Establishing a WHO corporate approach to emergencies

1 April – 17 December 2011
Reforming WHO's Work in Emergencies

Major Drivers

- UN humanitarian reform agenda
- WHO agenda of reform
- Financial vulnerability
Transition Process

**Internal cluster consultations:** cluster meeting, departmental meetings, HAC directors & coordinators mtgs (identify major clients, stakeholders & functions) emails & other staff communications

**Internal WHO consultations:** DG, DDG, DGO, DPMs/ARDs, RO EHA & Imm focal points, WRs, former ADG HAC, ADG HSE, HSE staff, ADG GMG, ADG IER, Comptroller

**External consultations:** ERC, UNICEF, WFP, IASC, ISDR, OCHA, NGOs, ECHO, donors, other stakeholders

**Document review:** humanitarian evaluations, IASC reform processes/papers, HAC evaluations, HAC work plan, CCO documents, dept & team strategic papers, other relevant documents

**Financial review:** vulnerability assessments/revisions, projected income, cashflow analyses
Phase 1: reforming WHO Geneva

(the 'horizontal' reform)
1 April 2011

- Health Action in Crisis
  - Strategy, Policy & Resource Management
  - Emergency Preparedness & Readiness
  - Health & Nutrition Tracking Service

19 Sept 2011

- Emergency Risk Management & Humanitarian Response
  - 1 department
  - 3 coordinators
  - 34 positions
  - (1 continent)

- 5 departments
- 9 coordinators
- 2 continents
- 90+ positions
WHO Geneva's work in Emergencies

New Business Model

• Focus: enhanced country/cluster effectiveness.

• New dept coordinates & manages all WHO assets.

• Common Operating Platform with WHO's Health Security & polio programmes (esp. surge & readiness).
New WHO/Geneva structure follows its functions in emergencies

1) Technical/Operational functions:
   - intelligence, information & evaluation
   - policy, best practice & monitoring
   - surge & crisis support

2) Core Programme functions:
   - advocacy & resource mobilization
   - management of financial & human resources
Synergies: public health & humanitarian emergencies

Cholera in Haiti
Synergies: public health & humanitarian emergencies

Dengue in Pakistan
**Synergies:** much of WHO's infrastructure in areas of complex emergencies, fragile states & large vulnerable populations is funded by the Polio Initiative
Phase 2: aligning WHO's 3 levels

(the 'vertical' reform)
Establishing a WHO Corporate Approach to Emergencies (1)

3-Pronged Approach

Structures: 'WHO Emergency Management Team'
(WHO/HQ + 6 Regional Offices)


Policy/Mandate: WHO Executive Board to consider new 'corporate approach' & policies (Jan 2012).
Establishing a WHO Corporate Approach to Emergencies (2)

'WHO Emergency Response Framework'

- WHO Core Commitments in Emergencies
- WHO Performance Standards
- WHO Grading of Acute Emergencies
- WHO Emergency Response Procedures
- New Policies (Surge, No-Regrets, Health Emerg. Leader)
Operating Principle: WHO Country Offices empowered & rapidly equipped to lead during all emergencies
WHO Core Commitments in Emergencies

Purpose: to define what WHO will always do in:

- countries with acute emergencies (mortality reduction focus)
- countries with protracted emergencies (mortality/morbidity; basic needs/predictable service)
- all other countries (disaster risk reduction/preparedness)

* working definitions at Dec 2011
WHO Performance Standards in Emergencies

Purpose: to measure WHO performance & enhance accountability:

- **Acute Response:** repurpose CO (12 hrs); event verification/risk assessment (24 hrs - 48 hrs); surge (72 hrs); initial appeal (72 hrs); full sector response strategy/plan (w/i 7 days).

- **Risk reduction/Preparedness:** identify major threats, risks, vulnerabilities, capacities (*annually*); preparedness plan & programme (*annual*); simulation (*biannual*), etc.

* working definitions at Dec 2011
**WHO Criteria for Grading Emergencies**

**Purpose:** to assess rapidly WHO Country Office capacity based on scale, urgency, complexity & reputational risk of each emergency:

**Grade 1:** managed mainly with available in-country resources.

**Grade 2:** requires local/regional assistance from GEMT.

**Grade 3:** requires organization-wide GEMT support.
**WHO Emergency Response Procedures**

**Purpose:** to ensure WHO Country Offices aligned on essential functions for each level of emergency:

- **Coordination/Leadership Functions:** e.g. Health Sector-Cluster Lead & Coordination

- **Health Information/Communication Functions**

- **Technical Functions:** e.g. policy, rapid assessment/sector strategies, information/intelligence, EWARN.

- **Enabling Functions:** admin, logistics, finance, mgmt.

*working definitions at Dec 2011*
WHO Cross-Cutting Policies for Emergencies

**Purpose:** to ensure WHO Country Office capacity to perform essential functions in all levels of emergencies:

**Surge:** country office 'repurposing'; WHO Internal Standby Surge Teams; GOARN, Global Health Cluster Surge Teams; Institutional Standby Agreements

**No-regrets:** e.g. automatic deployment of 3-4 person 'essential functions' team within 72 hours for level 2 and 3 emergencies

**Health Emergency Leader Policy (HELP):** automatic deployment of pre-qualified 'Health Emergency Lead' for level 3 emergencies

Global Health Cluster Meeting
Geneva - December 2011
WHO Emergency Management

Next Steps & Timeline

• **Jan 2012:** Executive Board agenda item on WHO performance in emergency response management.

• **2012:** Phase 3: (a) preparedness & readiness (incl. 'minimum country office capacities'), (b) protracted emergencies.

• **Mar 2012:** finalization by WHO Global Policy Group