

# 14.9 Reform of WHO's work in health emergency management

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## In focus

The Secretariat report [A69/30](#) provides an overview of the progress made by the Organization in reform of WHO's work in health emergency management: design, oversight, implementation, and finance.

Some of the key features of the new Health Emergencies Programme include:

- The new Executive Director reporting directly to the DG with direct operational responsibility for emergency preparedness and response;
- A similar organisational structure (protocols, rules, etc) in the regional offices and in headquarters to facilitate communication and collaboration;
- An Emergencies Oversight and Advisory Committee;
- Implementation plan;
- Financing (increased resource mobilisation and lifting the budget ceiling).

The centralisation of control of emergencies will be controversial; there may be resistance to raising the budget ceiling.

A69/30 includes a draft decision for the Assembly which welcomes progress made in establishing the Health Emergencies Program, notes the increased costs incurred, and authorises the DG to increase the Program Budget 16-17 by \$160m and to mobilise the required funds.

A69/30 was considered by PBAC24 prior to WHA69 (see its report at [A69/61](#)). Concern was expressed regarding the unfilled budget for WHO's work in emergencies:

*The budget for the Organization's work on emergencies in the Programme budget 2016–2017 is a combination of the core budget and activities budgeted under outbreak and crisis response. Only 42% and 13% respectively of those budgets had been funded as at April 2016.*

*Some Member States proposed that the Director-General should request an increase in assessed contributions, a step that would be crucial to the long-term operation of WHO, and using voluntary contributions to supplement those funds.*

The PBAC recommended that the Health Assembly note the report by the Director-General in document A69/30. It also recommended the Health Assembly to continue the discussions started in the Committee and to consider the proposed draft decision contained in paragraph 24 of document A69/30, taking into account the need to ensure full and sustainable financing for the Health Emergencies Programme.

## Background

In the wake of the failures in WHO's initial response to the Ebola crisis a special session of the Executive Board ([EBSS3](#)) was convened to focus on addressing immediate issues and putting in place such investigations and reforms as might be needed to prevent such failures in future.

The outcome of the SS3 was the omnibus resolution [EBSS3.R1](#) which provided for a range of reforms in WHO's health emergency management. The Secretariat's reform of emergency management has also been informed by reports from:

- the [Ebola Interim Assessment Panel](#),
- the [Director-General's Advisory Group](#) on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences,
- and the [Review Committee on the Role of the International Health Regulations](#) (2005) in the Ebola Outbreak and Response.

The Health Emergencies Programme to be considered under this Item at the Assembly is one of the several work streams which comprise the Secretariat's [Road Map for Action](#) in health emergency management (see Secretariat [Emergency Reform Page](#)). Other work streams include:

- a [global health emergency workforce](#);
- [priority core capacities under the International Health Regulations](#) (2005) developed as part of resilient health systems;
- [improved functioning, transparency, effectiveness and efficiency of the International Health Regulations](#) (2005);
- a framework for research and development preparedness and for enabling research and development during epidemics or health emergencies (the R&D Blueprint, Item 14.8 on this agenda, PHM comment [here](#));
- adequate international financing for pandemics and other health emergencies, including the [WHO Contingency Fund for Emergencies](#) and a pandemic emergency financing facility as proposed by the World Bank;
- risk communication and community engagement.

The discussion at the EB in Jan is recorded in [PSR2\(9\)](#), and [PSR3\(2\)](#). Certain sensitivities regarding regional and national sovereignty were expressed.

# PHM comment

The flaws in WHO's response to the Ebola crisis reflected in large part the distortions arising from the AC freeze, the budget ceiling and the tight earmarking of donations. The fact that these constraints continue means that WHO and global health remain vulnerable.

Although the crisis had highlighted the importance of strong and resilient health systems and core capacities under the International Health Regulations (2005), due priority and resources had not been given to strengthening those areas.

PHM applauds the new Health Emergencies Program with a single line of authority and accountability. However, the need to bypass incompetence and lack of accountability in certain regional offices in relation to emergencies only underlines the importance of strengthening regional and country office administration across the full range of WHO programmes.

The crisis revealed a failure to drive innovation for global health, rather than corporate profit, and underlined the need for a binding treaty to mobilize funding for research and development, in response to identified needs.

During the Ebola crisis certain Member States imposed restrictive measures beyond those mandated by the International Health Regulations Emergency Committee. PHM urges Member States to request a report to the World Health Assembly listing the countries and the measures.

Nation state contributions to the global emergency workforce should be guaranteed.