

Recommendations to WHO on its work in health emergencies and WHO's response to those recommendations

Major area	Panel	Specific recommendation	WHO response
<p align="center">Establish a dedicated WHO structure for work across the emergency and outbreak risk management cycle</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>WHO should establish the WHO Centre for Emergency Preparedness and Response, which will be based on the currently separate outbreak control and humanitarian areas of work. This WHO Centre will need to develop new organizational structures and procedures to achieve full preparedness and response capacity. WHO must develop an organizational culture that accepts its role in emergency preparedness and response.</p>	<p align="center">EB138/55 paras 5-8 GPG Statement paras 2-5 Progress Report paras 8-13 WHA69/30 paras 2-4</p> <p align="center"><i>Based on Member State feedback, the Director-General has elected to move forward with a Programme rather than a Centre. This signifies full integration of WHO's work in the health emergency management cycle within the Organization.</i></p>
	<p><i>DG's Advisory Group</i></p>	<p><i>First report:</i> WHO should immediately establish a centrally managed, global Programme for Outbreaks and Emergencies Management. This Programme will be a separate, dedicated entity within WHO. It will bring together and fully integrate the functions and units across the country, regional and headquarter levels that work on outbreaks, on emergencies and on risk analysis and assessment under the International Health Regulations. The Programme should be structured in a manner that enhances collaboration between the relevant functions of the Organization.</p>	
	<p><i>SG's High-level Panel</i></p>	<p>WHO should immediately strengthen its leadership and establish a unified, effective operational capacity. Taking note that WHO established the Programme for Outbreaks and Emergencies Management, but in light of the need for unified command, the Panel proposes that such a Programme become a Centre for Emergency Preparedness and Response with command and control authority.</p>	
	<p><i>IHR Review Committee</i></p>	<p>A tiered emergency response structure with strong linkages to both internal and external partners should be instituted, with clear, documented structures and processes for command and control, accountability, and leadership. This programme should balance the advantages of a strong, decisive, accountable, multilevel programme with the strengths of the established working relationships that States Parties have with country and regional offices.</p>	
	<p><i>Harvard-LSHTM</i></p>	<p>WHO should create a unified WHO Centre for Emergency Preparedness and Response with clear responsibility, adequate capacity, and strong lines of accountability</p>	
	<p><i>NAM</i></p>	<p>By end 2016, WHO should create a Center for Health Emergency Preparedness and Response—integrating action at headquarters, regional, and country office levels—to lead the global effort toward outbreak preparedness and response.</p>	

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<p align="center">Articulate clear lines of authority and accountability in the WHO health emergencies structure</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>In an emergency, the Centre Head would need full operational authority.</p>	<p align="center">EB138/55 paras 12-13 GPG Statement paras 5-6 Progress Report paras 10-12 WHA69/30 paras 5-8</p> <p align="center"><i>The DG will delegate oversight and management of Grade 2 crises to the Executive Director (ExD) or the respective Regional Director (RD), depending on the nature of health emergency and the degree of internationally coordinated support required.</i></p>
	<p><i>DG's Advisory Group</i></p>	<p><i>First Report:</i> Director-General (DG) should undertake appropriate consultations with the Global Policy Group (GPG) on outbreak and emergency issues. The Executive Director (ExD) should be responsible and accountable for centralized management of Programme budget and HR.</p> <p><i>Second Report:</i> With respect to the lines of authority in incident management:</p> <ul style="list-style-type: none"> (a) DG remains ultimately accountable for incident management within WHO. (b) Incident Managers report to DG through Heads of Country Offices in Grade 1 (G1) emergencies, and to DG through the ExD in Grade 2 (G2) and Grade 3 (G3) emergencies. (c) Heads of Country Offices and Regional Directors (RDs) be fully engaged in incident management decision-making and within the functioning of the Programme. (d) Incident Managers, heads of Country Offices and RDs will establish good working relationships during events and will be held accountable for this. (e) Build staff capacity in humanitarian partner coordination and response so they can successfully function in an incident management system. 	
	<p><i>SG's High-level Panel</i></p>	<ul style="list-style-type: none"> • The Centre is the central command and control mechanism in health emergencies. It should have clear lines of authority within the organization. • During a health crisis, the Centre takes full authority for the Health Cluster response, and liaises closely with the government and all actors. • In a G2 or G3 outbreak not already classified as a humanitarian emergency, a clear line of command will be activated throughout the UN system: <ul style="list-style-type: none"> (a) WHO DG reports to the UN Secretary-General (SG) on the response. (b) WHO RDs report directly to the ExD to ensure system coherence. (c) ExD as the UN SG's Emergency Coordinator to lead an interagency response, if needed. 	
	<p><i>IHR Review Committee</i></p>	<p>WHO should balance a strong, decisive, accountable, multilevel programme with the strengths of the established working relationships that States Parties have with country and regional offices.</p>	
	<p><i>Harvard-LSHTM</i></p>	<p>WHO should clearly designate the Centre's operational lines of authority from headquarters to regions and countries.</p>	
	<p><i>NAM</i></p>	<p>WHO should merge health security and emergencies functions and integrate under the Centre's command-and-control structure. RDs should have "dotted-line" oversight of regional functions. Comparable, contextualized systems should be set up at national level .</p>	

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<p align="center">Ensure financing for the WHO health emergencies structure</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>At the 2016 Executive Board (EB) and World Health Assembly (WHA) meetings, Member States should reconsider moving from the policy of zero nominal growth to increase assessed contributions by 5%.</p>	<p align="center">EB138/55 para 18 Progress Report paras 19-22 WHA69/30 paras 20-22</p> <p align="center"><i>In the 2016-2017 biennium, there is no request for an increase in assessed contributions, and in 2018-2019 there will be no changes in assessed contributions for Categories 1, 2, 3, 4 and 6.</i></p>
	<p><i>DG’s Advisory Group</i></p>	<p><i>First report:</i> The Programme will require “steady state” financing. <i>Second report:</i> The Advisory Group considers that the expectations of Member States for WHO to play a key role in outbreaks and emergencies can only be met if there is a corresponding willingness to invest in the Organization. The transformation required for WHO to perform its core functions in outbreaks and emergencies will require a significant increase in staff and financial resources. The Advisory Group recommends that:</p> <ul style="list-style-type: none"> (a) WHO distinguish the resources needed for the baseline capacity of the Programme from the funding needed to support specific emergency operations (b) The baseline capacity of the Programme be funded by predictable and reliable financing streams, including assessed contributions. (c) WHO maximize its use of existing funding mechanisms (e.g. CERF), as well as actively seek the full capitalization of the Contingency Fund. (d) WHO present a schedule of the resource requirements for each phase of Programme development, including upfront investments needed for the initial phase. <p>WHO should use existing resources efficiently and prioritize, articulate the linkages between resources and outcomes, identify benchmarks to assess progress, and rigorously track expenditure. WHO needs to consider new ways to engage with different donors and stakeholders.</p>	
	<p><i>SG’s High-level Panel</i></p>	<p>The Centre should be funded from assessed contributions. Member States should increase their assessed contributions by at least 10% and 10% of all voluntary contributions to WHO—beyond programme support costs—should mandatorily support the Centre. The Centre should also have access to the World Bank’s Pandemic Emergency Facility if triggered.</p>	
	<p><i>IHR Review Committee</i></p>	<p>WHO’s response to emergencies and to the IHR should be a continued priority, and resources should be appropriately allocated to ensure the rapid success of the new Programme. Starting in 2017, core contributions to WHO should increase to establish an effective risk assessment, risk management and risk communication programme for health emergencies.</p>	
	<p><i>Harvard-LSHTM</i></p>	<p>The Centre’s budget should be protected and adequately resourced through a dedicated revolving fund. The fund should immediately disburse money for rapid scale-up when a crisis strikes, then be replenished from funds raised for that crisis to be ready for the next one.</p>	
	<p><i>NAM</i></p>	<p>In May 2016, the WHA should agree to an appropriate increase in WHO member states’ core contributions to provide sustainable financing for the Center.</p>	

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Establish, capitalize and manage a WHO emergency contingency fund	<i>Ebola Interim Assessment Panel</i>	Member States and partners should contribute immediately to the contingency fund, with a target capitalization of US\$ 100 million fully funded by voluntary contributions.	<p align="center">EB138/55 para 11 Progress Report paras 7, 23 WHA69/30 paras 11, 17, 19, 21</p> <p align="center"><i>Harvard-LSHTM did not speak to this area.</i></p>
	<i>DG's Advisory Group</i>	<i>Second report:</i> For funding to support emergency operations, WHO should maximize its use of existing mechanisms like CERF and actively seek full capitalization of the Contingency Fund:	
	<i>SG's High-level Panel</i>	Member States should finance the WHO Contingency Fund with at least \$300 million by end 2016. To ensure predictable financing, the Contingency Fund should be fully funded by Member States according to the scale of their current assessment, and immediately replenished when depleted. The Fund's resources should also be available to other health responders.	
	<i>IHR Review Committee</i>	Starting from 2017, increase contributions to WHO, to allow the establishment of a programme for health emergencies, including a WHO Contingency Fund for Emergencies.	
	<i>NAM</i>	By end 2016, WHO should create and fund a sustainable contingency fund of \$100 million to support rapid deployment of emergency response capabilities through one off contributions or commitments proportional to assessed contributions from Member States.	
Identify lead for the WHO health emergencies structure	<i>Ebola Interim Assessment Panel</i>	The Head must be a strong leader and a strategic thinker, with political, diplomatic, crisis coordination, organizational and managerial skills; able to make sound decisions quickly; discern when to move to rapid response; and to coordinate with partners. The post should be advertised.	<p align="center">GPG Statement para 5 Progress Report paras 3, 11 WHA69/30 para 5</p> <p align="center"><i>SG's High-level Panel and the IHR Review Committee did not speak to this area.</i></p>
	<i>DG's Advisory Group</i>	<i>First report:</i> The Programme should be headed by an Executive Director at the rank of Deputy Director-General who reports to the DG.	
	<i>Harvard-LSHTM</i>	The Centre should have its own Executive Director who is accountable for performance jointly to a separate Board of Directors and to the DG.	
	<i>NAM</i>	An Executive Director at the level of Deputy DG should lead the Centre, and the post should be filled through an external, open recruitment.	
Tailor systems, business processes and standard operating procedures for emergencies for the WHO health emergencies structure	<i>Ebola Interim Assessment Panel</i>	The WHO Centre will need to develop new organizational structures and procedures to achieve full preparedness and response capacity. New, simplified systems and processes in administration, HR, and procurement that facilitate rapid action and deployment are required.	<p align="center">EB138/55 paras 14-15 GPG Statement para 5 Progress Report paras 5-7 WHA69/30 paras 2-4</p> <p align="center"><i>The SG's High-level Panel, IHR RC, Harvard-LSHTM and NAM did not speak to this area.</i></p>
	<i>DG's Advisory Group</i>	<i>First report:</i> WHO should immediately redesign WHO's HR management system and transform financial management processes so funds can be promptly disbursed where they are needed. <i>Second report:</i> WHO should develop processes specific to its outbreaks and emergencies work to meet performance benchmarks for HR and financial management. There must be transformational changes, based on a no-regrets approach.	

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<p>Ensure independent oversight of WHO's performance in emergency risk management</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>WHO, through the DG, should immediately establish an independent Board to oversee the Centre. It should guide the development of the new Centre and report on its progress to the EB, WHA and the UNS' Inter-Agency Standing Committee (IASC). The Chair of this Board should provide an annual report on global health security to the EB, WHA and UN General Assembly.</p>	<p>EB138/55 para 16 GPG Statement para 5 Progress Report para 14 WHA69/30 paras 13-14</p> <p><i>The Independent Oversight and Advisory Committee met for the first time on 5 May 2016, and will meet again in early July 2016</i></p> <p><i>The IHR Review Committee did not speak to this area.</i></p>
	<p><i>DG's Advisory Group</i></p>	<p><i>First report:</i> An external, independent oversight body should be established by the DG to monitor the performance of the Programme using benchmarks established for this purpose.</p> <p><i>Second report:</i> Observations regarding the following features of an independent oversight body:</p> <ul style="list-style-type: none"> (a) <i>Composition:</i> The members of the body should have technical expertise in areas that are relevant to the Programme. The membership should be multi-sectoral and could be drawn from Member States, donors, NGOs and civil society, private sector, and the UN system. Members would exercise their responsibilities individually and independently. (b) <i>Functions:</i> The functions could include monitoring and advising on the implementation of the Programme, examining the sufficiency of resources available for the Programme, monitoring the application of lessons learned to adaptation of the Programme and providing observations on health systems strengthening and global health security. (c) <i>Reporting:</i> Where the procedures of the UN and WHO governing bodies do not allow for the oversight body to directly submit reports, such reports could be taken into consideration and appropriately reflected by WHO in its reporting to these bodies. 	
	<p><i>SG's High-level Panel</i></p>	<p>The Centre should be guided by an independent Advisory Board, composed of representatives of other UN emergency response organizations, national governments, health NGOs and other institutional partners, to ensure broad input into the Centre's situational assessments and to reduce misjudgements or political interference. The Advisory Board members should have access to WHO surveillance data and should provide input to the Centre's assessments and response.</p>	
	<p><i>Harvard-LSHTM</i></p>	<p>The ExD should be accountable for performance jointly to a separate Board of Directors and to the DG. The Board should include broad representation of governments from each WHO region, scientific expertise including about animal health, operational responders from all sectors, and funders. The ExD should inform the Board immediately when the Centre's risk analysis suggests that coordinated international action is needed and mobilise an appropriate response.</p>	
	<p><i>NAM</i></p>	<p>The ExD should report to a merit-based and multidisciplinary technical governing board (TGB). The TGB should be chaired by the DG, who should nominate members strictly on the basis of their technical expertise, not on member state representations. Members should come from various countries, regions, and sectors, including civil society organizations (CSOs), academia, and the private sector. Additionally, the TGB should include representatives from the UN and possibly the World Bank to enable multisectoral support and coordination of the WHO's efforts.</p>	

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<p align="center">Coordinate the global health emergency workforce (GHEW) as part of the WHO health emergencies structure</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>Standby capacity needs to be put in place across WHO and its partners, including Global Outbreak Alert and Response Network (GOARN), and there should be pre-agreed arrangements for emergency medical teams (EMTs). The GHEW needs to be prequalified, fully trained, on standby, and familiar with its roles. Strengthening workforces for national work and as capacity for outbreaks beyond national borders should be coordinated to prevent duplication. The Centre should establish policies/procedures for medical care provision, medical evacuation, insurance, and hazard and death benefits for deployed personnel, and clarify the roles of police and military.</p>	<p align="center">EB138/55 para 7 Progress Report para 15 WHA69/30 paras 15, 18</p>
	<p><i>DG's Advisory Group</i></p>	<p><i>First report:</i> GOARN needs to be strengthened, including training members in teams and involving them in joint risk assessments to enhance readiness to deploy. WHO should establish new arrangements and partnerships, so that personnel can be engaged from partners. Existing networks of expertise should be utilized more effectively and predictably.</p> <p><i>Second report:</i> WHO needs to undertake a stakeholder analysis of partners that contribute to GHEW and identify and establish relationships with national workforces and support them through training and technical guidance. WHO is responsible for coordinating international health actors and ensuring adherence to common standards when deployed. WHO should strengthen operational support to networks deployed through WHO and must define and promote common standards for health interventions, information sharing and handling personal health data.</p>	
	<p><i>SG's High-level Panel</i></p>	<p>The Centre houses a workforce deployment management unit, including GOARN and EMTs, which coordinates the Global Emergency Health Workforce, deploying experts and EMTs as needed.</p>	
	<p><i>IHR Review Committee</i></p>	<p>WHO should strengthen its partnerships with GOARN, CSOs and key private sector stakeholders to enhance WHO's surveillance, risk assessment and risk communication capacity. WHO should identify military medical staff available to deploy, with the host country agreement, to provide medical care to civilian healthcare workers in significant infectious disease outbreaks. Such teams should be available in all WHO regions. This should be linked into WHO's work on the GHEW.</p>	
	<p><i>Harvard-LSHTM</i></p>	<p>The Centre should be able to assemble the world's best expertise to tackle disease threats and should develop protocols, build relationships, and negotiate agreements with governments and partners to mobilise rapidly, including strengthening capacities in developing countries to better respond nationally and participate internationally. It should set standards for certifying crisis responders, from communications experts and logisticians to surgeons and managers. Responders would continue working for their home organisations, but provide surge capacity in a crisis.</p>	
	<p><i>NAM</i></p>	<p>The Centre should coordinate the global health emergency workforce and should strengthen and expand GOARN, integrating national, regional, and global capabilities to reduce over-reliance on a limited group of partners. It should also ensure that members are trained and engaged in different stages and tasks of preparedness and response.</p>	

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<p align="center">Increase WHO's capacity in independent, reliable risk assessment and in information management and sharing</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>All levels of WHO should be strengthened to increase the Organization's ability to independently identify health risks and to declare health emergencies. WHO must re-establish itself as the authoritative body communicating on health emergencies. It must fulfil its role in rapidly, fully and accurately informing governments and publics about the extent and severity of an outbreak.</p>	<p align="center">EB138/55 paras 7, 10-11 GPG Statement para 5 Progress Report paras 5-6 WHA69/30 paras 2-4</p>
	<p><i>DG's Advisory Group</i></p>	<p><i>First report:</i> WHO should lead independent and comprehensive risk assessments to assist countries to prepare and respond to outbreaks and emergencies. These will be undertaken with affected country authorities and partners to determine the necessary alert level, action to be triggered and how risks are communicated. Where national authorities are not in a position to participate, WHO would perform this function with local-level, national and international actors. <i>Second report:</i> Conducting independent risk assessments is a critical function of the Programme. Risk assessments should be done at all levels of WHO and are a core capacity of all States under the IHR. DG should be able to trigger an independent risk assessment.</p>	
	<p><i>SG's High-level Panel</i></p>	<p>The Centre should establish a transparent protocol to activate an immediate response to outbreaks and to call on political action where obstacles delay or prevent international action. The Centre should house an open data platform that will collect, manage and analyse public data on epidemiological events globally, and be responsible for making these data publicly available.</p>	
	<p><i>IHR Review Committee</i></p>	<p>WHO should establish a standing advisory committee to regularly review WHO's risk assessment and risk communication; create an intermediate level of alert called an International Public Health Alert (IPHA); and develop an updated communication strategy. The strategy should allow WHO to: (a) provide timely, authoritative information and react rapidly to misinformation and changing circumstances; (b) support countries through better risk communication; (c) provide clear and consistent communication to private sector actors to avert unjustified actions; (d) proactively use IHR provisions to share information about public health risks; (e) establish communication and coordination channels with other agencies; (f) develop coherent overarching narrative and key topline messages; (g) ensure greater ownership of communications; and (h) establish robust listening channels to understand and address perception and information gaps.</p>	
	<p><i>Harvard-LSHTM</i></p>	<p>The Centre should assess risks on the basis of information that countries and others provide and have powerful analytical, data processing, and advisory capacity to command respect in policy and scientific communities.</p>	
	<p><i>NAM</i></p>	<p>By end 2016, WHO should establish a mechanism to generate a daily high-priority "watch list" of outbreaks with potential to become a PHEIC to normalize the process of outbreak reporting by country and encourage necessary preparedness activities. WHO's health emergencies Centre should have robust capabilities to manage surveillance for outbreaks and events, assessment of IHR functions and compliance and risk communication.</p>	

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<p align="center">Strengthen WHO's work as Health Cluster Lead in the context of the Interagency Standing Committee (IASC)</p>	<p>DG's Advisory Group</p>	<p><i>First report:</i> WHO should demonstrate a commitment to strong, consistent and visible leadership of the Global Health Cluster, and to more active engagement with the Inter-Agency Standing Committee. WHO should seek fuller engagement with humanitarian Clusters whose activities contribute to people's health and well-being. WHO should treat its Cluster activities as part of its core mandate and seek predictable funding for this mandate.</p> <p><i>Second report:</i> In its Country Offices, WHO should undertake analyses of stakeholders on the ground, work with Health Cluster partners to build Cluster capacities and ensure their integration in emergency operations, and articulate the linkages between the Programme, the Health Clusters and the humanitarian coordination system. WHO should review the partners for co-leadership of Health Clusters at the national level against criteria such as inclusiveness, added value and adherence to humanitarian principles, and adjust leadership arrangements, as necessary.</p>	<p align="center">EB138/55 para 16 GPG Statement para 5 Progress Report para 14 WHA69/30 paras 13-14</p> <p align="center"><i>Ebola Interim Assessment Panel, IHR Review Committee, Harvard-LSHTM and NAM did not speak to this area.</i></p>
	<p>SG's High-level Panel</p>	<p>During a health crisis, the Centre takes full authority for the Health Cluster response, and liaises closely with the government and all actors. The creation of the Centre must therefore lead to stronger, more inclusive and independent leadership of the Health Cluster.</p>	
<p align="center">Ensure WHO's capacity to provide technical leadership and coordination in large-scale health emergencies</p>	<p>DG's Advisory Group</p>	<p><i>First report:</i> Coordinating international support and operations in the field; convening health actors; promoting harmonization and synergy around a common plan and agreed outcomes; and facilitating alignment on public health and patient care are critical functions of WHO.</p> <p><i>Second report:</i> WHO should build its staff's capacity in humanitarian partner coordination and response to engage in outbreaks and emergencies and function in incident management systems.</p>	<p align="center">EB138/55 para 16 GPG Statement para 5 Progress Report para 14 WHA69/30 paras 13-14</p>
	<p>SG's High-level Panel</p>	<p>In situations where a health crisis is the root cause of a broader humanitarian emergency, the Centre should play a lead role in the coordination of an inclusive inter-agency response.</p>	
	<p>IHR Review Committee</p>	<p>WHO should use its global coordination mandate to ensure that Global Health Security Agenda and IHR reporting are shared. WHO should establish active communication and coordination channels with other agencies, so that information is shared on an ongoing basis, which establishes a foundation for effective communication in times of crises.</p>	
	<p>Harvard-LSHTM</p>	<p>The centre should develop rapid response and strong coordinating capacity. In a multi-country outbreak, the centre should ensure government-to-government coordination by establishing channels of direct communication for rapid information sharing.</p>	<p align="center"><i>Ebola Interim Assessment Panel did not speak to this area.</i></p>
	<p>NAM</p>	<p>By the end of 2016, the UN and WHO should establish clear mechanisms for coordination and escalation in health crises, including those that become or are part of broader humanitarian crises requiring mobilization of the entire UN system.</p>	

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Align WHO's grading system with that of the global risk management system	<i>Ebola Interim Assessment Panel</i>	WHO should consider how to coordinate its own emergency grades and declarations of a Public Health Emergency of International Concern (PHEIC) with the emergency levels applied in the broader humanitarian system, in order to facilitate better interagency cooperation.	EB138/55 para 16 GPG Statement para 5 Progress Report para 14 WHA69/30 paras 13-14
	<i>DG's Advisory Group</i>	<i>Second report:</i> It is critical to align the WHO's ERF and the grading systems of other UN organizations and integrate events that may constitute a PHEIC into the grading system.	
	<i>SG's High-level Panel</i>	The UN SG should initiate the integration of health and humanitarian crisis trigger systems. Every health crisis classified as G2 or G3, according to WHO's ERF, should automatically trigger an interagency multi-sectoral assessment.	
	<i>IHR Review Committee</i>	To ensure consistent actions across different levels of risk and to reduce confusion, the relationships between the risk grading and response actions across the IHR, the updated ERF, and the IASC activation levels, should be clearly documented and communicated to all stakeholders.	<i>Harvard-LSHTM and NAM did not speak to this area.</i>
Ensure that WHO is able to play a central role in convening and coordinating research and development (R&D) efforts in emergencies	<i>Ebola Interim Assessment Panel</i>	WHO should play a central convening role in R&D efforts in emergencies, including accelerating development of appropriate diagnostics, vaccines, therapeutics and medical and IT.	EB138/27 paras 20-23 Progress Report para 14 WHA69/30 paras 13-14
	<i>DG's Advisory Group</i>	<i>First report:</i> It is critical that WHO ensure the application of the best scientific knowledge of an outbreak in commissioning research and product development, while pushing for innovation. <i>Second report:</i> In developing the Programme, WHO should keep in mind that R&D functions must be incorporated as part of emergency operations.	
	<i>SG's High-level Panel</i>	The Centre should be tasked to determine if an outbreak necessitates accelerated R&D on medical countermeasures such as diagnostics, therapeutics or vaccines, and should work closely with the relevant WHO department in coordinating measures to support such research.	
	<i>Harvard-LSHTM</i>	WHO should convene governments, the scientific research community, industry and NGOs to begin developing a framework of norms and rules for research relevant to disease outbreaks. The framework's goal would be to provide guidance on: (a) access to data and samples; (b) appropriate conduct of research; and (c) equitable access to the benefits of research.	
	<i>NAM</i>	WHO should establish an independent Pandemic Product Development Committee to convene regulatory agencies, industry stakeholders, and research organizations to: (a) commit to R&D approaches during crises that maintain high scientific standards; (b) define protocols and practical approaches to engage local scientists and community members; and (c) agree on ways to expedite medical product approval, manufacture and distribution; IP management, data sharing and product liability; and approaches to vaccine manufacture, stockpiling, and distribution.	<i>IHR Review Committee did not speak to this area.</i>

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<p>Articulate the role of WHO Country Offices in the context of health emergencies</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>When a health emergency occurs, the WR must be able to work across all Ministries. The WHO Representative (WR) must be have an independent voice to communicate accurate risk assessments that may not always be welcomed, and must be assured of the full support of the RD and the DG when the country is not willing to share information or agree on proposed actions.</p> <p>WHO must adopt a new approach to staffing in country offices, taking into account country circumstances and ensuring the highest level of capacity for the most vulnerable countries. In a G2 or 3 emergency, it may be appropriate that the WR steps aside to allow a head of emergency operations to take over. The WR role then is to manage key partnerships, support the emergency team and continue to manage other programmes.</p>	<p align="center">EB138/55 paras 9, 13 WHA69/30 paras 7, 9-10</p> <p align="center"><i>IHR Review Committee, SG's High-level Panel, Harvard-LSHTM and NAM did not speak to this area.</i></p>
	<p><i>DG's Advisory Group</i></p>	<p><i>First report:</i> Depending on a given outbreak or emergency, the Country Representative (WR) may be appointed as the Incident Manager. The WHO Global Policy Group should encourage WHO's WRs and the WHO Programme to prioritize services to people who are in greatest need of assistance and support WRs and Incident Managers as they negotiate this.</p> <p><i>Second report:</i> WRs and RDs need to be fully engaged in incident management decision-making and within the functioning of the Programme. The operational posture of WHO must be reflected in every aspect of its work, including the positioning of WHO Country Offices.</p> <p>There are currently few WRs who have the skillset to undertake incident management and humanitarian partner coordination. WHO should build this capacity among its staff. In cases deemed appropriate, an Incident Manager may be appointed separate from the WR. This will augment the capacity of the Country Office during an outbreak or emergency. By bringing in an additional person who will be dedicated to managing an event, WRs and RDs will be able to continue with their usual responsibilities to support public health functions, including the maintenance of relationships with national authorities and neighboring countries.</p> <p>The appointment of an Incident Manager is not a negative judgment of the WR; it reflects good management practice to ensure that sufficient resources are allocated to address urgent corporate priorities and to facilitate rapid action during a crisis through special procedures.</p>	

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<p>Increase awareness of and improve implementation of and compliance with the International Health Regulations (2005) (IHR)</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>The IHR Review Committee for Ebola should consider incentives for encouraging countries to notify public health risks to WHO. These might include innovative financing mechanisms such as insurance triggered to mitigate adverse economic effects. The IHR Review Committee should also consider disincentives to discourage countries from taking measures that interfere with traffic and trade beyond those recommended by WHO.</p>	<p align="center">EB138/27 paras 15-18 Progress Report para 17 WHA69/30 paras 6, 9-10</p> <p align="center"><i>DG's Advisory Group did not speak to this area.</i></p>
	<p><i>SG's High-level Panel</i></p>	<p>The international community must fulfil the commitments towards the Sustainable Development Goals (SDGs), with a particular emphasis on health-sector goals. The United Nations Statistical Commission, in its deliberations on the indicators for the SDGs, should give consideration to measuring compliance with the IHR Core Capacity requirements and the strengthening of overall health systems as indicators toward attainment of the SDG health goals.</p>	
	<p><i>IHR Review Committee</i></p>	<p>Awareness and recognition of the IHR should be increased, and the lead role of WHO within the UN system in implementing the IHR should be reaffirmed. States Parties should ensure that the public health response measures they implement comply with the IHR. To this end, WHO should increase transparency about Additional Measures adopted by States Parties, and publicity about Temporary Recommendations, and develop partnerships with international travel and trade organizations, and engage with other relevant private stakeholders.</p>	
	<p><i>Harvard-LSHTM</i></p>	<p>Incentives for early reporting of outbreaks and science-based justifications for trade and travel restrictions should be strengthened. WHO should promote early reporting by commending countries that rapidly and publicly share information, while publishing lists of countries that delay. Funders should create economic incentives for early reporting by committing to disburse emergency funds rapidly to assist countries when outbreaks strike and compensating for economic losses that might result. Additionally, WHO must confront governments that implement trade and travel restrictions without scientific or public health justification (as required by the IHR), while developing industry-wide cooperation frameworks to ensure private firms such as airlines and shipping companies continue to provide crucial services during emergencies.</p>	
	<p><i>NAM</i></p>	<p>By end 2016, the WHA should agree on new mechanisms for holding governments publicly accountable for performance under the IHR and broader global health risk framework, including:</p> <ul style="list-style-type: none"> • protocols for avoiding suppression or delays in data and alerts, and • protocols for avoiding unnecessary restrictions on trade or travel. 	

Recommendations to WHO on its work in health emergencies and WHO's response to those recommendations

Major area	Panel	Specific recommendation	WHO response
<p>Conduct assessments, develop costed plans and ensure the development of national core capacity building under the International Health Regulations (2005) (IHR)</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>WHO should propose a prioritized and costed plan, based on independently assessed information, to develop core capacities required under the IHR (2005) for all countries..</p>	<p>EB138/27 paras 15-18 Progress Report para 17 WHA69/30 paras 6, 9-10</p>
	<p><i>DG's Advisory Group</i></p>	<p><i>First report:</i> WHO should join with national authorities at regular intervals to ensure that there are sufficient in-country capabilities in relation to outbreaks and emergencies. One element of this joint work for preparedness is the assessment and (if necessary) enrichment of national capabilities under the IHR, supplementing the existing practice of self-assessment. Such efforts should lead to the more rapid achievement of the high priority IHR core capacities.</p>	
	<p><i>SG's High-level Panel</i></p>	<p>By 2020, States Parties to the IHR, with appropriate international cooperation, should be in full compliance with the IHR Core Capacity requirements. States Parties should provide WHO with an annual written assessment of their IHR Core Capacities. On a rotating basis, each country should be subject to a periodic review. For countries under review, WHO should arrange an independent field-based assessment, and coordinate with other reviews. The self-assessment and the WHO-arranged assessment should be presented to the WHA for discussion. Within three months, WHO should develop a costed action-plan for each country based on the discussions. Once a State Party has achieved full compliance with IHR Core Capacity requirements, the periodic review should broaden to a wider assessment of its health system.</p>	
	<p><i>IHR Review Committee</i></p>	<p>WHO should lead the development of a Global Strategic Plan to improve public health preparedness, to ensure implementation of the IHR, especially core capacities. Self-assessment, complemented by external assessment, should be recognised best-practice to monitor and strengthen the implementation of the IHR. WHO and States Parties should ensure that all health system strengthening programmes specifically address IHR core capacities. WHO must prioritise support in establishing core capacities and detection of public health risks to countries that are either extremely low-resource, are in the midst of conflict, or those that are considered fragile.</p>	
	<p><i>Harvard-LSHTM</i></p>	<p>All governments must agree to regular, independent, external assessment of their core capacities.</p>	
	<p><i>NAM</i></p>	<p>By the end of 2016: (a) WHO, with Member States, should develop a precise definition and benchmarks for national core capabilities and functioning under the IHR, against which countries will be independently assessed; (b) WHO should devise a regular, independent, transparent, and objective assessment to evaluate country performance against the benchmarks; and (c) all countries should commit to participate in the assessment process, including publication of results. WHO should provide technical support to countries to fill gaps in their core capacities and achieve benchmark performance. The UN SG should work with WHO and other UN partners to develop strategies for sustaining health system capabilities and infrastructure in fragile and failed states and in warzones, to the extent possible.</p>	

Recommendations to WHO on its work in health emergencies and WHO's response to those recommendations

Major area	Panel	Specific recommendation	WHO response
<p>Ensure financing for national core capacity development under the International Health Regulations (2005) (IHR)</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>WHO and the World Bank should work together on financing the prioritized and costed core capacities plan, which should be submitted to donor agencies, Member States and other stakeholders for funding. It could include new types of financing mechanisms.</p>	<p>EB138/27 paras 15-18 Progress Report para 17 WHA69/30 paras 6, 9-10</p> <p><i>DG's Advisory Group did not speak to this area.</i></p>
	<p><i>SG's High-level Panel</i></p>	<p>WHO should consolidate a public report on the global state of IHR Core Capacities, and outline an implementation strategy with requirements for international assistance. Domestic and international fund needs to be mobilized to support IHR Core Capacity implementation. Least Developed Countries and other vulnerable countries should receive assistance in this regard.</p>	
	<p><i>IHR Review Committee</i></p>	<p>WHO, States Parties and international development partners should urgently commit to providing financial support at the national, regional and international levels for the successful implementation of the a Global Strategic Plan to improve public health preparedness.</p>	
	<p><i>Harvard-LSHTM</i></p>	<p>WHO should convene governments and other major stakeholders within 6 months to begin developing a global strategy to ensure domestic government investment in building core capacities and to mobilise adequate external support to supplement efforts in poorer countries. A transparent central system for tracking and monitoring the resource flow results is required.</p>	
	<p><i>NAM</i></p>	<p>The World Bank, bilateral, and other multilateral donors should declare that funding related to health system strengthening will be conditional upon a country's participation in the external assessment process. National governments should develop domestic resourcing plans to finance improvement and maintenance of core capacities as set out in the country-specific plans. For upper- and upper-middle-income countries, these plans should cover all financing requirements. For lower-middle- and low-income countries, these plans should seek to develop a pathway to full domestic resourcing, with a clear timetable for achieving the core capacity benchmarks.</p>	

Recommendations to WHO on its work in health emergencies and WHO's response to those recommendations

Major area	Panel	Specific recommendation	
<p align="center">Ensure WHO's smooth coordination and collaboration with partners as part of the wider health and humanitarian systems</p>	<p><i>Ebola Interim Assessment Panel</i></p>	<p>WHO does not need to build up a comprehensive emergency capacity, separate from that of other UN agencies. WHO's overarching goal should be to coordinate in health emergencies, with, where possible, national governments fulfilling their responsibilities, and WHO not seeking to duplicate or replace other partner agencies' capacities. WHO and UN partner agencies should ensure they understand and respect the one another's roles and responsibilities, and hold regular joint training and simulation exercises. WHO should have standing agreements with other agencies to provide practical logistical capacity for purchasing and transport. These relationships cannot be established during crises, but need to be developed when building preparedness.</p>	<p align="center">EB138/55 paras 5, 6, 8, 17 GPG Statement para 4 Progress Report para 2 WHA69/30 paras 9, 10</p> <p align="center"><i>Harvard-LSHTM did not speak to this area.</i></p>
	<p><i>DG's Advisory Group</i></p>	<p><i>First report:</i> WHO must exercise decisive leadership on the health aspects of an outbreak or emergency, while supporting national authorities and operating as one partner with other actors, each of whom have their own responsibilities and expertise. The Programme's operational capacity should interface and be interoperable with similar governmental and partner capacities. WHO should establish partnership agreements with partners and put in place a framework for cooperation that can be activated under defined circumstances, clarifying respective roles and responsibilities. WHO should identify critical functions that leverage its strengths and expertise, recognizing that partners should lead on functions where they have a comparative advantage.</p> <p><i>Second report:</i> As an operational organization, WHO will need to engage quickly and openly with other health actors. This means recognizing that WHO will not be the default actor – in most instances, national government will be the principal actor, supplemented by national and international partners. WHO's principal operational role will be to work with others to ensure that critical requirements are met and gaps are filled, with WHO implementing when appropriate. WHO should not duplicate the operational capacity present in other actors and must look beyond its traditional government partners. Stakeholder analyses should be standard components of Country Office planning so that stakeholders can be convened on short notice when required.</p>	
	<p><i>SG's High-level Panel</i></p>	<p>The Centre should develop partnerships with logistics providers to be able to support the rapid deployment of responders and crucially needed materials. Where a health crisis is the cause of a humanitarian emergency, the Centre should coordinate an inclusive inter-agency response.</p>	
	<p><i>IHR Review Committee</i></p>	<p>WHO's capacity and partnerships to implement the IHR and to respond to health emergencies should be strengthened. WHO's emergency response structure should have strong linkages to both internal and external partners. WHO should develop agreements relevant to IHR implementation, when not already in place, with key UN agencies and other international bodies. WHO should develop or strengthen its links with key UN agencies in the IASC.</p>	
	<p><i>NAM</i></p>	<p>By end 2016, WHO and governments should enhance means of cooperation with non-state actors, including local and international civil society organizations, the private sector, and the media.</p>	

Recommendations to WHO on its work in health emergencies and WHO's response to those recommendations

ANNEX

Legend

Assessments

1. *Ebola Interim Assessment Panel* = Report of the WHO Ebola Interim Assessment Panel¹
2. *DG's Advisory Group* = Reports of the Director-General's Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences²
3. *SG's High-level Panel* = Report of the UN Secretary-General's High-level Panel on the Global Response to Health Crises³
4. *IHR Review Committee* = Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response⁴
5. *Harvard-LSHTM* = Report of the Harvard-London School of Tropical Medicine Independent Panel on the Global Response to Ebola⁵
6. *NAM* = Report of the Commission on a Global Health Risk Framework for the Future (National Academy of Medicine)⁶

WHO documents

1. *EB138/27* = 2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)): Update on 2014 Ebola virus disease outbreak and Secretariat response to other issues raised⁷
2. *EB138/55* = 2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)) High-level design for a new WHO health emergencies programme⁸
3. *GPG Statement* = Global Policy Group Statement on reforms of WHO work in outbreaks and emergencies⁹
4. *Progress Report* = Progress Report on the Development of the WHO Health Emergencies Programme¹⁰
5. *WHA69/30* = Reform of WHO's work in health emergency management: WHO Health Emergencies Programme¹¹

¹ Available at <http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf?ua=1> (accessed 2 May 2016).

² The Advisory Group's terms of reference, membership and reports are available at http://www.who.int/about/who_reform/emergency-capacities/advisory-group/en/ (accessed on 2 May 2016)

³ Available at http://www.un.org/ga/search/view_doc.asp?symbol=A/70/723 (accessed 11 April 2016)

⁴ Available at http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf (accessed 16 May 2016)

⁵ Available at <http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2815%2900946-0.pdf> (accessed 2 May 2016)

⁶ Available at <http://www.nap.edu/catalog/21891/the-neglected-dimension-of-global-security-a-framework-to-counter> (accessed 2 May 2016)

⁷ Available at: http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_27-en.pdf (accessed 2 May 2016)

⁸ Available at http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_55-en.pdf (accessed 2 May 2016)

⁹ Available at <http://www.who.int/dg/speeches/2016/reform-statement/en/> (accessed 2 May 2016)

¹⁰ Available at http://www.who.int/about/who_reform/emergency-capacities/who-health-emergencies-programme-progress-report-march-2016.pdf?ua=1 (accessed 2 May 2016).

¹¹ Available at http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf (accessed 4 May 2016)