
Reform of WHO's work in health emergency management

Report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-ninth World Health Assembly

1. The Secretariat gave a presentation on the new Health Emergencies Programme, providing substantive detail to complement document A69/30 on financing of the Programme, in particular detailing the current budget and funding of WHO's work in emergencies; the new functions, structure and results framework for that work; the costing and budget of the new Programme; and priorities for implementation. The budget for the Organization's work on emergencies in the Programme budget 2016–2017 is a combination of the core budget and activities budgeted under outbreak and crisis response. Only 42% and 13% respectively of those budgets had been funded as at April 2016. Of the 8% increase in the Programme budget 2016–2017 previously approved by the Health Assembly, US\$ 70.8 million had been allocated to the core emergencies budget.

2. It was noted that as the Organization complements its normative role with an expanded operational role and capacities, additional emphasis will fall on risk assessment and health emergency information and data, emergency operations and emergency core services. The functions and structures of the new Programme were aligned across all seven major WHO offices with a single, common structure and a new results framework that aligns with that structure. New outcomes and outputs were defined and assigned that capture the existing deliverables in this area and reflect new deliverables for the expanded work of WHO in emergencies. Functional and geographical priorities for the current biennium were identified; the latter priorities included countries with high vulnerability and low capacity. The full details of the new results framework and outcomes and budget had been posted on the WHO website.

3. The budget for delivering the new results framework had been revised in light of the defined outcomes and outputs, reflecting staff and activity costs across the Organization. Resources and deliverables in the Programme budget 2016–2017 had been realigned to the new results framework, with a significant restructuring and consolidation in order to improve efficiency of key functions and processes; particular attention was being given to addressing major gaps in capacity. Implementing the Health Emergencies Programme would require an extra US\$ 160 million, for a total budget of US\$ 494 million for the biennium 2016–2017. About three quarters of the increase in budget concerned the regional and country levels, and most resources were concentrated in the African Region and the Region of the Eastern Mediterranean, which together have more than 90% of the crisis-affected population globally that is targeted for humanitarian assistance. Priority countries for additional support from the Secretariat had been identified and the cost determined on the basis of WHO's responsibilities under the International Health Regulations (2005) and as Health Cluster Lead Agency within the Inter-Agency Standing Committee, vulnerability to emergencies and emergence of infectious hazards, and the capacity to respond. Within the Organization the staffing for crucial

functions, which had been spread across numerous departments, would be consolidated within the Programme to achieve a critical mass thereby improving effectiveness, interoperability and predictability.

4. Member States welcomed the substantial work done by the Secretariat in the development of a comprehensive new results framework, budget and justification as explained in the presentation and supplementary materials. It was appreciated that the new Results Framework and budget were anchored in the core functions of WHO in emergencies as expressed by the Stocking Commission and the Director-General's Advisory Group and reflected in the new, common structure for the Programme. Member States noted the need for the extra US\$ 160 million being called for in 2016–2017. One Member State announced that it was providing €5 million to WHO's emergency reform programme, but expressed concern that the resources were coming from voluntary contributions, which were not sustainable. Some Member States proposed that the Director-General should request an increase in assessed contributions, a step that would be crucial to the long-term operation of WHO, and using voluntary contributions to supplement those funds.

5. The importance of ensuring sufficient financing was allocated to country level was emphasized, and a question raised about what would happen to the support to countries not in the highest priority category but nevertheless with a degree of vulnerability and capacity constraints.

6. Member States advised that the new Programme should not jeopardize the Organization's work on other aspects of public health. The Programme should be aligned with the many other public health functions set out in WHO's Constitution. Concern was expressed about the risk of creating "an agency within an agency" – something that needed to be avoided. Nevertheless, the Programme would underline WHO's leadership role in global health. One Member State asked whether the Organization's activities on influenza and the International Health Regulations (2005) would be located within the Programme.

7. It was stressed that within the unified Programme, the roles and responsibilities of the Executive Director of the Programme, the Regional Directors and the Regional Emergency Directors must be clearly defined, as well as the functions of the Regional Committees and country offices. A Member State highlighted that while strategic planning should be done at headquarters, operational planning should be conducted at the level of an emergency. It was stressed that WHO already had a constitutional mandate for its work in emergencies, and the establishment of the Programme did not represent a deviation from this mandate.

8. In the context of continued broad support for the Health Emergencies Programme, as presented, some Member States were ready to approve the budget increase while others needed more time. Questions were raised about the linkage with staff mobility. In relation to the authority of the Executive Director to redeploy staff, a question was also asked about the duration of secondment as well as the impact on those staff members' parent programmes.

9. Responding to comments and observations, the Secretariat outlined the series of meetings on the issue of financing the new Programme that were planned to follow the Health Assembly and that would examine the sustainability of funding and a broader donor base as well as the question of prioritization of the rollout of the new Programme. A meeting of Member States, donors and interested parties would be convened in June 2016 to discuss in detail budgets and financing and then in September or October to hold a broader financing meeting, at which options for a predictable and sustainable financing of WHO's core budget for the Programme would also be considered. The transition in human resources would begin rapidly. It was explained that in considering allocations to country level it is important to take into account both core and outbreak and crisis response budgets, at

which point the overall targeted expenditure at country levels is 70%. Funding at headquarters reflected the need for continued normative work and the expanded work in standardization and coordination of WHO's emergency operations and activities with international partners. The allocation of resources would be reviewed in preparation of the Proposed programme budget 2018–2019 and based on the experience in rolling out the new Programme in 2016.

10. Work on influenza and the International Health Regulations (2005) would be firmly anchored in the Programme, whose design had been elaborated through multiple briefings and meetings, including substantive input from Member States and the IHR Review Committee. The Programme was fully integrated into the whole Organization, coordinating with other units and departments, and not an agency within an agency. The Executive Director has authority to deploy Programme staff for up to three months, and the deployment of non-Programme staff will be in consultation with the relevant managers.

RECOMMENDATION TO THE HEALTH ASSEMBLY

11. The Committee, on behalf of the Executive Board, recommended that the Health Assembly note the report by the Director-General in document A69/30. It also recommended the Health Assembly to continue the discussions started in the Committee and to consider the proposed draft decision contained in paragraph 24 of document A69/30, taking into account the need to ensure full and sustainable financing for the Health Emergencies Programme.

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