

Contingency Fund for Emergencies



Report of the WHO Health Emergencies
Programme | April 2017

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1. Overview

In accordance with the request of the World Health Assembly in resolution WHA68(10) *2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on the Ebola Emergency*, and in accordance with the request of the Independent Oversight and Advisory Committee (IOAC), this report provides a review of the scope and criteria of the WHO Contingency Fund for Emergencies (CFE) after two years of its implementation, including proposals to improve the fund's performance and sustainability. To support the review, an overview of the CFE's performance is also presented.

Establishment of the CFE

The CFE was established by the World Health Assembly in May 2015 following a review of WHO's response to the 2014 Ebola outbreak in West Africa and as one element of the reform of WHO's work in emergencies with health and humanitarian consequences. The CFE is designed to provide funding during a critical gap - from the moment the need for an emergency response is identified, to the point at which resources from other financing mechanisms begin to flow. Before the CFE, WHO had no central fund capable of rapidly disbursing funds to pay for early emergency response activities – a particular problem when dealing with a fast-moving disease outbreak. During the early stages of the response to the Ebola outbreak in West Africa, funding from donors took many months to disburse. That lack of funding hampered WHO's ability to take action that would have helped to save lives.

How the CFE works

The creation of the Fund was deemed to be an essential step as part of the wide-ranging reform of the way WHO responds to disease outbreaks and health emergencies. The mechanics of the CFE were designed to be as streamlined and as flexible as possible. Financing is achieved through flexible, voluntary contributions. In the context of the WHO Health Emergencies Programme (WHE), the Contingency Fund for Emergencies forms a discrete financing envelope outside of the Health Emergencies Programme core budget.

Crucially, initial awards for small amounts (under US\$ 500 000) can be released within 24 hours of approval. This ability to mobilize funds rapidly and with minimal bureaucracy is essential in fast-moving emergency situations, when deploying responders to the theatre of operations is an urgent priority. Requests for more substantial amounts (>US\$ 500 000) must be underpinned by a WHO-led Health Cluster joint agency action plan.

Financing the CFE

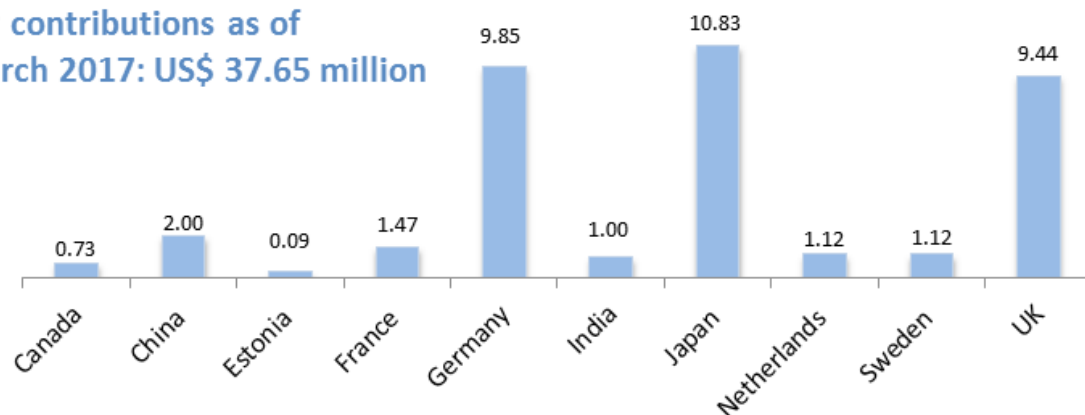
The WHO Health Emergencies Programme has three main funding categories: the core budget that covers the essential functions of the Programme; the appeals budget that covers the additional work that is done in response to protracted health emergencies; and the WHO Contingency Fund for Emergencies. The CFE is to be financed through flexible voluntary contributions and is replenished through reimbursement from benefitting WHO Country Offices or through new direct contributions. As of 31 March 2017 the CFE has raised US\$ 37.65 million of its US\$ 100 million target capitalization. Allocations to date total US\$ 19.1 million in support of WHO activities in response to 21 health emergencies ranging from public health emergencies of international concern (Zika virus disease) to localized humanitarian crises such as the health emergency in northern Nigeria.

Out of 17 requests received for amounts under US\$ 500 000, a total of 14 (83%) were approved and funding was made available within 24 hours. This rapid disbursement of funds from the CFE has been pivotal in getting people and supplies where they are needed without delay. In Haiti, for example, CFE funds enabled WHO to deliver life-saving medical supplies to affected areas within only 5 days of the initial request. In northern Nigeria, CFE funds were the only available source of funding for response activities between August and the end of 2016. And in the response to Zika virus, CFE enabled a full Incident Management Structure (IMS) to be implemented in WHO headquarters in Geneva and all WHO regional offices. Without this bridge funding the response would have been significantly delayed until the first donor contributions were received, 6 weeks after the declaration of the PHEIC.

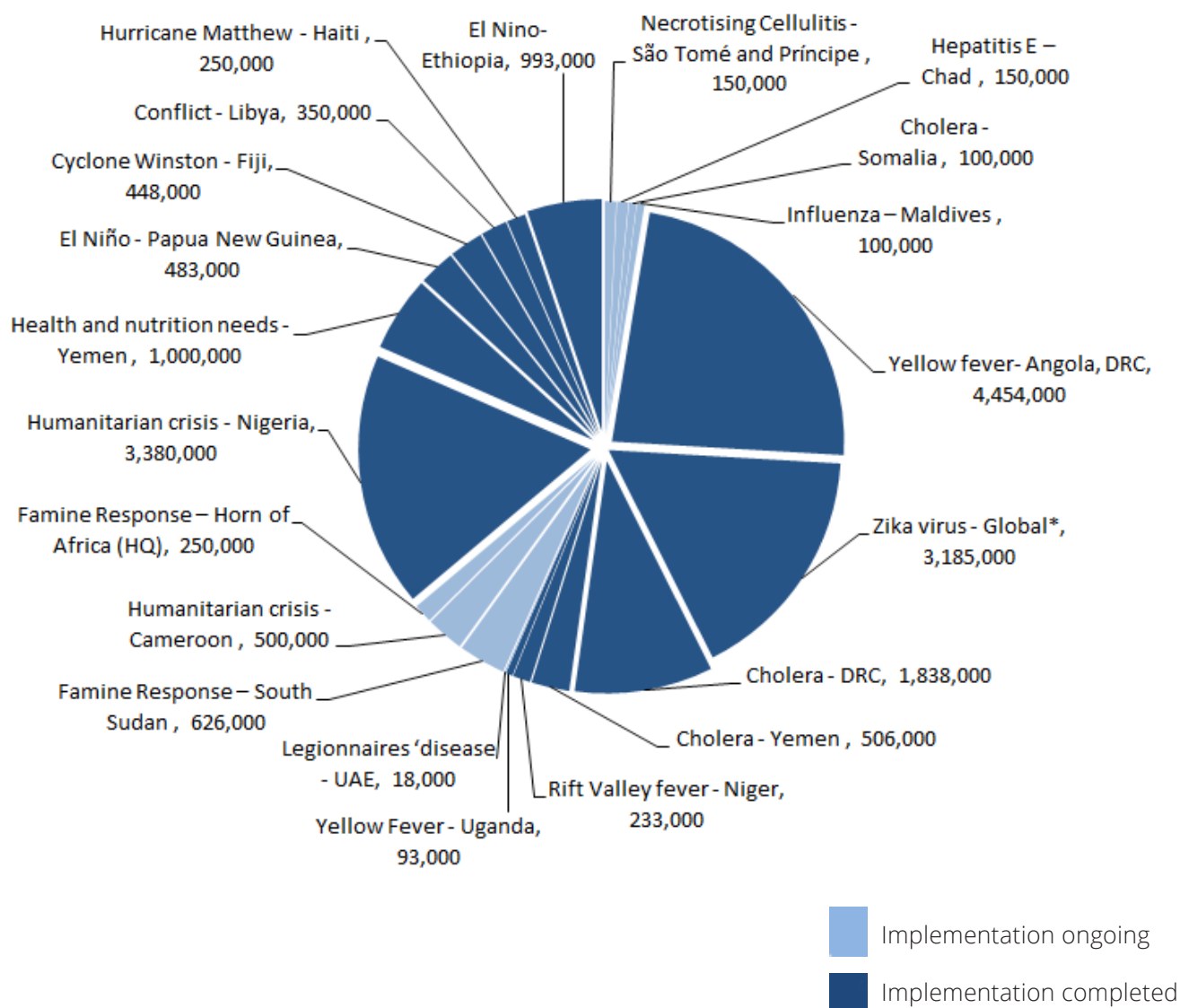


At a glance | Funding and allocations: 26 May 2015 to 31 Mar 2017

Donor contributions as of
31 March 2017: US\$ 37.65 million



Award allocations as of
31 March 2017: US\$ 19.1 million



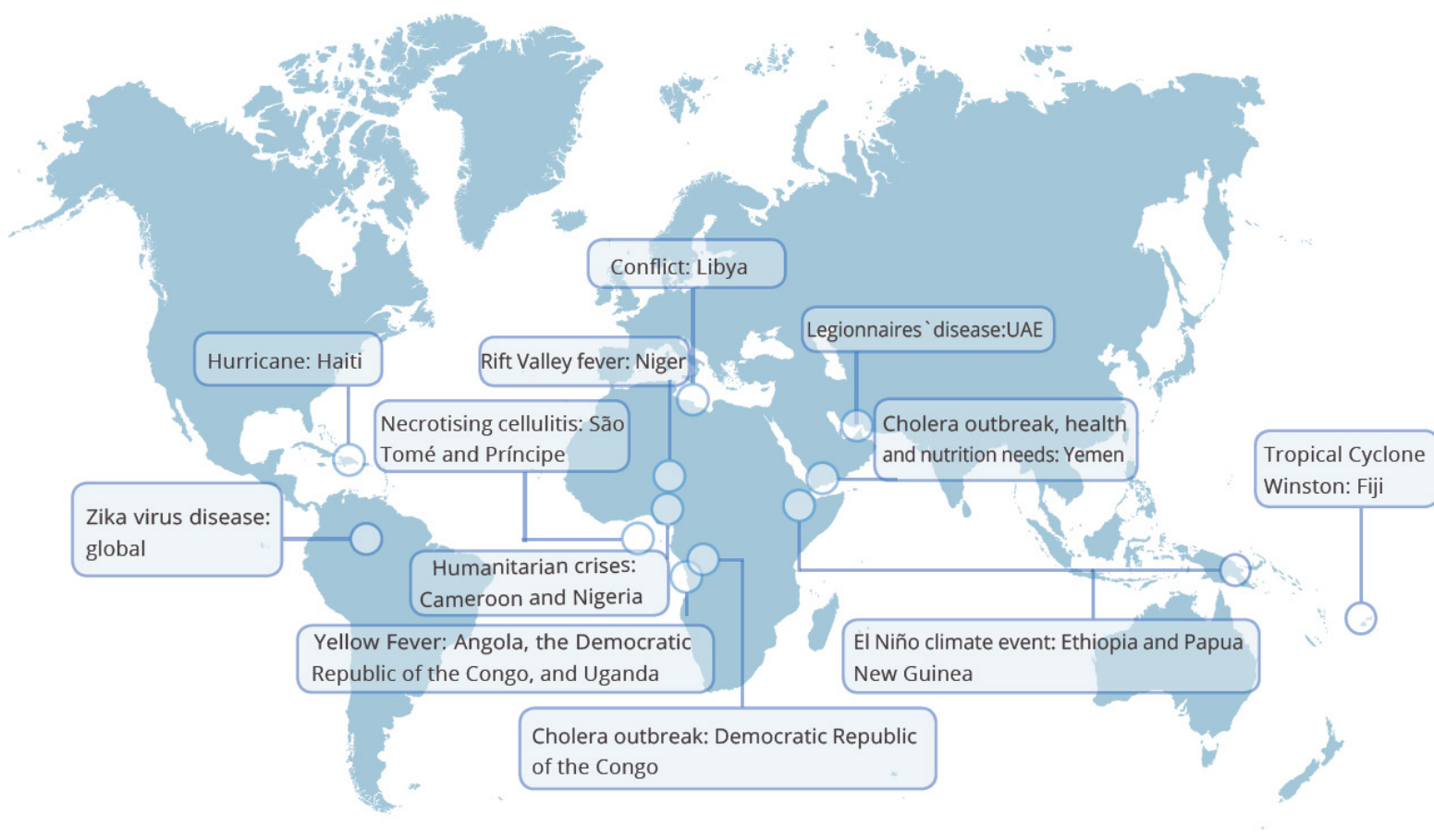
2. Impact

The CFE has been a critical tool to enable WHO to quickly respond to emergencies, rather than wait for funds through appeals and applications to external donors. The CFE has saved lives and helped avert disease outbreaks and their associated social and economic consequences through targeted interventions. In November 2015 the CFE made its first disbursement, mobilizing US\$ 400 000 for the response to the health consequences of drought in Ethiopia.

Disbursements have been made to support WHO's operations in **10 humanitarian crises**: the health and nutrition impact on populations affected by the conflict in Yemen, Hurricane Matthew in Haiti, the crisis in north-eastern Nigeria, the public health impact of El Niño in Ethiopia and Papua-New-Guinea, the conflict in Libya, and Tropical Cyclone Winston in Fiji.

To investigate, respond to and recover from **11 disease outbreaks**, the CFE released funds to the cholera outbreak in Yemen, the outbreak of Rift Valley Fever in Niger, the cholera outbreak in Democratic Republic of the Congo, the yellow fever outbreak in Angola, DRC and Uganda, and the clusters of microcephaly associated with Zika.

The following overview provides a summary of where, when and why funds have been used from the CFE, how WHO has delivered **results** on the ground, and what **achievements** have been made for populations affected by health and humanitarian emergencies.



El Niño | Ethiopia

Country: Ethiopia
Amount provided: US\$ 993 000
Funding period: 18 Nov 2015 – 19 May 2016
Goal: To respond to malnutrition and disease threats in Ethiopia
Beneficiaries: Up to 3.6 million people vulnerable to health and nutrition emergencies

Rationale for CFE funding

The first disbursement from WHO's Contingency Fund for Emergencies was released in November 2015, when funds were mobilized for the response to malnutrition and disease in Ethiopia. An El Niño event off the east coast of Africa in 2015 exacerbated drought and flooding in parts of the country, causing up to 80% of the year's harvest to fail.

This food crisis increased the incidence of severe malnutrition and, consequently, people's vulnerability to diseases. Outbreaks of dengue fever, meningitis, measles, acute watery diarrhoea and scabies were reported.

Achievements

WHO deployed a team of experts to coordinate the health response, assess health impacts and needs, and strengthen disease early warning and outbreak management systems. The Organization sent supplies to address some of the immediate needs for medical care for severely malnourished children, treat 7000 people with acute watery diarrhoea, and 10 000 people with other urgent health needs. WHO worked with the Ministry of Health and 22 partner organizations to respond to the crisis.



WHO provided
MEDICAL SUPPLIES to treat
7000 people



WHO deployed
TECHNICAL EXPERTS



WHO worked with
22 PARTNERS
 to coordinate the response

EL NIÑO EFFECTS AND HEALTH CONSEQUENCES



Conflict | Libya

Country:	Libya
Amount provided:	US\$ 350 000
Funding period:	3 Feb – 3 May 2016
Goal:	To provide medical supplies, mobile clinics, health teams and safe water
Beneficiaries:	20 000 people in need of life-saving health care

Rationale for CFE funding

Five years of armed conflict and political instability have affected almost every part of Libya, claiming thousands of lives and leaving thousands more injured.

In 2016, an estimated 2.44 million people were in immediate need of protection and some form of humanitarian assistance, including almost 435 000 internally displaced people (IDPs) – many of whom have endured multiple displacements and lost homes, livelihoods and loved ones. Those affected but not displaced by the conflict included an additional 1.75 million people.

The continued conflict in Libya led to a collapse in health infrastructure and an exodus of health workers. Approximately 2 million people (one third of the population) had serious unmet health needs.

Achievements

WHO shipped a plane loaded with life-saving medicines and supplies to Tripoli to meet the acute health humanitarian needs in Libya, particularly for people most heavily affected by the recent conflict.

The supplies included life-saving medicines, injectable antibiotics, trauma care supplies, intravenous infusions and kits. These medicines were sufficient for 20 000 patients for a minimum period of 3 months. WHO has stored these supplies in its warehouse in Tripoli and released the supplies based on actual needs and demands of hospitals and health centres in different parts of Libya, as well as calculations based on a health assessment conducted by WHO.

The procurement of these supplies was made possible through funds allocated from the United Nations Central Emergency Response Fund and WHO's Contingency Fund for Emergencies.



WHO delivered

**MEDICAL
SUPPLIES** reaching
20 000 people



WHO stockpiled

**MEDICINES
and
COORDINATED
distribution to
HEALTH CENTRES
and
HOSPITALS**

Cyclone Winston | Fiji

Country:	Fiji
Amount provided:	US\$ 448 000
Funding period:	26 Feb – 25 May 2016
Goal:	To support the Fijian Ministry of Health to address health needs, particularly access to clean water, trauma care, detecting and controlling increased communicable disease transmission
Beneficiaries:	350 000 people affected by Cyclone Winston

Rationale for CFE funding

Tropical Cyclone Winston tore through Fiji on 20-21 February 2016, resulting in 44 deaths, over 125 injured, and thousands without shelter, food, and safe water. In total, the cyclone affected the lives of 350,000 people. At the time of the CFE request 34,629 people were seeking refuge in 424 evacuation centres around Fiji. There had been no communication yet with some areas of the islands. Power outages and damage to water and sanitation facilities, food spoilage and food shortages were a serious public health concern. There were early reports of diarrhoeal disease, and acute fever and rash illness.

In addition to these concerns caused by the cyclone, Fiji had been reporting increasing numbers of Dengue-Like Illness (93 confirmed cases as of 3 February), and Zika virus was circulating in the country.

Achievements

Immediate actions – financed by the CFE - included providing emergency medical supplies, deploying additional personnel to Fiji to help organize relief efforts for the survivors, and coordinating a rapid joint public health risk assessment. Overall achievements are summarized below:



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