



WHO's Role During Health Emergencies

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As the health lead for the United Nations, a primary responsibility of the World Health Organization (WHO) is to respond to natural disasters and disease outbreaks. This role includes supporting countries in building their national capacities and advocating for preparedness, developing strategies and global response plans for health emergencies, and providing operational response activities.¹

WHO Health Emergencies Programme

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

The area of work of 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 (including conflict), or vulnerable settings;
- detecting, assessing, and communicating about possible health emergencies;
- developing strategies for diseases that have the ability to cause a pandemic or epidemic;
- mitigating the risk of emerging and re-emerging 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

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 ongoing appeals to support operations and crises from Member States, international organizations, regional institutions, nongovernmental organizations, and philanthropic agencies.⁴ Historically, the programme has faced chronic budget and HR shortages, relying heavily on appeals and voluntary contributions to supplement the available budget. For the 2018-19 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 in order to initiate response operations, rather than risk delay while waiting for other funding mechanisms to mobilize the necessary

resources. Funding from this mechanism can be released in as little as 24 hours and utilized for a variety of necessary 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. The CERF has the ability to rapidly release resources to WHO to supplement funding requirements for response operations.⁷⁻⁹

Partners

WHO does not work alone. Instead, they use their vast technical and operational networks and partners to support their response to numerous health emergencies each year and to implement initiatives for better preparedness, prevention, and detection. In 2018, WHO reported 1,821 experts from WHO and their partners were 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 through deploying personnel and resources to affected countries and sharing technical expertise and knowledge. The Operational Support Team at WHO is the coordinating body for GOARN, and a representative body of partner institutions make up the Steering Committee that manages GOARN's activities and strategic goals.¹¹

Global Health Cluster – a network of more than 900 partners that provide technical and operational support to national health responses to health and humanitarian crises. The Global Health Cluster aims to ensure people in need receive the 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 the health emergency.¹³

Standby Partners Programme – as extra personnel are needed for support during responses, organizations that are part of 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 Emergency Committee during a health emergency to provide their views on “whether [the] event constitutes a public health emergency of international concern (PHEIC)” and to make suggestions (known as Temporary Recommendations) as to what should be issued to Member States in regard to the emergency and response measures. The WHO Director-General takes the IHR Emergency Committee’s views into consideration but 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.’ 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.

To date, WHO Director-General Dr. Tedros Adhanom Ghebreyesus has convened 2 Emergency Committees to discuss the current outbreak of novel coronavirus (COVID-19). The statement from the first Emergency Committee on 22-23 January 22-23, 2020 reported that, 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 but mentioned he was ready to reconvene the Emergency Committee quickly, should the situation change. A PHEIC was ultimately declared after the second Emergency Committee reconvened 1 week later, on January 30, 2020. Temporary recommendations for WHO, China other countries, and the global community were outlined in the IHR Emergency Committee reports.^{15,16}

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