

## **2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10))**

### **High-level design for a new WHO health emergencies programme**

**Report by the Director-General**

#### **CONTEXT**

1. All countries and all communities are at risk of outbreaks, emergencies and disasters due to a diverse range of natural, technological and societal hazards. Each year, hundreds of epidemic-prone events occur, 200 million people are affected by emergencies and a further 172 million people are affected by conflict. The frequency and severity of emergencies continue to increase due to trends in climate change, urbanization, population growth, migration and state fragility.

2. Over the past decade, an increasingly sophisticated international architecture for emergency risk management has evolved, with best practices that are now well recognized. WHO has specific responsibilities as the lead agency of the Health Cluster and, increasingly, in certifying and coordinating emergency medical teams. Under the International Health Regulations (2005), WHO has a leadership role in the collective work to identify and mitigate the impact of specific hazards, especially infectious pathogens, and coordinates the Global Outbreak Alert and Response Network, which plays a central role in this work.

#### **REFORM OF WHO'S WORK IN HEALTH EMERGENCY MANAGEMENT**

3. The Ebola crisis in West Africa sparked intense international scrutiny of WHO's work in emergencies, and a series of evaluations and reviews. Common to all evaluations have been a recognition of the important contribution of WHO in outbreaks and humanitarian emergencies, and strong recommendations for the integration of WHO's work in outbreaks and humanitarian emergencies across the three levels of the Organization, the establishment of a new unified WHO entity for emergencies with empowered leadership and command and control, rapid decision-making capacity, specific processes and business systems to allow WHO to implement a "no-regrets" approach, enhanced interoperability with the broader emergency architecture, and independent oversight of WHO's emergency work. Serious existing gaps in emergency response, such as poor funding, inadequate capacity and technical resources, and inefficient administrative policies, need to be urgently addressed. An Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies

with Health and Humanitarian Consequences was established by the Director-General in July 2015 to provide advice and guidance to the Director-General on the changes needed for the reform.

4. This paper provides a report on progress in respect of WHO's future work in emergency risk management, the scope, major functions and structure of a new WHO entity for this purpose, a set of performance benchmarks for the transformative changes that will underpin this work, linkages with the broader emergency architecture, a timeline for rolling out the new emergency entity, and the estimated near-term financial implications.

## **SCOPE, MAJOR AREAS OF WORK AND STRUCTURE OF THE WHO PROGRAMME FOR HEALTH EMERGENCY MANAGEMENT**

5. A new WHO programme will be established to oversee and implement the Organization's work in emergency risk management. The mission of the new WHO programme for health emergency management will be to help Member States build their capacity to manage health emergency risks and, when national capacities are overwhelmed, to lead and coordinate the international health response to contain outbreaks and to provide effective relief and recovery to affected populations. The WHO programme for health emergency management will be an operational entity, complementing its technical and standard-setting work and drawing heavily on its political assets. WHO's principal operational role will be to work in partnership with others to facilitate and ensure compliance with critical operational requirements and the filling of gaps, with WHO itself serving as an implementer when appropriate. As an operational entity, WHO's new programme for emergencies will need to have a physical presence at the national and field levels in emergency-affected and high-vulnerability countries; personnel for its leadership, coordination, information, and technical advisory functions; operations support, logistics and core services; and the capacity to implement basic public health interventions where necessary.

6. The new programme will be responsible for overseeing and implementing all of WHO's work in emergency risk management, including the assurance of cross-organizational standards and rapid decision-making in health emergency operations. The new programme will encompass WHO's work in preparedness, readiness, response and early recovery, and on the identification and mitigation of infectious hazards and risks, across the three levels of the Organization. The programme will set strategy and oversee operational planning, develop and ensure adherence to technical standards, manage priority field operations, and monitor risks and performance. The new programme will have a deep commitment to collective action, using relevant partnerships and interagency processes to coordinate and facilitate the implementation roles of local, national and international partners, including with regard to related water, sanitation and hygiene and nutrition activities.

7. The new WHO programme will have the following major elements:

- *preparedness and technical assistance*: infectious and all-hazard risk management, Member State preparedness, WHO readiness (including the global health emergency workforce);
- *emergency operations centres*: surveillance, health emergency information and risk assessment, risk evaluation and response (including risk communications), operations support and logistics;
- *partnerships and external relations*;
- *core services*: management and administration.

8. The regional outbreak and emergency operations and activities, and field operations at the country level, will be strengthened as part of the WHO emergencies programme. Additional hubs or sub-hubs may be considered to optimize emergency operations management with other relevant agencies. Partners will also be able to contribute technical expertise and surge capacity to the new programme.

## **PERFORMANCE BENCHMARKS FOR WHO'S PROGRAMME FOR HEALTH EMERGENCY MANAGEMENT**

9. All WHO country offices will undertake a readiness assessment with key partners every year in high-vulnerability countries (and more frequently if required) and every two years in others. The impact of WHO capacity building for all-hazard preparedness will be systematically measured for all high-vulnerability countries in terms of early warning systems, incident management systems and rapid response capability, risk communications and safe hospitals.

10. For all major acute emergencies and risks with health consequences, a grading decision will be established within 72 hours and communicated to the government and partners. If requested, WHO will provide on-the-ground risk assessments for events associated with: (a) very high-risk pathogens (such as novel influenza viruses, coronaviruses and filoviruses); (b) clusters of unexplained deaths in high-vulnerability/low capacity areas; and (c) any other event(s) of concern. For all major protracted emergencies, the Global Policy Group will review a standardized assessment of WHO operations at least every six months.

11. The WHO Emergency Response Framework will be updated with new performance targets in the areas of leadership (for example, an incident manager with delegated authorities is to be appointed within 24 hours of grading), health information management (for example, a WHO single-standard health situation analysis is to be published within 72 hours for all acute events), coordination and operational planning (for example, a joint strategic plan is to be developed within five days and a joint operations plan within 30 days for all acute, graded emergencies), core services (for example, a disbursement of up to US\$ 500 000 from the WHO Contingency Fund for Emergencies is to be made within 24 hours and non-rostered staff will be recruited within three days), operations support and logistics, and health operations.

## **ROLES AND RESPONSIBILITIES FOR EMERGENCY MANAGEMENT**

12. The Director-General is accountable for all of WHO's work in emergencies. Regional Directors will be responsible for government relations and WHO country office management in all emergencies, and will have a key role in preparedness, readiness, response and recovery, in collaboration with the Executive Director. The Executive Director will be responsible for technical oversight and standards, strategic and operational planning, risk and performance monitoring, and interagency and partner relations.

13. Responsibility for the management of Level 3 (L3) crises, public health emergencies of international concern and acute Grade 3 emergencies (for up to the first six months) will rest with the Executive Director under the authority of the Director-General. The Global Policy Group will play a key role in advising the Director-General on the mobilization of resources from across the Organization and the management of the event. Regional Directors will be responsible for management of Grade 1 and Grade 2 emergencies, unless otherwise decided by the Director-General in consultation with the Global Policy Group. Under each option, the emergencies programme will

remain responsible for strategic and operational planning, technical standards, and risk and performance monitoring. Recognizing the scale, number, duration and complexity of protracted emergencies, WHO will seek to ensure that all WHO Representatives serving in such areas have completed humanitarian coordinator training.

## **ROLL-OUT OF THE WHO PROGRAMME FOR HEALTH EMERGENCY MANAGEMENT**

14. The design of the new programme for emergencies, and development of its initial operating procedures, will be finalized in February 2016, with the phased roll-out beginning on 1 March 2016. The first phase will involve establishment of emergency operations centres at headquarters and in the two regional offices with the largest affected populations (the regional offices for Africa and for the Eastern Mediterranean), with capacity for incident management and operations planning, health emergency information and risk assessment, operations support and logistics, and core services. A limited number of ongoing emergencies and infectious risks will be selected to introduce the new transformative changes, inform the building of the new systems and processes, and generate lessons for the broader roll-out and application of these processes. During Phase 1, any major new emerging risk or health emergency event will also be managed under the new programme and, to the degree possible, in line with the new transformative changes and procedures.

15. The second phase of the roll-out will include the transition to the new structure across the entire Organization. The third and final phase of the new programme will include completion of the new administrative, management, information technology and other standard operating procedures, processes and systems necessary to fully implement and manage the programme in the long term. The Director-General will oversee a comprehensive change management process to address the communications, education, training and other issues that will be fundamental to ingraining an emergency risk management culture and capability across the Organization.

## **OVERSIGHT**

16. An independent oversight body will be established and will report to the Executive Board. The oversight body will be responsible for assessing WHO's performance in emergency risk management; examining its collective work with Member States and partners; and reviewing the adequacy of health emergency financing and resources. Members of the oversight body will be appointed by the Director-General, have internationally recognized expertise in infectious hazards and crisis management and act in their own right. The reports of the oversight body will inform the Director-General's reports to the Executive Board, to the Health Assembly and to the United Nations Secretary-General on matters relating to global health security.

## **HUMAN AND FINANCIAL RESOURCES FOR THE NEW PROGRAMME FOR HEALTH EMERGENCY MANAGEMENT**

17. The new WHO programme for health emergency management will leverage the capacities of other United Nations and partner agencies and national and regional centres for disease control with international capacity, such as the United States Centers for Disease Control and Prevention, the European Centre for Disease Prevention and Control, the Chinese Center for Disease Control and Prevention, the African Centre for Disease Control and Prevention and others, particularly in public health, coordination, logistics and clinical service delivery. Within WHO, efficiency gains will be

optimized through the integration of WHO's work and staff in outbreaks and humanitarian emergency risk management across the three levels of the Organization. However, additional emergency-focused capacities (for example, for emergency operations planning, operations support and logistics) will need to be established in a significant number of regional and country offices. When benchmarking WHO's current resources for emergencies against that of other cluster lead agencies such as UNHCR and WFP, in 2015 WHO's staffing and expenditure in this area was one tenth and one quarter, respectively, of those agencies.

18. The full roll-out and scale-up of WHO's new programme will evolve over the coming three bienniums (2016–2021), and must be adequately resourced. A budget for this period will be developed during Phase 1. Possible options for financing the additional costs of the new programme will be identified and evaluated as part of that work. Within the Programme budget 2016–2017, the approved budget for category 5 (excluding food safety) and outbreak and crisis response amounts to US\$ 547 million. For the Phase 1 and early Phase 2 activities outlined above, in 2016 US\$ 60 million will be required, with additional resources for any major new events and/or risks that occur during that period. An expenditure of US\$ 100 million is anticipated in 2017. During the current biennium, these additional costs could be accommodated under the outbreak and crisis response section of the Programme budget 2016–2017. Beginning in 2018–2019, the core costs of the new programme for health emergency management would be included within the programme budget itself.

## **ACTION BY THE EXECUTIVE BOARD**

19. The Executive Board is invited to note the report.

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