

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

Reflections of the Advisory Group Chair [Updated October 13th 2015]

Abstract

These reflections

- Build on the directions in the January 25th 2015 Executive Board Resolution, observations in the Interim Assessment of WHO's Response to the Ebola Outbreak and deliberations of the Advisory Group in its first three meetings;
- Set out some critical functions and core commitments on which WHO will need to deliver before, during and after outbreaks and emergencies (including protracted crises);
- Outline four specific elements that need to be implemented if WHO is to deliver on these critical functions and core commitments – (i) a WHO Programme on Outbreaks and Emergencies; (ii) a new and extensive Platform to support the scale-up and outreach of outbreak and emergency operations; (iii) a new approach – throughout WHO - to strategic collaborations, and (iv) clear lines of authority;
- Suggest a timeframe for implementation and estimates the level of resources that may be needed.

I. WHO's Functions and Commitments During Outbreaks and Emergencies

1. The **central focus** of international involvement in outbreaks and emergencies should be on enabling national authorities and local communities to be more effective and resilient in relation to all hazards in a way that covers all phases of the emergency management cycle – readiness, alert, response, recovery and prevention.
2. The WHO is expected to undertake **four critical functions** – technical leadership, up-to-date information, technical expertise and core services. WHO's **six core commitments** are set out in the current Emergency Response Framework: these are to:
 - a. Develop an evidence-based response strategy, plan and appeal
 - b. Ensure that necessary disease surveillance, early warning and response systems are in place;
 - c. Provide up-to-date information on the health situation and health sector performance;
 - d. Promote and monitor the application of standards and best practices; and
 - e. Provide technical expertise to affected member States and all relevant stakeholders.

These functions and core commitments need to be updated and elaborated in order to reflect an all hazards approach, to cover all phases of the emergency management cycle, and to reflect ways in which the whole of society can be engaged.

3. The following **six critical functions** are essential for WHO's work in outbreaks and emergencies: the subsequent paragraphs identify some of the tasks related to these

functions for each phase of the emergency management cycle (readiness, alert and response, recovery, and prevention):

- a. **Leadership:** provide leadership and strategic direction on public health and patient care issues
 - i. Readiness: Formulate strategies and advice on preparedness
 - ii. Alert and Response: Initiate alerts, formulate strategies and advice on response
 - iii. Recovery: Advise on stand down and formulate strategies on recovery
 - iv. Prevention: Ensuring that all concerned are aware and act on the risks associated with dangerous pathogens and other causes of widespread ill-health

- b. **Coordination:** engage and coordinate a broad range of national, regional and international actors
 - i. Readiness: Establish incident management systems
 - ii. Alert and Response: Activate incident management system; contribute to cross-sector coordination and response mechanisms (including national disaster management authorities and UN OCHA); engage IASC system
 - iii. Recovery: Contribute to cross-sector coordination and recovery mechanisms
 - iv. Prevention: Encourage coordinated approaches to the identification of risks to health and prevention of outbreaks and emergencies

- c. **Information:** communicate timely, consistent and reliable information on current and potential risks to health, on the ways risks can be averted and on maintaining resilience following the end of an outbreak or emergency
 - i. Readiness: Disseminate information on preparedness, in collaboration with national and local authorities, and communities
 - ii. Alert and Response: Compile situation reports and media briefings to ensure public awareness and understanding of outbreak or emergency
 - iii. Recovery: Disseminate information on residual risks, in collaboration with national and local authorities, and communities
 - iv. Prevention: Ensure that all concerned have access to information on health risks and are encouraged to manage these risks as part of routine activity

- d. **Technical expertise:** issue relevant standards, guidelines and technical support relating to risk assessment, readiness, response and recovery; certify national systems, (including clinical services, human resource, infection prevention and control, surge capacities, and management of supplies).
 - i. Readiness: Establish protocols for preparedness, develop risk assessments and early warning, support establishment of surveillance systems
 - ii. Alert and Response: Issue guidance and protocols on health risks and infection prevention and control measures, anticipating the expansion of risks to multiple locations or nations
 - iii. Recovery: Issue guidance and protocols on management of residual risks
 - iv. Prevention: Encourage scientific analyses of risks and of means to prevent their evolving into outbreaks or emergencies.

- e. **Core support services:** provide logistical, human and financial resources needed to support preparedness, alert, response, and recovery operations
 - i. Readiness: Establish standby collaboration and partnership arrangements, maintain Contingency Fund and ensure it is accessible to partners, pre-position supplies and equipment
 - ii. Alert and Response: Deploy personnel, supplies and equipment to locations where they are needed for the response; disburse financing from the Contingency Fund
 - iii. Recovery: Disburse financing needed to support recovery;
 - f. **Quality assurance:** ensure that procedures and processes developed to support preparedness, response and recovery operations are fit-for-purpose
 - i. Readiness: Conduct simulations to test incident management and coordination systems
 - ii. Response: Conduct ongoing review of the effectiveness of response measures and adapt as needed.
 - iii. Recovery: Conduct lessons-learned exercises to develop lessons that can be applied to future operations
 - iv. Prevention: Ensure that the scientific information, actions and coordination systems for prevention are both functioning and effective
4. The **six core commitments** for WHO's work in outbreak and emergencies could be adapted as follows: these commitments should be revised at intervals.
- a. **Offer strategic direction**, identifying priority actions, focusing on critical decisions, ensuring follow-through;
 - b. **Encourage local-level appreciation of health risks**, thereby enabling communities to respond effectively and develop their own strategies for managing risk;
 - c. **Provide high quality technical assistance** to local communities, national authorities and partners, engaging expertise from UN system entities and partners, from WHO regional offices and WHO headquarters, and from collaborative partners (including through leadership of the Global Health Cluster, engagement of GOARN, and activation of the Global Health Emergency Workforce), and other stakeholders;
 - d. **Ensure that necessary finance, human resources and logistical support** is quickly available in advance of and alongside the technical assistance being provided; quickly deploying WHO staff (including persons with the leadership, collaboration and coordination skills required for incident management) close to the areas with the highest risk and greatest management challenges, as well as the necessary operational support within the country (local level, district and national capitals and in WHO regional offices);
 - e. **Ensure effective management of information and issue timely communications** to national authorities, partners, the global community on changing risks;

- f. **Measure performance against standardized benchmarks**, continuously improving performance through practical exercises based on diverse scenarios.

II. Requirements for the Delivery of WHO's Functions and Commitments

5. **The Elements:** There are four elements that will need to be developed in order for WHO to deliver on its critical functions and core commitments in outbreaks and emergencies:
 - a. **An integrated, Organization-wide Programme on Outbreaks and Emergencies ("Programme"):** this will include all of the core capabilities needed for the delivery of WHO's functions and commitments in outbreaks and emergencies.
 - b. **A single and standardized Platform to support the Operations of the Programme ("Platform"):** this consists of the financing systems, personnel management and logistical systems and processes that will support the operations required for the implementation of WHO's functions and commitments in outbreaks and emergencies.
 - c. **Strategic collaborations:** pre-arranged networks of experts, collaborative arrangements and partnerships on which the Programme and Platform can draw, as necessary, to ensure that the necessary expertise and capabilities are available so that the Programme and its Operational Platform respond to the needs;
 - d. **Lines of authority:** the lines of authority through which decisions will be taken regarding the direction, management and oversight (a) of the Programme on Outbreaks and Emergencies, and (b) of the Platform that supports its Operations.
6. **The Principles:** The development of the four elements – the Programme, the Platform, strategic collaborations and lines of authority – could be guided by the following principles:
 - a. **Be Comprehensive:** The elements should be developed in a way that enables WHO to make an appropriate contribution to managing all kinds of outbreaks and emergencies and to assist with preparedness and readiness as well as response and recovery.
 - b. **Act at many levels:** The elements should be designed to support local- and national-level operations within countries as well multi-country operations when appropriate.
 - c. **Move rapidly and at scale, where needed:** The elements should enable the immediate movement of personnel, materials and funds to ensure (a) outreach to where efforts are needed, (b) scaling-up to the required level, and (c) rapid arrival where needed, at sub-national or national level during both acute or protracted situations.

- d. **Adapt to what is required:** The elements should be able to support rapid increase, repositioning or scale-down of action in response to assessments of need undertaken by locally-placed expert personnel whose judgement is trusted.
 - e. **Allow open access and multi-lateral integration:** The elements should enable the full integration of responses to need by national authorities, in-country partners and international supporters.
 - f. **Operate with clear accountability:** The elements should function with clear lines of authority and accountability in ways that reflect best practice for Incident Management.
7. **The Challenges:** The Programme, Platform, strategic collaborations and lines of authority could be designed to address the following challenges that have commonly been faced by WHO when it undertakes its work with preparations, investigations, alerts and responses:
- a. **Access to affected populations:** Specialized teams may be denied access if there are concerns that their presence will damage trade, reduce tourism, provoke mass movements or contribute to insecurity. Staff or materials may be prevented from entering, or patients and specimens may be barred from leaving. WHO should participate in the UN system-wide negotiations with governmental and other interlocutors that contribute to addressing such issues of access.
 - b. **Local-level capability:** Risks to health are mitigated and contained through actions taken by communities and through the functioning of local-level health and other systems. Effective action is constrained in an affected location by shortage of local-level capability for community engagement, public health and clinical care. Sensitivity with cultural and linguistic factors and characteristics are particularly important to take into consideration.
 - c. **Mandate issues:** Efforts to insulate threats to health through border controls and travel restrictions are not always successful. Infectious diseases tend to affect more than one country and WHO is frequently asked to work across borders. It continues to be important that the Governing Bodies mandate this cross-border work.
 - d. **Organizational culture:** The WHO's working culture limits the extent of its ability to be operational. Senior level management often lacks the necessary experience required to work in emergency setting. There are circumstances under which WHO's ability to engage actively in outbreaks or emergencies may be affected by the perceived need to maintain relationships with specific authorities.
8. **Independent oversight:** The Ebola Interim Assessment Panel proposed establishing an independent Board to provide guidance and to monitor WHO's work in outbreaks and emergencies. The Board would provide annual reports on progress to the WHO Executive Board, the World Health Assembly and the United Nations' Inter-Agency Standing Committee. These annual reports could also include an assessment of the state of global

health security and may be forwarded to the UN Secretary-General for transmission to the General Assembly

II.A. WHO Programme on Outbreaks and Emergencies

9. As part of its operational mandate in outbreaks and emergencies, **WHO could undertake technical, coordination and leadership functions across the full risk management cycle** – preparedness, alert, response, recovery and prevention. WHO will need to respond to emergencies relating to all hazards (natural, biological, technological and societal). WHO will support the building and strengthening of national capabilities through a new Programme on Outbreaks and Emergencies. This Programme will be implemented across the Organization. It will include its own dedicated capabilities, links to all parts of the Organization that might be called upon in relation to outbreaks and emergencies, and pre-arranged collaborations that ensure access to persons with additional skills as needed.

10. The Programme will need **capabilities** that fall under five broad categories: **personnel, funding, materials, information and logistics.**

- a. **Personnel:** The Programme will be implemented by WHO's own specialist staff and external personnel. WHO staff will need to have relevant technical skills, as well as skills to perform the administrative, operational, communications, logistic, technical, coordination and leadership roles necessary to support operations in-country. The Programme will also engage personnel accessed through collaborations, standby partnerships and other standing agreements. Human resource capabilities need to be present in WHO country, regional and Headquarters offices and in collaborating agencies (e.g. CDC), partnerships (e.g. GOARN) and other parts of the UN system (UNICEF, Regional and Humanitarian Coordinators and the Inter-Agency Standing Committee).
- b. **Funding:** WHO will need increased, predictable and accessible core funding to sustain specified levels of human resource and system capacity to carry out its work in outbreaks and emergencies – especially to support staff performing WHO's core functions in outbreaks and emergencies. It will also need reliable contingency funding to ensure that it has the necessary resources early on to surge its efforts in a specific outbreaks or emergency setting. This funding needs quickly to be made available for use within countries and the contingency fund needs to be replenished promptly after resources have been disbursed.
- c. **Materials:** Procurement rules and processes need to be reviewed and streamlined so that materials can be acquired and moved quickly to the locations where they are needed.
- d. **Information:** WHO needs to improve its ability to collect and analyse health information. Systems for collecting and disseminating this information at all levels – district, country, regional and global – must be interoperable, harmonized and eventually standardized.

- e. **Logistics:** WHO needs predictable logistical support for its work in outbreaks and emergencies that permits actions that are dependable, capable and adaptable.

11. It will be helpful for WHO to plan for the **capacity to handle a finite number of alerts** and responses at any time. One proposal is that WHO anticipates having the capacity at any given time to respond to at least 25 events at Grades 2 or 3¹ (e.g., five outbreaks, 15 complex emergencies and five natural disasters). WHO must be able to undertake reviews of these events at regular intervals (within a day, two days, 3 days, 7 days and 30 days after onset and frequently thereafter, with regular reviews of protracted crises and outbreaks).

II.B. WHO Operational Platform

12. In order to support the work of the Programme, **WHO needs a dedicated Operational Platform** that will function across the whole of the Organization, as an “organization within the Organization”. It will have all the elements needed to enable effective deployment of personnel, materials and services for large- and small-scale operations to the locations where they are needed in a rapid and efficient manner (including financing, HR systems and business processes). The Platform must focus on strengthening the WHO’s capacity to function within countries. The Platform would be used by the full range of WHO specialists as well as accredited partners and collaborators.

13. The Platform will need to have its own **processes and mechanisms** that are specifically designed to enable WHO to perform its core functions during outbreaks and emergencies. They need to be clear and streamlined so that they can be implemented transparently and with minimum complexity.

14. The Platform will provide **predictable access to the human resources** needed for outbreaks and emergencies operations. It will identify, recruit and deploy personnel to wherever they are needed. It will allow for re-deploying WHO staff for limited periods so that existing expertise can be drawn upon in responding to outbreaks and emergencies. Recruitment processes need to be streamlined so that additional staff can be recruited to fill surge capacity needs. WHO will also need to establish new arrangements and partnerships, so that personnel can be engaged from other UN agencies (e.g. WFP, OCHA, UNDP), national government entities, regional entities (e.g. African Union) and non-governmental organizations. Existing networks of expertise (e.g. the Global Outbreak Alert and Response Network) will be reviewed so that they can be utilized more effectively.

¹ In the WHO Emergency Response Framework, a **Grade 2** event is defined as “a single or multiple country event with moderate public health consequences that requires a moderate {Head of WHO Country Office (WCO)} response and/or moderate international WHO response. Organizational and/or external support required by the WCO is moderate. An Emergency Support Team, run out of the regional office, coordinates the provision of support to the WCO.” A **Grade 3** event is defined as a “single or multiple country event with substantial public health consequences that requires a substantial WCO response and/or substantial international WHO response. Organizational and/or external support required by the WCO is substantial. An Emergency Support Team, run out of the regional office, coordinates the provision of support to the WCO.”

15. Once these personnel are deployed, the Platform will need to **provide appropriate care and support for their physical and mental wellbeing**, as well as their security. This means making sure that there is sufficient administrative support to assist personnel with accommodations, travel, visas, and other logistical arrangements. Personnel also need to be provided with the equipment they need to perform their work (e.g. materials for taking specimens, personal protective equipment). The Platform will also ensure the quality of their work, to be supplemented by training and certification in generic skills (such as coordination, communication, response management and infection prevention).
16. The Platform will also need to enable the **movement of funds** to fulfil in-country and regional requirements. This will require establishing the necessary delegations of authority across the organization, as well as systems that permit the use of funds by in-country implementing entities as well as by WHO and partners within and outside the UN system.
17. The Platform must be structured, and should function, in a **standardized way across all parts of the Organization**. It should have similar components and operating systems whether it is reaching into countries, or passing through locations in national capitals, sub-regional, regional and Headquarters. It should be able to operate where needed, not just in WHO premises. Standard protocols and operating procedures, adapted to platform functions, are essential to promote transparent, consistent and efficient working methods with clarity of reporting relationships and accountability across all levels of the Organization. This means (a) common titles and job descriptions, (b) standardized operating procedures for readiness, for simulations, for alerts, for initiating action, for surging and for transitioning, and (c) integrated management of specialists with central roles in outbreak and emergency work (in ways that recognize the particular needs of specific disease risks).

III.C. Strategic Collaborations

18. **Strategic collaborations and partnerships are vital to WHO's capacity to perform core functions.** WHO needs them to provide the capacities it lacks (and which would duplicate the good work of others if developed) such as heavy-lift logistics. But given the need for WHO to get close to the problem, it does need strong health logistics, communications, fleet management and personnel support capacity within its operations support systems. Ensuring that partners can be engaged in this way means that WHO should convene Inter-Agency Collaborative Approaches (such as the present Inter-Agency Collaboration on Ebola) for all major outbreaks. WHO should continue to use the IASC led cluster system in humanitarian emergencies, to ensure that each entity can provide expertise in their respective areas of specialization and that there is strong, effective coordination in place. Sometimes, partnerships permit actions to take place in areas or communities where WHO (as a UN system entity) is otherwise unable to reach.
19. **Collaborations and partnerships should be strengthened and established in a strategic manner.** They should operate in ways that encourage predictability and effectiveness at all levels (community, national, regional and international), and across all sectors (civil society organizations, private sector groups, governmental entities, faith-based groups). They should focus on empowering national and community groups, and ensuring

effective joint working across the UN system, with GOARN members and the Global Health Cluster.

III.D. Lines of Authority

20. **The Platform will combine a decentralized operational capability at country and regional level with a clear command structure and lines of authority** across all levels of the Organization. The highest authority and command for the Programme and its Platform will be the Director-General, always working in concert with the Global Policy Group. The Programme and Platform could be directed by an Executive Director (at the rank of Deputy Director General) who reports to the Director-General.

21. **The Executive Director has some critical functions.** S/he would be expected to undertake regular global risk assessments on behalf of the Director-General and the Global Policy Group, to bring concerns about outbreaks and emergencies to the notice of the Director-General. Under the overall guidance of the Director-General and the Global Policy Group, the Executive Director will ensure the deployment of people required to undertake assessment and response measures, issue public statements and mobilize a regional or global response. These activities will be taken in close consultation and coordination with national authorities, the UN system and non-governmental organizations.

22. **The Executive Director would have the authority for directing all actions related to outbreaks and emergencies with health and humanitarian consequences (including protracted crises).** S/he would appoint an Incident Manager for each outbreak or emergency. Incident Managers will report directly to the Executive Director. In the case of protracted or localized crises, the Executive Director may delegate his or her authority for Incident Management to senior officials within different parts of the organization. An Incident Manager may be replaced at intervals (as the task can be onerous): in a complex or protracted outbreak or emergency there may be a need for more than one Incident Manager.

23. **When requested by the Executive Director, all units and personnel within WHO must be prepared to assign personnel to work within the Platform on an alert or response.** When they do so they are under the authority of the Executive Director. The preparation of work plans for all departments will need to build in contingency arrangements to enable flexible in the assignment of staff for emergencies.

24. **Specialized staff for outbreak and emergencies should be in the same organizational unit for ease of management and to encourage a common working culture.** They should not necessarily co-located physically. The interfaces for partnership and collaboration should be in the same place. To ensure that the work of WHO staff, together with that of collaborators and partners, is predictable, dependable, capable and accountable,

25. **The authorities and responsibilities at the country and regional levels will also need to be articulated, along with the triggers that will require the exercise of such authorities.**

III. Timeframe and Resources for Implementation

26. **It should be possible to develop a rough estimate of resource needs.** In order to have the capacity to address approximately 25 outbreaks and emergencies each year, it is estimated that WHO will require a standing capacity of 1,200 persons, including national staff: the platform will require a proportion of these people. It is estimated that half this capacity already exists in different parts of the Organization but needs to be brought together under the Programme and Platform. However, it seems inevitable that the full capability may require additional financing estimated at US\$ 300 million a year, as well as substantial start-up funding. With each large scale outbreak or emergency, an increase of staff deployment and funding needs can be anticipated. If WHO is to deliver on its critical functions and core commitments in outbreaks and emergencies in a predictable manner, staff performing the core functions related to its operational mandate will require reliable funding through protected and predictable financing, and contingency funds must be released promptly when an alert is sounded.

27. **It should also be possible to establish a time-frame.** The transitional period for the implementation of WHO's Programme and Platform should begin in February 2016, and that the full arrangements could be in place by June 2016.