WHO HEALTH EMERGENCY PROGRAMME
RESULTS FRAMEWORK AND BUDGET REQUIREMENTS 2016-2017
16 May 2016

PURPOSE

Financing the work of the new WHO Health Emergencies Programme will require a combination of core financing for baseline staff and activities at the three levels of the Programme, financing of the US$ 100 million WHO Contingency Fund for Emergencies, and financing for ongoing activities in protracted emergencies (i.e. for the WHO component of Humanitarian Response Plans (HRPs)). The budget presented in this document reflects the core financing required for baseline staff and activities; not included are the requirements for the WHO Contingency Funds and budgets for the WHO operations performed under Humanitarian Response Plans (HRPs). These event based resources requirements are budgeted under the Outbreak & Crisis Response (OCR) section of the Programme Budget.

This document provides a breakdown of the core budget requirements for the 2016-2017 biennium to implement this programme of work and describes the major outcomes, outputs and deliverables for the new WHO Health Emergencies Programme. The document also explains how the 8% increase made in January 2015 for the current approved WHO 2016-2017 Programme Budget relates to WHO's work in emergencies, and how the approved Programme Budget deliverables for emergencies have been realigned to the new results framework for the Health Emergencies Programme.

INTRODUCTION

The new Health Emergencies Programme represents a fundamental change for the Organization, complementing WHO's traditional technical and normative role with new operational capacities and capabilities for its work in outbreaks and humanitarian emergencies. This requires a realignment of, and addition to, the existing results framework and budget for the Organization's work in emergencies.

The new results framework (Annex 1) provides a common planning structure across all levels of the Organization which will facilitate alignment and integration of budgeting, implementation and accountability for the new Health Emergencies Programme. The common structure directly reflects WHO's major functions in the management of health emergencies and the major outcomes of the new Programme as follows:

- **Infectious hazards management**: this major function includes WHO's work on high threat pathogens, expert disease control networks and, at headquarters, the secretariat of the Pandemic Influenza Preparedness Framework;
- **Country health emergency preparedness and the International Health Regulations (2005):** this major function includes WHO's work on monitoring and evaluation of national preparedness capacities, planning and capacity building for critical capacities and, at headquarters, the secretariat of the International Health Regulations (IHR (2005));
- **Health emergency information and risk assessments:** this major function includes WHO's work in event detection and verification, health emergency operations monitoring, and data management and analytics;
- **Emergency operations:** this major function includes WHO's work in incident management, operational partnerships and readiness, and operations support and logistics;
- **Emergency core services:** this major function includes WHO's work in the management and administration and external relations for the new Programme.

The new results framework will be used to monitor and manage progress, and report on the delivery of the new Health Emergencies Programme. It charts the outcomes to be achieved together with Member States and partners, outlines the actual outputs to be delivered by the Programme itself, and defines the indicators to be used to measure performance and delivery success.

The revised budget has been developed based on this new results framework and reflects the financial and human resources required by each level of the Programme to achieve the related outcomes and outputs. The existing 2016-2017 WHO budget and deliverables for emergencies are within the scope of the new Health Emergencies Programme and have been realigned and mapped to the new results framework to maximize the use of current resources and to identify gaps and additional resource requirements.

The organizational structure for the new Programme has been aligned to the results framework which enables clear lines of accountability from the outcome to the output, down to the deliverables and activities implemented by each unit and team at all levels.

The new results framework and budget for the Health Emergencies Programme will be integrated into the overall WHO Programme Budget and reported to Member States and donors through normal procedures.

OUTCOMES & OUTPUTS

The outcomes and outputs of the new Health Emergencies Programme are given below. A full breakdown of the results framework including outcome and output indicators and deliverables can be found in Annex 1.

Outcome 1. Infectious Hazard Management: Risk mitigation strategies and capacities established for priority high-threat infectious hazards

- Develop and support prevention and control strategies, tools and capacities for high-threat infectious hazards
- Establish and maintain experts networks to detect, understand and manage new or emerging high threat infectious hazards
- Provide secretariat support for the management of the Pandemic Influenza Preparedness Framework

Outcome 2. Country Health Emergency Preparedness & IHR: Country capacities established for all hazards health emergency risk management

- Monitor, evaluate and objectively assess country core capacities
- Assist countries to develop national plans and critical core capacities for all-hazard health emergency preparedness and disaster risk management for health emergencies
- Provide secretariat support for the implementation of the International Health Regulations

Outcome 3. Health Emergency Information & Risk Assessment: Timely and authoritative situation analysis, risk assessment and response monitoring available for all major health threats and events

- Monitor, detect, verify and assess the risk of potential and ongoing health emergencies
- Establish systematic, rigorous data collection mechanisms and monitor ongoing health emergency operations
- Provide data management, analytics and reporting platforms to produce and disseminate accurate, reliable, timely emergency health information products

Outcome 4. Emergency Operations: Emergency-affected populations have access to an essential package of life-saving health services

- Establish comprehensive incident management for coordinated action in all graded and protracted health emergencies

- Assist and coordinate the implementation of health operations to agreed standards through partners and WHO's operational networks
- Provide supplies, logistical services and operational support for all graded and protracted health emergencies

Outcome 5. Emergency Core Services: WHO emergency operations rapidly and sustainably financed and staffed

- Comprehensive, effective management and administrative support for the emergencies programme
- Accurate and timely health emergency communications and sustainable financing

PRIORITIES FOR 2016-2017

In the current biennium the WHO Health Emergencies Programme will prioritize implementation of interventions that address particularly critical capacity gaps. From a programmatic perspective these priorities will include:

- **Joint External Evaluations for Preparedness:** establishing the capacity to coordinate independent assessments of country capacities using the Joint External Evaluation tool as a critical part of the preparedness agenda. The Programme will align rapidly on a protocol and schedule for independent assessments, prioritizing high vulnerability and low capacity countries.

- **Risk Assessment Capacity:** implementing updated WHO Risk Assessment and Grading protocols, consistent with the provisions of both the IHR and the Inter-Agency Standing Committee (IASC), the primary mechanism for the inter-agency coordination of humanitarian assistance. Timely risk assessments will be performed by an independent team, facilitated by the WHO Country Office, with a close link to the new WHO Emergency Operations capacities for rapid activation of the Incident Management System when required. To support this, capacities for risk assessment and health emergency information management will be strengthened in Regional Offices and Headquarters.

- **Emergency Operations:** capacitating Emergency Operations units, especially in Health Cluster countries and heavily affected Regional Offices. In Health Cluster countries, WHO will ensure the capacity to coordinate the international assistance to national and local efforts, to respond rapidly, predictably, and effectively. The building of core cluster and incident management capacity in affected countries will be complemented by the strengthening of emergencies operations support in AFRO, EMRO and Headquarters, eventually followed by the other Regional Offices.

Strengthening national preparedness in the context of the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction 2005 will continue to be a joint priority of WHO and its Member States in 2016-2017. WHO's planned activities for preparedness capacity building under the current 2016-2017 Programme Budget will be fully implemented and further expanded in the 2018-2019 biennium under the new Health Emergencies Programme and the health systems strengthening work in Category 4 of the WHO Programme Budget. Priorities for preparedness capacity building in 2018-2019 will be further informed by the outcomes of the IHR Monitoring and Evaluation and Joint External Evaluation work of 2016-2017.

OVERALL BUDGET AND HUMAN RESOURCE REQUIREMENTS

The overall budget requirements for the new Health Emergencies Programme in 2016-2017 are presented in Table 1 below. The revised core budget for the new Health Emergencies Programme is US$ 494 million for the

2016-2017 biennium. This budget consists of the existing US$ 334 million[1] budget for 2016-2017, realigned to the new Health Emergencies Programme, plus an additional US$ 160 million to fully implement the expanded scope of the new Programme. As noted previously, this core budget requirement does not include the resources required for the WHO Contingency Fund for Emergencies and specific, event-based health operations in protracted and acute emergencies which are budgeted under OCR.

This budget is based on a detailed analysis and costing of the human and financial resource requirements of each level of the Programme to deliver the outcomes and outputs outlined in the new results framework. The staff costs have been calculated based on the grade, location and contract type of the resources required; the activity costs are based on an analysis of existing expenditures which were then adjusted to deliver the new results.

The current and future staff requirements are presented in Table 1b. It should be noted that in addition to the existing 575 staff on the core budget, more than 480 additional personnel are working under OCR in specific protracted and acute emergencies. However, a significant portion of these event based staff are covering core emergency functions.

Table 1a: Total budget breakdown (millions, USD for 2016-17 Biennium)

New emergency programme	2016-17 Budget	Additional Budget	2016-17 Revised Budget	*% of Total*
Infectious Hazard Management	92.3	17.1	**109.4**	*22%*
Country Health Emergency Preparedness & IHR	121.9	18.3	**140.2**	*28%*
Health Emergency Information & Risk Assessment	30.8	29.8	**60.7**	*12%*
Emergency Operations	67.6	55.3	**123.0**	*25%*
Emergency Core Services	21.4	39.5	**60.8**	*12%*
Total	**334.0**	**160.0**	**494.0**	*100%*
% of total	*68%*	*32%*	*100%*	

Table 1b: Total staff breakdown (full-time equivalents)

New emergency programme	2016-17 Staff	Additional Staff	2016-17 Revised Staff	*% of Total*
Infectious Hazard Management	113	61	**174**	*17%*
Country Health Emergency Preparedness & IHR	227	43	**270**	*27%*
Health Emergency Information & Risk Assessment	57	76	**133**	*13%*
Emergency Operations	126	143	**269**	*27%*
Emergency Core Services	53	113	**166**	*16%*
Total	**575**	**436**	**1011**	*100%*
% of total	*57%*	*43%*	*100%*	

[1] Existing programmes in scope include: 5.1 - Alert and response capacities; 5.2 - Epidemic- and pandemic-prone diseases (excluding output 5.3.2 covering antimicrobial resistance); and 5.3 - Emergency risk and crisis management

Overall budget breakdown

The overall breakdown of the revised core budget across the three levels of the Programme is Country Offices (38%), Regional Offices (26%) and headquarters (36%). The majority of the increase in capacity is at the Country and Regional Office level which reflects the need to strengthen support to build core IHR capacities in high vulnerability countries and establish emergency operations capabilities in countries with Humanitarian Response Plans and active health clusters with large crisis-affected populations. This revised budget represents a shift from the existing distribution of Country Offices (41%), Regional Offices (18%) and headquarters (41%).

Table 2a: Total budget breakdown (millions, USD for 2016-17 Biennium)

New emergency programme	Headquarters	Regional Offices	Country Offices	Total	*% of Total*
Infectious Hazard Management	43.5	24.4	41.5	**109.4**	*22%*
Country Health Emergency Preparedness & IHR	41.0	34.4	64.8	**140.2**	*28%*
Health Emergency Information & Risk Assessment	16.6	23.5	20.5	**60.7**	*12%*
Emergency Operations	46.9	30.4	45.7	**123.0**	*25%*
Emergency Core Services	28.8	18.1	13.9	**60.8**	*12%*
Total	**176.7**	**130.9**	**186.4**	**494.0**	*100%*
% of total	36%	26%	*38%*	*100%*	

Table 2b: Total staff breakdown (full-time equivalents)

New emergency programme	Headquarters	Regional Offices	Country Offices	Total	% of Total
Infectious Hazard Management	75	54	45	**174**	*17%*
Country Health Emergency Preparedness & IHR	67	70	133	**270**	*27%*
Health Emergency Information & Risk Assessment	35	59	39	**133**	*13%*
Emergency Operations	83	72	114	**269**	*27%*
Emergency Core Services	63	65	38	**166**	*16%*
Total	**323**	**320**	**368**	**1011**	*100%*
% of total	*32%*	*32%*	*36%*	*100%*	

Regional Offices budget breakdown

The breakdown of the core budget and human resource requirements for 2016-2017 across Regional Offices is presented in Tables 3a and 3b below. The costing of the budget at the Regional Office level is based on the total number of Member States to be supported for all-hazards preparedness, and the need to provide additional support to high vulnerability countries and those with protracted crises, health clusters and ongoing graded emergencies. Based on these costing criteria, the majority of the resource requirements are in AFRO (32%) and EMRO (21%).

Table 3a: Regional Offices budget breakdown (millions, USD for 2016-17 Biennium)

New emergency programme	AFRO	EMRO	EURO	SEARO	WPRO	AMRO	Regional Offices Total	*% of Total*
Infectious Hazard Management	6.5	4.7	5.0	1.7	2.8	3.7	**24.4**	*19%*
Country Health Emergency Preparedness & IHR	10.3	5.8	5.1	2.7	6.3	4.2	**34.4**	*26%*
Health Emergency Information & Risk Assessment	8.1	2.9	2.9	2.7	4.1	2.8	**23.5**	*18%*
Emergency Operations	12.0	7.9	2.6	3.0	2.4	2.4	**30.4**	*23%*
Emergency Core Services	5.1	5.6	2.4	1.4	1.7	1.9	**18.1**	*14%*
Total	**42.1**	**27.0**	**18.1**	**11.5**	**17.4**	**14.9***	**130.9**	*100%*
% of total	*32%*	*21%*	*14%*	*9%*	*13%*	*11%*	*100%*	

Table 3b: Regional Office staff breakdown (full-time equivalents)

New emergency programme	AFRO	EMRO	EURO	SEARO	WPRO	AMRO	Regional Offices Total	*% of Total*
Infectious Hazard Management	15	12	9	5	2	11	**54**	*17%*
Country Health Emergency Preparedness & IHR	16	13	10	7	14	10	**70**	*22%*
Health Emergency Information & Risk Assessment	19	8	8	5	11	8	**59**	*18%*
Emergency Operations	25	16	8	9	8	6	**72**	*23%*
Emergency Core Services	16	17	6	8	8	10	**65**	*20%*
Total	**91**	**66**	**41**	**34**	**43**	**45***	**320**	
% of total	*28%*	*21%*	*13%*	*11%*	*13%*	*14%*	*100%*	

*The $US 14.9 budget for AMRO Regional Office in Table 3a includes the AMRO/PAHO resources which are budgeted under the WHO Programme Budget 2016-17. The staff figures in Table 3b. include the full number of emergency programme staff in the AMRO/PAHO Regional Office.

Country Office budget breakdown

The allocation of resources at country level is based on a prioritization of countries according to health emergency risk management needs[2]:

- **Priority 1: Health cluster countries with greater than 1,000,000 affected population targeted by health partners:** In each of these countries a core team of 8-12 staff have been costed with an average biennial budget of US$ 6.4 million. Core staff include: Incident Manager, Health Cluster Coordinator, Planning Lead, Infectious Hazard Management Lead, Preparedness Lead, Health Information & Risk Assessment Lead, Operations Support & Logistics Lead, Management & Administration Lead, External Relations Lead;
- **Priority 2: All other health cluster countries:** In each of these countries a core team of 6-8 staff have been costed with an average biennial budget of US$ 3.5 million. Core staff include: Incident Manager,

[2] The list of current HRP and Health Cluster countries and populations affected can be found in Annex 2

Health Cluster Coordinator, Preparedness Lead, Health Information & Risk Assessment Lead, Operations Support & Logistics Lead, Management & Administration Lead;

- **Priority 3: High vulnerability countries and countries with Humanitarian Response Plan:** In each of these countries a core team of 2-4 staff have been costed with an average biennial budget of US$ 850 thousand. Core staff include: Infectious Hazard Management Officer, Preparedness Officer, Health Information & Risk Assessment Officer, Operations Support & Logistics Officer; and
- **Priority 4: High vulnerability countries for high threat pathogens:** In each of these countries a core team of 1-2 staff have been costed with an average biennial budget of US$ 425 thousand. Core staff include: Infectious Hazard Management Officer, Preparedness Officer.

The breakdown of the core budget and human resource requirements for 2016-2017 for WHO Country Offices by priority is presented in Tables 4a and 4b below.

Table 4a: Country Office budget breakdown (millions, USD for 2016-17 Biennium)

New emergency programme	Priority 1	Priority 2	Priority 3	Priority 4	Others	Country Offices Total	*% of Total*
Infectious Hazard Management	8.3	11.2	3.9	13.2	4.9	**41.5**	*22%*
Country Health Emergency Preparedness & IHR	9.9	21.1	4.9	20.6	8.3	**64.8**	*35%*
Health Emergency Information & Risk Assessment	7.0	4.5	1.0	6.1	1.9	**20.5**	*11%*
Emergency Operations	26.9	10.0	1.2	3.6	3.9	**45.7**	*25%*
Emergency Core Services	11.8	2.2	0.0	0.0	0.0	**13.9**	*7%*
Total	**63.8**	**49.0**	**11.1**	**43.5**	**19.1**	**186.4**	*100%*
% of total	*34%*	*26%*	*6%*	*23%*	*10%*	*100%*	

Table 4b: Country Office staff breakdown (full-time equivalents)

New emergency programme	Priority 1	Priority 2	Priority 3	Priority 4	Others	Country Offices Total	*% of Total*
Infectious Hazard Management	13	11	5	17	0	**45**	*12%*
Country Health Emergency Preparedness & IHR	17	53	14	49	0	**133**	*36%*
Health Emergency Information & Risk Assessment	14	11	2	11	0	**39**	*11%*
Emergency Operations	75	29	4	6	0	**114**	*31%*
Emergency Core Services	30	8	0	0	0	**38**	*10%*
Total	**149**	**111**	**25**	**83**	**0**	**368**	
% of total	*41%*	*30%*	*7%*	*22%*	*0%*	*100%*	

APPROVED PROGRAMME BUDGET 2016-17 & ALLOCATION OF THE 8% INCREASE

The total approved budget for the 2016-2017 biennium that is related to the new Health Emergencies Programme is US$ 334 million as presented in Table 5 below. This US$ 334 million includes the budgets for the current Programme Areas: 5.1 - Alert and response capacities, 5.2 - Epidemic- and pandemic-prone diseases (excluding output 5.3.2 covering antimicrobial resistance) and 5.3 - Emergency risk and crisis management.

For the 2016-2017 biennium there was an increase of 8% (US$ 236.6 million) in WHO's overall base budget. Of this increase, US$ 70.76 million was allocated to Programme Areas that are within the scope of the new Health Emergencies Programme. The majority of this increase was used to cover core functions that had previously been budgeted under OCR.

Table 5: Approved budget breakdown (USD millions for 2016-17 biennium)

Current results within scope	2014-2015 WHA approved budget	2016-2017 approved[3] budget	Increase from 2014-2015 to 2016-2017
5.1 - Alert and response capacities	98.0	113.5	15.5
5.2 - Epidemic- and pandemic-prone diseases	68.5	89.0	20.5
5.3 - Emergency risk and crisis management	88.0	122.6	34.6
Total	**254.5**	**334.1**[4]	**70.6**

CURRENT PROGRAMME BUDGET 2016-17 MAPPING & EFFICIENCIES

The current 2016-2017 budget has been realigned and mapped to the new Health Emergencies Programme, the result of which is given in Tables 6a and 6b below. A full mapping of the deliverables of the 2016-2017 budget to the new results framework is available in supplementary materials to this document.

In establishing the new Programme, there has been a significant restructuring and consolidation of resources to improve efficiency and to establish a critical mass of resources in country preparedness, emergency operations, core services, and health emergency information management and risk assessment.

[3] Approved budget; all subsequent tables based on estimated cost of activities & staff
[4] Includes 9M USD one-off set up costs for implementation of the reform

Table 6a: Current budget mapping to new results framework (USD millions for 2016-17 biennium)

New emergency programme	Current results within scope of new emergency programme scope			
	5.1	5.2	5.3	Total
Infectious Hazard Management	2.8	89.4	0.0	**92.3**
Country Health Emergency Preparedness & IHR	74.0	3.4	44.5	**121.9**
Health Emergency Information & Risk Assessment	25.4	2.3	3.2	**30.8**
Emergency Operations	15.8	0.9	51.0	**67.6**
Emergency Core Services	6.4	2.1	12.8	**21.4**
Total	**124.4**	**98.1**	**111.5**	**334.0**

Table 6b: Current staff mapping to new results framework (full-time equivalents)

New emergency programme	Current results within scope of new emergency programme scope			
	5.1	5.2	5.3	Total
Infectious Hazard Management	8	105	0	**113**
Country Health Emergency Preparedness & IHR	126	11	90	**227**
Health Emergency Information & Risk Assessment	46	5	6	**57**
Emergency Operations	20	5	101	**126**
Emergency Core Services	17	11	25	**53**
Total	**218**	**135**	**222**	**575**

ADDITIONAL US$160 MILLION BUDGET REQUIREMENT

The additional budget and human resources requirements presented in the tables 7a and 7b below reflect the priorities for establishing and scaling up the new Health Emergencies Programme in 2016-2017. Particular emphasis is given to strengthening Regional Office capacity in this biennium to support the priorities of monitoring and evaluation of country preparedness (including Joint External Evaluations) and development of national action plans for strengthening all-hazards preparedness. Additional capacity has been added in the AFRO and EMRO Regional Offices to allow increased support for emergency operations and risk assessment in the majority of WHO's ongoing graded and protracted emergency responses.

At the country level, priority is given to the Health Cluster countries with ongoing and protracted emergencies. Capacity will then be increased in all high vulnerability countries to strengthen critical core capacities for preparedness, monitoring and independent risk assessment.

Geographically, this results in 74% of the additional US$ 160 million budget requirement being used to build capacity at the Regional and Country Office levels and functionally 78% of the additional budget requirements being used to establish the operationally-focused Health Emergency Information & Risk Assessment, Emergency Operations, and Emergency Core Services areas.

Table 7a: Additional US$160 million budget requirement (USD millions for 2016-17 biennium)

New emergency programme	Headquarters	Regional Offices	Country Offices	Total	% of Total
Infectious Hazard Management	3.7	9.2	4.2	**17.1**	*11%*
Country Health Emergency Preparedness & IHR	2.3	12.1	3.9	**18.3**	*11%*
Health Emergency Information & Risk Assessment	7.6	15.8	6.4	**29.8**	*19%*
Emergency Operations	14.3	21.3	19.7	**55.3**	*35%*
Emergency Core Services	12.4	13.1	13.9	**39.5**	*25%*
Total	**40.4**	**71.5**	**48.1**	**160.0**	*100%*
% of total	*25%*	*45%*	*30%*	*100%*	

Table 7b: Additional staff breakdown (full-time equivalents)

New emergency programme	Headquarters	Regional Offices	Country Offices	Total	% of Total
Infectious Hazard Management	21	31	9	**61**	*14%*
Country Health Emergency Preparedness & IHR	6	29	8	**43**	*10%*
Health Emergency Information & Risk Assessment	19	41	16	**76**	*17%*
Emergency Operations	33	54	56	**143**	*33%*
Emergency Core Services	31	44	38	**113**	*26%*
Total	**110**	**199**	**127**	**436**	*100%*
% of total	*25%*	*46%*	*29%*	*100%*	

IMPLEMENTATION OF THE NEW HEALTH EMERGENCIES PROGRAMME

Timeline and milestones

Having completed the design of the new Programme, the Organization is initiating a transition phase, with the goal of establishing the new structure and positions across headquarters, all six regional offices and the first set of priority countries by 1 July 2016; the target for completing the transition of existing staff into the new structure is 1 October 2016. Giving the new programme the capacity to perform its functions will require the recruitment of a substantial number of additional staff, with new skill sets, over a period of 24–36 months.

By end-2016, WHO will seek to have the new teams for health emergency information and risk assessment and for preparedness monitoring and evaluation functioning at headquarters and in all six regional offices. The end of 2016 has been set as the target for staffing the basic, essential functions of the new emergency operations teams at headquarters and in AFRO and EMRO, which currently manage the majority of WHO's protracted emergency response operations. The Secretariat will work to establish appropriately staffed emergency management teams, including Health Cluster Coordinators, in at least 10 priority countries affected

by protracted crises by end-2016. Staffing the remaining priority positions in headquarters, regional offices and priority countries will be completed by end-2017.

Financing the new Health Emergency Programme

As of May 2016, WHO has a substantial financing gap for its new Health Emergencies Programme, having received US$ 140 million to date against the total budget of US$ 494 million for the 2016-2017 biennium.

Following the consideration of the budget for the new Programme by the 69th World Health Assembly, the Organization will convene a detailed budget and financing discussion with Member States, donors, and interested parties in June 2016 to review the major elements of the budget, cost drivers, immediate funding priorities, potential financing strategies and – ideally – some initial indicative funding decisions. In September-October 2016, the Organization will convene a wider financing meeting to mobilize the remaining balance of financing needed for the new Programme in the current biennium.

Staffing the new Health Emergency Programme

Quickly capacitating the new Health Emergency Programme will require both available financing and the rapid recruitment of additional personnel. To scale-up rapidly, the Programme will draw on the substantial pool of more than 1000 health emergency technical, operational, and administrative experts who have recently worked or are currently working for WHO in humanitarian emergencies and outbreak settings worldwide. This will be complemented by a wider recruitment process. Recognising the potential time constraints of regular recruitment processes, temporary contracting mechanisms will be used in the short term to facilitate a rapid scale up of essential capacities at all levels of the programme.

Health Emergencies Programme budget planning for 2018-2019

The new results framework for the Health Emergencies Programme that presented in this document (Annex 1) will serve as the basis for programme budget planning for the 2018-2019 biennium. The results framework and budget will be further refined, based on experience gained during the initial roll out of the new Programme and incorporated into the overall presentation of the 2018-19 Programme Budget.

Monitoring and oversight

The new Health Emergencies Programme will report on implementation against the results framework and budget through the regular reporting mechanisms of the Programme Budget governance. In addition, the new Independent Oversight and Advisory Committee (IOAC) for the Health Emergencies Programme will provide oversight and monitoring of the development and performance of the Programme, guide the Programme's activities and report findings through the Executive Board to the World Health Assembly[5]. The IOAC will also monitor the appropriateness and adequacy of the Programme's financing, resourcing and implementation.

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[5] http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/en/

ANNEX 1: FULL RESULTS FRAMEWORK
INFECTIOUS HAZARD MANAGEMENT

Outcome E.1. Risk mitigation strategies and capacities established for priority high-threat infectious hazards	
Outcome indicator(s):	• Percentage of hazards and graded emergencies with technical control strategies co-developed with or validated by partners

Output E.1.1. Develop and support prevention and control strategies, tools and capacities for high-threat infectious hazards	
Output indicator(s):	• Percentage of high-threat pathogens for which a strategy is in place for deployment and use of most effective package of control measures (for example, influenza vaccines, antivirals, YF vaccine, Cholera vaccine mechanisms)
Key deliverables:	• Develop and test new strategies and tools for prevention and control of infectious hazards; • Develop, maintain and disseminate technical guidelines and other knowledge products for the prevention and control of infectious hazards; • Provide technical expertise in support of country health emergency preparedness to maintain prevention, surveillance and control programmes for high threat infectious hazards; • Provide technical expertise for risk assessment and response to graded and protracted emergencies.

Output E.1.2. Establish and maintain experts networks to detect, understand and manage new or emerging high threat infectious hazards	
Output indicator(s):	• Sufficient, well-coordinated expert networks are in place to detect, identify, characterize , mitigate and control emerging and high-threat pathogens
Key deliverables:	• Develop and operate partnership mechanisms to ensure access to life-saving interventions for infectious hazards; • Develop and manage expert networks for forecasting/modelling, operational research pathogens identification and virulence assessment clinical management and health workers protection (IPC +), and risk communications and social science-driven response to epidemic and pandemic diseases; • Provide technical expertise for risk assessment and response to graded and protracted emergencies; • Develop, maintain and disseminate technical guidelines and other knowledge products for the prevention and control of high threat infectious hazards; • Ensure end-user access to adapted technical knowledge on high-threat and emerging infectious hazards.

Output E.1.3. Provide secretariat support for the management of the Pandemic Influenza Preparedness Framework	
Output indicator(s):	• Number of standard material transfer agreements concluded to ensure equitable access to pharmaceutical control measures during an Influenza pandemic
Key deliverables:	• Convene and support the Pandemic Influenza Preparedness Framework Advisory and Review Groups; • Oversee and manage the implementation of the Pandemic Influenza Preparedness Framework contributions; • Facilitate and manage benefit and sharing arrangements between Pandemic Influenza Preparedness Framework stakeholders

COUNTRY HEALTH EMERGENCY PREPAREDNESS & International Health Regulations

Outcome E.2. Country capacities established for all hazards health emergency risk management	
Outcome indicator(s):	• Number of high vulnerability countries with critical capacities in place (early warning systems, laboratories, emergency operations centre and incident management, risk communications, safe hospitals) • Number of countries meeting and sustaining International Health Regulations (2005) core capacities • Number of countries that have integrated disaster risk management into primary, secondary and tertiary health care, especially at the local level

Output E.2.1. Monitor, evaluate and objectively assess country core capacities	
Output indicator(s):	• Number of countries completing annual IHR reporting • Number of countries having core country capacity independently assessed every 4 years • Number of countries that have conducted simulation exercises and after action reviews
Key deliverables:	• Coordinate with National IHR Focal Points to review, analyse, and ensure adequate annual reporting on the implementation of the regulations; conduct simulation exercises and after-action reviews as part of country assessments for the implementation of the IHR; coordinate and support the voluntary independent assessment of country core capacities and implementation of the IHR; develop and disseminate regular reports on the implementation of the IHR; support development of plans to address capacity gaps identified through the above assessment mechanisms.

Output E.2.2. Assist countries to develop national plans and critical core capacities for all-hazard health emergency preparedness and disaster risk management for health	
Output indicator(s):	• Number of countries having in place all hazards emergency preparedness plans
Key deliverables:	• Formulate policies, norms, standards, and guidelines to support the development of critical core capacities for global health security and disaster risk management; • Promote multi-sectoral cooperation to strengthen country capacity for disaster risk management for health, the implementation of the IHR and the building of resilient health systems; • Develop global and regional strategies, action plans and platforms for all-hazard health emergency preparedness and disaster risk management for health; • Support high vulnerability countries to develop all hazards preparedness and disaster emergency risk management plans; • Provide training, assessments and support to high vulnerability countries to develop critical core capacities (early warning systems, laboratories, emergency operations centre and incident management, risk communications, safe hospitals, points of entry); • Track and report the status of national critical core capacities for preparedness and disaster risk management.

Output E.2.3. Provide secretariat support to the implementation of the International Health Regulations	
Output indicator(s):	• Percentage of Emergency Committee recommendations complied with
Key deliverables:	• Maintain the directories of national and regional IHR focal/contact points and roster of experts; provide legal advice in relation to IHR implementation and interpretation; • Convene and provide support to the International Emergency Committee for potential events which constitute a Public Health Emergency of International Concern (PHEIC); monitor and report on the implementation of PHEIC recommendations; • Facilitate global dialogue across stakeholders/partners, sectors and disciplines on issues related to PHEICs; • Support the convening and functioning of review committees related to PHEICs.

HEALTH EMERGENCY INFORMATION & RISK ASSESSMENT

Outcome E.3. - Timely and authoritative situation analysis, risk assessment and response monitoring available for all major health threats and events	
Outcome indicator(s):	• All global health risks independently reported and assessed within 72 hours

Output E.3.1. Detect, verify and assess the risk of potential and ongoing health emergencies	
Output indicator(s):	• Percentage of on-site risk assessments initiated within 72 hours for (a) all high threat pathogens (b) highly vulnerable low capacity countries with clusters of unexplained deaths • Percentage of health situation analyses published within 72 hours for acute events with potential international public health implications/concern
Key deliverables:	• Ongoing monitoring of signals for potential threats and early warning; • Coordination of surveillance networks; • Verification of high risk signals; • Conduct risk assessments for potential and ongoing threats; • Develop risk mitigation strategies and plans; • Establish case definitions and standards for surveillance.

Output E.3.2. Establish data collection mechanisms and monitor ongoing health emergency operations	
Output indicator(s):	• Health outcome and operational response monitoring metrics reported regularly for all graded and protracted events
Key deliverables:	• Monitor and report on priority outcome and coverage indicators for acute and protracted emergencies; • Mapping of available health resources and country capacity profiles maintained; • Collect and analyse health operations situational analysis and intelligence; • Collaborate with OCHA to monitor, analyse and report on WHO and partner health operations (4Ws); • Monitor ongoing risk and response implementation; • Deploy and manage response operations and data collection mechanisms as required.

Output E.3.3. Provide data management, analytics and reporting platform to produce and disseminate timely emergency health information products	
Output indicator(s):	• Standardized weekly Situation Report published for all graded emergencies in a single standardized format
Key deliverables:	• Develop and maintain data management repositories and systems; • Provide GIS mapping and analytical products; • Produce and disseminate priority information products at regular intervals for all ongoing risks, graded and protracted emergencies.

EMERGENCY OPERATIONS

Outcome E.4. - Emergency-affected populations have access to an essential package of life-saving health services	
Outcome indicator(s):	• Coordinated action of health emergency partners on the ground within 72 hours for all graded risks and events • Essential operations support and logistics established within 72 hours for all graded risks and events • Context-specific targets met for key health coverage indicators – measles vaccination coverage, skilled birth attendance, consultation rate

Output E.4.1. Comprehensive incident management established for coordinated action in all graded and protracted health emergencies	
Output indicator(s):	• Incident management system established within 72 hours for all graded risks and events • Immediate response plan available within 5 days for all graded events • Full joint operations plan available within 30 days for all graded events • Joint health plans integrated into overall humanitarian response plans for all ongoing protracted events
Key deliverables:	• Establish incident management systems and support for all graded events; • Management of response to all protracted events; • Establish and run emergency operations centre at headquarters and regional offices; • Develop strategic response and operations planning for WHO and partners in all graded and protracted events; • Establish area-based approach to delivery of essential package of health services for all protracted emergencies.

Output E.4.2. Assist and coordinate the implementation of health operations to agreed standards through partner and WHO operational networks	
Output indicator(s):	• Effective, fully staffed partner coordination mechanisms in place for all graded and protracted events at national and sub-national levels • All partners operating adhering to minimums standards, e.g. Sphere, EMT Minimum Standards • Health Clusters receive a score of satisfactory or higher for >75% of cluster functions, based on assessment using Cluster Performance Monitoring Tool • All WHO offices meet minimum readiness criteria
Key deliverables:	• Estimate of operational needs and identify capacity gaps; establish and maintain operational partner networks; • Establish, manage and monitor partner coordination mechanisms that allow all partners to be effectively utilized during emergency response; • Establish consistent technical standards for partner operations and monitor implementation against standards; • Assess partner and WHO readiness capacities and identify readiness gaps; support partners and WHO to develop critical capacities.

Output E.4.3 Provide supplies and logistical services and operational support for all graded and protracted health emergencies	
Output indicator(s):	• All staff and consultants fully operational (accommodation, office space, transport, computer, phone, connectivity) within 24hrs of arriving in-country • Minimum essential emergency supplies distributed to points of service within 72 hours
Key deliverables:	• Provide operational support including fleet, accommodation, facilities, security, ICT for all graded and protracted emergencies; • Ensure availability of medical supplies and equipment through effective supply chain management; • Provide critical specialized health logistics services as required for graded and protracted emergencies.

EMERGENCY CORE SERVICES

Outcome E.5. - WHO emergency operations rapidly and sustainably financed and staffed	
Outcome indicator(s):	• 70% of the annual core financial and human resource requirements for the Emergencies Programme available at least three months prior to the beginning of the year

Output E.5.1. Effective management and administrative support for the emergencies programme	
Output indicator(s):	• Workplan(s) created and approved within 24 hours of grading • Initial disbursement of emergency funds of up to $500K USD within 24 hours of grading • Staff and roster consultants deployed within 3 days of decision to deploy • Non-roster staff and consultants recruited within 3 days and deployed within 5 days of decision to deploy
Key deliverables:	• Establish standardized emergency programme work plans and budgets; monitor the status of funding available and projected and resulting funding gaps; • Ensure the provision of high quality, predictable HR, security and staff wellbeing services; • Track and manage grants and their reporting requirements; develop and monitor implementation of Standard Operating Procedures (SOPs) leading to continuous improvement and business process excellence.

Output E.5.2. Accurate and timely health emergency communications and sustainable financing	
Output indicator(s):	• Average percentage of donor appeals funded • Number of member states financially supporting the programme through voluntary contributions
Key deliverables:	• Develop donor appeals and engage with donors to ensure adequate and timely financing for core functions, country preparedness and response to graded and protracted emergencies through a strategic approach, while ensuring that reporting requirements are met; • Develop and implement a strategy on WHO communications for emergencies to engage with key audiences to effectively communicate the risks, response strategies, impact in health emergencies and financing requirements; • Develop and implement advocacy strategies and plans to influence policy discussions and leverage political commitment and funding around health emergencies, to help shape the agenda and garner required support.

ANNEX 2: HUMANITARIAN RESPONSE PLAN (HRP)* & HEALTH CLUSTER COUNTRIES

Location	Health Cluster	HRP	Funding Request (USD, M)		Affected Population (1000s)	
			Health Cluster	WHO	Total	Target for Health Partners
Syria	Yes	Yes	437.2	155.3	13,500	11,500
Yemen	Yes	Yes	182.3	120.0	21,200	10,600
Iraq	Yes	Yes	83.7	27.3	10,000	7,100
Democratic Republic of Congo	Yes	Yes	50.0	15.0	7,500	6,000
Ethiopia	Yes	Yes	33.6	8.2	8,200	3,600
Afghanistan	Yes	Yes	39.6	10.0	-	3,200
Nigeria	-	Yes	24.7	5.0	14,800	2,600
South Sudan	Yes	Yes	110.0	17.6	-	2,356
Ukraine	Yes	Yes	33.3	18.5	3,700	2,300
Mali	Yes	Yes	10.1	1.4	-	2,000
Somalia	Yes	Yes	71.2	14.1	4,900	1,900
Libya	-	Yes	38.1	15.3	2,440	1,200
Palestine	Yes	Yes	25.8	3.6	2,300	1,000
Chad	Yes	Yes	34.4	10.7	3,900	845
Niger	Yes	Yes	9.9	7.2	2,000	725
Myanmar	Yes	Yes	22.9	4.1	1,020	538
Burundi	-	Yes	62.3	10.0	1,100	442
Guatemala and Honduras	-	Yes	5.6	2.6	2,800	450
Mauritania	Yes	Yes	4.9	3.9	531	198
Haiti	-	Yes	193.8	12.8	2,100	25
Central African Republic	Yes	Yes	42.0	15.9	2,300	1,000
Guinea	Yes	-	-	-	-	-
Jordan	Yes	-	-	-	-	-
Pakistan	Yes	-	-	-	-	-
Sudan	Yes	Yes	60	26	-	3,600
Turkey	Yes	-	-	-	-	-
Colombia	Yes	-	-	-	-	-
Nepal	Yes	-	-	-	-	-
Pacific Island Countries: - Fiji - Kiribati - Solomon Islands - Tonga - Vanuatu - Micronesia	Yes	-	-	-	-	-

* Humanitarian Response Plans are regularly updated with the evolving situation in affected countries; these figures represent data available as of 16 May 2016.