

Development of a Plan for a Stronger Global Health Emergency Workforce

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Definition

The global health emergency workforce is the totality of human resources working to respond to acute and protracted outbreaks and other emergencies with health consequences.

Challenges of the workforce

- imbalance of capacities across the workforce
- insufficient workforce presence with the required capacities
- disjointed and uncoordinated mobilization and response because of lack of standard procedures, insufficient information about available and deployable workforce capacities, and communications
- lack of quality assurance mechanisms
- a weak operational support platform, including medical and other evacuation arrangements

Challenges within WHO

- a misunderstanding of which part of the organization has overall responsibility and accountability for each function required for preparing and responding to outbreaks and emergency response
- an administrative support system that is not able to support emergency response requirements
- untapped synergies in the four WHO-led partner mechanisms, eliminating duplication and optimizing their comparative advantage and interaction.

The Vision

- a sustainable and coordinated source of emergency response partners
- from industrialized and developing countries
- including governments, civil society, the private sector and the military
- that responds to health consequences in protracted and acute emergencies resulting from any hazard
- based on the comparative advantage and competency of each partner
- to ensure the fulfilment of essential emergency management functions
- supported by a fit for purpose WHO where there is clear understanding of where functions and accountabilities lie

Strengthening the 3 components

- national government and national institution/academic staff, civil society, and (if applicable) private corporations that respond to emergencies locally, and provide the foundation of the Workforce
- international emergency personnel, both individuals and teams, working daily and full-time on emergency response who can be readily available to rapidly deploy on short notice, including staff of WHO, other UN agencies, and civil society
- reservists who are individuals and teams with jobs outside emergency response who have the necessary skills and are ready to deploy as reservists through partner networks and mechanisms, and that include the public and private sectors, and civil society.

Building national capacities

- **work closely with all countries to identify individuals and teams**
- **intensive capacity building, including IHR and links with the global health security initiative**
- **joint training and collaboration with international components**
- **eventually be prepared for international deployments**
- **focus national capacity building on national and potential international response**

Increasing numbers and competencies

- **engage all partners to actively identify additional individuals and partners**
- **increase and formalize the engagement of WFP, UNV and possibly other United Nations' agencies, programmes and funds**
- **engage the private sector, through interaction with willing corporations and the world economic forum, and develop mechanisms for more predictable in-kind contributions**

Improving on the four WHO-led partner mechanisms

- **bring together coordination of the four WHO-led partner mechanisms within a single team**
- **build on the comparative advantages of each**
- **streamline their similarities and duplications**
- **exploit their useful differences/complementarity**

Strengthening coordination, complementarity and interoperability

- **Establish workforce secretariat**
- **Harmonize training and preparedness activities including simulation exercises**
- **Map existing capacities and address competency gaps; maintain a database , registration system**
- **Identify partners that are fully self-reliant and those that require an administrative and logistics platform in order to respond**
- **Develop quality assurance mechanisms**
- **Develop procedures based on an incident management system that preserves mandates and independence**
- **Establish an advisory committee**
- **Identify the triggers and the mechanism for to mobilize the workforce**
- **Develop protocols and MOUs for safe and reliable medical and other evacuation of workforce members**
- **Develop protocols for the decommissioning of workforce members, debriefings, gathering of lessons learned**
- **Certify workforce members and teams**

Making the changes required within WHO

- Define and assign across the organisation functions and accountabilities required during response
- Establish a new all-hazards emergency response structure
- Apply incident command system
- Develop and implement a staffing/re-profiling plan
- Place accountability for the implementation of this plan with the Director General of WHO
- Place responsibility for its implementation with an ADG for emergency response
- Build credible emergency leadership at country level, starting with the selection of HWOs in high risk countries
- Establish new systems and procedures for rapid recruitment, deployment, safety and security, visas, immunities, insurance, evacuation, and administrative support for emergency responders

Financing

- Determine the biennial budget requirement for salaries and re-profiling of the three levels of the Organization, including for the staffing and functioning of the Workforce secretariat, and streamlined platform for the four existing partner mechanisms; and the means for its sustainable funding.
- The budget of maintaining and building the capacities of the individual components of the Workforce would be planned and funded by the components themselves; however for the capacity building of identified national individuals and teams, WHO would work with XXXX to secure funding for related activities and be guided by the core capacities required under the IHR.
- Use the WHO contingency fund to cover XXXX
- Develop MOUs with external funds (WB, PEF) to fund XXX]

Monitoring

- the implementation of this plan
- human resource needs vs. coverage
- by the Workforce secretariat
- with reporting to the DG, the advisory board, and the WHA

Timeframe?

Number of months?

- By Q3 2015?
- By Q4 2015?
- By EB 2016?
- By WHA 2016?