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Ensuring WHO's capacity to prepare for and respond to future large-scale and sustained outbreaks and emergencies

Report by the Secretariat

1.   Every year a remarkable number of emergency events are recorded. In the first part of this century, more than 700 natural and technological emergencies occurred annually, with political, economic, social and public health consequences that can persist for decades. New and re-emerging disease outbreaks can quickly and unexpectedly spread beyond borders, resulting in large-scale international impact. Natural disasters, geopolitical conflict, chemical or radio-nuclear spills or the impact of climate change or environmental pollution can have long-term consequences that undermine decades of social development and hard-earned health gains.

2.   Emergencies strike all countries, regardless of development status. Recent trends indicate that the frequency and magnitude of emergencies are increasing, with the drivers of all major threats gaining ground and hazards compounding the vulnerabilities of populations. Preparing for, responding effectively to and recovering from emergencies are among the most pressing challenges facing the international community. Building greater resilience and stability requires investment in institutional and governance capacities, a focus on managing the risks of emergencies, and strengthening preparedness and response capacities. It also requires the recognition that risk reduction, prevention, preparedness, response, recovery and development are deeply interdependent.

3.   Global responses to recent emergencies and disasters demonstrate that the world is not adequately prepared to respond to the full range of emergencies with public health implications. Gaps in capacity and international support were and continue to be evident in the responses to all manner of emergencies, from the conflict in Syria, to the drought in the Horn of Africa, to the typhoon in the Philippines and in outbreaks including those of severe acute respiratory syndrome (SARS), Middle East respiratory syndrome coronavirus (MERS-CoV), influenza A subtype H1N1 and, most recently, Ebola virus in West Africa. In each case, the response lacked the speed, coordination, clear lines of decision making and dedicated funding needed to optimize implementation, reduce suffering and save lives. It is critical that countries, and the intergovernmental agencies that support them, identify and internalize the lessons learned from these responses and, in moving forward, adopt an all hazards risk management and response approach to emergencies.

4.   As the number of emergencies with public health implications is rising, the need for effective, efficient and well-designed global response capacities has never been clearer. Though WHO has often been called on to support Member States as they respond to crises, the unprecedented complexity and scale of the current Ebola outbreak demonstrates that the Organization's capacities, methods and approaches are not necessarily scalable or adaptable to novel or larger challenges. Further, WHO's focus on technical support and normative guidance has left a gap in institutional capacity for and appreciation of the importance of operations.

5.   The international community expects WHO to be able to mount a comprehensive and rapid response, whenever and wherever an emergency that impacts public health arises that outstrips national capacity. To meet this expectation, the Organization's emergency management capacity must be ready to address the public health impact of emergencies of any category, irrespective of hazard, across the full emergency risk management spectrum. Today, WHO has the essential institutional experience and country presence needed, but is not designed or capacitated to fulfil this function. To rectify this, WHO must substantially strengthen and modernize its emergency management capacity. In moving this forward, it is necessary that:

(a)   there is a recognition and clear delineation of WHO's mandate and role in emergency response;

(b)   effective crisis management mechanisms – systems and structures – exist to enable WHO to fulfil that role;

(c)   adequate capacities exists to predictably apply these crisis management mechanisms;

(d)   appropriate and dedicated funding is in place; and

(e)   a robust performance management and accountability framework is in place to provide timely, systematic and comprehensive evaluation of the Organization's emergency response, and recalibration as required.
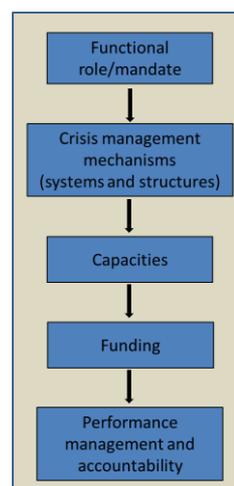
6.   As such, a package of five proposals for adapting, modernizing and reforming WHO are presented here. If implemented, these changes could capacitate the Organization to successfully lead in protecting the most vulnerable populations from the devastating public health impacts of emergencies.

PROPOSAL 1: WHO'S MANDATE AND ROLE IN OUTBREAK, HUMANITARIAN AND EMERGENCY RESPONSE AND PREPAREDNESS

7.   The global expectation that WHO will take a visible, high-profile role in every serious emergency in the past decade demonstrates the commitment of Member States and the Organization's partners to ensuring that WHO is the global leader responding to emergencies from all hazards with public health impact. This is further evidenced in the Organization's Constitutional functions, numerous Health Assembly resolutions[1] and the International Health Regulations, themselves.

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[1] See, for example, WHA65.20 "WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies" (26 May 2012).

However, to genuinely fulfil this role, the Organization will need to expand its emergency risk management mandate, and in particular its operational role in emergency response.

8.   WHO's institutional identity has traditionally been driven by its normative and highly technical work. However, these overarching emphases have resulted in a culture that resists embracing operations, an essential element of emergency response. As the Organization expands its role in emergency response, it must also expand its approach to give equal priority to developing and maintaining operational expertise, to exercising genuine delegation of duty that empowers and protects decision making during emergency response, and to acting with humanity and impartiality to ensure access to affected peoples, regardless of the cause of the emergency.

PROPOSAL 2: REFORMING WHO CRISIS MANAGEMENT MECHANISMS – SYSTEMS AND STRUCTURES

9.   Expanding WHO's role and mandate in outbreak, humanitarian and emergency response and preparedness calls for consideration of a commensurate reformation of its related structures at country and regional offices and headquarters and the establishment of appropriate, dedicated emergency management systems.

Systems

10.   WHO's current systems are designed to support the Organization's technical and normative work. However, to enable the Organization to have a fully functional all hazards emergency response programme, it is essential that the core systems be restructured and dedicated, to support the complexities and varying scale of emergency response. Further, once appropriately modified, the systems – including human resources, planning and information management – must be integrated and become part of the standard operating procedures for the emergency response programme.

11.   *Human resource systems:* A mechanism or set of mechanisms that would provide for identification of people with appropriate skill sets, rapid recruitment and immediate deployment in the event of an emergency is foundational to WHO's capacity to lead in this area. This may include directed deployment or the establishment of pre-qualified, structured field teams available for quick dispatch to investigate and respond to potential outbreaks, among other innovations. Additionally, implementation of a mobility and rotation policy would introduce a culture of and systems for staff movement.

12.   *Planning systems*: The Organization's current system for instituting and acting on emergency operating plans utilizes the same mechanisms as all other work plans and budgets. The methodology, while sound in theory, has not provided the flexibility needed to develop, institute and implement work plans and budgets. Expanding the current system to include a channel designed for emergency planning would resolve this issue.

13.   *Resource mobilization and financing:* Budgeting for emergencies faces the same challenges that all WHO financing faces; namely, alignment, predictability, vulnerability, flexibility and transparency. In mobilizing appropriate resources for the Ebola response, an additional consideration has been the sheer scale. In anticipating WHO's consistent involvement in all hazard emergency response, a financing system that can accommodate dedicated long-term funding, rapid increase in the flow of resources for specific responses, appropriate delegation of authority and accountability and managing financing for not only WHO but Member States and partners as well is essential.

14.   *Information management systems*: WHO has attracted some of the most talented epidemiologists in the world. However, even excellent data collection and analyses are not adequate to resolve public health crises without a coordinated, well designed information management system. Additionally, national data collection and surveillance systems must be improved to enhance the ability to align response efforts with epidemiology that evolves throughout the course of an emergency response.

15.   Practically, the Emergency Response Framework defines WHO's current roles and responsibilities and provide a common approach for its work in all hazard emergency response.[1] To adapt the above systems and improve WHO's ability to mount urgent, predictable and comprehensive responses that draw on all Organizational resources and maximally leverage country presence, it is necessary to revisit and revise the Emergency Response Framework.

Structures

16.   Proven emergency management systems require clear lines of reporting and accountability, with unified incident command in the case of response activities. However, WHO's current structure has distributed the work of all hazard emergency response across clusters, departments and technical units at all levels of the Organization. Structural changes are required to streamline and consolidate WHO's emergency response mechanisms.

17.   As a first step, the outbreak and humanitarian/emergency response activities will be merged. Such a unified all hazards, global emergency response entity would maximize efficiencies and effectiveness, facilitate appropriate accountability and position the Organization to take on the leadership role for which it is poised.

18.   To genuinely leverage WHO's expertise, strengths and resources, the emergency response programme would be merged across all three levels of the Organization, with departments or units in each WHO office. The structure would be headed by a lead, or incident command during a response, with substantial delegated authority, giving the programme both singular leadership and direct reporting lines.

PROPOSAL 3: EXPANDING WHO CAPACITIES, NETWORKS AND PARTNERSHIPS

19.   An understanding of the expertise required to respond to emergencies with public health impact caused by all hazards is essential to addressing the challenges that WHO has faced in excelling in emergency response.

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[1] The Emergency Response Framework sets out WHO's core commitments in emergency response; elaborates the steps WHO will take between the initial alert of an event and its eventual emergency classification; describes WHO's internal grading process for emergencies; describes WHO's Performance Standards for emergency response; outlines WHO's four critical functions during emergency response (leadership, information, technical expertise and core services); states the role of WHO's Global Emergency Management Team during emergency response; and outlines WHO's Emergency Response Procedures. See http://www.who.int/hac/about/erf_.pdf

20.   *Human resource (standing and surge):* WHO has faced significant challenges in activating and mobilizing adequate personnel to staff its emergency operations, including both traditional public health experts as well as those with complementary skills, including logisticians, communications officers, community mobilizers and anthropologists. The lack of effective human resource surge capacity has severely limited the ability to scale a response to meet assessed needs in many emergencies. In the case of the current Ebola crisis, is notable that WHO's limited capacity in this area would be further stretched were additional countries to become infected. As such the Organization's human resourcing for emergency response must have three components to ensure adequate capacity:

(a)   Adequate numbers of dedicated staff with the appropriate range of skills positioned at all levels of the Organization to properly implement ongoing emergency relief programmes (including surveillance), and to provide adequate internal surge capacity to respond to acute emergencies.

(b)   WHO's partnerships have played a key part in the successes of the Ebola response. However, the relationships, both formal and informal, should be deepened and expanded. This includes building on existing platforms, notably the Global Outbreak Alert and Response Network (GOARN), the Global Health Cluster, stand-by partners, foreign medical teams and *ad hoc* arrangements, as well as new mechanisms such as foreign public health or epidemiology teams. This would help to establish a global health emergency workforce, available when required.

(c)   Strong, established mechanisms for working with other United Nations agencies, funds and programmes, external partners and the private sector, as appropriate, would need to be further expanded and strengthened to assist in assuring a response commensurate to the scale of any emergency.

21.   *Logistics*: WHO has only a skeleton complement of logisticians experienced in responding to the public health demands of emergencies. This capacity must be substantially enhanced to ensure Organizational capacity to adequately respond to and to secure and deliver vital supplies in a timely manner during emergencies. Also, clear procedures or standing relationships would allow the Organization to mobilize the logistics expertise and assets of sister United Nations agencies, funds and programmes (e.g., the World Food Programme, the United Nations Children's Fund and others).

22.   *Communications and media relations*: WHO's capacity in corporate communications has seen tremendous improvements in the past decade. However, strategic emergency communications and external relations are a specialty that the Organization needs to further cultivate to help navigate the challenges of the media landscape during emergencies.

23.   *Anthropologists*: To be effective, preparing for and responding to emergencies requires particular attention to cultural norms and customs and must be undertaken in concert with local leaders and influencers – political, tribal, and religious as well as women and youth. This is evident in the response to the Ebola outbreak where key elements of the control package, including contact tracing and safe burials, are dependent on community engagement, which can only be achieved through effective communications structured around the socio-cultural and political context. As such, WHO's emergency risk management and response work should be informed and guided by widespread engagement and use of anthropologists to better understand and address the underlying factors affecting persistent risk behaviours.

PROPOSAL 4: FUNDING MECHANISMS FOR EMERGENCY RESPONSE

24.   At the heart of WHO's capacity to respond to all hazard emergencies with public health impact is adequate, sustained and dedicated financing for its emergency operations. Funding should be appropriately allocated to support the day-to-day functioning of WHO's emergency risk management and response programme, with a reserve budget available to immediately support a rapid scale up once an emergency is validated and a response required. Establishing a special fund for emergencies, as some regional offices, including in the African and Southeast Asian Regions, have done, could provide the financial resources necessary to support WHO's emergency response mechanisms. This comports with Recommendation 13 of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009.[1] Such a fund could be financed through assessed contributions to provide necessary consistency and sustainability.

PROPOSAL 5: PERFORMANCE MANAGEMENT AND ACCOUNTABILITY

25.   Two levels of performance management and accountability must be integrated into WHO's all hazards emergency risk management and response programme. The first is to ensure that the support the programme provides to Member States and communities responds appropriately to request and need and is of excellent technical quality. The second is to ensure that the programme itself delivers on its mandate in a transparent, accountable way.

26.   With regard to the first category of performance management and accountability, at the moment, substantive, practical mechanisms exist for Member State preparedness under the International Health Regulations (2005) and for WHO's emergency response performance under the Emergency Response Framework. However, mechanisms must be developed to assess, measure and report on WHO's institutional readiness to respond to any public health crisis or outbreak and on Member States' emergency response capacity and performance.

27.   With regard to the second category, a transparent, comprehensive accountability framework that will allow for thorough performance evaluation across the full range of WHO's emergency risk management and response programme must be institutionalized and applied as part of the emergency response programme. Such a regularly implemented system for measuring WHO's performance would allow for a real time and retrospective evaluation of the decisions and actions during the Ebola response, but would perhaps more importantly be in place to similarly evaluate all future emergency responses as they evolve. A mechanism of this kind would contribute substantially to a sustainable Organizational culture of accountability to its own standards and comprehensive, transparent reporting to Member States.

ACTION BY THE EXECUTIVE BOARD

28.   The Executive Board is urged to consider adopting a resolution in line with the five recommendations proposed in this document.

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[1] See A64/10 "Implementation of the International Health Regulations (2005): Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009 – Report by the Director-General" (5 May 2011), p. 21.

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