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 South-East Asia Regional Office by Teleconference
1230-1315 (CEST), 1 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. The Chair added that the Advisory Group is working to find ways to implement the six main pillars/outputs identified by the Director-General and that underpin the reform process. In particular, the focus is on establishing an operational “platform” that will not be an organizational programme. The Advisory Group is providing guidance to help make WHO more predictable in terms of what it offers, much more dependable when that offers is received by MSs, capable in terms of providing a response that is the best in the world, and accountable in that it offers measures to assess performance against a benchmark. Finally, he described the Advisory Group’s role in supporting DGO, including the internal Project Management Team, led by Daniel Kertesz.

1. Needs of national governments and partners from WHO in outbreaks and emergencies

WHO should have an emergency programme that delivers support to Ministries of Health and health partners in the areas of outbreaks and emergencies. Before the crisis starts WHO has to alert Ministries of Health/governments to the highest level of preparedness and response. WHO has to maintain contacts at the highest level. Countries need information from other countries, and expect WHO to bring the right information. There is currently a significant need of operational support which is required to deliver/act on protocols and guidelines in infection prevention and control.

2. Expectations of WHO from national Authorities and partners within countries

Expectations are changing depending on the context. During the Tsunami, SEARO was asked for many things and now with the Nepal quake, when there was lots of preparedness, SEARO had a lot of input requested and provided for continuation of primary health care services. It is important to engage before, during and after the emergency. Expectations are also changing because governments have learned. The Ministry of Health in Indonesia has two C130 planes packed with supplies and ready to respond. SEARO has learned from partners; NGOs know what the Health Cluster is and what to demand from WHO as the HC coordinator. At the end of the day no amount of preparedness will be worth it if the response fails and if communication
lacks during the response. In several countries internal technical capacities have increased but some countries still expect WHO to bring added value.

3. Challenges that WHO personnel face with responding to the needs and expectations

WHO’s primary partners in countries are Ministries of Health but global partners are the Health Cluster members. It is important to explain to the Ministries of Health when the Cluster is activated and WHO needs to prepare Ministries of Health for a possible cluster activation before it happens. There are challenges related to management and chains of command; who takes the control, how soon, who should be consulted, how long should WHO wait? Sometimes there are situations where the operation is waiting for the decision and WHO can’t take action in the field. Middle management role needs to be clarified. Communication capacity is another challenge. WHO needs to ensure external and internal communications capacity. Sometimes Standard Operating Procedures pose challenges. There are also challenges related to staff and contracts as well as ensuring right capacities especially in the country offices because that is where the response starts. Country Offices need complete technical capacities required to respond to emergencies as well as financial resources and the authority to use them.

The South-East Asia Region has small and large countries and from the Regional Office we relate in different ways. Countries expect different kind of support depending on their capacity and the context. Often the proof of what WHO does is in how it is perceived by its clients and how people comment on WHO’s quality, comprehensiveness and speed in its response.

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

It is important that all levels of the Organization work together to benefit from strengths at different levels; it is one WHO and all need to work together. The issue is how to operationalize these strengths during times of crisis to be effective and not to lose credibility. There is a need to look at how other UN agencies are doing it. The platform can eventually improve WHO with staffing. UNICEF went through the same process 10 years ago. We need defined type of staff in emergency countries but more importantly this is about WHO becoming an emergency organization and being able to respond to emergencies. WHO can’t deliver without operational support. That is why the platform concept needs to be developed. It should deal with the whole response cycle and with a whole variety of requests. Its operations capacity is vital. The platform needs to have strong response capacity and ability to scale-up because you never know what you are going to need and it is easier to shrink a response than fill out. There are management challenges such as decision making authority, need of right technical people, financial resources need to be available and managers need to have the authority to allocate money when required. Country Offices need to have more capacity built in. The differences in sizes/characteristics between countries has implications in terms of the emergency response and preparedness.
Participants

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