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

Summary of consultations involving WHO Regional Offices and Chair of the Advisory Group:
1-7 September, 2015
Prepared by the Chair and circulated to the Advisory Group 21st September 2015

The Chair of the Advisory Group, Dr. David Nabarro, held consulted with the six WHO Regional Offices by teleconference between 1st and 7th September 2015. In two cases, Regional-Directors led discussions. Senior WHO and emergency staff also contributed. Discussions focused on the following areas:

1. Establishing a unified WHO operational Platform and ensuring WHO's leadership

A unified WHO emergency operations Platform must work as a "team" with clear-lines-of-command, stronger management systems, well defined scopes of work and an all-hazards approach across the three levels of the Organization. The Platform should focus on WHO's core functions: leadership and coordination, intelligence and risk assessment, communications, country support for IHR core capacities and disaster risk management for health, WHO readiness and partnerships.

Country-led action and preparedness must be at the Platform's heart. The Platform must work on both acute and protracted emergencies, with a strong focus on the latter so to draw on increased emergency capacities and support from the entire Organization, plus partners. The Platform must establish WHO's leadership, facilitated by deploying staff to countries within 24 hours. The Platform could benefit from the establishment of Emergency Operations Centers in each Regional Office.

Professionals skilled and experienced in emergency action must staff the response Platform. Highly proficient management personnel are essential, and any scaling up of emergency resources must include strengthened management capacities. Stronger, improved logistics capacities must be a key component of the operational Platform.

The Platform must be sufficiently flexible to provide appropriate support given regional and country context. Some regions (EMRO) will require significant short and long term support from the Platform given the number of complex emergencies that are being managed there. All regions have different systems, capacities and experiences running outbreaks and emergencies; these will be considered when implementing a Platform across the 3 levels.

2. Insufficient funds impact WHO and partner emergency responses

WHO must find a mechanism to receive, maintain and sustain emergency response funds for supporting in-country response, in conjunction with the running of the unified emergency Platform. In many cases, funding is insufficient and Regional Offices must draw from their own funds to maintain in-country operations. Country Offices require a mechanism to access funds to do what they need to in emergency response. In many cases, developing countries require WHO funding for emergency actions, and in some cases developed countries seek such support.

3. Need for improved administrative, financial and human resource operations

Addressing shortcomings in WHO's administrative, financial and human resource operations ranks among the most pressing needs for the emergency reform process. Limited human, financial and technical resources (such as challenges in deploying staff rapidly to emergencies from within WHO or sourcing external professionals quickly due to burdensome HR and staff contracting practices) leads to a suboptimal WHO emergency response. The Emergency Reform process must address the need to improve, streamline and simplify identification and hiring of qualified and required emergency staff.

Financial resources must be made available at the local level where the crisis is occurring, while Regional Offices require additional resources to play an active role in emergencies. It was noted that WHO, at all levels, has insufficient staff to perform emergency work, with emergency personnel being overstretched and WHO operational capacities in logistics and administration being low. Ensuring longer staff deployment periods was highlighted as essential.

4. Clarifying WHO's scope of work in emergencies and the dynamics

The discussions highlighted that defining the scope of WHO's roles and responsibilities in emergencies was essential for its own emergency management purposes, plus its interactions with national authorities and stakeholders. Knowing the in-country risks can help define WHO's scope of work.

WHO's technical areas also require strengthening so they can contribute effectively to the Organization's emergencies work. Similarly, there is a need for the Organization to undertake a cultural change so staff at all levels recognize WHO's emergency action mandate and responsibilities.

5. Strengthening emergency capacities, particularly at WHO Country Office level

Emergency response starts at country level, which means capacities available to the WHO Country Offices are critical, whether in terms of in-country staff or access to surge support from Regional level and other elements of the Global Health Emergency Workforce. Country capacities must be strengthened in emergency, technical, coordination and communications areas; these efforts will depend on country vulnerability. While Country Office capacities can support national responses to small-scale outbreaks, insufficient capacities exist for large-scale response.

WHO Country Representatives (WRs) and "non-emergency" technical staff must be trained in emergency work and responsibilities. WRs require flexible terms of reference that can be easily applied during emergencies, and that provide clear guidance to enable them to act boldly and decisively when needed. WHO Regional Offices are well placed to provide more rapid, contextually informed responses to emergencies, but require additional resources.

WHO's has weaknesses in managing emergencies, and needs more and better emergency managers. Middle-management dilemmas can be addressed through better definition, understanding and application of SOPs and chain-of-command tools. Simulation exercises are useful.

6. The varied strengths of national governments, and how this impacts WHO

Each geographic region that WHO's six Regional Offices serves possesses countries of varied sizes, populations and capacities. These differences require WHO to be ready to provide services tailored to needs of authorities and populations of each country. Implementing the International Health Regulations (2005) core capacities can strengthen national capacities for coping with health emergencies, but challenges and gaps in implementation exist in many countries.

In some countries, national emergency response capacities have increased through experience in emergencies. So their needs from WHO have also increased in terms of the quality of services they expect from WHO. But bureaucratic challenges in some countries impede health emergency notifications to populations, plus the response that WHO and other operational players can provide.

8. Maximizing partnerships with operational stakeholders outside of WHO

Coordination and leadership of WHO HQ and Regional Offices should be strengthened for efficiency. WHO must strengthen country and sub-regional capacity for multiplayer coordination, with WHO as Health Cluster lead. But increased capacities are needed for coordination and developing partnerships before emergencies occur and during "peacetime." Such coordination must involve the Health Cluster, UN agencies and other key stakeholders. WHO's establishment of the Global Health Emergency Workforce will provide additional surge capacity required for emergency response.

9. Communicating and advocating effectively on health needs and WHO/partner roles

For WHO to exercise its responsibility as the lead actor in emergency response, it must demonstrate a visible presence. By doing so, it will enhance efforts for cohesive coordination, effective response, strong leadership and resource mobilization. This will require communications capacity to be strengthened for advocacy, awareness raising and risk communications actions.

Annex: List of Participants[1]
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[1] Members of the GHC Strategic Advisory Group are highlighted with an *.