World Health Organization

SIXTY-NINTH WORLD HEALTH ASSEMBLY **A69/30**
Provisional agenda item 14.9 **5 May 2016**

Reform of WHO's work in health emergency management

WHO Health Emergencies Programme

Report by the Director-General

1. In resolution EBSS3.R1 (2015), the Executive Board at its Special Session on the Ebola Emergency made a number of requests of the Director-General. These involved wide-ranging reforms to be undertaken in WHO's work in outbreaks, humanitarian emergencies and crises. In keeping with decisions of WHO's governing bodies,[1] these reforms have been guided by an Ebola Interim Assessment Panel,[2] a Director-General's Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences,[3] and a Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. The reform of WHO's work in emergencies is also aligned with the report of the United Nations Secretary-General's High Level Panel on Global Response to Health Crises.[4] The present report provides an overview of the design, oversight, implementation plan and financing requirements for the new Programme.[5]

WHO Health Emergencies Programme

2. The new Health Emergencies Programme represents a fundamental development for the Organization, complementing WHO's traditional technical and normative role with new operational capacities and capabilities for its work in outbreaks and humanitarian emergencies. The new Programme is designed to bring speed and predictability to WHO's emergency work, using an all-hazards approach, promoting collective action, and encompassing preparedness, readiness, response and early recovery activities. The new Programme is aligned with the principles of a single

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[1] See resolution EBSS3.R1 and decision WHA68(10) (2015).

[2] Report of the Ebola Interim Assessment Panel. Available at http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf?ua=1 (accessed 2 May 2016).

[3] See http://www.who.int/about/who_reform/emergency-capacities/advisory-group/en/ (accessed 2 May 2016).

[4] See document A/70/723. Available at http://www.un.org/ga/search/view_doc.asp?symbol=A/70/723 (accessed 2 May 2016).

[5] Information on the various sections of governing bodies and other Secretariat documents that respond to recommendations of the panels, the Advisory Group and the Review Committee and of other major evaluations and relevant actions taken by the Secretariat, can be found at http://www.who.int/about/who_reform/emergency-capacities/en/ (accessed 2 May 2016).

programme, with one clear line of authority, one workforce, one budget, one set of rules and processes, and one set of standard performance metrics.

3. All WHO's work in emergencies is thus brought into a single programme, with a common structure across headquarters and all regional offices in order to optimize intra-agency coordination, operations and information flow. Relevant functions of the Programme are replicated at country level as appropriate. The common structure reflects WHO's major functions in health emergency risk management as follows:

- *Infectious hazards management*: this includes high threat pathogens, expert networks and, at headquarters, the secretariat of the Pandemic Influenza Preparedness Framework;

- *Country health emergency preparedness and the International Health Regulations (2005)*: this includes monitoring and evaluation of national preparedness capacities, planning and capacity building for critical capacities and, at headquarters, the secretariat of the International Health Regulations (2005);

- *Health emergency information and risk assessments*: this includes event detection and verification, health emergency operations monitoring, and data management and analytics;

- *Emergency operations*: this includes incident management functions, operational partnerships and readiness, and operations support and logistics;

- Emergency operations management and administration and External relations.

4. A standing interdepartmental task force at headquarters and regional office levels will enable the programme to harness the broad range of expertise across WHO's technical programmes and networks, particularly for research and development, policy, capacity building for preparedness, health systems strengthening, and protracted crises planning and programming. These linkages are operationalized through mechanisms such as the WHO blueprint for accelerating research and development in epidemics or health emergency situations.

5. The Programme will be headed by an Executive Director. The Executive Director, who will be recruited through an international competitive process, will serve the level of Deputy Director-General, reporting to the Director-General. The Director-General has enlisted an executive search firm to assist in this process and anticipates completing selection by the time of the Sixty-ninth World Health Assembly. The Executive Director will be responsible for technical oversight and standards, all strategic and operational planning, risk and performance monitoring, budget and staff planning, and interagency and partner relations. The Regional Directors are central to the success and implementation of the Programme, particularly by providing leadership in the application and enforcement of Programme standards, government and regional intergovernmental relations, interagency and partner relations at regional level, and the day-to-day management of emergency management activities in their regions. The Executive Director and Regional Directors will jointly recruit Regional Emergency Directors, who will have delegated authority for emergency activities in their regions, and will form part of the global management team of the new Programme.

6. Ultimate authority for WHO's work in emergencies rests with the Director-General. The day-to-day oversight and management of major outbreaks and health emergencies, including WHO Grade 3 events, Public Health Emergencies of International Concern and Level 3 emergencies under the United Nations Inter-Agency Standing Committee, will be delegated to the Executive Director, to optimize

the operational support of the entire Organization. The Director-General will delegate oversight and management of Grade 2 crises and major protracted crises, following a rapid, accurate and objective risk assessment under the Executive Director, to either the Executive Director or the relevant Regional Director, depending on the nature of the infectious hazard or health emergency event, the capacity and capabilities of the countries concerned, and of the WHO country offices and regions, and the degree of internationally coordinated support that is required. The Director-General will delegate oversight and day-to-day management of organizational readiness, Member State preparedness, longstanding protracted emergencies and Grade 1 response activities to Regional Directors. On a day-to-day basis the Regional Emergency Directors will report to their respective Regional Directors on the implementation of these emergency management activities in their regions and to the Executive Director on issues of policy, strategy, and operational planning related to such activities. In the management of graded emergencies, the reporting lines for the Regional Emergency Directors will align with the delegated authorities from the Director-General to the Regional Director or Executive Director. Regardless of the grade of an emergency, the Executive Director and relevant Regional Director will be kept fully apprised of the evolving risks and the performance of the response.

7. WHO Representatives and country offices will have important responsibilities for implementing and facilitating the activities of the Health Emergencies Programme, with their performance measured against standardized indicators. As part of their basic duties, all WHO Representatives will have mandatory responsibility for ensuring organizational and partnership readiness for the initial response to acute onset emergencies and, in the context of the International Health Regulations (2005), for supporting States Parties in key functions, particularly with respect to National Focal Points, monitoring and evaluation of core capacities, and the immediate notification and/or verification of newly detected or reported events. All WHO Representatives will be responsible for facilitating objective, joint external evaluations and in-country risk assessments as needed, under the responsibility of the Executive Director. In high-vulnerability, low-capacity countries, WHO offices will have dedicated staff to support Member States with their work in all-hazards preparedness and response capacity building. In settings of protracted crises, WHO will strengthen its in-country leadership, ensuring that, over time, all WHO Representatives receive the training given to Humanitarian Coordinators. Where health clusters have been activated, priority will be given to deploying long-term, properly trained Health Cluster Coordinators with sufficient staff to fulfil core cluster functions. For large-scale emergencies and high risk outbreaks, an Incident Manager and team will be appointed and deployed to complement the capacities of the Representative and country team.

8. A single, common results framework has been developed for the new Programme in order to standardize planning, budgeting, staffing, monitoring and feedback across all seven major offices and all 147 WHO country offices. The results framework reflects each of the major functions (and structure) of the Programme, articulates the major outcomes and outputs, and serves as the basis for a single budget and staff workplan. The development of the single budget and staff plan for the new Programme is the responsibility of the Executive Director, in consultation with Regional Directors, senior staff, and relevant WHO Representatives. The budget and staff plan will be submitted to the Director-General for decision. Day-to-day management of staff at regional and country levels will be through the Regional Director. In a major outbreak or acute emergency, the Executive Director will establish and manage a budget and workforce across WHO through the Incident Management structure. For major risk assessments and responses, the Executive Director will have the authority to relocate Programme staff from anywhere in the Organization within 72 hours. The Executive Director will consult with the Director-General, Regional Directors and Assistant Directors-General for the release of other WHO staff.

9. The WHO Emergency Response Framework will be revised and updated to serve as a single, common, all-hazards set of emergency management processes for WHO's work in organizational readiness, risk-assessment and response. New, standard processes have already been developed for risk assessments, grading of events, and incident management. All major infectious risks and all major emergencies with health consequences – including outbreaks – will be assessed and/or graded by WHO using these standardized processes. All these standards are closely aligned with the processes in use by the wider humanitarian and crisis management system. The Executive Director will submit the outcomes of all major risk assessments and event gradings to the Director-General within 24 hours for decisions on grade, incident management, and leadership in consultation with Regional Directors. The single incident management system is increasingly improving the predictability and interoperability of WHO response activities. WHO country office readiness, including with local partners, will be assessed using a standardized format. Performance standards will be established or updated for each process.

10. Recognizing the special importance of rapid, accurate and objective assessments of risks that are of potentially high consequences, the Programme, under the Executive Director, will initiate within 72 hours an on-the-ground assessment when notified of a high threat pathogen (for example, human-to-human transmission of a novel influenza virus), clusters of unexplained deaths in high-vulnerability/low-capacity settings, and other events deemed appropriate at the discretion of the Director-General. When feasible, the Programme will engage partner agencies with relevant expertise to assist in such risk assessments. The assessments will include an analysis of the capacity and capability of the countries concerned, and of the WHO country office and region. As with all risk assessments, the outcomes will be communicated to the Director-General through the Executive Director within 24 hours of completion of the assessment, together with recommendations of the Health Emergencies Programme on risk mitigation, management and/or response measures as appropriate. The outcomes of such risk assessments will be shared with Member States through their National Focal Points for the International Health Regulations (2005), or other channels as appropriate to the circumstances, and to the United Nations Inter Agency Standing Committee and WHO Emergencies Oversight and Advisory Committee.

11. WHO's work in support of Member State preparedness will be aligned with the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response[1] and the Sendai Framework for Disaster Risk Reduction 2015–2030. It is anticipated that the Programme's work in preparedness will be structured to support application by all States Parties of the new monitoring and evaluation framework for the International Health Regulations (2005) and assessments with the new joint external evaluation tool as requested; and that support for national preparedness planning and capacity building will be prioritized to high-vulnerability, low-capacity countries with a focus on rapidly establishing the most critical core capacities for early warning, incident management, risk communications and safe hospitals. Preparedness planning and capacity building will be closely integrated with the Organization's work in health systems strengthening. The work of the new Programme on preparedness and disaster risk reduction will be finalized following the Health Assembly's consideration of the report of the Review Committee.

[1] See document A69/21.

12. Work is progressing on the development of a unified set of emergency business rules and systems for operating rapidly and on a "no-regrets" basis in the areas of planning, human resource management, procurement and finance. Response planning is being standardized, using templates and standard procedures to rapidly enable common strategic and operational plans to be realized. Emergency finances are being made available immediately, through a minimum-burden application process to the new WHO Contingency Fund for Emergencies. Rapid deployment mechanisms are being designed for staff and consultants, both rostered and non-rostered, using new contractual modalities with appropriate insurance, duty of care and entitlements. A continuous business improvement system is being put in place to monitor, evaluate and improve core services, with systematic updating of standard operating procedures to reflect lessons learned.

13. Recognizing the important role that humanitarian actors and systems already play in outbreaks, and the need for a systematic approach to optimize that engagement in the face of large-scale, escalating outbreaks in the future, the Director-General initiated discussions on this issue with the United Nations Emergency Relief Coordinator of the United Nations Office for the Coordination of Humanitarian Affairs. The Director-General and the Coordinator concur that the mechanisms used to coordinate international support for natural disasters and conflicts could and should be extended and adapted for outbreaks, with adjustments for the particular challenges posed by infectious hazard management. This could include inviting the heads of agencies not part of the the United Nations Inter-Agency Standing Committee who have expertise in infectious diseases to participate in the deliberations of the Standing Committees Principals concerning such events. Based on these discussions, in June 2016 the Director-General and the Emergency Relief Coordinator will propose the development of standard operating procedures to this effect to the Inter-Agency Standing Committee which is convened by the Coordinator and brings together United Nations emergency agencies, networks of nongovernmental organizations, and humanitarian organizations (for example, the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies). Progress in this regard will be among the issues reported to the global health crises task force that is established by the United Nations Secretary-General to monitor implementation of the recommendations of the High Level Panel on Global Response to Health Crises.

Oversight of the WHO Health Emergencies Programme

14. On 29 March 2016, the Director-General established the Emergencies Oversight and Advisory Committee to provide oversight and monitoring of the development and performance of the WHO Health Emergencies Programme, guide the Programme's activities and report findings through the Executive Board to the Health Assembly.[1] Reports of the Committee will be shared with the Secretary General of the United Nations and with the Inter-Agency Standing Committee.

15. The Emergencies Oversight and Advisory Committee meets for the first time on 5 May 2016 to plan its work for the remainder of 2016. The Committee consists of eight members who have extensive experience in a broad range of disciplines, including public health, infectious diseases, humanitarian crises, public administration, emergency management, community engagement, partnerships and development.

[1] See http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/en/ (accessed 2 May 2016).

Implementation plan for the WHO Health Emergencies Programme

16. Having completed the design of the new Programme, the Organization is initiating a transition phase, with the goal of establishing the new structure and positions across headquarters, all six regional offices and the first set of priority countries by 1 July 2016, and of completing the transition of existing staff into the new structure by 1 October 2016. Giving the new structure the capacity to perform its functions will require the recruitment of a substantial number of additional staff, with new skill sets, over a period of 24−36 months.

17. By end-2016, WHO will seek to have the new teams for health emergency information and risk assessment and for preparedness monitoring and evaluation functioning at headquarters and in all six regional offices. The end of 2016 has been set as the target for staffing the basic, essential functions of the new emergency operations teams at headquarters and in the Regional Office for Africa and the Regional Office for the Eastern Mediterranean, which currently manage the majority of WHO's protracted emergency response operations. During this period, the Secretariat will work to establish appropriately staffed emergency management teams, including Health Cluster Coordinators, in at least 10 priority countries affected by protracted crises. Staffing the remaining priority positions in headquarters, regional offices and priority countries will be completed by end-2017.

18. Work to implement the new emergency management and administrative processes has already begun through the existing structures for WHO's work in emergencies. For example, since February 2016, the new WHO incident management system has been applied to support major new emergencies including the Zika virus-related Public Health Emergency of International Concern, the yellow fever outbreak in Angola and the El Niño phenomenon in Ethiopia. Similarly, standard operating procedures for the Contingency Fund for Emergencies have been developed and, as at 18 April 2016, US$ 6.89 million had been disbursed for five crises.[1] In all cases funds were made available to the Incident Manager within 24 hours of approval.

19. Significant progress has also been made to strengthen the Global Health Emergency Workforce. Emergency medical teams continue to join the WHO-led quality assurance process with 59 teams from 26 countries now in process. In future work, WHO will give priority to establishing national emergency medical teams that can deploy locally in high-vulnerability countries, and to rapidly strengthening the Health Cluster leadership and capacity in priority countries. In parallel, WHO is strengthening the secretariat of the Global Alert and Response Network, and enhancing its advocacy work, to enhance the capacity of partners in the Response Network to systematically support WHO and Member States in alert detection, risk assessments and rapid response activities.

Financing the WHO Health Emergencies Programme

20. Financing the work of the new WHO Health Emergencies Programme will require a combination of core financing of the Programme for baseline staff and activities at the three levels of the Organization, full financing of the WHO Contingency Fund for Emergencies to enable it to rapidly initiate operations in acute emergencies, and crisis-specific financing for activities in protracted crises (for example, for the health component of humanitarian response plans). The WHO Programme budget 2016−2017 includes US$ 334 million in budget space for activities and staff that would be transitioned to the new WHO Health Emergencies Programme. This figure includes US$ 93 million of

[1] See http://www.who.int/about/who_reform/emergency-capacities/contingency-fund/en/ (accessed 2 May 2016).

the 8% increase in the Programme budget 2016−2017 that was agreed by the Sixty-eighth World Health Assembly.[1]

21. Implementing the new Health Emergencies Programme against the planned timeline outlined in paragraphs 16 and 17 above requires an additional US$ 160 million in core financing for the Programme during the biennium 2016−2017 (US$ 60 million in 2016 and US$ 100 million in 2017), as part of a total budget of US$ 494 million for the new Programme in this biennium. The one-off, start-up costs for establishing the new Programme are US$ 8 million (exclusive of new IT investments), thus the requirements from 2017 onwards represent fixed or recurrent costs requiring sustainable financing. Forty-four percent of these requirements are at country level, 26% at regional level and 30% at headquarters. Of these core costs, 38% are for emergency operations, 16% for risk assessment and information management activities, 16% for Member State preparedness and International Health Regulations (2005), and 12% for infectious hazard management, with the balance for core services and related functions. The core budget to fully implement the planned capacities and activities of the new Programme in the biennium 2018−2019 is US$ 630 million.

22. As at 22 April 2016, WHO has received US$ 140 million against the US$ 494 million core budget required for its Health Emergencies Programme in 2016−2017, and US$ 26.9 million in funding and pledges against the US$ 100 million capitalization target for the new Contingency Fund for Emergencies. Further financing is required for activities that are conducted in response to specific emergencies and events, whether acute or protracted.

23. In order to provide a sustainable solution for closing the substantial financing gap for WHO's new Health Emergencies Programme additional voluntary contributions will be required, ideally combined eventually with additional assessed contributions, in keeping with the expansion of WHO's mandate to include a substantive operational role in emergencies. Recognizing the urgency of establishing and rendering operational the new Health Emergencies Programme, in June 2016 the Director-General will convene a meeting of existing and potential donors and interested parties for this purpose.

ACTION BY THE HEALTH ASSEMBLY

24. The Health Assembly is invited to note the report and to consider the following decision:

> The Sixty-ninth World Health Assembly, having considered the report on the reform of WHO's work in health emergency management,[2] decided:
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> (1) to welcome the progress made in the development of the new Health Emergencies Programme, the elaboration of an implementation plan and timeline for the new Programme, and the establishment of the Emergencies Oversight and Advisory Committee;
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> (2) to encourage ongoing collaboration with the United Nations Office for the Coordination of Humanitarian Affairs to enhance humanitarian system-wide coordination of the response to large-scale infectious hazards in the future;

[1] See resolution WHA68.1 (2015).

[2] Document A69/30.

(3) to note that the overall budget for the Health Emergencies Programme and its new operational capacities will be US$ 494 million for the biennium 2016−2017, representing a US$ 160 million increase over the current budget for WHO's primarily normative and technical work in health emergency management;

(4) to approve an increase of US$ 160 million for the Programme budget 2016−2017 to initiate the implementation plan for the new Health Emergencies Programme, and to authorize the Director-General to mobilize additional voluntary contributions to meet this financial need for the biennium 2016−2017;

(5) to request the Director-General to report to the Seventieth World Health Assembly, through the Executive Board, on progress made and experience gained in establishing and operationalizing the Health Emergencies Programme.

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