

## **Note for the Record: Member States Consultation – global health emergency workforce**

**Place:** WHO HQ Executive Board Room

**Date:** 20 March 2015, 9h30-12h30

### **Member State (MS) Participants:<sup>1</sup>**

Algeria, Australia, Belgium, Brazil, Chile, China, Colombia, Czech Republic, Cuba, Denmark, Estonia, European Union, Finland, France, Germany, Greece, Italy, India, Iran, Japan, Latvia, Luxembourg, Mexico, Monaco, Netherlands, Nigeria, Norway, Pakistan, Panama, Poland, Russian Federation, Slovak Republic, Sweden, Switzerland, South Africa, Thailand, Turkey, United Kingdom, United States, Zambia, Zimbabwe

### **Summary of Discussion**

The discussion was structured around the composition, characteristics and governance of a global health emergency workforce (hereafter “workforce”), and triggers for calling on the workforce to respond to specific emergencies.

The following reflects a summary of the discussion that took place among Member State participants (hereafter “Participants”) in respect of each of the aforementioned discussion points.

### **Composition**

Participants generally agreed that the three main components of the workforce are:

- (1) national government staff and non governmental groups including civil society as the foundation of the workforce;
- (2) international individuals and teams working daily on emergency response who can be readily available to rapidly deploy on short notice—including staff of WHO, other UN agencies, civil society, and other international organizations; and
- (3) people and teams with jobs outside emergency response who have the necessary skills and are ready to deploy as reservists through partner networks and mechanisms, including public and private sectors and civil society.

Participants welcomed the explanation of the four partner mechanisms that are currently in place at WHO: Global Health Cluster (GHC), Foreign Medical Teams (FMT), Stand By Partners (SBP) and the Global Outbreak Alert and Response Network (GOARN). Participants emphasized that essentially the success of the workforce is less about improved partnerships and mechanisms than it is about an improved WHO.

Participants emphasized the need to build on what already exists, strengthening accountability at all levels, and optimizing the effectiveness of the existing tools by thinking and working in new and innovative ways. The room strongly supported WHO’s focus on improved core staffing and surge capacity within WHO itself (including all three levels of the organization) as a foundation to successfully networking the four partner mechanisms for an improved response.

### **Characteristics**

The proposed characteristics of the workforce were summarized as follows:

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<sup>1</sup> The meeting was open to participation by all interested Member States, with no prior registration, and that the nature of the discussion was informal, serving to provide feedback and ideas to WHO as this work under the Resolution adopted by the Executive Board Special Session progresses.

- (1) comprising a sustainable and coordinated source of national, regional and international emergency response partners from public, civil society and private sectors;
- (2) having a coordinated call to action;
- (3) responding to health consequences resulting from any hazard in acute and protracted emergencies;
- (4) collectively fulfilling all key emergency functions;
- (5) with interoperability between diverse actors;
- (6) optimising comparative advantages and competencies of all actors;
- (7) with quality assurances;
- (8) responsive to the differentiated needs of specific contexts, hazards and health consequences
- (9) with a community of practice to formalize the sharing of experience and best practice and an emphasis on effective and continuous training;
- (10) with registered members; and
- (11) scalable, rapid, diverse, efficient, flexible, agile, and predictable.

## **Governance**

Dr Heymann reported that in early discussions, despite clear language in the EB Special Session resolution adopted by Member States in January affirming WHO's central and leadership role in the workforce, concerns were raised. Those criticizing WHO's potential to lead most commonly cited three issues:

- 1) Delays in developing the core capacities required by IHRs.
- 2) The "UNAIDS model" as an alternative to WHO.
- 3) Beyond Ebola, the lack of collaboration and coordination post-earthquake in Haiti and the resulting cholera outbreak.

Several delegations urged WHO to work with OCHA and prioritize potential collaboration to strengthen future emergency response capability and potentially more effectively integrate health-related emergencies into the broader humanitarian system.

Participants from all WHO Offices responded to the reported criticism by reaffirming that WHO should provide the leadership of the workforce and pointed out the important added value of WHO's strong relationships with national governments. Participants agreed that the foundation of WHO's leadership is inextricably linked with the advancement of WHO's emergency reforms, including clear accountabilities and stronger multi-sector engagement.

Participants recognized that governance of the workforce would be a balance between coordination and direction, and suggested that it should be bound by some procedures based on an incident command system, while preserving the mandates and independence of the workforce members.

## **Triggers for calling on the workforce to respond to specific emergencies**

Participants recognized that first responders are those components of the workforce that are already in country: national emergency response teams, national and international civil society groups including NGOs, and emergency staff within WHO and other UN country offices.

Participants agreed that triggers for greater mobilization of the workforce to reinforce the response would require commonly agreed criteria such as scale, urgency, and context and would depend on the type of hazard, and the functions and capacities required.

Participants recommended that triggers be linked to IHR triggers and to WHO's emergency grading as per the Emergency Response Framework.

Several participants noted the need to elaborate or update clear deployment guidelines, to support first responders and enable effective coordination. Others considered that securing agreements in advance

of a crisis, ideally through WHO, to enable smooth deployments, could assist in future emergency or outbreak response situations. Given the foundational nature of national response teams to the workforce, a number of participants also considered that, part of this systemic reform could include pre-agreed deployment commitments between countries and WHO to speed response and assist with predictability.

### **Secretariat Action (next steps)**

Participants requested that the Secretariat:

- provide additional information on the four partner mechanisms; and
- prepare a plan with that includes the following components: (1) composition, (2) rules of engagement, (3) capacity building and preparedness, (4) operationalization, (5) governance, (6) financing, (7) monitoring, (8) triggers for mobilization of the workforce, (9) and a roadmap and timeline for moving forward on these components of the plan.