
Emergency Risk Management & Humanitarian Response

WHO Reform Process
2011-2012

Catalysts for Change

- Recent mega-emergencies: Haiti & Pakistan
- WHO reform process
- IASC reform process: Transformative Agenda
- Global financial crisis

Operating Principle

*WHO Country Offices
empowered & rapidly equipped to
lead during all emergencies*

1 April 2011

19 Sept 2011

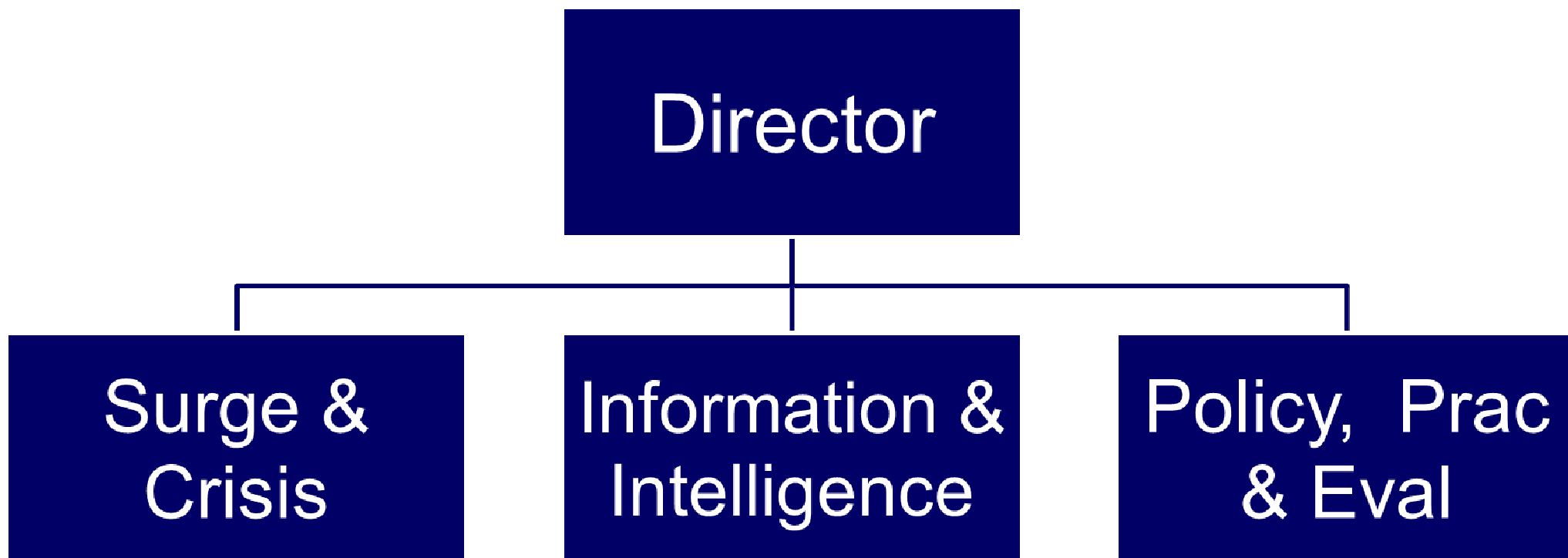


Emergency Risk Management & Humanitarian Response

1 department
3 coordinators
34 positions
(1 continent)

5 departments **2 continents**
9 coordinators **90+ positions**

Structure Reflects Functions



New Business Model

- Focus: enhanced country/cluster effectiveness.
- New department **coordinates & manages all WHO assets in emergencies.**
- **Common Operating Platform** with WHO's Health Security & polio programmes (especially response & readiness).

Synergies: public health & humanitarian emergencies

Cholera in Haiti



Synergies: public health & humanitarian emergencies

Dengue in Pakistan



Reforming WHO's Corporate Approach

Structures: 'WHO Emergency Management Team'
(WHO/HQ + 6 Regional Offices)

Processes: 'WHO Emergency Response Framework'
(ERF) to standardize approach across humanitarian &
public health emergencies.

Policy/Mandate: WHO Executive Board to consider
new 'corporate approach' & policies (Jan 2012).

Reforming WHO's Approach

- Restructuring → new ERM Department
- New business model (e.g. GEMT)
- **Emergency Response Framework (ERF)**
 - Core commitments
 - Performance standards
 - Response procedures
 - Policies

Institutionalizing the New Approach

Affirming organizational mandate & policy

- DG & RDs disseminate ERF, Jan 2012
- Executive Board Resolution, Jan 2012
- Global Policy Group, March 2012
- World Health Assembly Resolution, May 2012



Institutionalizing the New Approach

- Promoting ERF across the organization
 - Field visits to countries & regions (4 regions, Sahel, Syria, Horn of Africa)
 - Regular communications with Regional Offices
 - ***Organization-wide simulation, April 2012***
 - Full Global Emergency Management Team (GEMT) meeting, May 2012

What Next?

- May: Global Emergency Management Team
- May: World Health Assembly debate on Emergency Response Framework & budget
- Sept: WHO-wide emergency plan & budget
- Oct: 2nd WHO-wide simulation
- Dec: *WHO Emergency Preparedness & Readiness Framework*

Reforming WHO's Approach

- Establishing an organization-wide system for *all* emergencies
 - Global Emergency Management Team (GEMT)
 - Inter-regional Deployment Team
 - Joint strategies/operations with Health Security & Environment Cluster
 - Dedicated technical focal points in other HQ departments (HQ Emergency Management Team)

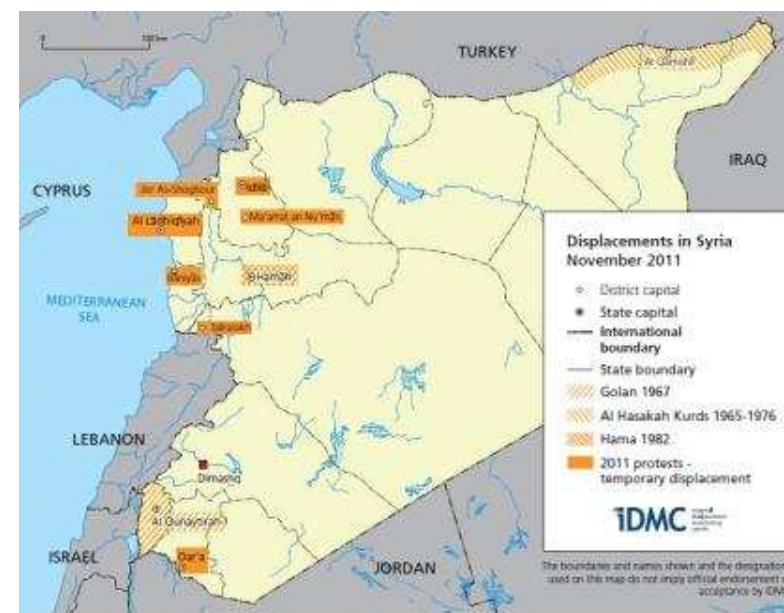
**Is all the reform making any
difference?**

Surge & Crisis Support

Implementation of ERF

Syria

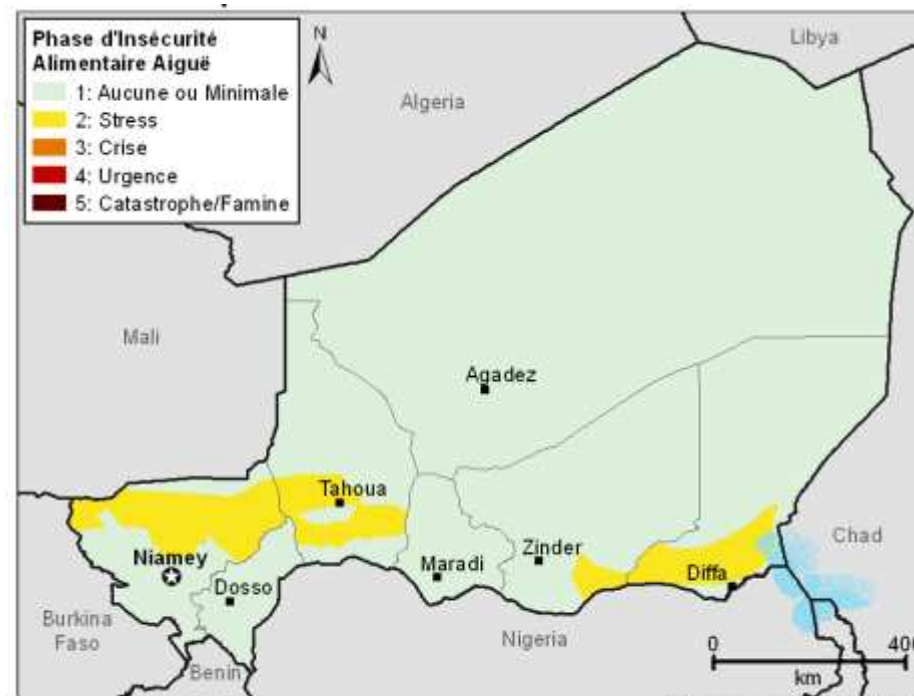
- Repurposing of country office
- Early grading by GEMT – Grade 2
- Rapid deployment of HQ-RO team
- Participation in rapid assessment
- Committed RD



Implementation of ERF

Sahel

- Early field visit by senior staff
- Early grading by GEMT – Grade 2 in Mali
- Deployment of HCC to Mali
- Regional health strategy drafted
- Advocacy on health
- Dispatch of medical supplies



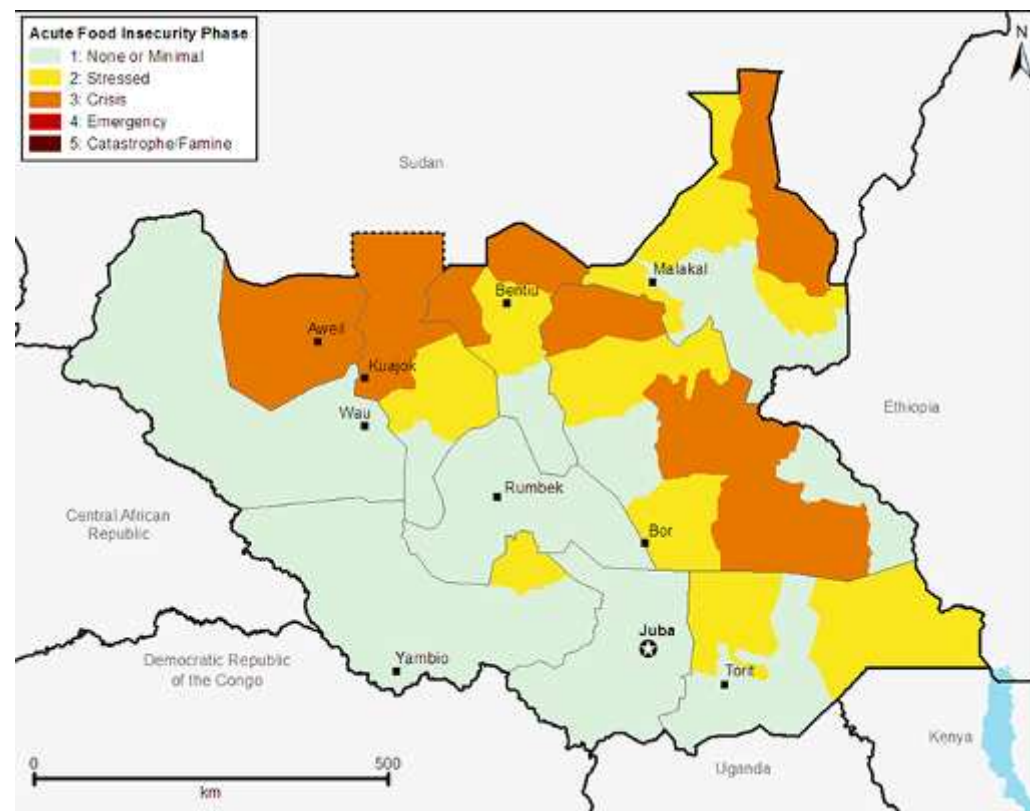
IASC Principals Exercise

- Expanded notification within WHO
 - DG, Senior staff
 - Region and countries, Emergency Duty Officer
 - GEMT, ERM and HSE as observers
- Rapid production of country profiles, sit rep
- Grading exercise involving GEMT

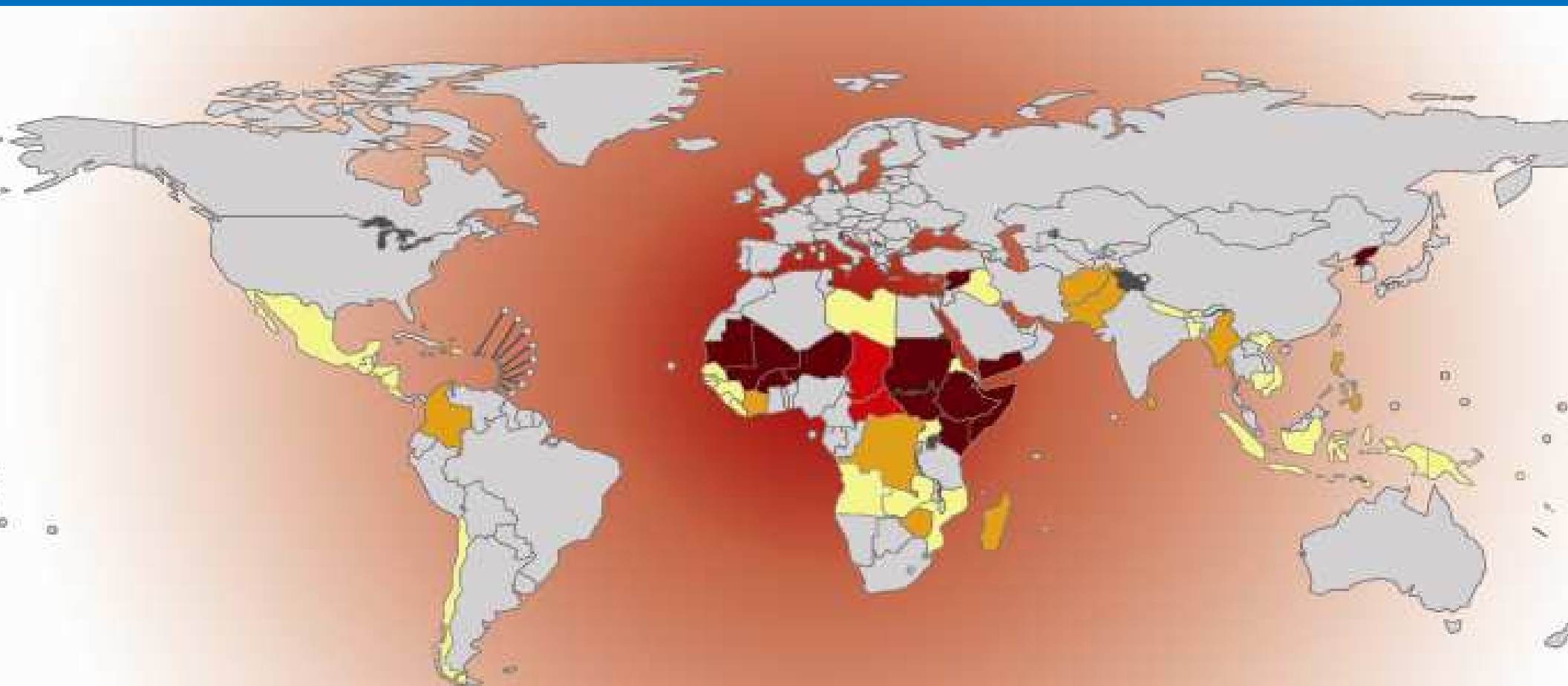
Information & Intelligence

Better Humanitarian Health Information

- Weekly review & report of priority countries
- Tracking & sharing humanitarian **health** trends



Countries of Focus for WHO



	Emergency	Alert	Priority	Watch-list
Week 11	13	2	13	34
Week 9	9	8	12	33

Policy, Practice & Evaluation

Priorities to date, 2012

- Organization-wide collaboration
 - Preparedness/Readiness Working Group
 - Country Cooperation Strategies
- Horn of Africa evaluation
- Collaborative meetings
 - Attacks on health workers
 - Safe Hospitals
- IASC Steering Committee

Moving Forward

Identifying the Challenges

- Sustainable country capacity
- Limited RO capacities and presence
- Implementation of administrative SOPs
- Access, including GHC partners
- Low visibility of health in food security crisis

Moving Forward: Surge and Crisis

- Minimum Country Office readiness requirements
 - Contingency plans
 - Business continuity plans
 - Regular simulations
- Inter-regional surge deployed within 72 hours
 - Technical surge within 7 days
 - Standby arrangements

Moving Forward: Surge & Crisis

- Organization-wide simulations
- Improved staffing & resource plans for Regional and Country offices
- SoPs revised, endorsed & enforced
- Medicines & supplies prepositioned and rapidly deployed (5 hubs)

Moving Forward: Policy & Practice

Re-energize Global Health Cluster

- Re-engage dormant partners
- Revisit Cluster core functions
- Joint field missions
- Guidance (e.g. deactivation)



Improve Health Cluster performance at country level

- Experienced HCC within 72 hours
- Adherence to revised Health Cluster core functions
- Standardized monitoring & reporting of performance

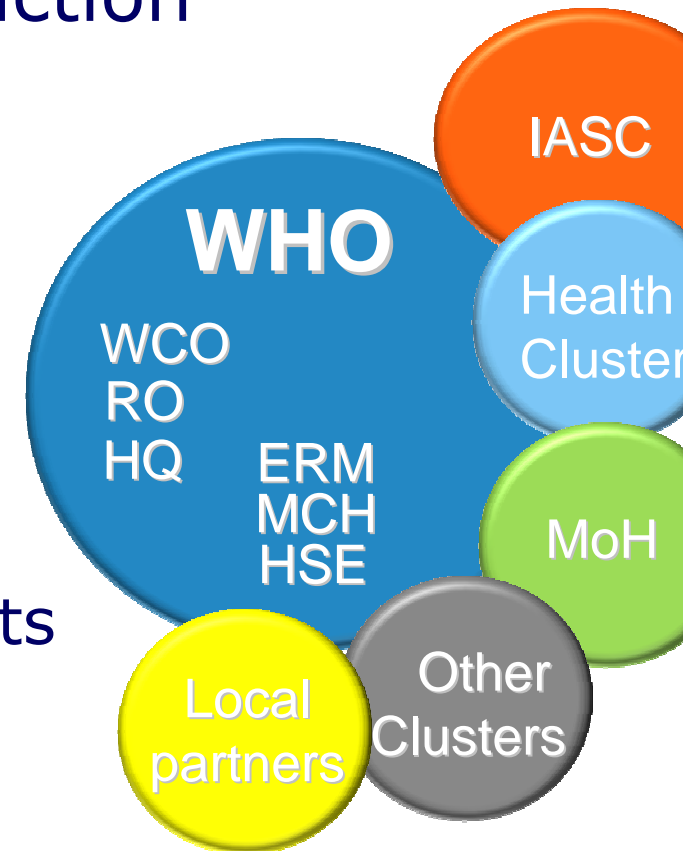
Moving Forward: Policy and Practice

● Advocacy for humanitarian health action

- IASC: Continued active, senior role
- ISDR: health as a key sector
- Public outreach, e.g. DG & Unicef

● Normative functions

- Methodology/tools for risk assessments
- Methodology/tools for collection of data on attacks on health workers
- Clarified core PH indicators, with CDC
- Global MOU with Unicef on management of SAM



Moving Forward: Information

- Weekly country reports and trends
- PH Risk Assessment for all major emergencies
- 6-monthly report on protracted emergencies
- Annual global analysis of cluster performance
- Annual global compendium of national disaster risk management capacities

Moving Forward: Preparedness

- Strengthening member state risk management and preparedness
 - Country Cooperation Strategies address preparedness
 - Priority countries
 - active program for emergency risk mgmt for health
 - regular risk assessments
 - regular simulations
 - safe hospitals program

Tracking Performance

Performance monitoring framework

- Quarterly internal reports
- Improved performance assessment reports



Transition Process

Internal cluster consultations: cluster meeting, departmental meetings, HAC directors & coordinators mtgs (identify major clients, stakeholders & functions) emails & other staff communications

Internal WHO consultations: DG, DDG, DGO, DPMs/ARDs, RO EHA & Imm focal points, WRs, former ADG HAC, ADG HSE, HSE staff, ADG GMG, ADG IER, Comptroller

External consultations: ERC, UNICEF, WFP, IASC, ISDR, OCHA, NGOs, ECHO, donors, other stakeholders

Document review: humanitarian evaluations, IASC reform processes & papers, HAC evaluations, HAC work plan, CCO documents, dept & team strategic papers, other relevant documents

Financial review: vulnerability assessments/revisions, projected income, cashflow analyses