

## WHO reform

### Managerial reform: contingency fund for outbreaks

#### Report by the Secretariat

1. The proposed contingency fund will strengthen the Organization's response to outbreaks and ensure that response teams can be on the ground quickly when an outbreak has been detected. This document makes proposals on how such a fund could be structured, based in part upon the experience of similar funds, namely, the CDC outbreak contingency fund<sup>1</sup> and the United Nations' Central Emergency Response Fund (CERF).<sup>2</sup>

#### Background and rationale

2. A rapid response is essential for saving lives during public health emergencies, especially disease outbreaks or pandemics. Rapid response, undertaken during the first few days, is critically important for identifying the source of the outbreak and ensuring effective management of the situation.

3. WHO's role in the management and control of public health emergencies, including its role in implementing the International Health Regulations (2005), is unique in the world.

4. The biggest challenge to mounting a rapid response is the need for readily accessible funds. The urgent need for available cash was amply demonstrated by WHO's experience during the H1N1 (2009) pandemic, with the Organization spending some US\$ 15 million during the first three weeks of the response.

5. In May 2011 the Report of the Review Committee on the Functioning of the International Health Regulations (2005) and on Pandemic Influenza A (H1N1) 2009 was considered by the Sixty-

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<sup>1</sup> The CDC outbreak contingency fund is used for rapid early response, to support travel by experts of the Centers for Disease Control and Prevention (Atlanta, Georgia, United States of America), supplies, and shipping of specimens as needed. From 2006 to 2009, these funds enabled responses to be mounted to outbreaks of avian influenza A(H5N1), cholera and plague, Ebola and Marburg viral diseases, Rift Valley fever, human monkeypox, poliomyelitis, typhoid and pandemic (H1N1) 2009 influenza. The fund is effective because it enables very rapid early response. It is not a comprehensive funding mechanism.

<sup>2</sup> The Fund is used to promote early action and response to reduce loss of life, enhance response to time-critical requirements and strengthen core elements of humanitarian response in underfunded crises. The Fund is also designed to provide immediate response.

fourth World Health Assembly. The Health Assembly adopted resolution WHA64.1, in which the Director-General was requested, inter alia, to provide technical support to Member States in implementing the recommendations of the Review Committee. One of the Committee's recommendations concerned the creation of a contingency fund that would support surge capacity during public-health emergencies. Work on implementing resolution WHA64.1 is currently under way.

### **Aims, structure and function**

6. Within WHO, the fund will be used to support activities that are critical for the management of outbreaks. Activities requiring immediate surge capacity include: obtaining and analysing epidemiological information from around the world, conducting proactive communications with both technical and general audiences, providing support for rapid investigation, organizing technical coordination of response networks, producing immediate technical guidance for countries, convening the IHR Emergency Committee, managing field teams, and providing internal administration and management (including financial management, human resources and the running of the JW Lee Centre for Strategic Health Operations). The fund is not for the purchase of materials such as vaccines, medicines or personal protective equipment.

7. The fund is intended to supplement existing mechanisms, for example, contingency funds already established in regional offices, which are designed to provide rapid support to Member States in the event of an emergency.

8. The fund will be financed through voluntary contributions from Member States and other donors. In order to avoid any conflict of interest, all contributions will be publicly disclosed and due diligence will be exercised.

9. All contributions must be unearmarked within the fund and reports to contributors will be made in respect of the pooled funds.

10. The fund will be a revolving fund, replenished as needed. The target amount for the initiation of the fund is US\$ 15 million. This figure reflects experience gained from the response to pandemic (H1N1) 2009.

11. The Director-General will present an annual report on the fund to the Programme, Budget and Administration Committee of the Executive Board, governed by the normal oversight practised within WHO. The fund will be audited by the External Auditor.

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