

WHO response to outbreaks and emergencies with health consequences [including acute and protracted humanitarian crises]

ADVISORY GROUP ON REFORM

Proposed Scope of Work: David Nabarro: 20th July 2015: v1

Introduction

This paper starts with three propositions about how the Reform process could be framed. These are derived from existing material from WHO's Governing Bodies and from the report of the WHO Ebola Interim Assessment Panel (<http://www.who.int/csr/resources/publications/ebola/ebola-panel-report/en/>). They are presented as a basis for the work of the Advisory Group and could be discussed (and changed) as the Group's work is advanced. Three discrete but linked reform tasks are identified: these reflect the priorities of the Director General, and indicate work that the Organization expects to have initiated by January 2016. They are:

- (1) to establish a Platform across WHO that is capable of Managing Health Risks and Emergencies associated with Multiple Hazards
- (2) to devise and advance a process (the "programme") through which WHO as a whole demonstrates the capabilities and competences needed to ensure the satisfactory Management of Health Risks and Health Emergencies – from multi-hazard, multi—stakeholder and multi-country perspectives
- (3) to enhance WHO's engagement with Governments and other actors in Member Countries to support their management of Health Risks and Health Emergencies.

Framing 1: Proposed Direction of the Reform

There is a widespread call for reform of the World Health Organization and an evident impatience for it to be implemented rapidly – starting in January 2016 or earlier. There are several starting points – national leaders' expectations of their own health sectors and of the international system; national leaders' expectations of international and regional health institutions as expressed in different forums; explicit requests made to the Director General and Senior Management of WHO by its governing bodies; and commitments made by the Director General to the World Health Assembly in May 2015

1. Within countries, civil society, politicians and other opinion leaders, at the local and national level, as well as Presidents and Prime Ministers, expect their own health systems to be able to detect health threats and respond to them promptly and effectively, in ways that reduce risk and strengthen the resilience of communities: they expect their national systems to be able to access help promptly from relevant international and regional organizations – specifically WHO, supported by the rest of the international system
2. Internationally, representatives of nations in different intergovernmental processes – the UN Security Council, the UN General Assembly, the G20 and G7, summits of regional organizations, as well as international and regional bodies that convene opinion leaders from the faith,

humanitarian, media, academic, professional and NGO communities, expect WHO to provide effective and responsive international leadership and coordination in the event of outbreaks and emergencies with health consequences (especially when they affect – or threaten – multiple nations. These expectations are being articulated through the work of the UN Secretary-General's High Level Panel on responses to International Health Crises due to report in December 2015.

3. Within the WHO the need for reform has now been articulated by the Executive Board (Special Session January 25th 2015), by the World Health Assembly, and in the recommendations of the Independent Assessment established at the request of the Executive Board which presented its conclusions in July 2015;
4. The Director General of WHO - following consultations with the high-level WHO Global Policy Group - committed to advancing reforms in May 2015 at the World Health Assembly. The reforms will include emergency response capacity that runs through all levels of the organization with a single management structure, able to access (a) a pre-trained and rapidly deployable global health emergency workforce, (b) a dedicated logistic and human resource support system, and (c) a rapid-disbursing emergency fund – with a transparent system of benchmarks and accountability which will enable all to assess performance.

Framing 2: Proposed definition of the overall Purpose of the Reforms:

By early 2016 WHO as a whole will be ready to respond to threats of outbreaks and/or major health and humanitarian emergencies whether within individual countries or across multiple countries – eg a cholera outbreak or a severe drought affecting multiple countries. By late 2016 WHO as a whole will be able to coordinate and provide technical direction for all involved in preparing and reacting to health and humanitarian aspects of all

- Infectious diseases outbreaks,
- Environmental contamination,
- Food and other poisonings,
- Environmental hazards (including climate),
- Emergencies with health consequences,
- Protracted humanitarian crises.

Where appropriate this work will be undertaken within the framework of the International Health Regulations.

Framing 3: Proposed Competences and Capabilities to be demonstrated by WHO as reform is advanced:

By late 2016 WHO will – in any situation where there is a threat of, or presence of, a health emergency - demonstrate predictable capability to:

- Address a range of hazards throughout an Emergency Management Cycle (before, during and after they become emergencies) from the perspective of maximizing people's well-being, ensuring the resilience of societies and preventing disability and death with a particular focus on the most disadvantaged;

- Establish visions, frameworks and implementation systems within which all actors (health, humanitarian, security, governance, societal) are able to work together effectively to address health perspectives within Emergency Management Cycles;
- Ensure that the responsibilities and accountabilities of all concerned actors are properly exercised – in ways that maximize alignment and synergy while minimizing fragmentation, misunderstandings and inefficiency;
- Assess the quality with which actors are addressing health within Emergency Management Cycles by (a) establishing standards for this work, (b) assessing progress (in relation to standards), and (c) doing this explicitly and transparently without provoking stigma or contributing to unnecessary hardship (eg unwarranted travel restrictions or quarantine);
- Initiate research into, support innovation around and encourage development of improved approaches for implementing responses to health risks and health emergencies associated with multiple hazards.

Task 1: Establish a Platform across WHO that is capable of Managing Health Risks and Emergencies associated with Multiple Hazards

- This is the operational element of the “Centre” described in the report for the Interim Assessment Panel. It is the mechanism through which WHO is fully able to engage OPERATIONALLY in different stages of managing health risks and health emergencies – including those caused by disease outbreaks and humanitarian crises - in ways that are fully effective, are valued by national governments and contribute to the impact of other entities involved in the response (including humanitarian actors).
- The Operating Platform will be continually updated through analyzing experiences, establishing partnerships, devising better operational procedures, training exercises, simulations and adapting innovative approaches to requirements.
- The platform will use identical procedures within all parts of the organization though can (and does) adapt to needs: it builds on the elements outlined by the Director-General in May 2015 [a single management structure with a transparent system of benchmarks and accountability which will enable all to assess performance, and access to (a) a pre-trained and rapidly deployable global health emergency workforce, (b) a dedicated logistic and human resource support system, and (c) a rapid-disbursing emergency fund.
- The work to develop the platform was initiated by the cross-WHO Emergency Directors’ Group in late May 2015: a time frame and benchmarks should be developed to enable it to be fully established early in 2016.

Task 2: Devise and advance a process through which WHO as a whole demonstrates the capabilities and competences needed to ensure the satisfactory Management of Health Risks and Health Emergencies (including protracted emergencies, and emergencies with humanitarian consequences) – from multi-hazard, multi—stakeholder and multi-country perspectives

This is a WHO-wide reform process – presently referred to as the *programme* - that embraces the whole organization. It will establish the overall expectation for WHO with regard to health hazards, health emergencies and protracted crises that impact on health (see Framing 3 above). It will define the organization-wide vision for delivering on the expectation and will initiate a process for achieving the vision. It will incorporate systems for generating knowledge and for innovation (analysis, research, synthesis, innovation and development) as well as for establishing standards and assessing progress. The task will focus on Competences, Capabilities, Systems, Implementation, Benchmarks that relate to WHO-wide capacity to support better management of Health Risks and Health Emergencies (including protracted emergencies, and emergencies with humanitarian consequences) – from multi-hazard, multi—stakeholder and multi-country perspectives.

Task 3: Enhance WHO’s engagement with Governments and other actors in Member Countries to support their management of Health Risks and Health Emergencies

This task reflects the need for better understanding of the ways in which Health Risks and Health Emergencies are handled within WHO member countries, including through (a) the application of the International Health Regulations, (b) the incorporation of health into humanitarian action, and (c) sub-regional and regional cooperation on risk assessments, alerts and responses. It would involve analyses on ways in which health leaders interact with Heads of State and Government, senior parliamentarians and Finance, Defence, Foreign, Interior and local government ministers on issues related to the handling of health risks and health emergencies. It may also involve engaging with Networks and Communities of Practice to amplify the effort for systemic change.

Ways of Working

The Advisory Group will work in a focused way paying specific attention to issues on which the Director General seeks advice, reacting to issues as stated in short briefing documents, reaching decisions (or identifying areas where consensus is lacking) rapidly in time-limited teleconferences. One of the first tasks of the Advisory Group will be to set out the results that it would like to see achieved through the reform process.

The Advisory Group will be transparent - recording the issues discussed and advice provided (without names or attribution) in succinct and accurate meeting reports which are publicly available through being posted on a dedicated web page

The Advisory Group will be consultative – ensuring that briefing on issues is provided from different perspectives within the WHO and beyond, including the country and region-based personnel.

WHO will establish a mechanism for communicating about the reform process and the work of the Advisory Group.

The work of the Advisory Group will be supported by a Project Management Team in the Office of the Director-General.
