of 2015. He noted that the plan is structured around a results-based framework of outcomes, outputs and deliverables, to ensure that WHO maintains appropriate levels of organizational readiness, supports country-level capacity building and preparedness, deploys efficiently and effectively to respond to outbreaks and emergencies at national and subnational levels, and engages effectively with partners and stakeholders throughout.

The plan is based on the areas of reform articulated by the Director-General, and addresses the relevant elements of EBSS3.R1 and WHA68(10). The plan covers:

1. A unified WHO Platform⁴ for outbreaks and emergencies

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⁴ The term “Platform” is intended to reflect the request of the Ebola Interim Assessment Panel’s that a “centre” be established. Platform is carefully chosen to reflect the need for operational capacity and so as not to be confused with other “programmes” that exist throughout WHO.
2. A global health emergency workforce
3. Priority IHR core capacities developed at country-level as an integral part of resilient health systems
5. A framework for R&D preparedness and for enabling R&D during outbreaks or emergencies.
6. Adequate international financing for pandemics and other health emergencies, including the WHO Contingency Fund for Emergencies.

Dr. Kertesz stated that areas of work 1, 2 and 6 are those that the Project Team is most directly involved in and that work in those areas is progressing. He emphasized, as stated by Dr. Nabarro, that the first output (the platform) is the mechanism through which WHO will be operational, and it will include an emergency response framework that defines WHO’s policies and procedures, accountabilities and incident command structures across the whole of the organization. Dr. Kertesz noted that work streams are being developed to implement each of the outputs, lead by WHO’s technical experts. He highlighted the fact that the reform of WHO’s work in outbreaks and emergencies is one of four streams of reform the Organization is undertaking.

*Revised management processes and tools*

Ms. Jen Linkins, who is leading the work stream dedicated to reviewing, revising and improving the systems and tools that underpin WHO’s core services in outbreak and emergencies, presented the current thinking on this area. Core services include the following areas: administration, finance, procurement, supplies, stockpile management, human resources, surge and roster management, logistics, information and communication technologies (ICT), staff security, safety and welfare.

Ms. Linkins indicated that the reform of WHO’s outbreak and emergency systems will be defined by the platform’s mandate, governance, scope and structure. The process of revising and improving systems will include evaluating existing systems, particularly at the field level, implementing end-to-end fit-for-purpose systems in a phased manner and improving systems to store and share policies and procedures. Additionally, standard operating procedures will be established or evaluated, consolidated and standardized for the following areas of work:

- planning and budgeting
- human resource management and recruitment
- financial resource management (including the WHO Contingency Fund for Emergencies)
- resource mobilization
- compliance, including creation of support teams
- logistics: procurement processes, asset and inventory management, fleet management, office space, accommodation, ICT
- security, safety and welfare of staff and deployees

Ms. Linkins noted that the core services support the global health emergency workforce, which includes the organization and deployment of workforce members, interoperability and cooperation between WHO and other partners, tools needed by the workforce to fulfill their role in emergencies and be fully functional and training and change management.

By December, Ms. Linkins plans to have identified and have in place the top 10 priorities, with agreed benchmarks, agency-to-agency agreements and compliance/accountability measures. In this regard, her team is reaching out to WHO’s response partners to get clear pictures of what are the best practices and how those might be adapted to WHO’s needs.

Dr. Ian Smith, Executive Director of the Director-General’s Office, indicated that the internal audit of WHO’s work on the Ebola response has helped identify recommendations for improving business processes in support of the Organization’s work in outbreaks and emergencies. He further noted that areas of work 3, 4 and 5 are an integral part of the reform process, are reflected in the Project Team’s work plan and are being advanced by the appropriate WHO networks. He further indicated that financing is a key issue, and that WHO is not only looking at the Contingency Fund in that work stream but also at
how to ensure sustainable financing for the Organizations work in outbreaks and emergencies, including the preparedness agenda that is mostly covered under category five of the programme budget.

Member States noted that timelines for when we might expect outcomes would be useful. It was further noted that WHO’s response to the Report of the Interim Ebola Assessment Panel did not include a costed plan for development of core capacities, though the Report itself recommends one and WHO has committed in the past to provide such a plan to Member States.

In response, Dr Smith explained that costing WHO’s work in outbreaks and emergencies is a multi-faceted exercise, with the IHR Review Committee looking at the issue of core capacities, budgets for research and development being considered through WHO’s networks and the WHO Secretariat looking at issues of WHO’s own platform costs.

In closing he noted that there is a website dedicated to this reform process and the Advisory Group, and a periodic newsletter, distributed both via the website and via WHO’s standard email list serves as requested at the last Friends meeting.

Next steps
Participants suggested that it would be useful for Member States if Secretariat could do the following:

• Arrange for Regional Office participation in the coming meetings of the Friends.
• Confirm themes for coming meetings, including the research and development blueprint.
• Post the presentations from the meeting, as well as a note for the record.

It was agreed that the next meeting of the Friends will take place on 2 October 2015, with a subsequent meeting planned for 27 November. The Chair and WHO Secretariat will look at possible December dates, and propose them at the October meeting.