

REPORT BY: World Health Organization (WHO)

REPORTING PERIOD: 1 January 2017 to 31 December 2017

TOPIC: Health

TRANSFORMATIONS:

- Ensure full access to and the protection of humanitarian and medical missions (2B)
 - Anticipate, do not wait, for crises (4B)
 - Deliver collective outcomes: transcend humanitarian-development divides (4C)
 - Invest according to risk (5B)
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Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

WHO has established a new Health Emergencies Programme to manage the Organization's response to outbreaks and emergencies. WHO led the process of developing the Inter-Agency Standing Committee (IASC) Level 3 (L3) protocols for infectious events management which clarify roles and responsibilities of IASC agencies in large-scale outbreaks. The L3 protocols were endorsed in December of 2017.

WHO created a Contingency Fund for Emergencies (CFE), which has allowed more timely response to outbreaks and emergencies in Angola, DR Congo, Nigeria and Haiti. In 2017, the release of CFE funds was the critical factor that enabled rapid early action to contain an Ebola outbreak in the Democratic Republic of the Congo, a plague outbreak in Madagascar; the Rohingya refugee crisis in Bangladesh, and an outbreak of the deadly Marburg Virus in a remote area on the Ugandan/Kenyan border.

In parallel, a new country business model is also being developed to ensure appropriate resources, planning and performance monitoring of emergencies. It is being rolled out in 11 priority countries, including Nigeria, South Sudan and Somalia. A desk review of the Essential Package of Health Services has been completed and a related task force established within the Global Health Cluster. In addition, WHO, in collaboration with health partners in the Health Cluster are finalizing a cash for health paper. WHO has completed the development of a method and tool for data collection on attacks against health and has produced quarterly dashboards on attacks on healthcare.

How are you measuring progress toward achieving your commitments?

- Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
- By reporting to, or using reports prepared for, UN principal organs, UN governing boards, or other international bodies.

- Through multi-stakeholder processes or initiatives (e.g. IASC, Grand Bargain, Charter for Change, etc).
- Other:
 - For issues related to the humanitarian development nexus, the use of cash as a response option and participation, progress is tracked through joint activities in the workplan of the IASC task team on humanitarian development nexus, relevant Grand Bargain workstreams, and through a joint Department For International Development (DFID) results framework co-signed by IOM, UNHCR, UNICEF, OCHA, WFP, and WHO. Assessing performance and efficiency in Protracted emergencies will also be outlined in a “Protracted Emergency Framework” (PEF) that is currently being developed.

How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?

At the global level, a results framework has been established and progress against deliverables monitored. An Independent Advisory Oversight Committee has been established and reports regularly on the performance of the Health Emergencies Programme. WHO and partners have established new Public Health Information Standards for use at country level and these are being field tested in four countries. The country business model integrates these standards within a broader performance monitoring framework. We assess progress on attacks through reporting on consolidated data, advocacy, and application of measures to increase resilience post-attack.

Select no more than 3 key challenges faced in implementing the commitments related to this transformation.

- Data and analysis
- Institutional/Internal constraints
- Preparedness

Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

Further development of processes and systems, including the country business model, public health information standards, our revised Emergency Response Framework (ERF), the Protracted Emergency Framework (PEF) and related standard operating procedures. The country business model and public health standards will be sequentially rolled out in 11 priority countries; an institutionalization plan has been developed for the ERF.

WHO led the development of a simulation exercise for the IASC L3 protocols that involved IASC Principals and will contribute to stress-test with UN Operations and Crisis Centre on the UN crisis management policy. WHO is working to undertake costing of the essential package of health services. In addition, WHO will begin an exploratory phase in adapting current humanitarian and/or development programming in conflict affected settings to contribute to peacebuilding. This approach will include greater functional linkages with the Peace Building Fund (PBF).

What steps or actions are needed to make collective progress to achieve this transformation?

On the humanitarian-development-peace nexus (4c), both humanitarian and development actors will require genuine inter-agency effort in not only harmonizing analysis and planning but also programming. While current policy and field discussions highlight the importance of collective outcomes, which is central to not only meeting but ending needs, current discussions fail completely to convey that to achieve collective outcomes agencies will need to design programmes together. The nexus discussions are an opportunity to truly achieve a fundamental shift by moving away from siloed thinking.

List any good practice or examples of innovation undertaken individually or in cooperation with others to advance this transformation.

On Transformation 4C (humanitarian-development nexus), WHO continues to co-chair (alongside UNDP) the IASC Task Team on strengthening the humanitarian development nexus. In this capacity, WHO not only convenes IASC agencies at the policy level, but also facilitates knowledge and best-practice exchanges at field level through a community of practice and peer-to-peer troubleshooting workshops. As health sector lead, WHO has also convened discussions on the humanitarian-development nexus in health (and health sector-collective outcomes) in Ethiopia, Sudan, and Ukraine.