



WHO's Role During Health Emergencies

January 28, 2020

As the health lead for the United Nations, the World Health Organization (WHO) has the primary responsibility to respond to natural disasters and disease outbreaks. Priorities include (1) supporting countries in building their national capacities; (2) advocating for preparedness; (3) developing strategies and global response plans for health emergencies; and (4) providing operational response activities.¹ WHO is actively involved with the 2019-nCoV outbreak.

WHO Health Emergencies Programme

The WHO Health Emergencies Programme (WHE) was established in 2016 with a mandate to improve the operational capabilities of the organization so that WHO can effectively and efficiently respond to outbreaks and other health emergencies.²

The area of work for WHE covers the full spectrum of emergencies, from prevention and preparedness to response and recovery. Some of WHO's activities in this program include:

- responding to acute health emergencies;
- providing access to essential health services in fragile, complex, or vulnerable settings, including in conflict areas;
- detecting, assessing, and communicating possible health emergencies;
- developing strategies for diseases that have the potential to cause an epidemic or pandemic;
- mitigating the risk of emerging and reemerging high-threat pathogens;
- supporting research and the development of tools, products, and interventions for high-consequence diseases and natural disasters;
- improving and facilitating national and international readiness to respond;
- assessing and reporting all-hazards emergency capacities in countries through tools such as the Joint External Evaluations;
- and strengthening emergency preparedness measures.³

Funding of the WHE requires a combination of core financing for WHO normative work, a contingency fund for rapidly initiating and scaling up emergency response operations, and requests for support from member states, international organizations, regional institutions, nongovernmental organizations, and philanthropic agencies.⁴ Historically, the program has faced chronic budget and human resource shortages, relying heavily on appeals and voluntary contributions to supplement the available budget. For the 2018-2019 biennium, WHE reported a US\$554.2 million budget that was 85% funded.⁵

WHO's Contingency Fund for Emergencies (CFE) was developed for the WHE to rapidly access the resources needed to initiate response operations, rather than risk delay waiting for

other funding mechanisms to mobilize the necessary resources. Funding from this mechanism can be released in as little as 24 hours and used for a variety of operations, including rapidly deploying technical experts to the field, purchasing vaccines and other medical countermeasures, and coordinating the distribution of medicines. Contributions to the CFE are not earmarked for specific activities, thus allowing WHO the flexibility necessary to respond to a broad array of emergencies with different needs and priorities.⁶

Another funding mechanism used regularly for health and humanitarian emergencies is the United Nations Central Emergency Response Fund (CERF), which was established in 2005 to supplement funding requirements for response operations.⁷⁻⁹

Partners

WHO does not work alone. They draw on their vast technical and operational networks to support the numerous health emergencies they respond to each year and to implement initiatives for better preparedness, prevention, and detection. In 2018, 1,821 experts from WHO and their partners deployed to 32 countries to respond to ongoing emergencies.³

Some of the networks and partners that are key to WHE's work include:¹⁰

Global Outbreak Alert and Response Network (GOARN) – a network of more than 250 technical institutions around the world that respond to public health emergencies by deploying personnel and resources to affected countries and by sharing technical expertise. The Operational Support Team at WHO is the coordinating body for GOARN, and a representative body of partner institutions make up the steering committee, which manages GOARN's activities and strategic goals.¹¹

Global Health Cluster – a network of more than 900 partners that provides technical and operational support to national responses to health and humanitarian crises. The Global Health Cluster aims to ensure people in need receive essential healthcare services.¹²

Emergency Medical Teams Initiatives – supports organizations and member states in strengthening their capacity and health systems through the deployment of emergency medical teams (EMTs) during outbreaks. EMTs consists of health professionals who are able to treat patients during a health emergency.¹³

Standby Partners Programme – as extra personnel are needed for support during responses, organizations belonging to the Standby Partners Programme provide WHO with qualified professionals who can be rapidly mobilized for emergency operations.¹⁰

Emergency Committees and Public Health Emergencies of International Concern

Under the revised International Health Regulations (IHR, 2005), the WHO Director-General can convene an IHR Emergency Committee during a health emergency to provide its views on “whether [the] event constitutes a public health emergency of international concern (PHEIC)” and to suggest emergency and response measures (known as Temporary Recommendations) to member states. The WHO Director-General takes the IHR Emergency Committee’s views into consideration, but the Director-General makes the final determination on these matters.

A PHEIC is defined in the IHR (2005) as “an extraordinary event which is determined . . .:

- i. to constitute a public health risk to other States through the international spread of disease; and
 - ii. to potentially require a coordinated international response.”
- The IHR further clarifies, “This definition implies a situation that: is serious, unusual or unexpected; carries implications for public health beyond the affected State’s national border; and may require immediate international action.”¹⁴

As of this writing (January 29, 2020), WHO Director-General Dr. Tedros Adhanom Ghebreyesus convened Emergency Committee meetings on January 22 and 23, 2020, to discuss the outbreak of novel coronavirus (2019-nCoV). While members of the Emergency Committee expressed differing views, the final advice was that the event did not constitute a PHEIC at that time. The WHO Director-General agreed with the suggestion and did not declare the current outbreak a PHEIC. Temporary Recommendations for WHO, China, other countries, and the global community were outlined in the IHR Emergency Committee report.¹⁵ The next Emergency Committee meeting on 2019-nCoV will convene on January 30, 2020.

1. World Health Organization. What we do. <https://www.who.int/about/what-we-do>. Accessed January 28, 2020.
2. World Health Organization. Update: WHO Health Emergencies Programme: progress and priorities. October 31, 2016. <https://www.who.int/about/finances-accountability/funding/financing-dialogue/whe-update.pdf>. Accessed January 28, 2020.
3. World Health Organization. WHO’s work in emergencies: prepare, prevent, detect and respond. Annual Report 2018. <http://www.who.int/emergencies/who-work-in-emergencies/en/>. Accessed January 28, 2020.
4. World Health Organization. WHO Health Emergencies Programme. <https://www.who.int/westernpacific/about/how-we-work/programmes/who-health-emergencies-programme>. Accessed January 29, 2020.
5. World Health Organization. Programme Budget Web Portal. <http://open.who.int/2018-19/our-work/category/12/about/about>. Accessed January 28, 2020.
6. World Health Organization. Contingency Fund for Emergencies (CFE) 2018 Annual Report. 2018. <https://www.who.int/emergencies/funding/contingency-fund/en/>. Accessed January 29, 2020.
7. UN Central Emergency Response Fund (CERF). <https://cerf.un.org/>. Accessed August 21, 2019.
8. UN Central Emergency Response Fund (CERF). Rapid response. <https://cerf.un.org/apply-for-a-grant/rapid-response>. Accessed January 28, 2020.
9. UN Central Emergency Response Fund (CERF). Allocations by sector. <https://cerf.un.org/what-we-do/allocation-by-sector>. Accessed January 28, 2020.
10. World Health Organization. Partners and networks. <https://www.who.int/emergencies/partners>. Accessed January 28, 2020.
11. GOARN. Welcome to GOARN. <https://extranet.who.int/goarn/>. Accessed January 28, 2020.
12. World Health Organization. Capacity development. <http://www.who.int/health-cluster/capacity-building/en/>. Accessed January 28, 2020.
13. World Health Organization. Emergency medical teams. http://www.who.int/hac/techguidance/preparedness/emergency_medical_teams/en/. Accessed August 21, 2019.
14. World Health Organization. International Health Regulations (2005). <https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-engpdf;jsessionid=1AD22A98D081E64F994A0C8D88481F3A?sequence=1>. Published 2016. Accessed August 20, 2019.
15. Statement on the meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus 2019 (n-CoV) on 23 January 2020. [https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)). Accessed January 28, 2020.