WHO announces major reform

World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus announced a major reform of WHO’s structure and operating model on 6 March. The main aim of the reform is to align headquarters, regional offices and country offices’ efforts to achieve WHO’s “triple billion” targets set out in the 13th General Programme of Work 2019-2023.

Changes include the creation of a new Division of the Chief Scientist and improved career opportunities for WHO scientists.

A new Department of Digital Health will support countries in their efforts to harness the power of digital health and innovation, supporting efforts to assess, integrate, and regulate digital technologies and artificial intelligence.

A new WHO Academy will be a complement to WHO’s existing work on emergency response.

A corporate approach to resource mobilization will be reinforced, aligned with strategic objectives and driving new fundraising initiatives to diversify WHO’s funding base, reduce its reliance on a small number of large donors and strengthen its long-term financial stability.

“Our vision remains the same as it was when we were founded in 1948: the highest attainable standard of health for all people. But the world has changed, which is why we have articulated a new mission statement for what the world needs us to do now: to promote health, keep the world safe and serve the vulnerable,” the Director-General said.

The Director-General also announced the appointment of Dr Zsuzsanna Jakab as WHO Deputy Director-General.

WHO reaffirms commitment to Ebola response

WHO Director-General Tedros Adhanom Ghebreyesus travelled to the Democratic Republic of the Congo in March to see first-hand the efforts being made by WHO teams and partners to contain the Ebola outbreak in the north-east of the country.

The visit came in the wake of two attacks on Médecins Sans Frontières-run Ebola treatment centres, which took place on 24 and 27 February in the towns of Katwa and Butembo.

“We are committed to ending the outbreak, and we are committed to improving the health of the people of the Democratic Republic of the Congo,” Dr Tedros said during a 9 March visit to the Butembo Ebola treatment centre.

The attacks occurred in areas with ongoing transmission of Ebola in the community and could set back efforts to contain transmission. The violence and disruption to the treatment centres also make it difficult for Ebola responders to carry out their work.

WHO is working closely with its partners to determine appropriate action to ensure the overall Ebola response is maintained. On 26 February Dr Tedros called on donors to ensure that the response to the Ebola outbreak had the funding needed to fully implement the Strategic Response Plan interventions, which cover a 6-month period and have a budget of US$ 148 million. As of 5 March, only US$ 30 million had been received.


New global influenza strategy

Last month WHO released a Global influenza strategy for 2019-2030 aimed at protecting people in all countries from the threat of influenza. The goal is to prevent seasonal influenza, control the spread of influenza from animals to humans, and prepare for the next influenza pandemic.

Released on 11 March, the strategy encourages countries to build tailored influenza programmes that contribute to national and global preparedness and calls for increased capacity for disease surveillance and response, prevention and control. It also calls for better tools to prevent, detect, control and treat influenza, such as more effective vaccines and antivirals.

Influenza remains one of the world’s greatest public health challenges. Every year across the globe, there are an estimated 1 billion cases, of which 3 to 5 million are severe cases, resulting in 290 000 to 650 000 influenza-related respiratory deaths. WHO recommends annual influenza vaccination as the most effective way to prevent influenza. Vaccination is especially important for people at higher risk of serious complications and for health care workers.
following a recommendation by the In-
ternational Health Regulations Emer-
gency Committee. The committee made the rec-
ommendation on 1 March, citing the
increasing number of people infected
with wild poliovirus in Afghanistan and
Pakistan (the only two countries where
wild poliovirus transmission continues)
as a matter of concern.

The committee also expressed con-
cern regarding vaccine-derived polio
outbreaks. Eight countries in four WHO
Regions are currently responding to
outbreaks of vaccine-derived polio, the
highest number in recent years.

The committee reported that the
number of countries in which immu-
nization systems have been weakened
or disrupted by conflict and complex
emergencies poses a growing risk.
Surveillance gaps were also cited as
matters of concern, as was popula-
tion movement. A regional approach
supported by strong cross-border
cooperation is required to respond to
these risks.

**Boost for emergency fund**

Japan provided US$ 22 million to
WHO’s Contingency Fund for Emergen-
cies (CFE), the single largest contribu-
tion to the fund since its founding in
2015.

Contributions to the CFE are not
earmarked for specific initiatives, giv-
ing WHO the flexibility required to act
quickly in response to disease outbreaks,
natural disasters and humanitarian
emergencies. A quick response not only
saves lives and helps prevent unness-
cessary suffering, it also dramatically re-
duces the costs of controlling outbreaks
and emergencies and reduces wider
social and economic impacts.

In 2018 the CFE was the source of
US$ 37.5 million used to respond to
28 health emergencies, with most al-
llocations released within 24 hours. For
example, CFE support helped WHO
immediately send teams to respond to
two Ebola outbreaks in the Democratic
Republic of the Congo; assist govern-
ment efforts to stop a Lassa fever out-
break in Nigeria; and provide support
for the earthquake response in Papua
New Guinea.

Ensuring the fund’s sustainabil-
ity strengthens global health security.
WHO is working with Member States to
reach the CFE’s target of US$ 100 million
over the 2018-2019 biennium.

**WHO launches hearing app**

WHO launched "hearWHO" 1 March, a
free software application (app) for mo-
 bile devices targeted at those who are at
risk of hearing loss or who already expe-
rience related symptoms. Most acquired
hearing loss is caused by occupational
exposure to loud noise, meningitis,
otootoxic medications, infections, and
age-related cochlear degeneration.

Users of the app are asked to listen
to recordings of numbers which have
been recorded against varying levels
of background sound, simulating listening
conditions in everyday life. They then
enter the numbers into their mobile
devices when prompted.

The app displays the users’ score
and its meaning and stores the outcome
of the test so that the user can monitor
hearing status over time. The app can
be used by individuals as well as health
providers with a view to facilitating
hearing screening especially in low-
resources settings.

Early detection of hearing loss is
crucial to identifying the most appro-
priate responses. These include prevention
measures such as loud noise avoidance,
supportive interventions, including caption-
ing and sign language, and assistive
interventions such as hearing aids and
cochlear implants.

**Looking ahead**

9 – 10 April – WHO European
High-level Conference on
Noncommunicable Diseases
Ashgabat, Turkmenistan

28 Apr – 1 May – 26th European
Congress on Obesity 2019,
Glasgow, Scotland

20 – 28 May – World Health
Assembly, Geneva, Switzerland

3 – 6 June – Women Deliver 2019
Global Conference, Vancouver,
Canada

11 – 13 June – High-level meeting
on health equity, Ljubljana, Slovenia

https://www.who.int/about/
planning-financial-and-accountability/
financing-campaign/japan-strengthens-
global-health-security