

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

**Meeting by teleconference  
1430 –1630 (CET), 10 December 2015**

**Draft Meeting Report**

**Action Points and Decisions**

(a) The Advisory Group will continue working on the draft of the Second Report and prepare closure of its work by the Second face-to-face meeting, 7-8 January 2016.

(b) WHO Secretariat will provide the Advisory Group with:

1. Analytics of its business processes;
2. Clarity on Global Health Emergency Workforce in terms of WHO's role and;
3. Detailed information on signals for health emergencies in relation to trigger mechanisms.

(c) The Advisory Group will support the WHO Secretariat in preparing the Information Document which will underline the Executive Board discussion, 25-30 January 2016.

**List of Participants: See Annex 1**

**Preparation**

1. In accordance to the decision taken in the fifth teleconference, a zero draft of the Advisory Group's Second Report has been prepared and circulated to Members. As the draft remains under discussion, the text will not be posted on the WHO website at this stage.
2. Prior to the meeting, members had a chance to look into emergency activation protocols of IASC, UNICEF and WFP. Emergency Operation Center Activation Process of US CDC was also provided during the call.
3. The Chair shared the conceptual structure for moving forward on the basis of the last meeting on 27<sup>th</sup> November and discussions with the WHO Secretariat and members of the Advisory Group. The Advisory Group will articulate recommendations on (a) Positioning of WHO as an operational organization in support of people at risk of, or affected by, outbreaks and emergencies; (b)

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Structure and Function of WHO Operations in Outbreaks and Emergencies, including relationships with the full range of actors for health; (c) Trigger mechanism, Incident Management, Lines of Authority, potential roles of key actors within the WHO Secretariat (c) Business Processes (human resources, management of finances, information technology, logistics and procurement) needed for the reforms to work (d) Mobilization of finance for implementing the reforms (f) Organizational change management.

### **Update on progress with implementing recommendations of the First Report**

4. The Advisory Group was briefed by three resource persons, the WHO Director-General, Regional Director of African Region and Executive Director ad Interim of the Cluster of Outbreaks and Emergencies, on progress with implementing recommendations in its First Report of 16<sup>th</sup> November.
5. The Director-General announced that she will increase the amount allocated to the Global Health Cluster (GHC) Unit at WHO in order to further strengthen the GHC at both global and country level. Additionally, she reported that she would reaffirm WHO's commitment to strengthened leadership of the GHC and active engagement with the Inter-Agency Standing Committee (IASC) at a meeting of the IASC Principals on 11 December. The Advisory Group welcomed these announcements of the Director-General.
6. The Advisory Group was informed that WHO is working to bring in more standby partners and review different model standby partnership agreements that can be signed with UN agencies, NGOs, governments and other entities. The Advisory Group recommended concluding Memorandums of Understanding (MOUs) or Long Term Agreements (LTA) with agreed partners as soon as possible.
7. With regard to WHO's restructuring, the Advisory Group had been already briefed on the consolidation of the two clusters and was informed of a regional consultation group, which is created to align with Global Policy Group and the Regional Offices. The regional consultation group will be functional from the third week of December.
8. WHO Secretariat confirmed that they are preparing analyses of human resources and financial rules, and current structures, with an aim to submit them by the end of December to the Advisory Group for its review. The Advisory Group was informed that Director-General has the mandate to modify WHO's internal business processes without Member States' approval.

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9. The Advisory Group heard from the Regional Director that Member States in the African region are looking forward to change in WHO and are committed to make contributions. The Regional Director reiterated her commitment to the reform and her appreciation for the Advisory Group's guidance.
10. The Advisory Group's emphasized the importance of moving quickly in the reforms, cautioning that WHO should be prepared to respond in the event of a significant public health emergency during the transitional period. The Advisory Group considered that a nucleus of the new platform's functions should be put together and a mini version of the new cluster should be able to perform core function even if not at scale.
11. The Executive Director ad interim informed the Advisory Group that WHO is looking at the possibility of establishing a pilot process with four or five major event crises. The purpose of the pilot scheme would be to assess the new structure and change the design of new programme in real time.
12. The Advisory Group recognized WHO's commitment and expressed its satisfaction with the progress achieved so far. Members also commented that the reform of WHO's work in outbreaks and emergencies is one of the most transparent processes in which they have participated.

### **Zero draft of the Second Report**

#### **General comments**

13. The zero draft of the Second report is structured with detailed suggestions on: Structure and functions of the programme; Lines of authority for the programme and platform within WHO; Relationship between the programme and the humanitarian architecture; Business process for human resource and financing; financing for the programme and platform; Independent oversight body; and Trigger mechanism for the Platform.
14. The Advisory Group emphasized that careful attention should be placed on organization-wide changes in working practices. The Advisory Group considered formulating recommendations for change management to ensure that outbreak and emergency work becomes familiar to all WHO staff at the three levels. It is noted that culture change should occur also among Member States.
15. Timeframe for implementing recommendations of the Advisory Group was mapped out with key milestones over next seven months. The Advisory Group noted that the timeline is ambitious and priority should be given to quick wins or interim measures to increase WHO's readiness and response capacity.

**Structure and functions of the Programme**

16. The Advisory Group noted that there seems confusion as to 'WHO needs to be operational' and a clearer definition of what it means for WHO to be operational would be helpful in the Second Report.
17. The Advisory Group emphasized that the Programme is not a separate entity within the Organization. The Programme would be distinct but must still be part of the Organization as it needs all the resources, knowledge and moral authority that WHO brings.
18. WHO's high level concept for the Programme envisages three main areas of work:
  - a. Technical - Science Policy; Member State Preparedness; Readiness, Risk Assessment and Response
  - b. Cross-cutting – Corporate Partnership & GHEW; Early warning, info and monitoring
  - c. Core services – Management & Administration; External Relations
19. The Advisory Group suggested the need emphasize the operations aspect of the Programme. There needs to be clear articulation of the Programme with other parts of the organizations and ongoing functions of WHO should be seen with the new programme. It is particularly important to show how the programme relates to pre-existing capacity and aligns with the structure at regional and country level.
20. The Advisory Group recommended adding risk reduction or prevention as key element in addition to readiness, risk assessment and response & management. Support for country preparedness was also seen as an important function for the Programme. There are ongoing discussions about the extent to which preparedness functions should go into the emergency and outbreak division, or elsewhere.

**Incident Management, Lines of Authority, potential roles of key actors within the WHO Secretariat**

21. The Advisory Group will articulate recommendations on triggers, the activation of incident management systems, effective surging of capabilities and human resources. It will also be necessary to clarify the expected roles and responsibilities of Regional Directors, staff in regional offices, and country office managers in relation to the incident management system and WHO's roles within the Cluster system in the Second Report.
22. The Advisory Group considered that a successful implementation of a good Incidence Management System (IMS) can enable the organization to work in an

integrated manner all three levels. In other UN agencies, the establishment of incident management arrangements in-country may involve “step-aside” arrangements that shift the locus of authority from a country or regional director. The Advisory Group noted that it would be more constructive to understand incident management arrangements as augmenting, rather than replacing, the capacity of country and regional offices. During the management of an incident, the existing relationships between the Country Representative and Regional Directors with national authorities and partners on the ground will be critical. Therefore, the importance of involving the WHO Country Representatives and Regional Directors in incident management decision-making was emphasized by the Advisory Group.

23. The Advisory Group recommended defining the roles in normal situations, as compared to Level 3 situations. Further clarity on the relationship between the Executive Director and the Regional Director/ Country Representative is needed, as well as clarification as to how the Incident Manager would link with existing WHO capacity on the ground and partners. (for example, relationship between country cluster coordinators to WHO Country Representatives or the Incident Manager).

#### **Relationships between the Programme and the Humanitarian Architecture**

24. The Advisory Group was informed that GHC will submit a letter with their own suggestions and requests.
25. The relationship of the Health Cluster Coordinator with the incident management system, and the humanitarian system requires further discussion. One of WHO’s core functions is to support the health cluster as the ‘provider of last resort’. In its reform WHO will improve its support of the cluster as a core function of the new program. The new cluster of WHO is not replacing the GHC but rather it will allow WHO to better support the GHC.
26. The Advisory Group recommended getting clarity on the surge mechanism of GHEW, GOARN and clusters and ways of working with each other at country level. It is important to find a way to involve people within WHO and partners and to interface with other clusters. For example, it was suggested that the GHC at country level can perform monitoring functions.
27. The Advisory Group acknowledged challenges of surge capacity where deployment is arranged on a voluntary basis especially for an extended period. The Advisory Group recommended the possibility to have standing staff capacity in the Programme as well as using partnership with NGOs that have national staff.

28. The Advisory Group requested further information on Global Health Emergency workforce in terms of vision and WHO's role in relation to the platform.

### **Business processes**

29. The Advisory Group acknowledged that more data is needed for being able to provide recommendations on human resources, management of finances, information technology, logistics and procurement and encouraged WHO to provide baseline estimates and analytics. It was noted that the challenges for responding to the Ebola crisis were not funding gaps but rather related to problematic systems and inadequate human resources.
30. With regard to finance mobilization, the Advisory Group stressed the importance of identifying gaps and recommended that efforts for reallocation should be undertaken to implement the reform. The Advisory Group reiterated the recommendation made at the last teleconference to suggest an innovative funding strategy and options to better use existing resources, mobilize staff, partners, and to have a structure of the platform with greater flexibility for balancing the budget.
31. The Advisory Group recognized that the reform process is an opportunity to articulate for donors on how funding framework needs to be changed and recommends lifting the full earmarked funding, which often distorts the Organization's priority. The Advisory Group is committed to support WHO Secretariat to take up the issue of earmarking funding to the Executive Board and the World Health Assembly.
32. The Advisory Group considered that WHO will need to reorganize the current funding structure for securing funding for specific operations. Budgeting aspects are also important for financial mobilization; there will be no need to budget various items every time if they are already incorporated into a standard staff cost.

### **Independent oversight body**

33. The zero draft of the Second report proposed three models for oversight body: (1) the WHO independent Expert Oversight Advisory Committee; (2) the Independent Monitoring Board of the Global Polio Eradication Initiatives and (3) the Accountability Commission for Disease Outbreak Prevention and Response recommended by the Harvard-LSHTM Independent Panel on the Global Response to Ebola.
34. A number of members expressed their preference for the first two models, noting that the independent oversight body would to be within the structure of WHO. As for the roles of the oversight body, while it is proposed essentially to

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monitor the performance of the Programme and the Platform, it could also provide punctual advice on specific issues and changing situations on the ground should be provided to the Director-General. Alternatively, the Advisory Group considers recommending appointment of a time-limited task force or establishment of an advisory body in the same or different format of the Advisory Group to the Director-General for the purpose.

35. The Advisory Group emphasized that the composition of the body is important and should reflect diversity of experience, in particular, civil society, independent humanitarian professionals, and experts in development and resilience.

### **Way forwards: preparing for the 138th Executive Board, 25-30 January 2016**

36. The Advisory Group reaffirmed its support for the WHO's work on reform and its willingness to assist the WHO Secretariat in preparing the Information Document which will underline the Executive Board discussion.
37. The WHO Secretariat is preparing an information paper for the Executive Board which would lay out what the international emergency system is, what the major work of WHO are, how this translate into high level structure and what the cross organizational functions look like. The Second face-to-face meeting on 7-8 January would be an opportunity for Members to review the paper and provide further support.
38. The Advisory Group will work closely with the WHO Secretariat to ensure that its advice is aligned with the Organization and recommendations in the Second report are actionable.
39. It is noted that the WHO reform will be discussed also in other major events including Davos 2016 World Economic Forum, 20-23 January 2016 and the High-level Panel on the Global Response to Health Crises will submit its final report to the Secretary-General at the end of December 2015.

### **Next Meeting**

40. The Seventh teleconference of Advisory Group on Reform of WHO s' work in outbreaks and emergencies with health and humanitarian consequences will take place on 22<sup>nd</sup> December 2015, 1430-1630 Geneva time. This will be the last teleconference of the Advisory Group.

**Drafted | 17<sup>th</sup> December | David Nabarro**

**Annex 1: List of Participants**

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 from World Health Organization:

Margaret CHAN, Director-General  
Matshidiso Rebecca MOETI, Regional Director, WHO African Region  
Bruce AYLWARD, Executive Director ad interim, Cluster for Outbreaks and Health Emergencies

*\*Unable to attend the meeting on 10<sup>th</sup> December 2015*