WHO’s Three-Years Project to Strengthen Organizational Capacities for

HEALTH ACTION IN CRISSES

Project Cost: 9.0 million USD per annum
Project Period: March 2004- March 2007

PROJECT SUMMARY

WHO aims to improve the management of public health issues in communities at risk of, and affected by, crises. This means helping all working for the health of these communities—at local and national levels—to better prepare for crises, do what they can to prevent crises' adverse consequences, and promote speedy recovery. WHO has developed a new strategy for Health Action in Crises (HAC) and a three-year project designed to make the whole Organization more reliable and effective in supporting health stakeholders in crises. The emphasis is on better preparation and response at the country level so that suffering and death are minimized and systems are protected and repaired, thus opening the way to sustainable, healthier livelihoods for all.

WHO Country Offices are on the frontline when a crisis occurs. To contribute to the overall strategy, this proposal is to plan for and strengthen the core capacity at regional, sub-regional, and headquarters levels required to support Country Offices in implementing the Organization’s key operational roles in crises.¹

This will be achieved through the adoption of a three-pronged approach:

1. Strengthening HAC operational presence in Regional and sub-Regional Offices to a critical mass to guarantee the quality and continuity of WHO’s operational roles in countries in crisis. Several crisis-affected countries will receive special attention to demonstrate success stories at the country level. The core capacity is backed by time-limited health crisis response teams (constituting a surge capacity) mobilised from Headquarters, Regional and sub-Regional Offices' technical departments.

2. Strengthening institutional knowledge and competencies within WHO, and between WHO and other humanitarian partners, through specific capacity-building measures, so that core and surge capacities are best equipped to meet their responsibilities.

¹ See Health Action in Crises: Strategic Priorities for the World Health Organization (version 6.4).
3. Maintaining WHO emergency response funds to initiate emergency programmes at the country level.

Part of the core capacity is currently funded through regular budget and indirectly through extra-budgetary funds mobilised for country emergency programmes. Efforts are made to increase regular budget allocation to Health Action in Crises, but in order to reach sustained minimal operational capacity, HAC seeks predictable extra-budgetary core funding through this proposal. By strengthening these basic functions across WHO, the Organization will be able to make more effective and efficient use of regular and extra-budgetary funds to respond to specific crises at the country level.
**PROBLEM STATEMENT**

In 2002, WHO senior management decided that they needed to increase the Organization’s capacity for helping at-risk countries prepare for, and respond to, humanitarian crises. To improve performance at the country level, a strong and consistent organisational support structure was required at sub-regional, regional, and headquarters levels. The UK Department of International Development (DFID) agreed to finance the first year of this initiative with an emphasis on helping WHO increase its capacity to coordinate public health action. At the end of the year, a joint evaluation was carried out to help identify changes necessary for the initiative to succeed. Results were generally positive. Public health stakeholders working in high-risk situations, especially in Africa, insisted on the important role to be played by WHO during crises. They requested a more experienced and predictable WHO field presence that would support concerted and effective action by other stakeholders. Even within the (relatively) short one-year grant period, the initiative made promising progress, which was reflected by positive changes within WHO.

Both DFID and WHO agreed that a **three-year planning** period provides a more realistic timeframe within which to build on achievements, address constraints and secure sustained and consistent improvements in the WHO support for effective health action before, during and after crises. Whereas DFID intends to continue supporting this programme, there is a need to broaden the donor base. This will establish a platform for constructive and critical dialogue on WHO’s ambitions and expectations from partners, and from a realistic assessment of WHO field performance. A broader base of external contributors will be established to help secure more sustained resources.

**PROJECT CONTEXT**

Today, some 40 to 50 countries can be defined as in crisis, as their systems cannot guarantee the secure livelihood of the population. There are approximately 165 man-made crises at different levels (local, national and regional), including 52 wars and violent crises. The number of Internally Displaced Persons (IDPs) has reached 25 million (Global IDP, August 2003), and there are 10 million refugees (UNHCR, August 2003). Furthermore, there is a marked increase in natural disasters, with more people affected (an estimated 608 million). Weather-related disasters are on the rise, with an annual average of 200 for 1993-97, and 331 for 1998-2002.

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Crisis affects billions of people. As many as two billion people face threats to health because they are at risk of being exposed to crisis conditions. They experience high rates of suffering and death, principally as a result of common illnesses made more dangerous by crisis conditions. Vulnerable groups experience excessive suffering and their death rates are unnecessarily high. **It will be hard to ensure equitable development and to realise the Millennium Development Goals if the health aspects of crises do not receive their share of attention.**

Strong WHO field presence at times of emergencies brings into play the technical and institutional knowledge that the Organization accumulates during its collaboration with affected countries (especially from times before the crisis) and from its global network of public health experts. Within WHO, the Department of Health Action in Crises acts as a portal. It is a conduit that:

- Brings country realities to the attention of technical departments;
- Ensures that those working in crisis settings are informed about key technical issues;
- Mobilises the expertise of the Organization in support of countries in crisis.

WHO’s added value materialises in the form of technical advice and sectoral coordination that helps local, national and international health stakeholders work together to respond best to health challenges. Partnering organizations/entities expect this role of WHO. The Organization's goal in a crisis is to ensure that all people, especially those most at risk, are able to access the basic needs that they require to sustain good health. The Organization's main emphasis is on supporting well-informed, effective and coordinated action for health by the range of stakeholders concerned—primarily at the local level, within affected communities, within national government and voluntary bodies (such as the Red Cross or Red Crescent Societies), but also among the international community (including different parts of the UN System, development banks, international NGOs and donor agencies).

**AGENCY BACKGROUND**

WHO is mandated to ensure that evidence-based standards for best practice in international health are known and applied throughout Member States and the UN System. Article 2 of WHO’s constitution specifies the Organization's mandate to assist governments and special groups in emergency situations. Resolutions 46.6 and 48.2 of the World Health Assembly define the scope of the Organization's work in terms of humanitarian action, emergency preparedness, national capacity-building, and advocacy for humanitarian principles.

WHO has permanent presence in many countries, all of which face a wide range of situations, but all—by definition—feature systems that can be strengthened and vulnerabilities that need to be reduced. As stated above, it is our current estimation that in 40 to 50 of these countries, the state of vital systems and the degree of overall vulnerability are such that the term "crisis" can be applied.
WHO Member States have requested that the Organization pay increased attention to the health aspects of crises and contribute to better crisis preparedness and more rapid response, especially within countries. WHO has responded with the rapid development of an Organization-wide strategy for better Health Action in Crises, capacity-building within HAC coordination units in Regional Offices and Headquarters, and the full engagement of technical and general management departments in supporting HAC work throughout the Organization. Funding partners want WHO to provide direction and demonstrate leadership.

When Dr J.W. LEE assumed his role as Director-General, he appointed a Representative for Health Action in Crises and brought HAC (previously called the Department of Emergency and Humanitarian Action) into the Director-General’s office. The new Administration (post-21 July 2003) encourages greater involvement of the whole Organization in crisis-related work.

WHO recognizes that whenever public health is threatened by exceptional circumstances, exceptional action needs to be taken to ensure continued delivery of health services, save lives and reduce human suffering. Human survival and health are the cross-cutting objectives and the measures of success of all humanitarian endeavours. Therefore, WHO’s goal is "to reduce avoidable loss of life, burden of disease and disability in emergencies and post-crisis transitions". This is to be achieved by ensuring the presence and operational capacity in the field that alone can provide the service required by partners: strong coordinated public health management for optimal immediate impact, collective learning and health sector accountability.

HAC GLOBAL STRATEGIC PRIORITIES

The new HAC global strategy will enable all stakeholders to better address the health dimensions of crises for the benefit of the affected communities. It will be executed in a way that supports national institutions, within the overall response by the international community. This calls for a stronger and better prepared WHO capacity in countries. In acute phases, it will benefit from additional surge capacity—through the time-limited deployment of health crisis response and recovery teams from Regional Offices and Headquarters.

WHO has an operational role before, during and after crises to ensure adequate local-level capacity for specific functions. WHO should guarantee that, within a crisis-prone/affected location, there is the capacity to implement best practices for the health aspects of crises, as follows:

1. Assess situations before and during crises, to analyse assessments and anticipate future events, to develop strategies, to implement and then review appropriate action in relation to health aspects of crises.

   (a) Obtain data, usually through others, on risks faced by and health needs of people in communities prone to, and affected by, crisis—with a focus on trends, vulnerabilities and inequities;

   (b) Analyse data, develop scenarios and disseminate them via Web sites, coordination centres and Humanitarian Information Centres;
(c) Analyse critical areas of the health system and identify main weaknesses that affect the capacity to address health needs and require immediate remedial action;

(d) Monitor progress in responding to the crisis together with other sectors, and report results at regular intervals.

2. To ensure technical back-up for, and coordination of, effective preparation, mitigation, response and recovery.

(a) Be on the ground early, to engage partners, to access necessary inputs, to help ensure that gaps are filled, to anticipate the possible health consequences of a crisis, to enhance the resilience of health infrastructures and systems, to optimize local and national response to crises, and to be ready to call for and absorb external assistance when needed;

(b) Convene actors and secure agreement on necessary actions;

(c) Coordinate implementation of action and fill gaps as necessary and monitor who does what;

(d) Enable policy people and implementers to access technical advice, systems and wider support as needed;

(e) Have a rapid response and intervention capacity together with other UN agencies working in crisis, using and enhancing local capacity—as part of responding to shattered coping systems.

3. To work effectively with, and strengthen, the systems that influence health and are implemented via local or national institutions.

(a) Convene different stakeholders, encouraging consensus on priorities and best practice, setting standards for health action, implementing life-saving interventions, and contributing to system repair and recovery within central and local government as well as civil society;

(b) Draw on lessons from the past and use this expertise to prepare for, mitigate and improve responses to future crises;

(c) Through working in this way, contribute to the combined efforts of the international humanitarian community, thus earning the right to lead on health sector issues.

The recent study on Good Humanitarian Donorship confirmed the need for donors to have UN agencies like WHO provide services such as those indicated above. While there are other UN agencies working in health (mainly UNICEF and UNFPA), WHO has a specific added value, as it can draw on its institutional health expertise and its relationship with national health systems.
PROJECT APPROACH

The strengthening programme originated from the identification of two major bottlenecks, which came to light during the joint DFID/WHO evaluation (as described on page two). These were:

- Insufficient resources for country, sub-regional and regional preparedness and response, in relation to the scope of work defined by the number of current crises and the potential for future emergencies;
- Limited surge capacity resulting from a lack of readily available financial resources and adequate technical experts from within WHO qualified for emergency response.

The programme made considerable progress, despite some shortfalls, in achieving a stronger presence in the field and in Regional and sub-Regional Offices. However, it was deemed that the time horizon of only one year was insufficient for a sustained improvement in performance. A minimum of three years' planning, coupled with increased delegation of authority to the field, is required to instigate further change and to give staff the continuity, confidence and capacity to effectively undertake the job.

Furthermore, strengthening of offices through additional personnel is only part of the solution and needs to go hand-in-hand with the following actions:

- Development, agreement and adoption—by community groups, governments and international organisations—of desired standards for responding to the health risks faced by people (a) who may be affected by crises, (b) who are affected and suffer as a result, and (c) who are attempting to put their lives together as a crisis resolves.
- Agreement on the pattern, level and quality of support (the "level of service") to be provided by WHO with a view to improving the overall standards of preparing for and responding to the health aspects of crises.
- Building of reliable capacity in WHO to ensure that this service reaches the country level and benefits those most in need in a predictable manner, through:
  - Providing consistent guidance to, and improving the skills and competencies of, identified Focal Points in WHO regional and sub-regional teams;
  - Improving WHO capacity to track, analyse and report on the extent to which the standards are being fulfilled, and to evaluate and learn lessons from specific situations;
  - Ensuring that all technical and administrative groups throughout WHO workconcertedly to guide health professionals and decision-making on how to address the public health aspects of crises.
- Contributing to international partners' capacities for coordinated responses to the health aspects of crises.

4 “Focal Points” refer to WHO staff responsible for the coordination of the area of work entailing the preparation for, and response to, increased health risks associated with crises, regardless of whether the area of work be called Emergency and Humanitarian Action (EHA), Health Action in Crises (HAC), Emergency Preparedness and Disaster Relief (PED), Disaster Preparedness and Response (DPR), etc.
• Continued emphasis on open reporting of progress of the overall effort to improve the health of crisis-affected people, including preparation, linking results achieved to resources used, and communicating this information both to advocate for a stronger response, to encourage coordination and to improve effectiveness.

The new strategy has three specific objectives: strengthening operational presence in Regional and sub-Regional Offices to guarantee the quality and continuity of WHO’s operational roles in countries in crisis, improving institutional knowledge and competencies, and maintaining emergency revolving funds. These objectives are expanded upon below.

**Stronger operational presence in countries through strengthened Regional and sub-Regional Offices**

Improved WHO performance is measured at the country level. Acknowledging that it will be difficult to achieve optimal performance in all crises-affected countries, WHO will give special attention to a number of countries in each region to assess and demonstrate the achievement of the stated objectives.

At the country level, Focal Points, whether they be national or international, are funded through country regular budgets and/or from extra-budgetary funds obtained, for example, through the Consolidated Appeal Process (CAP). As such, this is not part of the core capacity plan.

To achieve minimal core capacity in the Regional Offices, WHO/HAC plans to have two or three international full-time professional staff (Regional Focal Points) per region. In addition and depending on the region, there is a need for several International Sub-Regional Focal Points. The latter would work from sub-regional hubs to allow greater flexibility of operations and the ability to support various Country Offices. These personnel would also be called upon when surge capacity is needed. In acute phases, Country Offices require additional surge capacity. As stated earlier, this will be achieved through the time-limited deployment of health crisis response and recovery teams mobilised from sub-regional hubs, technical departments across WHO Regional Offices and Headquarters and/or, where appropriate, networks of external experts.

While the location and nature of sudden crises cannot be predicted, WHO can plan for a number of crises to occur. Funds can be used to mobilize mainly internal staff, allow them to be rapidly deployed, and initiate the WHO response for up to one month. When further expansion of the WHO Country Office and programme is needed, initial support can be given through the emergency revolving fund, in anticipation of funding obtained through, for example, Flash Appeals. Core funding is further required to enable staff and response teams to be operational in day-to-day responsibilities. This includes ensuring equipped offices, communication material, transport, budgets for country visits, and organising workshops or assessment missions, etc.
Improved institutional knowledge and competencies

In order to be effective, presence and surge capacity need to be supported by institutional knowledge and competencies. Information is needed for early warning, advanced planning and coordinated interventions. Public health standards and guidelines are also essential. Continuing collective learning, through evaluation and operational research, is key to ensure that interventions are based on best available evidence. Information dissemination and advocacy are needed to bring about partnerships, consensus and synergies between the technical, structural and financial resources that can be mobilised from within and around WHO before, during and in the aftermath of a crisis.

These activities are strengthened by the continuous development within WHO of the functions of assessment, analysis, planning, coordination, monitoring and evaluation in emergencies. WHO wants to improve its own performance for the ultimate benefit of affected populations, provide additional tools for public health management and increase its accountability vis-à-vis member countries and international partners. The following activities are to be carried out in the framework of this project:

1. Hold country, regional and/or sub-regional capacity-building and training in management skills (planning, reporting, etc.), the CAP, and—in conjunction with other partners in the health sector—needs and means of strengthening the health components in the Common Humanitarian Action Plans.

2. Conduct annual inter-regional HAC workshops. Regional Focal Points will also be encouraged and given appropriate resources to organise similar capacity-building and information-sharing events at the regional and/or sub-regional levels.

3. Organize three HAC induction briefings per year for newly recruited and in-post WHO staff in countries currently in crisis and at high-risk of crisis, and their counterparts in the wider humanitarian community. One induction briefing will be held in Geneva and two in the regions.

4. Convene HAC induction briefings for relevant technical departments in WHO, in Geneva and in the Regional Offices, so that they are prepared and ready to operate in an emergency mode, mobilising staff and expertise.

5. Facilitate consultation with all operational partners on an assessment, monitoring and evaluation framework for health and health system performance in emergencies. This is expected to produce wider consensus and stronger partnerships to address health concerns in on-going emergencies, high-risk and post-crisis situations.

6. Develop and apply assessment, monitoring and evaluation tools, methods, indicators and benchmarks for health and health-system performance in emergencies in consultation and coordination with other technical departments, NGOs, UN agencies, collaborating centres, academics and donor agencies.
7. Maintain up-to-date health intelligence and technical guidelines, accessible to health workers active in countries in crisis through a continually improving Web site.

8. Develop appropriate strategies and produce guidelines for public health best practices in countries in different types of emergencies, and make sure that they reach the field level through appropriate tools (i.e., the Emergency Health Learning Kit and the virtual Health Library for Disasters). The project makes explicit provisions to cover the translation of strategies/guidelines into the most appropriate languages.

9. Improve mutual understanding with partners by involving them in WHO contingency building events and activities, and by participating in humanitarian dialogue in inter-agency fora, e.g., IASC/WG5, and as trainees and/or resource persons in external training programmes.

Maintain emergency revolving funds

The emergency revolving funds ensure that WHO can react to emergencies or fast-evolving scenarios. When disasters strike, effective response is usually delayed due to the time it takes for pledges to materialise and for resources to reach the field. To minimise this time-lag, it is important for WHO to have ready access to immediate funding and/or other resources that can be deployed for operational purposes, particularly additional personnel, immediate local expenditures, logistic/communication support and supplies. The surge capacity funds that were set up under the first DFID strengthening grant were replenished and are being transformed into a revolving fund. Criteria for its use and mechanisms to make it truly revolving have been developed.

MANAGEMENT

This capacity-building initiative is required for the achievement of the new WHO strategy for better Health Action in Crises, as reflected in the Global Expected Results formulated for the Programme Budget 2004-05. Unless it is supported, these results will not be delivered. The strategy builds on a range of other efforts to improve WHO operations in countries, including the Country Focus Initiative. The overall approach is in keeping with several donors' Strategy Papers for their relationship with WHO as an institution.

WHO has introduced several internal changes to strengthen its management of the capacity-building programme. The Representative of the Director-General for Health Action in Crises takes responsibility for its implementation. With the coordination of emergency and humanitarian action now directly under the Director-General’s office, opportunities are created to involve all of WHO in these actions as and when needed. Desk officers will be involved in the functional support to, and monitoring of, the project for the region(s) in their portfolio. Supervision of Focal Points in countries and sub-Regional Offices is the responsibility of the Regional Focal Points.

The project will use WHO’s Results-Based Management System, with special attention to close monitoring, quality control and coordination.

5 Inter-Agency Standing Committee/Working Group.
Criteria and standards for establishing levels of service to be provided by WHO in crises are ready. A process has initiated to review and streamline recruitment procedures, performance appraisals, and collaborative agreements with potential partners. Appropriate action will be taken to ensure that the right people are in the right place at the right time, ranging from training and supervision mechanisms to replacement where necessary.

**MONITORING, REPORTING AND EVALUATION**

Progress with the programme will be maintained and monitored through:

- Interim technical reporting every six months, required to determine the value and impact of the project (as of the reporting date) and to inform on activities to be undertaken during the remainder of the project;

- A yearly technical report by WHO/HAC, in an agreed-upon format, as set out under the project Memorandum of Understanding, focusing on fulfilment of the objectives and recommended options for future support;

- Regular meetings in Geneva and at donor headquarter locations;

- Joint field monitoring visits;

- A joint evaluation after two years.

WHO/HAC will provide a Final Project Report (FPR) within three months of the end of the project. The format for reporting will be agreed on beforehand by WHO and the donors. If there is a major change of circumstances or alterations to the project purpose and outputs, these will be discussed and agreed upon with donors and may require additional reporting.

**STRENGTHENED PARTNERSHIPS**

Coordinated work with partners and Member States is a crucial feature of WHO/HAC work. This project will contribute solidly to improving coordination in the response to both current and future emergencies. First, increased field presence will allow WHO to "be there" and establish new partnerships, while strengthening existing ones, for disaster preparedness. The main alliances to be established will be with Ministries of Health, UN agencies, representatives of donor states, civil society organisations, and others. Through the help of the revolving emergency fund, "call down" arrangements with technical departments can be established within WHO at the Headquarters and Regional Office levels. Existing partnerships with NGOs and other agencies will be upgraded. Finally, the enhanced institutional knowledge and competencies will increase the sense of ownership and foster partnerships across the Organization and with collaborating institutions.
WHO will strengthen links with those who contribute to this initiative. With these partners, we will establish a platform for constructive and critical dialogue on WHO’s ambitions and expectations from partners, and from a realistic assessment of WHO field performance. A broader base of external contributors will be established to help secure more sustained resources.

As a result, contributors will be able to help WHO prepare for, and respond, to crises in ways that have a far greater—and relevant—impact.

**RISKS AND ASSUMPTIONS**

- The project assumes that the current political commitment at all levels in the Organization, including high-level commitments within WHO to emergencies, will continue at present levels. Humanitarian responsibilities will need to be mainstreamed in the overall WHO areas of work. Part of the success will also depend on progress of other processes in the Organization to improve WHO operations in countries, such as the Country Focus Initiative.

- The General Management Cluster, under the leadership of Assistant Director-General Anders Nordström, is already committed to working with the Health Action in Crises groups within WHO to establish more responsive administrative procedures. WHO recruitment procedures are still too slow. WHO-wide managerial capacity is not strong enough, yet, to support such work. Agreement on standards needs to be reached on the pattern, level and quality of support (the "level of service") to be provided by WHO. Capacity to track, analyse and report on progress and financial reporting needs to be strengthened.

- It is assumed that all technical and administrative groups throughout WHO are willing to work concertedly to guide health professionals and decision-making on how to address the public health aspects of crises.

- The success of WHO and the actualization of the overall contribution to emergencies is dependent on the engagement of other stakeholders in WHO activities in the health sector, and the ability of WHO to contribute to the improved capacity of partners for coordinated responses.

- The project assumes that consensus can be achieved for the development, agreement and adoption by community groups, governments and international organisations of desired standards for responding to the health risks faced by people affected by crises.

- In its capacity-building component, the project makes specific provision for the monitoring of risks and assumptions.
### DRAFT ANNUAL BUDGET (in US$)

<table>
<thead>
<tr>
<th></th>
<th>Regional activities</th>
<th>Global activities</th>
<th>Total</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Costs for increased presence and surge capacity</strong></td>
<td>5,100,000</td>
<td>1,200,000</td>
<td>6,300,000</td>
<td>Costs for staff, equipment, preparedness activities, building of partnerships, development of information and logistics function, support to activities, etc.</td>
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<tr>
<td><strong>Capacity-building</strong></td>
<td>1,200,000</td>
<td>900,000</td>
<td>2,100,000</td>
<td>Training and learning functions, staff development, evaluation, information dissemination, analysis, etc.</td>
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<tr>
<td><strong>Revolving fund</strong></td>
<td>600,000⁶</td>
<td></td>
<td>600,000</td>
<td>To advance funding for specific emergency response operations.</td>
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<tr>
<td><strong>Total</strong></td>
<td>…</td>
<td>…</td>
<td>9,000,000⁷</td>
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⁶ The initial contribution towards the revolving fund will only be needed for the first year of the project. Smaller amounts might be required in the years that follow to make up for cases in which replenishment of borrowed amounts is not possible.

⁷ The amount is based on estimates of programme cost at full implementation rate. In the detailed budget under preparation, a phasing-in period is foreseen.
ANNEX A: THE LOGICAL FRAMEWORK

<table>
<thead>
<tr>
<th>GOAL</th>
<th>OBJECTIVES</th>
<th>MEASURABLE INDICATORS</th>
<th>MEANS OF VERIFICATION</th>
<th>RISKS AND ASSUMPTIONS</th>
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</table>
|      | WHO is reliable and effective in supporting communities and health stakeholders at national, regional, and international levels as they prepare for, and respond to, the health aspects of acute and long-term crises so as to minimise suffering and death, and open the way to the recovery of sustainable healthy livelihoods. | WHO strategic priorities for preparedness and response for Health Action in Crises, endorsed by Headquarters and Regional Offices.  
WHO able to implement its operational roles in emergencies in the field.  
WHO pro-active in the coordination of public health preparedness and response in emergencies.  
Coherent health sector strategies in all CAPs, facilitated by WHO.  
Satisfaction from partners at country, regional, and international levels. | Strategic priority paper.  
Reviews of WHO performance together with partners.  
Consolidated Appeals Process (CAP).  
Country WHO budgets.  
Country Cooperation Strategy documents. | Commitment from the DG and staff at all levels of the Organization to support HAC.  
Other stakeholders will engage with and support WHO activities in the health sector, and WHO is able to contribute to the improved capacity of partners for coordinated response.  
Consensus can be achieved for the development, agreement and adoption with partners of desired standards for responding to health risks.  
Recognition that emergencies and disasters are public health issues and that human survival and health are the objectives and measures of success of humanitarian assistance. |
<table>
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<tr>
<th><strong>PURPOSE</strong></th>
<th><strong>SPECIFIC OBJECTIVE</strong></th>
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<tbody>
<tr>
<td><strong>To strengthen WHO's core and surge capacity at regional, sub-regional and Headquarters levels as required to support Country Offices in implementing the Organization's key operational roles.</strong></td>
<td><strong>1. WHO operational presence guaranteed through strengthened Country, sub-Regional and Regional Offices. This core capacity is backed up by time-limited health crisis response teams that are mobilised from Headquarters and Regional Office technical departments.</strong></td>
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<tr>
<td><strong>Minimal levels of HAC operational capacity in selected countries, sub-Regional and Regional Offices to support countries in crisis.</strong></td>
<td><strong>Three international experts in the fields of crisis management, training, and information management working in all Regional Offices.</strong></td>
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<td><strong>WHO is prepared and able to carry out a timely response to acute crises.</strong></td>
<td><strong>International HAC officers in selected country and sub-regional offices.</strong></td>
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<tr>
<td><strong>Regional strategies developed and endorsed by regional committees.</strong></td>
<td><strong>Staff recruited according to agreed TORs, with demonstrable adequate experience for the job.</strong></td>
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<tr>
<td><strong>National and regional disaster preparedness plans developed for the health sector.</strong></td>
<td><strong>Progress reports.</strong></td>
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<td><strong>Regular updated overviews of global HAC/EHA staff.</strong></td>
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<td><strong>Contracts and CVs.</strong></td>
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<td><strong>Regular job performance evaluations.</strong></td>
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<td><strong>Inventory of equipment purchased at regional level.</strong></td>
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<td></td>
<td><strong>Initiative supported by the Country, sub-Regional, and Regional Offices.</strong></td>
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<td><strong>Ability to identify and recruit international experts.</strong></td>
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<td><strong>Administrative, recruitment and finance procedures in WHO.</strong></td>
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<td><strong>WHO has access to the areas of crisis and/or high risk.</strong></td>
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<td><strong>Stakeholders engage in and support WHO activities.</strong></td>
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<td><strong>Support of Country, sub-Regional, and Regional Offices for activities.</strong></td>
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<td></td>
<td><strong>All technical and administrative groups in WHO are willing to work concertedly to guide health professionals and decision-making on how to address public health aspects of crises.</strong></td>
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Health crisis response teams present in the country consisting of (mix and numbers depending on situation) PH/health system expert, epidemiologist, nutritionist, Watsan expert, logistician, communication expert, and media expert within 48 hours.

Mechanisms in place to provide surge capacity, mobilised from Headquarters and Regional Office technical departments.

All HAC staff supported by:
- Equipped offices;
- Communication equipment;
- Transport;
- Security.

All HAC staff have minimal operational budget for:
- Travel in the region;
- Organising assessments, workshops and training at country, regional and sub-regional levels.

Adherence to MOSS.

MoUs with technical department across the Organization.

Joint partner/WHO field visits.
| SPECIFIC OBJECTIVE | 2. Enhanced institutional knowledge and competencies of WHO staff to support Country Offices in their operational roles for disaster reduction, mitigation and response. | Inter-regional and sub-regional capacity-building workshops implemented, covering functions related to strategic priorities, and management skills.  
HAC induction briefings carried out in Headquarters and the Regions.  
All relevant technical departments in Headquarters and Regional Offices prepared and ready to operate within an emergency mode, mobilising staff and expertise within 48 hrs.  
Tools for assessment, monitoring and evaluation developed, improved/updated and used in the field (e.g., in the Common Humanitarian Action Plans).  
Health intelligence, situational information, tools and guidelines on the HAC Web site (www.who.int/disasters) and on CD-Roms and memory sticks. | Progress reports.  
Inter-regional translated material widely available.  
Joint partner/WHO field visits to regions. | Sufficient and knowledgeable personnel to carry out the activities for this output.  
National and international stakeholders, and WHO Country, sub-Regional, and Regional Offices recognize the value of greater data and information exchange for humanitarian interventions.  
All the different technical and administrative groups throughout WHO are willing to work concertedly.  
All engaged actors subscribe to and participate in the two-way communication process.  
Responsible persons assigned to this output are not drawn into other activities. |
### SPECIFIC OBJECTIVE
3. Revolving emergency fund maintained at Headquarters level.

- Terms of reference for the fund formulated, including criteria for use, and mechanisms for making it revolving by at least 80%.
- Operations in country scaled up within one month.

Terms of reference for use of the fund.
- Available financial reports.
- Reporting on interventions financed by the fund.

Sufficient interest and funds available by donors.
- Need for rapid financing.
- Financial management capacity within WHO.
- Awareness of the fund by field staff.

### ACTIVITIES

**SO1. WHO operational presence in countries through strengthened Regional and sub-Regional Offices, backed up by time-limited health crisis response teams.**

**SO2. Enhanced institutional knowledge and competencies of WHO staff.**

**SO3. Revolving emergency fund maintained at Headquarters level.**

### INPUTS

1. Recruit international experts in the fields of crisis management, training and information management to Regional Offices and sub-Regional Offices as specified in staff planning table.

2. Provide all Regional Offices with all necessary operational resources, including communication equipment (Sat phones, computers) and an operational budget to be utilised at regional, sub-regional and/or country levels, according to the needs.

1.1 Develop agreed-upon standards on the pattern, level and quality of support (the "level of service") to be provided by WHO with a view to improving the overall standards of preparing for and responding to the health aspects of crises.

2.1 Improving WHO capacity to track, analyse and report on the extent to which the standards are being fulfilled, and to evaluate and learn lessons from specific situations.

3. Finalise operating terms of reference for the revolving fund.

3.2 Manage the revolving fund according to the terms of reference.

3.3 Solicit funds from other donors to ensure continuity of the fund.
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<tr>
<td><strong>1.3</strong></td>
<td>Conduct meetings with WHO technical departments to enhance &quot;call down&quot; mechanisms for experts and to ensure that all the different technical and administrative groups throughout WHO work concertedly.</td>
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<td><strong>1.4</strong></td>
<td>Conduct meetings with partners including community groups, governments and international organisations to development, agree on and adopt desired standards for responding to the health risks faced by people affected by crisis.</td>
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<td><strong>2.3</strong></td>
<td>Develop open reporting of progress of the overall effort to improve the health of crisis-affected people, including preparation, linking results achieved to resources used, and communicating this information both to advocate for a stronger response, encourage coordination, and improve effectiveness.</td>
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<td><strong>2.4</strong></td>
<td>Conduct three HAC induction briefings per year in Headquarters and Regional Offices.</td>
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<td><strong>2.5</strong></td>
<td>Conduct regional and/or sub-regional capacity-building and training functions related to strategic priorities, ensuring that levels of service can be provided, management skills (planning, reporting, etc.) and the CAP.</td>
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<td><strong>2.6</strong></td>
<td>Conduct sub-regional and/or country capacity-building and learning workshops with other partners in the health sector to strengthen their capacities for coordinated response, as reflected in the health components of the Common Humanitarian Action Plans.</td>
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<td><strong>2.7</strong></td>
<td>Conduct HAC induction briefings for relevant technical departments in WHO Headquarters and Regional Offices so that they are prepared and ready to operate in an emergency mode, mobilising staff and expertise.</td>
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<td><strong>2.8</strong></td>
<td>A consultation with all operational partners in 2004 on an assessment, monitoring and evaluation framework for health and health system performance in emergencies.</td>
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<td><strong>2.9</strong></td>
<td>WHO staff participate as trainees or resource persons in external training programmes.</td>
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<td><strong>2.10</strong></td>
<td>Produce and upgrade guidelines for public health best practices in emergencies (as required).</td>
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<td><strong>2.11</strong></td>
<td>Review and test assessment, monitoring and evaluation materials and tools for health system analysis.</td>
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<td><strong>2.12</strong></td>
<td>Update the Emergency Health Learning Kit and CD-Rom.</td>
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<td><strong>2.13</strong></td>
<td>Translation of existing region-specific resource material.</td>
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<td><strong>2.14</strong></td>
<td>Produce a revised version of the Field Emergency Handbook.</td>
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<td><strong>2.15</strong></td>
<td>Maintain up-to-date health intelligence and technical guidelines, accessible to health workers active in emergencies through a continually improving Web site.</td>
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