ALIGNMENT WITH WHO & BEYOND

HEALTH CLUSTER FORUM
26-28 JUNE 2018, GENEVA, SWITZERLAND
By 2023, we must reach our Triple Billion goal

- 1 billion more people with health coverage
- 1 billion more people made safer
- 1 billion lives improved

...for the world to achieve the SDGs

promote health | keep the world safe | serve the vulnerable

World Health Organization
WHO is transforming

To achieve the Sustainable Development Goals by 2030...

We have set a triple billion goal by 2023 to stay on track

13th General Programme of Work sets out WHO strategy for reaching the 3 billion

Transformation is how WHO will change - to align with the strategy, deliver on 3 billion, reach the SDGs

promote health | keep the world safe | serve the vulnerable

World Health Organization
GENERAL PROGRAMME OF WORK 13

**Mission**

*Promote health – keep the world safe – serve the vulnerable*

**Strategic priorities**

- **Health coverage** – 1 billion more people with health coverage
- **Health emergencies** – 1 billion more people made safer
- **Health priorities** – 1 billion lives improved

**Strategic shifts**

- Step up global leadership – diplomacy and advocacy; gender, equity and rights; multisectoral action; finance
- Drive impact in every country – differentiated approach based on capacity and vulnerability
  - Policy dialogue – to develop systems of the future
  - Strategic support to build high performing systems
  - Technical assistance – to build national institutions
  - Service delivery – to fill critical gaps in emergencies
- Focus global public goods on impact – normative guidance and agreements, data, innovation

**Organizational shifts**

- Measure impact to be accountable and manage for results
- Reshape operating model to drive country, regional and global impacts
- Transform partnerships, communications and financing to resource the strategic priorities
- Build critical processes and tools to optimize organizational performance
- Foster culture change to ensure a seamless, high-performing WHO
GPW13: PLANNING AND BUDGETING FRAMEWORK

Level 1
(Triple Billion Goals)

- highest level results in the hierarchy - the triple billion goals for the three strategic priorities
- the primary axis for planning and budgeting.

Level 2
(Outcomes)

- underpins each of the triple billion goals; key drivers of UHC, health emergencies and healthier population
- articulate the shared results to which the Member States, partners and Secretariat
- Cuts across programmes, systems

Level 3
Outputs
(Secretariat contribution)

- Outputs are the results for which the Secretariat is fully accountable for delivery.
- The output statements will be developed based on the feedback from the prioritization process identifying needed secretariat contributions
**GPW13: OUTCOMES**

**B1 Universal Health Coverage**

- Outcome 1.1. Improved access to quality essential health services
- Outcome 1.2. Reduced number of people suffering financial hardships
- Outcome 1.3. Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care

**B2 Health Emergencies**

- Outcome 2.1. Country health emergency preparedness strengthened
- Outcome 2.2. Emergence of high-threat infectious hazards prevented
- Outcome 2.3. Health emergencies rapidly detected and responded to

**B3 Healthier Populations**

- Outcome 3.1. Determinants of health addressed leaving no one behind
- Outcome 3.2. Reduced risk factors through multi sectoral approaches
- Outcome 3.3. Health and well-being realized through Health in all policies and healthy settings interventions

4. More effective and efficient WHO better supporting countries

- Outcome 4.1. Strengthened country capacity in data and innovation
- Outcome 4.2. Strengthened leadership, governance, and advocacy for health
- Outcome 4.3. Improved financial, human, administrative resources management towards transparency, efficient use of resources, and effective delivery of results

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**World Health Organization Health Cluster**
1. Strengthen the **coordination, technical and operational capacity** of national-, regional- and global-level actors to prevent, prepare for, respond and recover from public health and humanitarian emergencies

2. Strengthen **inter-cluster and multi-sector collaboration** to achieve better health outcomes

3. Strengthen our collective and respective health **information management**

4. Address **strategic and technical gaps**

5. Strengthen health cluster **advocacy** at country and global level
KEY STRATEGIC APPROACHES

**People centred approach.** The Health Cluster takes into account the different needs and capacities of women, girls, boys and men of all ages, people with disabilities, and other characteristics. Such awareness informs what we do, how we do it and with whom.

**Empowered leadership.** Health Cluster partners remain committed to supporting national authorities and other stakeholders who have primary responsibility for taking care of the people affected by natural disasters and other emergencies occurring in their territory.

**Collective action.** The Health Cluster strengthens existing global, regional and national/local humanitarian management or coordination systems and diversifies collaboration with all stakeholders in the humanitarian space.

**Strengthened capacity.** The Health Cluster supports efforts of all actors to build the technical, operational and coordination capacity of national and local health partners to prevent, prepare for, respond to and sustain essential services in times of emergency.
Emergency Response Framework (ERF) & Incident Management System (IMS)
Implementing the ERF & IMS…………….?

The IOAC has been impressed by WHO’s progress in WHE implementation however, a “no regrets” policy is not fully embedded in the operational response.

WHO struggled to determine the right support configuration across the three levels of the Organization in setting up the IMS. Non-compliance with the Emergency Response Framework (ERF) led to tension among staff, causing confusion over roles and responsibilities, reporting lines, and delegations of authority.

The IOAC recommends that the ERF should be consistently followed by WHO staff at all levels of the Organization.

IOAC Bangladesh Mission Report 28 Jan – 1 Feb 2018
WHE STRUCTURE & COUNTRY BUSINESS MODEL

• WHE/EMO structure not fully aligned across HQ-RO-WCO
e.g. Acute Events Management Unit, Partner networks

CBM
• Core positions – HCC, WHE Team Lead, Info Management, Ops Partnerships

• Operational Partnerships role:
  – Positive added capacity but…….
  – Network links responsibilities & accountabilities unclear across 3 levels.
One global structure at 3 levels:
7 major offices; 30 high priority countries
Staffing model at country level to scale up capacity for health emergencies (priority 1)

International staff – 1 year fixed term professional positions to be created: maximum grade shown

<table>
<thead>
<tr>
<th>Position</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Infectious Hazard Management</td>
<td>P4</td>
</tr>
<tr>
<td>Country Preparedness</td>
<td>P4</td>
</tr>
<tr>
<td>Health Information Management &amp; Risk Assessment</td>
<td>P4</td>
</tr>
<tr>
<td>WHE Team Lead</td>
<td>P5</td>
</tr>
<tr>
<td>Health Expertise and Operations</td>
<td>P4</td>
</tr>
<tr>
<td>Health Cluster / partner coordination</td>
<td>P5</td>
</tr>
<tr>
<td>Operations Support and Logistics</td>
<td>P4</td>
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<tr>
<td>Security</td>
<td>P4</td>
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<tr>
<td>Management and Administration</td>
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<td>External Relations / Communication</td>
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<tr>
<td>Planning and Performance Management</td>
<td>P4</td>
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* Depending on country context, some flexibilities can be applied regarding grade
COORDINATION ARRANGEMENTS?

- Diverse
- Flexible
- Context Specific

Interface between:
- EOCs
- GOARN
- EMTs
- Humanitarian Development Nexus
IASC Principles: L3 Protocol Revision

SCALE-UP:
• Reaffirms original intention of L3 protocol
• Activation will not exceed 6 months, automatically expires, automatic OPR
• Does not imply assessment of national capacity, severity of crisis or indicate crisis as funding priority, does not grade the event, it indicates the scale at which the system needs to respond.

SEVERE/SUSTAIN:
• System-wide classification for Protracted Crises.
• Need for sustained & coherent system wide response (hum & dev actors)
• Enables ERC to signal which complex humanitarian crises in need of most resourcing.
• Multi-year strategy & funds, predictable support capacities, targeted advocacy, collective outcomes.
IASC Principles : Lighten Coordination / Facilitate Transition

• Refocusing on internal displacement & elevate protection

• **Action**: strongly catalyse a ‘forward leaning approach to solutions for IDPs before situations become protracted .......promote their inclusion in national development planning (development actors, international financial institutions & private sector). This should include clear criteria for responsible disengagement of the clusters.

• **Action**: Undertake light review of current humanitarian coordination architecture for internal displacement contexts, including a focus on transition and criteria for the responsible disengagement of clusters.
# Improving the Humanitarian Programme Cycle

<table>
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<tr>
<th>Overarching Issue</th>
<th>Main Expected Results</th>
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| **Purpose of the HPC**                    | • More tailored planning process at global & local levels (espc: needs and response analysis and planning for field context). Multi-year planning & rooted in HDN.  
• Formulation of context-specific inter-sectoral humanitarian outcomes. |
| **Inter-sectoral needs & response analysis, including prioritization** | • Improved support to inter-sectoral needs & response analysis & planning, as informed by field practice                                                |
| **Monitoring the HPC**                    | • Establish situational, needs & response monitoring & accountability within the existing HPC monitoring guidance.                                      |
| **Capacities & resources to implement the HPC** | • Provide coherent capacity strengthening & direct field support  
• Regular review of in-country capacities to implement HPC  
• Explore funding mechanisms to strengthen analysis & monitoring |

[Health Cluster]

[World Health Organization]