

**Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies  
with Health and Humanitarian Consequences**

**First Meeting by Teleconference  
1430 – 1600 (CEST), 28 July 2015**

**Members**

Amir ABDULLA, Deputy Executive Director, WFP  
Walid AMMAR, Director-General of Health, Lebanon  
Valerie AMOS\*, Director, The School of Oriental and African Studies, University of London  
Michael von BERTELE, Humanitarian Director, Save the Children  
Ted CHAIBAN, Director of Programmes, UNICEF  
Jarbas Barbosa DA SILVA Jr., President, National Agency of Health Surveillance, Brazil  
Yves DACCORD\*, Director-General, International Committee of the Red Cross  
Vinod Kumar DUGGAL, Former Governor of the State of Manipur, India  
Gabrielle FITZGERALD, Director, Ebola Program, Paul G. Allen Family Foundation  
Toni FRISCH\*, Ambassador, Chairman, International Search and Rescue Advisory Group  
Michael GERBER, Chief, Emergency Response and Recovery Branch, US CDC  
Maria GUEVARA, Regional Humanitarian Representative, Medecins Sans Frontieres  
Stephen Ndung'u KARAU\*, Ambassador, Permanent Representative of Kenya in Geneva  
Jeremy KONYNDYK, Director, USAID Office of U.S. Foreign Disaster Assistance  
Poh Lian LIM, Senior Consultant, Singapore Ministry of Health, Head, Infectious Diseases,  
Tan Tock Seng Hospital  
David NABARRO, United Nations Secretary-General's Special Envoy on Ebola (Chair)  
Mary PACK, Vice President, International Medical Corps  
Claus SORENSEN, Director-General, European Commission's Humanitarian Aid and Civil  
Protection  
Denise WERKER, Deputy Chief Medical Health Officer, Government of Saskatchewan,  
Canada

In attendance: Margaret CHAN, Director-General, World Health Organization

*\*Unable to attend the meeting*

**Summary of the meeting**

1 In advance of the meeting, members of the Advisory Group had received their draft Terms of Reference and a note on the potential Scope of their Work (prepared by the Chair), as well as copies of relevant resolutions from the WHO Governing Bodies and the report of the Interim Assessment of WHO's Ebola Response.

2 As this was the first meeting, the participating members of the Advisory Group introduced themselves and summarized their relevant experience to each other.

3 The Advisory Group understood that reform of WHO's work on Outbreaks and Emergencies with Health and Humanitarian Consequences is an Organization-wide priority requested by the WHO Governing Bodies and the Interim Assessment of WHO's Ebola response. There are three elements to the work, namely:

- i. The platform: Senior Management expects to establish an operating platform that will support effective and efficient action in relation to outbreaks and emergencies; it will respond to people's needs, support governments and partner with the full range of relevant actors.
- ii. Organizational transformation: There is an expectation that the whole organization is to be transformed so that it can provide full support to outbreak and emergency operations.
- iii. Secretariat-Member State interactions: The way in which the WHO Secretariat interacts with Member States – in outbreaks and emergencies – needs to be part of the work of the Advisory Group. The Terms of Reference indicate that the Advisory Group should offer advice and guidance on the operating platform, the organizational transformation and Secretariat-Member State interaction.

4 The Advisory Group also appreciated that WHO Senior Management is poised to initiate reforms that can be implemented under its authority. Any reforms that require examination by the Executive Board will be presented for the Board's review starting with the January 2016 Executive Board meeting.

5 Members of the Advisory Group reflected on the Terms of Reference and the Scope of Work. The following substantive issues emerged in the discussion:

- i. High-level direction: WHO should be ready to mobilize and coordinate operational support to address the health needs of people at risk, reflecting the full range of hazards that populations may face. WHO must have the ability to undertake iterative monitoring of risks and assess the hazards and their impacts on the health of populations so as to determine when and how to intervene.
- ii. Operational platform: WHO needs an operational platform across all three levels of the Organization in order to mobilize appropriately-scaled and timely responses that include a capability for a rapid surge in activity. The platform will provide a clear line of authority and management, support the work of WHO personnel and coordinate with the operational platforms of its partners. The work supported by the platform should cover all aspects of the emergency management cycle. The responses mounted through the platform should be integrated with frameworks both for response to humanitarian crises and for implementing the International Health Regulations.

- iii. Organizational change: WHO will need to institute changes in all three levels of the organization so that it has the required strategic, managerial, operational and administrative structures and processes to better enable preparedness for, and responses to, outbreaks and emergencies with health and humanitarian consequences. To this end, practices from other relevant entities – including UN system organizations - should be examined.
  - iv. Resources: WHO requires rapid and dependable access to necessary human, material, and financial resources to satisfactorily deliver on its expected responsibilities with respect to outbreaks and emergencies. Human and material resources will need to be met, in part, through pre-established external arrangements with trained individuals, teams, organizations and agencies.
  - v. Partnering: WHO will need to invest in functional multi-sectoral interfaces, linkages, and partnerships in preparing and responding to outbreaks and emergencies with health and humanitarian consequences. This will involve work in support of national sectoral coordination and management structures and full participation in the cluster system of the Interagency Standing Committee including leadership of the Global Health Cluster. The emphasis on partnering will recognize that certain international entities have defined responsibilities in relation to emergencies associated with specific hazards;
  - vi. International Health Regulations, IHR, (2005): The IHR (2005) provide performance standards and serve as a point of reference for collective action. The work to develop, strengthen and maintain the core capacities under the IHR should be viewed as a continuing process for all countries. Therefore, WHO's work in outbreaks and emergencies should complement and integrate with on-going implementation of the IHR.
  - vii. Flexibility and Speed: WHO's assessments of its capabilities in relation to outbreaks and emergencies will need to take account of quality, flexibility and speed of action: management systems should at all times be designed to prioritize these attributes and ensure that they are in place for future responses.
6. The following four cross-cutting matters were identified:
- i. Interdependence of the Secretariat and Member States: WHO's work in relation to outbreaks and emergencies is undertaken under the oversight and strategic direction of its Member States. At the same time, the Organization is expected to offer strategic guidance to individual Member States as well as to the collective of its membership;
  - ii. Primary focus on people and their needs: In responding to outbreaks and emergencies, WHO must prioritize the needs of people – especially the most disadvantaged – and this may require its staff to take courageous positions;

- iii. Artificial divisions should be avoided: WHO's work on outbreaks and emergencies should not involve the creation of artificial divisions within or outside the organization - whether between development and emergency response, between normative and operations, or between working for governments or for interests of their people;
  - iv. Acceptance of ambiguity: The need for culture change is evident to all: one aspect of this is to help personnel within and associated with the Organization to cope with the ambiguities of political reality.
7. The Advisory Group suggested that the WHO takes four steps:
- i. Implementation Plan: The Advisory Group encourages the WHO Secretariat to establish an implementation plan for improvement to all of WHO's work in Outbreaks and Emergencies with Health and Humanitarian Consequences, to include (a) the desired capabilities of the WHO Secretariat at all levels; (b) an analysis of what is and what is not working satisfactorily in relation to the capabilities; (c) steps to be taken to achieve the capabilities; (d) current resource availability and additional resources required for the capabilities to be realized;
  - ii. Benchmarking: Specific indicators to establish the effectiveness of WHO's work on outbreaks and emergencies should be established as soon as possible, with effectiveness, flexibility and speed given central importance;
  - iii. Material for the Advisory Group: WHO Secretariat should prepare a sequence of briefing papers on specific issues for upcoming Advisory Group meetings, which will continue to be conducted by teleconference. A dedicated web-page, including key documents, should be established;
  - iv. An analysis of the IHR: It would be helpful for the Advisory Group to receive an analysis of the state of the IHR, including how recommendations of previous IHR committees have been addressed. It would be also helpful to receive information on currently on-going review processes, as well as information on means through which the IHR are being made more useful to individual Member States, to regions and to global preparedness and response.
8. The Chair proposes that the Advisory Group not break into subgroups but addresses all issues collectively. The Advisory Group should function in a flexible way, looking at broad issues and more specific matters. Members of the Advisory Group are encouraged to consult each other frequently through email. Meeting reports will be shared with the Advisory Group for comments 24 hours before being made public. There will be no attribution to individuals. The Advisory Group will have one teleconference per month for August through October and two teleconferences per month in November and December. The next teleconference is scheduled for 26<sup>th</sup> August 2015, 1430-1600 Geneva time.