

**WHO Health Emergencies Programme: Independent Oversight and Advisory Committee**  
**Draft meeting report**

**Second meeting of the Committee**  
**Geneva, Switzerland**

**4-5 July 2016**  
**India Room, WHO, HQ**

Agenda: See annex 1

List of participants: See annex 2

Summary of the milestones based on A69/30: See annex 3

**Summary of discussions and recommendations**

At the commencement of the meeting the IOAC members approved the agenda of the second meeting and the revised terms of reference, which consisted of splitting paragraph 2(d) into two clauses based on discussions during the first meeting on 5 May.

The Committee considered *A69/30. Reform of WHO's work in health emergency management, Report by the Director-General*, which was presented to the Sixty-ninth World Health Assembly (WHA) as the main reference to monitor WHO's implementation of the Programme, and asked the Secretariat to provide a summary table with milestones and target dates. The Committee noted that such a table could be used as indicators for reporting WHO's performance to the Executive Board. (See Annex 3)

**WHO Health Emergencies Programme**

The Committee was briefed about WHO's role in emergencies and the WHO Health Emergencies Programme. Members recognised the considerable work that has already been done to implement the new structure and working models that were agreed during the WHA in May 2016.

It was noted that the Programme is underpinned by five major principles, namely, 1. Single approach for all emergencies; 2. Standardise across all three levels and all seven major offices; 3. Leverage and facilitate UN, partners and disaster management systems; 4. Optimise WHO political access and technical expertise; 5. Operate across the emergency management cycle.

The Committee recognised key recommendations from various assessment panels and

reviews of the response to the Ebola outbreak<sup>1</sup>, which were embedded in the development of the new Programme.

The Secretariat informed the Committee that the *WHO Emergency Response Framework* is under revision to provide further clarity on the grading system and triggers, roles, and responsibilities of each player, WHO's responsibilities under the International Health Regulations (IHR), and WHO's obligations to the Inter-Agency Standing Committee (IASC) for humanitarian emergencies.

Members were briefed on the unique role of the WHO and the WHO Director-General as IHR secretariat and technical lead within the IASC and the IASC's decision to use IASC/OCHA mechanisms to coordinate response to large-scale infectious emergencies. It is anticipated that a new IASC Standard Operating Procedure for infectious emergencies will be finalised by September 2016.

The Committee reiterated the importance of alignment with the IASC on international coordination of health emergencies and emphasised that WHO should play a leadership role in outbreaks.

The Committee acknowledged the Secretary-General's Global Health Crises Task Force. Both Felicity Harvey and Elhadj As Sy will be a link between the IOAC and the SG Task Force through their membership of both groups.

The Committee sought clarity on the WHO Health Emergencies Programme in terms of its link with the Global Health Security Agenda. The Committee requested the WHO Secretariat provide a briefing on the Alliance for Country Assessments for Global Health Security and IHR Implementation as it is important for the Committee to understand the Alliance's mandate.

It is suggested the Chair of the Alliance be invited to come to the IOAC meeting to brief the Committee.

### **Financing and Programme rollout**

The Programme Budget 2016-17 for emergencies work has three components: \$494 million of core/base budget, \$100 million capitalization target for the Contingency Fund and \$600 million of emergency appeals. Current funding gaps are 63%, 72% and 86%, respectively.

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<sup>1</sup> Director-General's Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences; Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response; Ebola Interim Assessment Panel on WHO's Response to the Ebola Outbreak; Report of the High-level Panel on the Global Response to Health Crises: Protecting Humanity from Future Health Crises; National Academy of Medicine - *The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises*; Harvard Global Health Institute (HGHI) and the London School of Hygiene and Tropical Medicine (LSHTM) - *Independent Panel on the Global Response to Ebola*; European Commission - EU preparedness and response – learning lessons from the Ebola outbreak

Members warned that lack of funding will prevent WHO from implementing Programme activities, and that the funding gap will jeopardise WHO's work in emergencies and outbreaks. Members urged the Director-General to make further efforts to mobilize resources. The Director-General reiterated her commitment to ensure that WHO is able to begin to implement the reform and to respond to the current crises using existing resources while fund raising activities continue.

Members expressed concern about the core budget. Given the upsurge in vector-borne diseases and outbreaks of vaccine-preventable diseases, the need for prioritisation of prevention and preparedness within the Programme was recommended. The Committee said that core budget of the new Programme should be in harmony with other relevant WHO activities to strengthen health systems for long-term preparedness and sustainability.

The Committee acknowledged that the contingency fund has enabled WHO to provide immediate response to acute crises and expressed concerns on the lack of replenishment to date.

The Committee recommended WHO look at lessons to be learnt from other UN agencies' fundraising models.

Members advised the Director-General to consider innovative funding methods. As trade sectors and travel industries would have a strong interest in the International Health Regulations, they might be willing to support the work of WHO. The Committee noted that engagement with the private sector should be explored.

The committee recommended continuing dialogue with the World Bank on the Pandemic Emergency Financing Facility to expand the scope and expedite the release of funds. The Secretariat noted that there is an intention to explore ways to broaden the funding base within the scope of the regulations governing fundraising for WHO.

The Committee emphasised that an economic investment case that set out the reasons for funding the new Programme and risk-benefit analyses would be helpful for pursuing private sector donors and governments.

Fundraising activities need to be planned and carried out under the leadership of the incoming Executive Director. The Committee discussed mapping of the new health emergency programme to the programme budget 2016-17 as a reference for tracking progress.

The Committee was informed that WHO health emergency operations capacity will reflect the burden of protracted crises and highly vulnerable countries in the African Region and the Eastern Mediterranean Region in the initial phase. The Committee requested the Secretariat to provide a table with staff targets and budgets at country level to track recruitment against staff targets, to track the availability of funding against the new budget, and to provide regular reports going forward on progress, gaps and implications from now until the Executive Board meets in January 2017.

The Committee emphasised the need for 'change management' and reiterated that all staff across the Organization need to be involved for successful implementation of the new programme.

The Committee reiterated the importance of the 'oneness'<sup>2</sup> concept and tracking progress in Headquarters and Regional Offices, with a common timeline, in a consolidated manner. Members noted there might be a need to modify the "oneness" component of the Programme within the agreed framework to respond in different types of settings.

The Committee acknowledged that one single programme will also have a positive impact on global mobility. A joint recruitment process will promote staff mobility and alleviate the burden on Regional Offices.

Members emphasised that staff are an important asset to the Organisation and noted that guidelines for staff well-being needs to be set up across the UN system.

### **WHO's performance in current crises**

The Committee was briefed on WHO's ongoing response to the outbreak of Zika virus disease, yellow fever in Angola and DRC, multiple health crises of Ethiopia due to El Niño and protracted emergencies in Yemen and Syria.

Members were generally satisfied with the WHO response so far and asked to be kept informed of progress in due course.

Members noted that the Incident Management Structure (IMS) is flexible and adaptable for different crises but cannot provide solutions to all crises.

The Committee was told that in the context of protracted emergencies WHO needs to be fully functional for a prolonged period to address the health care needs of people affected by conflict.

The Committee acknowledged that WHO is not solely responsible for the failures and challenges of outbreak response, noting that country preparedness and the leadership of the head of the WHO Country office were key for Uganda to control the outbreak of Yellow Fever at an early stage. The Committee also noted that the political will and governance of national authorities would have significant impact on the success of emergency response and operations.

Regarding Ethiopia, food security is the main crisis. The Committee requested clarification on the link to the work of WHO on emergencies and noted this should be put in proper context, particularly in relation to WHO's mandate and its role as a leading agency.

The Committee asked that country-specific challenges and constraints should be reported in a distinctive way so that an objective assessment of WHO's performance can be carried out.

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<sup>2</sup> The Programme is standardized across all three levels and all seven major offices.

A robust monitoring and evaluation system should be in place to track WHO's response.

The Committee noted the challenge of obtaining funds for Zika virus disease and the need to revise the life-saving criteria of the Central Emergency Relief Fund managed by the Emergency Relief Coordinator on behalf of the UN Secretary-General.

The Committee emphasised that UN agencies, NGOs, and governments should work together and a joint operation should be deployed to respond to major emergencies.

### **Decisions and action points**

The Committee said that a report to the Executive Board should assess the performance of the Programme with the focus on three areas: 1. Monitor progress; 2. Identify issues in implementation (results framework); 3. Review whether the design of the Programme is fit for purpose in different types of settings.

The Committee reiterated that systematic monitoring will be critical for its work.

Members are committed to submitting a draft report to the 140<sup>th</sup> Executive Board, 23 January – 1 February 2017, by end November, for circulation to Member States. To meet this deadline the Committee will hold a teleconference in the late September or early October.

A second in-person meeting can be arranged in November to finalise a report to the Executive Board.

Members suggested two site visits by a team of 2 to 4 members in August and September: Democratic Republic of the Congo for yellow fever and Columbia for Zika virus disease. Additional sites visits to Ethiopia or other countries where protracted emergencies are ongoing will be considered later.

The Committee thanked the Secretariat for its support and said the IOAC might be placed in the Office of the Director-General.

Further discussion would be needed in terms of the site visits and the format of a report to be submitted to the Executive Board.

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