WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies (EB130/24)

While recognizing progress made by WHO as health cluster lead, Member States expressed the need to improve quality, predictability, fastness and coordination of WHOs response. The EU, Canada, Norway and the UK urged WHO to work together with OCHA and fully participate in the IASC reform agenda. Mozambique for the African Region called for more intersectoral cooperation at country level, as the current multiplicity of actors is complicating joint planning. Dr. Chan said this was difficult because of the reluctance of some (I)NGOs to be coordinated by WHO. She called upon donors to hold these actors accountable, as they were doing for WHO. Mozambique and Norway urged for more involvement of local and national NGOs and Bangladesh called for more participatory and community-based approaches to engage affected populations.

Almost all acknowledged national capacity strengthening as the highest priority. While the US was calling to increase WHOs surge capacity, Bangladesh, China, Chile, Turkey and Norway stressed it's role in *supporting* countries, who should remain in the driving seat. The importance of disaster risk reduction and preparedness was emphasized. India stated that increasing community resilience is of utmost importance and called for the integration of a PHC approach in WHOs response. Turkey pointed out the possibility of using existing country-expertise for rapid deployment instead of bringing in expats. Libya mentioned problems with timely delivery of medicines because of the complicated WHO procurement process. Mozambique noted the lack of exit-strategy and difficulties in the transition period. This was recognized by Bruce Aylward (ADG) as one of the major shortcomings of WHOs work in emergencies and in the IASC reform agenda. It was put on the to-do-list for next year.

Another important area of concern was the chronic lack of funding WHO is facing, always around 40% of what is required. This has led to the closure of the health cluster in many African countries. The EU and Bangladesh called upon Member States to increase the predictability and flexibility of resources. India noted that the Regional Emergency Response Funds should be further strengthened. The UK supported mainstreaming of cluster coordination costs and would like to see this reflected in the draft budget for the next biennium. Norway expressed concern about the critical staff situation at HQ, Bruce responded that the reform of WHOs emergency department has actually led to an increase in staff in critical areas (more at regional and country level).

The World Medical Association took the floor to complain about attacks on health-care workers. Dr. Chan and the US agreed that humanitarian space was a critical issue. Unfortunately this did not spark a debate on civil-military cooperation and integrated missions, one of the important drivers of increasing attacks on humanitarian personnel.

For the PHM comment that was shared with some delegates (India, Bangladesh, Norway and Ecuador), click here.

The draft resolution introduced by the EU, Norway, Japan, US, Australia, Argentina and Mexico was adopted. Amendments made during the week were reported by EU without further comments.