

**Advisory Group on the Reform of WHO's work on Outbreaks and Emergencies
Reflections of the Chair on Outstanding Issues**

November 24th 2015

1. An advance version of the Advisory Group first report was presented to the WHO Director-General on November 12th 2015. The full report was presented on November 16th. Following exchanges with the Director-General, Senior Managers and members of the Advisory Group, the following observations are offered to the Advisory Group.
2. WHO Senior Managers point out that the people of our world are experiencing outbreaks and emergencies that are unprecedented in numbers, severity and magnitude. WHO has a vital role in responding to them. There are evident gaps in WHO's capacity and in the effectiveness of its response. WHO country-based staff report that they are stretched to the limits, often firefighting, and frequently frustrated that they are unable to enable people in need to access the services they require. In short, human, logistical, and financial resources are extremely scarce and the Organization is unable to respond adequately to the needs of vulnerable populations.
3. WHO Senior Managers heard that the Advisory Group recommends the establishment of a new Programme for Outbreaks and Emergencies, and its Operations Support Platform. These would be under the full command and control responsibility of the Director General, with a one budget, one cadre of staff, one directing authority, one set of operational procedures, and one system of benchmarks for accountability.
4. The Advisory Group has proposed a major strengthening of WHO's internal capacity with a comprehensive cross-organization programme on outbreaks and emergencies with increased numbers of high quality technical personnel who have experience of working in outbreaks, emergencies and protracted crises.
5. The Advisory Group recognizes a need for greatly increased and sustained baseline funding to enable this expertise to be recruited and to be deployed as needed within countries and made available – as needed - to support country operations from elsewhere in the Organization.
6. The Advisory Group also recognizes that WHO requires the capacity to support its operations within countries through the deployment of an Operations Support Platform that offers the full range of logistical, administrative, personnel and information technology functions adapted to the conditions within which it operates.
7. The Advisory Group believes that these changes will only occur if the Programme and Platform are enabled to implement novel administrative policies - including human resources recruitment and deployment. The Advisory Group has called for a changed approach to collaborations and both intra- and inter-organizational relationships. The Advisory Group seeks prompt action in all these areas: the needs are deemed to be urgent at all levels of the Organization.
8. The Advisory Group also recommends (a) specific authorities for WHO's outbreak and emergency work, (b) novel structures across the organization to implement this work,

and (c) carefully developed strategies for mobilizing resources and for ensuring accountability.

9. Senior WHO managers indicate their wish for immediate action to address the human resources, financial shortfalls, administrative processes and lack of operational support capability. This is especially needed given the potential for exacerbation of current humanitarian crises and for the emergence of new disease outbreaks at any time.

10. In addition, the following areas have been identified as warranting further examination in the coming meetings of the Advisory Group - three teleconferences and one face-to-face meeting early in January.

- a. Structure, functions and implementation of the new Programme, together with its Platform to support operations within countries;
- b. Relationships and strategic collaborations with other entities;
- c. Independent oversight body;
- d. Business processes for the Programme and Platform (including human resources and information technology);
- e. Strategy for financing the new Programme and Platform;
- f. Authorities, responsibilities and accountability.

Structure, functions and implementation of the Programme and Platform

11. In its First Report, the Advisory Group recommended the immediate establishment of a centrally-managed, global Programme for Outbreaks and Emergencies Management. This Programme will be a separate, dedicated entity within the Organization. It will bring together and fully integrate the functions and units across the country, regional and headquarter levels that work on outbreaks, on emergencies and on risk analysis and assessment under the International Health Regulations.

12. The Advisory Group could to discuss the structure and systems needed by the Programme (and its Operations Support Platform) and the mechanisms that trigger the appointment of Incident Managers for different kinds of event.

13. The Advisory Group could make recommendations on how the Programme and Platform can be developed, including :

- a. The engagement of specific external expertise to assist with devising the Platform, to oversee its construction and then to make it operational;
- b. The processes for drawing on the existing logistical, operational and technical skills in WHO – as well as among collaborators – to ensure that the Platform has capacity for rapid “surge and stretch”;
- c. Means for ensuring that the Platform is fully interoperable with other incident management systems of national authorities, of national non-governmental actors for health, as well as of regional and international partners;
- d. Mechanisms through which Incident Managers are identified and appointed, are supported through the Platform, and are linked to different positions of responsibility within WHO country, regional and headquarter office;

ADVISORY GROUP ON REFORM OF WHO'S WORK IN OUTBREAKS AND EMERGENCIES

- e. The potential distribution of authorities across the Organization once an Incident Manager has been appointed, the deployment of the Platform has been triggered, and action is being taken with regard to an outbreak, an acute emergency or a protracted crisis.

Relationships and strategic collaborations with other entities

14. In its First Report, the Advisory Group emphasized that WHO should reaffirm its commitment to stronger and more visible leadership of the Health Cluster, and maintain high-level engagement with the Inter-Agency Standing Committee. The Advisory Group recommended that WHO build stronger linkages with other humanitarian Clusters and treat its Cluster activities as part of its core mandate with predictable funding.

15. The Advisory Group could discuss how to establish more predictable, dependable and trusting two-way relationships between WHO and other actors for health based on mutual respect, without an immediate need to pursue Memoranda of Understanding.

16. The Advisory Group could make recommendations on how WHO can strengthen its leadership of the Health Cluster, including by:

- a. Providing for dedicated staff at the country, regional and headquarters level to work closely with communities and to perform Cluster responsibilities;
- b. Recruiting staff who have the managerial and substantive capabilities to lead health clusters and participate in the other clusters, and developing the capacities of existing staff to perform these functions;
- c. Expanding the capacity to manage the Global Health Cluster within the Programme and Platform;
- d. Building the costs of performing Cluster functions into core program budgets.

Independent oversight body

17. In its First Report, the Advisory Group recommended the establishment by the Director-General of an external, independent oversight body to monitor the performance of the Programme and the Platform using benchmarks established for this purpose.

18. The Advisory Group could make recommendations on the key features of this oversight body, including:

- a. How this body would relate to the governing bodies of WHO and the United Nations system;
- b. Composition of the body, e.g. donors, civil society, NGOs and academics;
- c. Roles and responsibilities that such a body could have, e.g. reporting on the progress of the Programme and the Platform to the WHO Executive Board and the World Health Assembly and on the state of health Security to the UN Secretary-General for transmission to the General Assembly and the Economic, Social and Cultural Council;
- d. Benchmarks to be used to evaluate the performance of the Programme and Platform.

Business processes for the Programme and Platform

19. In its First Report, the Advisory Group recommended that the Programme should have its own processes and mechanisms that are specifically designed to build WHO's personnel, funding, materials, information and logistics capabilities during its general operations mode. The Advisory Group recommended that procurement rules and processes and delegations of spending authority in-country reviewed.

20. The Advisory Group could discuss the specific management and administrative authorities and processes appropriate to emergency response contexts. The Advisory Group could make recommendations on the areas where dedicated business processes and mechanisms will be needed, including:

- a. Financial processes to allow for money to be moved rapidly for immediate in-country and on-site use
- b. Human resources processes to allow people to be recruited on short-term contracts, to be identified from pre-cleared rosters, and to be seconded from other governments, NGOs and UN agencies
- c. Information technology mechanisms to support the rapid establishment of inter-operable information systems, using modern storage capacities and permitting access to information by a broad-range of partners, while protecting private information
- d. Logistics and procurement processes to allow for the rapid delivery of materials, services and people

Strategy for financing the new Programme and Platform

21. In its First Report, the Advisory Group noted that the Programme will require stable financing to sustain predictable levels of human resource and system capacity to carry out its work in outbreaks and emergencies.

22. The Advisory Group could consider various aspects of funding, financing and budgeting, including new authorities related to emergency funding and disbursement of funds and the potential of ensuring a gradual shift in budgetary requirements.

23. The Advisory Group could make recommendations on:

- a. The baseline funding for the Programme, looking at how much of these resources are already allocated to those clusters and units that will be integrated into the new Programme and how any gaps in resources can be addressed;
- b. The Contingency Fund for Emergencies, including a reasonable minimum amount for the Fund, the triggers for disbursements from the Fund, and the relationship of this Fund with the Central Emergency Response Fund;
- c. Pandemic Emergency Facility;
- d. Strategies for the build-up of financing, and whether an incremental approach would undermine the Programme's ability to respond robustly, thereby adversely affecting its ability to attract future funding

Authorities, responsibilities and accountability

24. In its First Report, the Advisory Group recommended that the Programme should be headed by an Executive Director at the rank of Deputy Director-General who reports to the Director-General. The Director-General would undertake appropriate consultations with the WHO Global Policy Group (consisting of the Director-General, Deputy Director-General and the six Regional Directors) when acting on outbreak and emergency issues. The Executive Director would be responsible and accountable for the centralized management of the budget and human resources of the Programme.

25. The Advisory Group could consider the authorities, responsibilities and accountability for: (a) the initiation and conduct of risk assessments, (b) triggering the appointment of an Incident Manager, (c) deploying the Operational Platform to ensure that WHO responds efficiently and effectively to requests from the Incident Manager and (d) mobilizing and managing external expertise. In such a response, WHO will –routinely seek to interact fully with regional and national authorities, with other UN system entities, with organizations in the Health Cluster and with other clusters whose activities have an impact on health.

26. The Advisory Group could make recommendations on the following specific issues:

- a. What are the options for enabling Incident Managers and the Platform to function effectively within the present authority structures in the WHO?
- b. In the event that an Incident Manager is appointed, what are the authorities, responsibilities and reporting lines between (a) the Incident Manager, (b) the Heads of the WHO country offices, (c) the Directors of the WHO Regional Offices and (d) the Executive Director of the WHO-wide Programme on outbreaks and emergencies?
- c. What are the protocols for specific shifts in authority, responsibility and control that must be implemented when (a) an Incident Manager is appointed, (b) incident management is undertaken, and (c) the Operational Platform is deployed? How will the application of these protocols be communicated within and beyond the Organization?
- d. What are the procedures for transparent and unambiguous delegation of both authority and associated responsibilities from the Executive Director to others within the Organization? How will this delegation – and the acceptance of responsibility associated with it- be communicated?
- e. How will the Incident Manager and the platform dovetail with the international humanitarian response architecture, including relationships to Humanitarian Coordinators?
- f. What are the elements of Incident Management systems used by other international entities (including UN bodies), and/or national authorities, that could be usefully incorporated into the Platform?

27. The issues identified in this paper will evolve over time. Advisory Group members and WHO Senior Management are invited to react before, during and after the next meeting of the Group (November 27th 2015). At that meeting the focus will be on (a) actions to be implemented urgently and (b) the Structure, Functions and Implementation of the Programme and the Platform to support operations.