

**Progress Report on the Development of the
WHO Health Emergencies Programme
30 March 2016**

1. Following the deliberations of the Executive Board in January 2016, the Director-General, Deputy Director-General and Regional Directors of the World Health Organization (WHO) issued a statement¹ committing to urgently reform the emergency work of WHO in a comprehensive way “through the establishment of one single Programme, with one workforce, one budget, one set of rules and processes and one clear line of authority” and “an independent mechanism of assessment and monitoring of the performance of the Organization, reporting to the governing bodies”.
2. The new Programme would be designed to address all hazards, flexibly, rapidly and with a principle of ‘no regrets’. It would work synergistically with other WHO programmes and partners to address the full cycle of health emergency preparedness, response and recovery in support of local community and national government efforts. It would encourage full participation and integration of all partners, and operate with clear accountability and standard performance metrics. It would consolidate and expand WHO’s existing capacities at country, regional and headquarters levels, and leverage the unique governance structure of WHO.
3. The following steps were outlined to operationalize these commitments:
 - As of February, WHO would use key aspects of the single programme and incident management approach to manage all new health emergencies,
 - By end February WHO would have established common Organization-wide emergency processes for risk assessment, incident management, health emergency information management, and rapid financial disbursements,
 - By end-March WHO would have established the structure, reporting lines and accountabilities for the Programme, with a common structure across HQ and Regional Offices,
 - The Director-General would immediately launch the process for the selection of the Executive Director of the programme. The Director-General would also establish an oversight body reporting to the Executive Board and World Health Assembly to oversee the establishment of the Programme.
 - The Director-General would provide regular updates to Member States, starting in March, on transformative changes and on establishing the Programme, and will report to the World Health Assembly in May on its functioning. The Director-General will also present the report of the IHR Review Committee at that time.
4. This paper reports progress on these commitments, other recent developments in the establishment and implementation of the new processes and Programme, financial

¹ Global Policy Group Statement on reforms of WHO work in outbreaks and emergencies, Geneva, Switzerland, 30 January 2016

requirements for a sustainable WHO health emergencies Programme, and experience to date in implementing key aspects of the new Programme. This report represents a broad consensus across WHO and is the result of a substantive programme of work which has been led by the 6 Regional Offices and headquarters through multiple work streams that have engaged colleagues from all levels of the organization over a period of more than six months.

Establishment of Common Organization-wide Emergency Processes & Systems

5. The Health Emergencies Programme will be managed through one set of emergency management processes and performance metrics that will be standard across the organization and all-hazards for readiness, preparedness, risk assessment, event grading, and incident management. The ExD will submit the outcomes of all major risk assessments and event gradings to the Director-General within 24 hours for decisions on grade, Incident Management, and leadership in consultation with Regional Directors.
6. On 6 March 2016, the network of WHO Emergency Directors from the 6 Regional Offices and headquarters examined the cross-organizational work to date on these processes, adapted and adopted a new common Incident Management System based experience in its application to date, and agreed on new risk assessment and grading processes. These processes had been developed and agreed through On 18 March 2016, the Director-General and Regional Directors reviewed, discussed and endorsed the principles for the new risk assessment, event grading and incident management processes, as well as the goals for ensuring WHO's own internal readiness. The common processes for health emergency information management remain under development.
7. The Programme will also have one set of emergency business rules and systems for operating rapidly and on a 'no-regrets' basis in the areas of planning, human resource management, procurement and finance. These rules and systems will enable time-sensitive targets for such processes as emergency deployments (i.e. within 72 hours) and initial financial transfers (i.e. within 24 hours). In this context, Standard Operating Procedures (SoPs) for rapid disbursements from the new WHO Contingency Emergency Fund (CFE) were finalized in February 2016. In all 5 of the emergencies for which CFE support was requested to date, the funds were available to the Incident Manager within 24 hours of approval (see para 26 below).

Establishment of a Common Structure, Reporting Lines and Accountabilities

8. On 18 March 2016, the Director-General and Regional Directors concurred on the structure, reporting lines and accountabilities for the WHO Health Emergencies Programme, and agreed that this structure would be common across headquarters and all Regional Offices.

9. The common structure that has been agreed reflects WHO's major functions in health emergency risk management and consists of 6 major areas of work:
 - Infectious hazard management
 - Member State Preparedness (IHR & all-hazards)
 - Risk Assessment & Health Emergency Information Management
 - Emergency Operations (all-hazards/events)
 - Management & Administration
 - External Relations

The Programme will have formal linkages to key technical departments, particularly for research and development, policy, capacity building for preparedness, health systems strengthening, and protracted crises planning and programming.

10. Ultimate authority for WHO's work in emergencies rests with the Director-General, with one clear line of authority. The Executive Director (ExD), reporting to the Director-General, will be responsible for technical oversight and standards, strategic and operational planning, risk and performance monitoring, the programme budget and staff plan, and interagency and partner relations. Regional Directors will have a leadership role in the application and enforcement of Programme standards, Government and Regional intergovernmental relations, interagency and partner relations at Regional level, and the day-to-day management of emergency management activities in their Regions. In major infectious disease outbreaks and health emergencies, the Director-General will delegate day-to-day management to the Executive Director to optimize the operational support of the entire organization.
11. The new Programme will have one budget and one staff plan, that will be the responsibility of the ExD to develop in consultation with Regional Directors, senior staff, and relevant WHO Representatives. The budget and staff plan will be submitted to the Director-General for decision. Day-to-day management of staff at Regional and country levels will be through the Regional Director.
12. In a major outbreak or acute emergency, the ExD will establish and manage a budget and workforce across WHO through the Incident Management structure. For major risk assessments and responses, the EXD will have the authority to relocate Programme staff from anywhere in the Organization within 72 hours.

Selection of the Executive Director and Establishment of an Oversight Body

13. With respect to the leadership of the new Health Emergencies Programme, the Director-General has initiated the recruitment process for the Executive-Director, with applications closing on 31 March 2016. A headhunting firm has been engaged to help optimize the number and quality of candidates.
14. The Director-General is establishing an Independent Oversight and Advisory Committee to provide oversight and monitoring of the development and performance of the Programme, guide its activities, and report findings through the Executive

Board to the World Health Assembly. Reports of the Committee will be shared with the Secretary General of the United Nations and with the Inter-Agency Standing Committee (IASC). The Committee will be drawn from governments, NGOs, and the UN system, and will consist of eight members who have extensive experience in a broad range of disciplines, including public health, infectious diseases, humanitarian crises, public administration, emergency management, community engagement, partnerships and development.

Other Developments in Establishing the new Health Emergencies Programme

Global Health Emergency Workforce

15. Emergency Medical Teams (EMTs) continue to join the WHO-led quality assurance process with 59 teams from 26 countries now in process. Since 30 January 2016, WHO has visited and reviewed 7 teams in 6 countries, with visits planned to a further 4 countries to review an additional 24 teams by end-April. The single largest EMT commitment to date occurred in February 2016 with the launch of the European Medical Corps, representing more than 12 teams with medivac, logistics and public health capacities. WHO is working with OCHA on EMT coordination training and will host joint simulations for search and rescue and emergency medical teams during 2 major regional earthquake exercises in mid-2016. Emergency medical corps discussions are ongoing with ASEAN and the African Union. WHO is also supporting collaborations on training standards development and deployment and, going forward, the establishment of national emergency medical teams that can deploy locally in high-vulnerability countries.

Linkages with the Global Emergency Management Architecture

16. Evaluations of the Ebola crisis have emphasized the need to use ‘familiar’ emergency coordination mechanisms in future and to leverage the investments that donors and agencies have made in such entities. International support for natural disasters and conflict is overseen by the Inter-Agency Standing Committee (IASC), with strategy development led by the Office for the Coordination of Humanitarian Affairs (OCHA), and operations coordinated through the Cluster System. Discussions are ongoing with OCHA to align and/or integrate international support for responding to large scale infectious crises into this system during 2016, with adjustments for the specific nature and challenges of infectious hazards. The grading of major events caused by infectious hazards is also being aligned with that of the disaster management community.

International Health Regulations (2005)

17. Work on the new Joint External Evaluation Tool for assessing IHR core capacities and capabilities has been finalized and successfully piloted as a core element of the new monitoring and evaluation framework for the IHR (2005). Although the work of the IHR Review Committee is ongoing, the release of preliminary findings and

recommendations has informed the development of the new Health Emergencies Programme, particularly in the areas of IHR and Member State Preparedness, Risk Assessment, and Infectious Hazard Management.

Research and Development

18. Building on experience from the Ebola crisis, a new WHO Blueprint for Research and Development for global infectious disease threats and epidemics was developed and presented to WHO's Executive Board in January 2016, aiming to reduce the time lag between the declaration of an international public health emergency and the availability of effective medical technologies. Since the 1 February declaration of the Public Health Emergency of International Concern (PHEIC) due to clusters of microcephaly in the presence of Zika virus (see also paragraph 26), the Blueprint has been applied to promote and facilitate public health research to understand the natural history of Zika virus infection (i.e. through open data sharing arrangements for Zika virus) and to accelerate the development of new diagnostics, vaccines, therapeutics and novel vector control methods. WHO undertook a rapid landscaping of existing technologies, research and product development then convened a major consultation of academics, manufacturers, regulators and other interested parties to discuss findings and priorities. A set of Target Product Profiles (TPPs) is now being finalized for each area and expedited regulatory pathways explored.

Establishing a Financially Empowered and Sustainable Health Emergencies Programme

19. Adequate financing is a prerequisite to the success of all aspects of the new WHO Health Emergencies Programme, including its work in support of Member State preparedness strengthening. The financial viability and sustainability of the new WHO Health Emergencies Programme requires a combination of core financing for WHO's standing emergency risk management capacity and normative work, a contingency fund for rapidly initiating and enabling new emergency response operations, and an ongoing appeal and pledging process to support major ongoing operations, particularly protracted crises.
20. In the WHO Programme Budget 2016-2017, core staff and activities that map to WHO's new Health Emergencies Programme total US\$334 million. This budget is primarily for technical and normative work in infectious diseases, IHR and Member State preparedness, and – to a lesser degree – risk assessment and health emergency information and management activities. For WHO to be an operational agency in emergencies, substantial additional personnel and sustainable financing are required across the 3 levels of the Organization, even before an emergency occurs, for technical and operational support to Member States, organizational and partner readiness, planning, emergency operations management and administration, and external relations. The costs of this additional capacity were calculated based on the core functions of WHO as an operational agency in emergencies, the current number of high-vulnerability/low-capacity and protracted crisis countries, the number of

personnel needed at local and country office levels in these priority areas, standard WHO contracting and operating costs, and the capacity needed at Regional Offices and headquarters to implement and manage these aspects of the Programme.

21. The start-up costs and additional core, recurring costs for the new Programme will require an additional US\$160 million during the 2016-17 biennium (US\$ 60 million in 2016, US\$100 million in 2017) and US\$150 million per year in 2018 and 2019. This costing is based on the minimum number of WHO staff required to implement the Organization's core functions in emergencies across the 3 levels of the Organization. It reflects a phased rollout of capacity and activities across Regional and country offices, beginning with those most affected by acute and protracted crises and with the greatest number of highly vulnerable countries. These figures do not include activities that can be conducted by other agencies or the costs of specific events/responses.
22. Further details on the core financial requirements for the new Programme, and a proposal for the accommodation of these needs within the Programme Budgets 2016-2017 and 2018-2019, will be included in documentation for the World Health Assembly in May 2016.
23. As of 25 March the new WHO Contingency Fund for Emergencies (CFE) had received a total of US\$26.60 million in funds and pledges (US\$25.13 million and US\$1.47 million, respectively), against the US\$100 million capitalization target. A total of US\$6.89 million has already been disbursed from the CFE to fast-track support for the WHO response to 5 crises: the Zika and Yellow Fever outbreaks, the Cyclone Winston response, the El Niño effect in Ethiopia and the deteriorating health conditions in Libya due to the escalating conflict. Once the final requests were submitted, four were approved within 24 hours and 1 within 3 days; in all cases funds were made available to the Incident Manager within 24 hours of approval.
24. In addition to these core financing and contingency fund requirements, further financing would be needed for activities that are conducted in response to specific emergencies and events, whether acute or protracted. Such resources would cover the costs of the medium/long-term internal and external personnel surge, field operating costs, specific emergency health supplies and equipment and, only when and where needed, the contracting or support of basic health services delivery. The financial resources required for the health aspects of such ongoing crises would be the subject of specific appeals, including through the Humanitarian Response Plans (HRPs) and appeals that are coordinated by OCHA. WHO continues to work with the World Bank in the design and development of a Pandemic Emergencies Fund (PEF) to facilitate the response to large-scale crises due to specific, high threat infectious hazards.

Experience in Implementing Key Aspects of the WHO Single Health Emergencies Programme and Incident Management Approach

25. Since February 2016, key aspects of the new Programme have been used to manage a number of health emergencies, including the international Zika virus outbreak, the urban yellow fever outbreak in Angola, and Cyclone Winston in Fiji.
26. In response to the evolving Zika virus pandemic, and its association with clusters of microcephaly, a rapid risk assessment and grading was conducted, a standard incident management structure and process implemented (i.e. at HQ and 6 Regional offices), and an Emergency Committee convened under the IHR (2005). On 1 February 2016 the Director-General declared the event a Public Health Emergency of International Concern (PHEIC). The Incident Management structure (IMS) integrated a broad range of WHO technical expertise and expert networks into the response, from maternal and child health, reproductive health and vector control, to research and product development. The OCHA deployed staff into the IMS/HQ to assist with inter-agency coordination and information sharing, facilitating development of a Zika Strategic Framework and Joint Operational Plan and budget across 23 agencies within 10 days of the PHEIC declaration.
27. On 12 February 2016, the escalating urban yellow fever outbreak in Luanda, Angola led to a risk assessment and grading, and the establishment of an Incident Management structure at country and Regional (AFRO) levels. At WHO headquarters, further back-stopping capacity was established, particularly to assist with the rapid release of vaccine from the international stockpile that is managed by WHO with the International Coordination Group (ICG). As the outbreak has persisted and spread, both nationally and internationally, the risk assessment has been revisited and strategy adjusted.
28. Immediately after the devastating Category 5 Cyclone Winston made landfall in Fiji on 20 February 2016, WHO held a 3-level emergency grading call to assess the international support required and initiate both direct deployments and the coordination of Foreign Medical Team support.
29. At the political level, the Director-General and Director PAHO travelled to Brazil accompanied by the ExD a.i. to review the evolving Zika outbreak and microcephaly cluster and response measures. During the 1st week of April the Director-General and Regional Director AFRO will travel to Angola to review the ongoing multi-focal yellow fever outbreak. The Director-General and Regional-Directors of EMRO and AFRO continue to oversee closely the WHO response to protracted crises, particularly in Syria, Yemen, Iraq, Central African Republic, South Sudan and Ethiopia, most of which have been prioritized for additional health cluster capacity early in the roll-out of the new Health Emergencies Programme.