

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

**Meeting by teleconference
1515 –1715 (CET), 27 November 2015**

Meeting Report

Action Points and Decisions

- (a) The Advisory Group should plan to have a meeting by teleconference that is dedicated to finance. This would require the WHO Secretariat to establish current spending in outbreaks and emergencies and details of financial requirements.
- (b) The Advisory Group will start to draft its second report immediately and terminate its work on 8th January by the end of the second face-to-face meeting.
- (c) The Advisory Group will advise on what decisions can be made by January and those that can be taken up afterwards.
- (d) WHO Secretariat should conduct an analysis on current emergency preparedness planning at country and HQ level.
- (e) WHO Secretariat will interact more with the Advisory Group and the Advisory Group will react to what the Secretariat is doing.

List of Participants: See Annex 1

Preparation

1. The Chair briefed the Members on media encounters and shared a transcript of the remarks made at the daily UN Correspondents briefing in New York on November 18th 2015 and an article by Sheri Fink in the New York Times.
2. The Chair also circulated the report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola, "Will Ebola change the game?: Ten essential reforms before the next pandemic," which was published in The Lancet on 22nd November.
3. In advance of the meeting, members received a background document titled 'Reflections of the Chair on Outstanding issues', November 24th 2015

Reaction to the First Report of the Advisory Group

4. The First Report of the Advisory Group was presented to the Director-General on 16th November and is now published on the WHO's website. The First Report was accepted by the Director-General and shared with Regional Directors and senior managers.
5. The Advisory Group was briefed about the meeting between the Chair and Global Policy Group Meeting on 13 November. The Regional Directors agreed change was necessary and welcomed recommendations of the First Report. However, they are anxious about whether the programme would enable WHO to deliver better support, particularly for emergencies of a complex nature, such as in Yemen and Syria, while continuing work to end the current Ebola outbreak, and getting money and people where they are needed on time. They suggested these priorities for the Advisory Group's work : (a) structure, functions and implementation, (b) business processes for the programme and the platform, (c) financing strategy based on existing spending and expected budgets, (d) relationships and strategic collaborations with other entities.
6. As part of the immediate response to the recommendations, the Director-General appointed Bruce Aylward as Executive Director ad interim. Dr Aylward was invited as an additional resource person to provide an update on what has been done to implement recommendations from WHA resolutions and the Ebola interim panel assessment report.
7. WHO aims to complete implementation of programme by mid-2016 and accelerate a recruitment process for Executive Director to reduce uncertainty and ensure that all support is given to the nominee for implementing the new programme in full speed.
8. The Advisory Group recognizes the difficulty of formulating specific recommendations without being fully informed of progress thus far and without being part of WHO's current discussions on the reform. There is an opportunity for more interactive work with the Secretariat.
9. The Advisory Group agreed that the first report needs to be further elaborated and articulated, especially on balance/linkage between the platform and the rest of WHO, particularly in protracted crisis. The Second Report should be able to spell out what the platform looks like at country level.

Comments on the Report of Harvard-LSTHM

10. A great deal of alignment is seen among different reports by various groups on the changes that need to happen in WHO. The Advisory Group suggested

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harmonization of recommendations and languages used in the different reports. For this purpose, the Chair is committed to involvement in different groups where ideas are evolving, including the UN SG's High-level panel on the Global Response to Health crises.

11. The Advisory Group noted that the recommendations of the Harvard-LSTHM report address not only the WHO but also Member States, industries and other entities. While it is useful for the Advisory Group to examine various reports with recommendations to different players in global health, the Advisory Group agreed to focus on specific recommendations for the WHO.
12. The Advisory Group appreciated that the report focused on systematic weaknesses and the WHO is not solely responsible for the failure of the system.
13. Recommendations from different reports indicate that WHO will need to do heavy lifting and should be responsible to ascertain when the system is failing down. To do this, WHO need to be robust and certain about work to be done by others. WHO should be able to identify each responsibility of all the players, including Member States, relations between what WHO is expected to do and what other to do and establish prearranged partnerships. The Advisory Group recommends that other parts of the system need to be upgraded and partnerships need to be built to respond to future unprecedented crises. WHO should be accountable against defined responsibilities which it has agreed to deliver.
14. The Advisory Group agrees that the WHO needs to operate differently and a massive cultural shift is required to play a wider role in outbreaks and emergencies. However, it is important to recognize what changes are required in the WHO and the whole system. The Advisory Group observed that WHO is not defensive about the recommendations from various groups. The Organization should clarify the differences between recommendations, whether they make sense or not, and if WHO does not accept them, the reasons why not.
15. The Advisory Group reiterated that the commitment of all players to ensure financing of the changes is required and that a new arrangement among Member States, donors and other actors on WHO's core functions require careful examination.
16. Further discussion and careful consideration should be given to the Harvard-LSTHM's recommendation for new layers of governance in the global health architecture in terms of usefulness, implication and feasibility.
17. The Advisory Group recommended anticipation of the nature of future outbreaks, and the speed and ferocity with which they could evolve. Even

without knowing what is coming next, it is critical to build a system that is flexible and responsive for future disasters.

Specific issues that are a priority for the Organization in the coming weeks and for preparation for the next face-to-face meeting

18. The Advisory Group agreed that more detailed recommendations should be provided to the Director-General on the following priority areas: (a) structures of the programme and platform; (b) contents of the programme and platform, including preparedness and capacity building; (c) better and clearer definition of the trigger mechanisms; (d) authorities and responsibilities of DG, Regional Directors, Executive Director and Incident Managers and their relationships across the three levels of the Organization; (e) developing WHO business processes with specific budgeting and financing authority in emergency response contexts; (f) relationships and strategic collaborations with other entities.

Structure and content of the programme and platform

19. Referring to the recommendation of the Harvard-LSTHM report that all countries need to have minimum level of core capacity to detect report and respond to outbreaks, the Advisory Group highlighted Member states' roles and responsibilities in implementing the IHR and reiterated that WHO should ensure support for countries to do so.
20. The Advisory Group considers that the IHR can improve country capacity to detect and verify outbreaks assessment on triggers. The IHR should be seen as the preparedness function for the programme. The Advisory Group recommended that preparedness should be placed in the programme with clarity on where it should be placed in the structure and how far it should go into capacity building. The Advisory Group notes that preparedness entails two aspects: WHO's ability to respond in emergencies and outbreaks and country preparation as outcome of capacity building. The Advisory Group requested an analysis on the way emergency preparedness currently being done at country and HQ level.
21. In light of the 2014 report 'Acute public health events assessed by the Alert and Response Operations teams in the WHO Regional Offices for the Americas and Europe', the Advisory Group recommended a consolidated global report with transparency and objective assessments on events and reiterated that WHO has responsibility to report when its own functions are not operating well.
22. The Advisory Group recognizes that the WHO is in the transitional period and there are major constraints with HR and financial resources. Given the potential for exacerbation of current humanitarian crises and for the emergence of new

disease outbreaks at any time, immediate actions are recommended to address administrative and financial shortfalls, business process, operational and support capacities in the transitional phase.

Authorities, responsibilities and trigger mechanisms

23. In order to formulate specific recommendations and proposals, the Advisory Group will draft an organizational chart and a paper that describes the lines of command or authority, how this fits into the wider system and links to existing WHO capacity, and how to create maximum synergy among them.
24. The Advisory Group emphasized that clear procedures for risk assessment and for triggering an escalation of international action are critical. This includes defining triggers, timing and procedures for appointment of an Incident Manager and authorities related to incident management.
25. The Advisory Group will review the Emergency Response Framework (ERF) model and existing procedures for risk assessment and grading. The Advisory Group recognizes that WHO also has obligations to the Inter-Agency Standing Committee (IASC) as Health Cluster Lead Agency, to the International Health Regulations (2005), and to other international bodies and agreements related to emergency response. Identification of gaps between the global health community and humanitarian groups would be useful.
26. The Advisory Group also noted that a prerequisite of an incident manager is a high level of technical competence in outbreaks and emergencies but also knowledge of local language, and social, political and cultural factors in countries. It would be useful to learn from best practices from other organizations such as OCHA on selection process and training programme.

Independent oversight body

27. With regard to the recommendation of establishing an independent oversight body, the Advisory Group noted that there are models that currently operating such as Independent Expert Oversight Advisory Committee (IEOAC) and new ideas are being discussed by different groups. The Advisory Group suggests examining different mechanisms for the WHO programme and the platform and providing options for the Director-General to consider.

Funding and resources

28. The Advisory Group reiterated that the emergency programme should be supported by a predictable and sustainable financing mechanism and agreed with the Ebola Interim Assessment Panel to increase assessed contributions.

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29. The Advisory Group emphasized the importance of baseline funding for standing capabilities and stressed that the Platform would not work without funding. The Platform should ensure the best use of resources, both HR and financial.
30. While the Advisory Group is confident that a successful reform proposal with deliverables will convince donors to invest in the new Programme, it does not exclude a financial shortfall or funding constraints to build the Platform. The Advisory Group will recommend an innovative funding strategy and options to better use existing resources, mobilizing staff and partners, and a structure of the platform with greater flexibility for balancing the budget.
31. The Advisory Group understands that WHO needs to rebuild confidence, first with a detailed reform plan, but there is urgency to use the momentum to get donors' commitment to the new Program and the Platform. The Advisory Group agreed that WHO should not give a perception to donors that the proposals for reform are limited to the available budget but there must be a reform-centric message, with an explicit focus on financing. The Advisory Group recognizes that financing strategy requires discussions beyond reorganization of internal budgets and capabilities and will work on financing issue in parallel with the proposal for the Platform.
32. The Advisory Group suggested a teleconference dedicated to finance. WHO Secretariat is encouraged to provide to the Advisory Group for analysis and recommendations, an overview of current financing mechanisms and ongoing initiatives, including the WHO contingency fund and the World Bank Pandemic Financing Facility

Relationship and strategic collaborations

33. The Advisory Group reiterated that other actors need to be engaged and WHO should play a leadership role, strengthening the Global Health Cluster and maintaining high-level engagement with the Inter-Agency Standing Committee.
34. The Advisory Group will make recommendations for establishing strong and mutually reinforcing relations between WHO and other communities. The definition of working with communities and linkage between the relationships and the Platform in humanitarian emergency situations will need to be clarified.
35. The Advisory Group acknowledged the differences between the public health expert groups and humanitarian communities and suggested making recommendations on how to bring these two parties together on common functions, grading system, and management processes to enable them to work across groups.

Method of work and way forward

36. There is a sense of urgency to finalize proposals for the reform. It was suggested that the Advisory Group should shift its approach from asking questions to making specific proposals. Members will identify what could be done by January and what other decisions should be taken later.
37. The Advisory Group will start writing a zero draft of Second Report over the next few days and aim to finalize the report by the end of the face-to-face meeting. The Second Report will be presented to the Executive Board (25-30 January 2016). Members of the Advisory Group will continue the practice of exchanging views and ideas by email and telephones in parallel with drafting a second report.
38. The WHO Secretariat is encouraged to interact more with Members of the Advisory Group and provide necessary background information. The Second Report will reflect on the way reforms are being taken forward by the Secretariat and what the Organization has achieved so far.
39. The Chair confirmed the target date to conclude the Advisory Group's work should be 8th January 2016.
40. The Chair proposed that the Advisory Group will focus on the following issues:
 - Finance, in parallel with current reform work
 - Organizational chart
 - Lines of command
 - How the programme fits into other parts of the Organization
 - Triggers for action
 - Transition programme
 - Collaborations – humanitarian, infectious disease outbreaks
 - Working with communities: what does it mean in practice?
 - IHR and preparedness: should feature in the second report but needs to be dealt with in other discussions
 - WHO's relationship with the rest of the system: "Black swan" events – comes as a surprise, has a major effect and is understood only with the benefit of hindsight
 - Work that lies ahead and decision points
 - Work on oversight processes and models

Next Meeting

41. The next Advisory Group teleconference meeting is scheduled to take place on 10th December 2015, 1430-1630 Geneva time.

Annex 1: List of Advisory Group 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, Former 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, Former 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, Médecins Sans Frontières
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, Senior Adviser on Resilience, Humanitarian Aid and Crisis Response, European Commission
Denise WERKER, Deputy Chief Medical Health Officer, Government of Saskatchewan, Canada

In attendance:

Margaret CHAN, Director-General, World Health Organization
Bruce Aylward, Executive Director ad interim, World Health Organization

**Unable to attend the meeting on 27th November 2015*