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. General Comments

WPRO has experienced many different emergencies and gained extensive experience in emergency work. Unified programme is important for outbreaks and humanitarian response. The focus needs to be on generic core functions of WHO, leadership and coordination, intelligence and risk assessment, communication, country support for IHR core capacities and disaster risk management for health, WHO readiness, partnership. IHR core capacity serves as a good foundation for all emergency response and is the most important framework for emergency management. Regarding coordination and partnerships work on partnerships is needed during peacetime and emergencies.
Lessons learned from responses: Emergency Operations Center is crucial and should be activated to coordinate different responses (good experience with MERS, Ebola preparedness, influenza). The West Pacific Ebola Support Team mechanism gives WPRO opportunity to support MSs to work with Sierra Leone.

2. Needs of National Governments and Partners from WHO in Outbreaks and Emergencies and Expectations of what WHO should provide

All countries need WHO involvement with infectious diseases. Developing countries need all possible forms of assistance for outbreak response; including financial resources. In developing country context WHO is expected to provide three supports:
First technical support for Ministry of Health investigation teams during big outbreaks. In this respect the current team is appropriate to respond to “usual” outbreaks but if we face major outbreak it becomes challenging. Second financial support, the Ministry of Health has often limited funding to respond to outbreak. If there is urgent need WHO should be able to provide quick financial support. Third support is coordination; WHO always has to coordinate with other agencies including FAO and WFP.

Developed countries need technical knowledge for risk assessment, intelligence and risk communication support.

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

Regional perspective:

Several issues were identified as challenges. Preparedness; investing in health security and emergency work during peace time is challenging as many countries don’t have resources. Human and financial resources; possibly most essential focus of the reform is to ensure WHO is ready to deliver a professional response. WHO knows what must be done but limited HR, financial and technical resources such as capacity to deploy rapid and surge teams, business models, mechanism with external work force, stockpiles and upgrading country capacity results in WHO moving slowly. There is a huge mismatch in expectations between high level of demands and low resources/overstretched staff. WHO’s operational capacity in logistics and administration is low. It is important to put the country at the centre of the response. WHO must provide good country support for IHR and disaster risk management for health.

There is a lack of a global information system and need to strengthen and enhance global intelligence and risk assessment system. Global network is needed for real-time 24-hour a day intelligence surveillance system. This could be done through EOC in all regional offices but it needs to picture information much better under leadership of HQ and supported by ROs. Building broader coordination and partnerships is important.

Country Offices

WHO Country Office staffing: current staff numbers can handle usual outbreak but big outbreak stretches us. We require WPRO support. Emergency training is needed for staff from other WHO units. In terms of partnership if big outbreak occurs stronger partnerships is needed. Humanitarian Response Forum includes humanitarian partners/cluster. Leadership and challenges of the Humanitarian Coordinator. We have made some progress but more work needs to be done. Emergency Response Framework revision will be essential. Investment is needed in training and sensibilization of WRs (including in humanitarian affairs), particularly in high risk countries. ERF and health emergency leaders must work more closely with WRs. Operational platform: very important to consider the structure we are going to use and consider the overall disaster risk management and all-hazards approach.
Pacific countries perspective:

Pacific countries have many challenges and gaps in IHR core capacity. This is a high priority in local office. Basic IHR core capacities are needed in Pacific and small island states. Countries require investment due to limited resources. There is a number of other health priorities (such as NCDs) meaning that we do not prioritize health security in peace time. High-level advocacy is therefore needed. Coordination and leadership of HQ and RO should be strengthened for efficiency reasons.

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

A unified programme is important for disease and humanitarian responses. As part of WPRO reform agenda a new division for health emergencies was established five years ago. 5 years of experience tells us it works much better than before but moving forward we have to take into account lessons learned. We should focus on generic core functions of WHO; leadership and coordination, intelligence and risk assessment, communication, country support for IHR core capacities and disaster risk management for health, WHO readiness and partnership. How we can engage Member States to buy into our new platform. Without their buy-in and investment it will be challenging to operationalize.

Participants

David Nabarro, Chair of the Advisory Group
Daniel Kertesz, Lead of the Project Management Team
Ailan Li, Director of Health Security and Emergencies, WPRO
Reiko Tsuyuoka, Cambodia/WPRO
Nevio Zagaria, Manila/WPRO
CK Lee, China/WPRO
Liu Yunguo, WR South Pacific/DPS
Eric Nilles as observer, Fiji