

Meeting report:
**Sixth meeting of the working group for
governance of the South-East Asia Regional
Health Emergency Fund (SEARHEF)**

6–7 June 2017
New Delhi

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ISBN: 978 92 9022 XXX X

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Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Introductory Session

The sixth meeting of the South-East Asia Regional Health Emergency Fund (SEARHEF) working group was opened by Dr. Poonam Khetrpal Singh, Regional Director WHO SEAR. She told the participants that the SEARHEF is a unique initiative spearheaded by SEARO as per Member States request after the Tsunami of 2004. It was to address the need of accessibility of funding for response. SEARHEF is a symbol of regional solidarity and has truly proven how a regional emergency fund was established by Member States for the benefit of Member States and how the regional office has ensured funds are flexible and made immediately available during acute emergencies.

To date, SEARHEF has supported nine out of 11 Member States in 33 emergency operations, with disbursements from the Fund totalling US\$ 5.1 million.

As the fund has been of great value particularly during emergency response, at the 69th session of the Regional Committee Member States endorsed resolution SEA/RC69/R6 on "Expanding the scope of SEARHEF" to include a preparedness stream that would strengthen key aspects such as disease surveillance, health emergency workforce and health emergency teams. There was also an expressed need for increasing tranches for emergency funding from SEARHEF. The Regional Director emphasized that once the preparedness fund is operational, this is another milestone for the Region in the area of emergency risk management, a flagship in the region.

The meeting objectives were as follows:

1. review utilization of the SEARHEF Response funds for the biennium as per the business rules set in RC 69/R6 ;
2. update on the progress of MS interactions with Ministries of Finance; and
3. discuss the resource mobilization strategy for SEARHEF.

The outcome from the meeting, is a work plan, on how to get SEARHEF preparedness stream operational by January 2018 as well as more funding for SEARHEF as a whole.

Session 1:

Utilization of SEARHEF (2016-2017)

The South-East Asia Regional Health Emergency Fund (SEARHEF) is an operational fund of the WHO South-East Asia (SEA) Region earmarked for providing support to health sectors of Member States during humanitarian emergencies. The experience of the Region with the earthquake and Tsunami of December 2004 taught valuable lessons about the need for creating a fund that could be immediately made available during such emergencies to provide instant support to relief operations. As a result, SEARHEF was established in 2008 at the Sixty-first session of the Regional Committee for South-East Asia via resolution SEA/RC60/R7 by pooling a budget of US\$ 1 million for each biennium from assessed contributions (AC). In addition, since its inception, SEARHEF has received contribution from Thailand and Timor-Leste amounting USD 100,000, respectively.

The Fund is designed to provide financial support in the aftermath of an emergency in Member States for the first three months. It is meant to meet immediate needs and fill in critical gaps. The Fund is to be used for emergencies/disasters, whether natural or man-made, in which the following may occur:

- ◉ Declaration of a state of health emergency/disaster; or
- ◉ Official request for external assistance by the national government; or
- ◉ Appointment of a Humanitarian Coordinator by the UN Secretary-General for that particular emergency.

To date, SEARHEF has supported nine out of 11 Member States in 33 emergency operations, with disbursements from the Fund totalling US\$ 5.1 million. In terms of the distribution of category of events SEARHEF has supported: floods (36%); earthquake, protracted emergency, conflict and recovery activities (9%, respectively); Cyclone, volcanic eruption and fire (6%, respectively); and drought, torrential rain and storm (3%, respectively). 65.7% of all SEARHEF funds disbursed to date have been utilized for supplies and equipment, 18% for health teams deployment, 10% for strengthening response capacity, 4.8% for administrative support and 1.5% for health information management.

Thus far, the secretariat has adhered to the 24 hour timeline for disbursement of SEARHEF, this immediate financial support has played critical role for life-saving actions and adequate response. Even though the funding a small amount but the flexibility and immediate release makes it crucial to support a response, including small-scale emergencies which do not receive much visibility and would otherwise be underfunded.

Discussion points:

- On utilization of SEARHEF, Member States appreciated adherence by WHO on disbursement of funds within 24 hours
- As we reach 10-year milestone since the inception of SEARHEF, it was recommended that the Secretariat undertake evaluation of the impact of the fund
- Timely reporting on utilization of SEARHEF needs further strengthening
- Regular communication to Member States at each disbursement of SEARHEF to be considered

SEARHEF preparedness stream

Revisiting the business rules

In July 2016, the HLP for the 69th RC reviewed progress of SEARHEF and Member States suggested expanding the scope of SEARHEF to include a preparedness stream. In August 2016, the 5th SEARHEF Working Group meeting was convened, and proposed mechanisms for expanding SEARHEF. The 69th Regional Committee endorsed a resolution RC69/R6 on “Expanding the scope of SEARHEF” to include a preparedness stream to strengthen key areas such as :

- disease surveillance
- health emergency workforce and health emergency teams
- IHR core capacities and
- SEARO Benchmarks for emergency preparedness and response

It is anticipated that support for basic preparedness activities may cost US\$ 200 000 per country per biennium. Thus, minimum corpus per biennium

may be set at US\$ 2.2 million. The target date for implementation of the SEARHEF preparedness funding stream is 1 January 2018.

The purpose of the fund for preparedness is to complement, not replace, development programmes under the biennium work plans. Activities under SEARHEF funding aim to provide short-term, bridging funds to kick-start/initiate, add value and/or support larger preparedness projects. Further, the SEARHEF Preparedness stream, does not affect functioning of the response fund.

The criteria for allocations for preparedness from the Fund:

- ◉ Address a priority gap as found in the IHR capacity assessments and/or SEAR Benchmarks assessments
- ◉ Address gaps in core skills such as risk assessments or information management
- ◉ Public Health Emergency Operations Centers (PHEOCs)

Types of activities- for emergency health preparedness

1. Development and strengthening of policies and capacities
2. Development and implementation of training courses
3. Systems for information and knowledge exchange across countries for risk assessments, risk communications
4. Strengthening PHEOCs;
5. Health emergency supply chain management system.

The preparedness Fund will not support:

1. Major engineering interventions, such as structural retrofitting projects of health infrastructure;
2. Procurement of vehicles, specialized medical equipment

Processing Requests and Reporting:

1. Member States may submit a proposal through WCO for preparedness activities up to US\$200,000/ biennium
2. WHE/SEARO will review the proposal
3. Final approval of the proposal within 14 days.
4. The time period for incurring expenditure is eight months from release of funds from WHO and the activities are to be implemented within a year including financial closure.

5. Reporting requirements as per the WHO mechanism chosen (e.g., APW, DFC).
6. Details of expenditures to be kept WCO for audits and records as per standard WHO practice.

Progress on Resource Mobilization:

Emergency preparedness is addressed by a range of global frameworks and initiatives related to health, emergencies and disasters. These include:

- ◉ WHO's new Health Emergency Programme (WHE)
- ◉ The SDGs
- ◉ The International Health Regulations (IHR 2005)
- ◉ The Sendai Framework for Disaster Risk Reduction 2015-2030 and the Bangkok Principles
- ◉ The Pandemic Influenza Preparedness (PIP) Framework
- ◉ The World Organization for Animal Health (OIE) Performance of Veterinary Services (PVS Pathway)
- ◉ The Paris Agreement on Climate Change
- ◉ The Global Health Security Agenda (GHSA)
- ◉ Universal Health Coverage (UHC) 2030
- ◉ Berlin Declaration of the G20 Health Ministers

Resource Mobilization Environment

The top five VC donors of SEA Region (considering cash contributions) have been the same in the past three bienniums.

- ◉ GAVI and UNOPS are showing an increase in their contribution in 2016–17 vis-a-vis their contributions in 2012–13 and 2014–15.
- ◉ BMGF contribution has decreased in the current biennium as compared to 2012–13 but has increased when compared to 2014–15.
- ◉ Although decreased from 2012–13 level, DFID contribution has remained the same in this biennium as compared to 2014–15.

- However, USAID contribution has been on the decline since the last two bienniums.

New Partnerships: National and international corporations across South-East Asia with growing interest in supporting health related initiatives as part of CSR and philanthropic giving.

During the 69th Regional Committee, it was agreed that Ministries of Health shall initiate discussions with their respective Ministry of Finance, Ministry of External Affairs and related government agencies to contribute to building the corpus of funds, by Dec 2016. In this respect, we the Secretariat had sent two communications in December 2016 and May 2017 requesting for information.

Discussion points:

- Member States proposed contribution of balance funds from WCO budgets towards SEARHEF corpus
- When undertaking discussions on 3% increase in Assessed Contributions approved by WHA70, Member States proposed discussing an increase in Assessed Contributions by 5-10%, so additional amount could possibly be contributed to SEARHEF preparedness and response streams
- Possibility of reimbursement of SEARHEF from CERF and other source of Emergency Funds, could be explored to replenish the corpus
- In the aftermath of adoption of FENSA, information on Non-State Actors such as private entities, philanthropic foundations, NGOs and academic institutions present in our Member States as well as their association with or interest in health sector will help
- SEARO is in discussions with the following, on possibilities of channeling preparedness funds through SEARHEF :
 - World Bank
 - DFAT Australia
 - ADB

Country perspective: Contributions to SEARHEF

Timor-Leste:

Timor-Leste has contributed to SEARHEF on two occasions. Firstly, subsequent to the participation by His Excellency Minister of Health at the WHO governing bodies meetings where Emergency Risk Management was discussed, in 2009, Timor-Leste donated US\$ 10 000 to SEARHEF. In September 2015, Timor-Leste hosted the 68th Session of the Regional Committee, spurred by political commitment for health emergencies at the highest level of government; in an act of regional solidarity Timor-Leste donated US\$ 100 000 to SEARHEF.

Timor-Leste shared some of the key enabling factors that led to their contribution to SEARHEF, these included:

- ◉ Leadership support from highlevel officials (Prime Minister and Minister of Health)
- ◉ Policy makers advocated on Emergency Risk Management
- ◉ Timor-Leste is prone to disasters/emergency.
- ◉ Recognition of assistance provided by international communities until the UN recognised TLS as an independent nation.
- ◉ Strong support from bilateral and multilateral agencies in health and other sectors
- ◉ MoH staff and line ministers trained and capacitated with regular simulation exercises

Some of the key lessons learnt from Timor-Leste's perspective, which may enable other Member States to also mobilize contributions from their governments to SEARHEF include:

- ◉ Strong leadership from the government on the importance of emergency preparedness and response.
- ◉ SEARHEF funding mechanism is a good model for other WHO regions to better prepare and response to disasters/emergency with a larger scale.
- ◉ Resource mobilizations and advocacy for Member States as well as potential donors for more pledges.

- ◉ Regular meetings and VC of SEARHEF Working Groups and support of WHO Country Office are important to strengthen the SEARHEF funds.
- ◉ Internal mechanisms and procedures updated for better management of SEARHEF funds.

Thailand:

Thailand recognized that SEARHEF is a very unique initiative and reflects the Regional Solidarity among Member States , WHO-SEARO was appreciated for managing the fund effectively for almost 10 years.

- ◉ From 1980-2014, Thailand has experienced 65 floods, 3,587 deaths and over 50 million people affected; 30 storms resulting in 895 deaths and 4.2 million people affected. Four Earthquakes including Tsunami- claimed the lives of 8,374. Further the SARS outbreak in 2003, had a huge economic impact on Thailand. Cognizant of the devastating impact of natural disasters and outbreaks, both in terms of loss of human lives and economic losses, the government of Thailand decided to prioritize disease prevention and control and disaster risk reduction. This enabled Thailand to turn crises into opportunities for better emergency preparedness and response, the government took several steps such as- an emergency operations centers were set up, a committee on AI response and PIP, Two Strategic Plans on Avian Influence and Influenza Pandemic Preparedness were developed and implemented, and a National EIDs Strategic Plan 2013-2016. Thailand also supported the Bangkok Principles for implementation of health aspects of the Sendai Framework on Disaster Risk Reduction. Further Thailand’s Global health Strategic Framework, 2016-2020, is based on the principles of coherence, consistency and synergies among national policies and between national and global health policies in line with the following universal principles: Human rights , Human security, Social protection , Sustainable development and the Involvement of all sectors. It is in this overall context, where there is commitment by the highest political levels for Health emergency preparedness and response, that Thailand was able to contribute to SEARHEF.
- ◉ Apart from national health priorities, other commitment by Thailand to support WHO was towards the increase in 10% assessed contribution, this was approved by the Royal Thai Government in December 2016.

- As the 70th WHA approved that only 3% of increase in AC would be feasible. The remaining 7% will be divided in the following areas:
 - SEARHEF preparedness stream,
 - Renovation of WHO-HQ and SEARO buildings,
 - New Health Emergency Program of WHO

Discussion:

- High-level political commitment for health emergencies and recognition of country vulnerabilities from natural hazards is a key driver towards contributing to SEARHEF.
- Member States appreciated that investing in preparedness is more cost-effective than funding response
- Pooling resources for preparedness and undertaking inter-country activities can reap larger gains
- Member States shared the status of discussions with Ministries of Finance and/or Ministries of Foreign Affairs on contributing to SEARHEF Preparedness. It was reiterated that contributions from SEAR MS will not negatively affect the existing funds for preparedness and response available in each Member State. The proposed contribution to SEARHEF would be additional financial resources from the central government or eligible non-state actors (in line with FENSA)
- All SEARHEF Working Group Members to re-open discussions through appropriate channels in the government, keeping in mind that proposed pledges could be made during the 70th Session of the RC in Sept 2017
- All Member States shared the channels for releasing funds for external contributions/donations. Primarily three modalities were described:
 - Ministry of Health (own funds)→Ministry of Finance→Ministry of External Affairs (final approval)
 - Ministry of Health (initiates request)→Ministry of Finance (allocates funds)→Ministry of Planning→Ministry of External Affairs (approves)
 - Prime Minister/President's Office→Seek Council of Ministers approval
 - SEARO to follow-up with communication to the appropriate government focal points based on country-context in terms of channels for external donations shared by Member States

Day 2: The day began with a recap of Day 1 by Dr Art Pesigan Programme Area Manager for Emergency Management and Operations WHE SEARO.

Session II: Formulate strategies for donor contribution/resource mobilization

Dr Sharath Chauhan, PIR set the scene for resource mobilization in the SEA Region, highlighting both the challenges and the opportunities for leveraging donor support for the SEARHEF preparedness stream. SEAR Member States are considered lower-middle to middle-income countries leading to waning donor interest and moreover there is a minimal presence of big-donors in SEAR countries. There has also been a growing trend of donors supporting individual projects/entities directly at times without going through national/WHO budgets. Overall support for developing strategic/long term partnerships with donors needs to be strengthened, and limited human and financial resources to implement a new strategy, considering the scale and scope of work required to bring a new strategy to life makes this all the more challenging . Often times, donor priorities often different than country priorities.

However, silver linings exist, and despite the global economic slowdown, most traditional DAH donors remain committed to global health. There is increasing amount of wealth being created across South-East Asia and its economic growth is forecasted to continue. With FENSA, the WHO reform process is creating a window of opportunity to open the space for potentially new and innovative ideas. Philanthropy is a growing field in the region but potential donor base needs to be informed and educated on opportunities to help such as SEARHEF. There are increasing examples and case studies of good practices which can be harnessed and refined for proposals once SEARHEF preparedness stream is operational such as: BMGF funding for Kala-Azar in India, UNDG Asia-Pacific 2030 Agenda Implementation Fund projects in Maldives, Myanmar, Sri Lanka and Timor Leste. And finally, bilateral assistance in the region has the potential to grow into multi-lateral action.

A three-pronged strategy for resource mobilization is being discussed organization-wide for WHO, and the same could be applied to efforts with regard to increasing the tranches of SEARHEF preparedness:

1. Increase in AC / flexible VC grant for SEARHEF.
2. Expand outreach to major DAH contributors.

3. Identify/access emerging contributors and new funding sources.

There is also an opportunity to exploit funding potential at country/regional level by using SEARHEF as a catalytic tool for enhancing preparedness funding.

Discussions on implementing the strategy

- Member States proposed exploring opportunities for continuous out-of-the-box sources of funding beyond MS: Cricket, airlines, tourist industry
- Consider possibility of receiving individual donations to SEARHEF through WHO website- *legalities to be explored with WHO/HQ by the Secretariat*
- Secretariat to engage with donors whose funding priorities include preparedness and risk-reduction efforts across all hazards
- Within the guidelines of FENSA, there is a need to explore possibility of support from the private sector under their Corporate Social Responsibility funding stream
- Secretariat to develop webpage and social-media presence for SEARHEF
- Secretariat to develop a SEARHEF advocacy package to aid with fund-raising, including:
 - Description of the fund and how it is managed
 - Infographics on when, where and how the fund has been used for response activities
 - Evaluation of SEARHEF 10 years
 - Lessons learnt and human-interest stories
 - Proposed preparedness activities
 - A donor's guide- including options for potential donors to support a specific agenda, country or in 'kind' contribution with pre-defined specific areas of support on human resources, medicine, material, training, equipment

The Way Ahead:

Priority 1: Pursue and champion VC contributions to the fund.

Priority 2: Launch first wave of targeted efforts aimed at existing high-value contributors in respective countries.

Priority 3: Long term strategic collaboration with development banks for costing/financing of assessed gaps .

Priority 4: Identify new/potential donors (Information on NSAs such as private entities, philanthropic foundations, NGOs and academic institutions present in our Member States as well as their association with or interest in health sector will help).

NEXT STEPS / Action points:

1. Member States to update on progress made with regard to contributions to SEARHEF preparedness stream through MS participants in the High-Level Preparatory Meeting, from 10-14 July 2017, and anticipation of some pledges to be made during the 70th Session of the Regional Committee, in Maldives. This is critical to enable operationalization of SEARHEF Preparedness stream by 1 Jan 2018.
2. The Secretariat to share the recommendations of the 6th SEARHEF WG Meeting, along with advocacy tools (eg talking points on the political and investment case for preparedness).
3. The Secretariat would also share communication with all Member States through WCO's on requesting contributions to SEARHEF Preparedness stream, based on country-specific context on mechanisms for disbursements of external donations
4. Secretariat to update on discussions with key donors on using SEARHEF as the main channel to support preparedness work in the Region
5. Secretariat to develop web page for SEARHEF
6. Secretariat to set up SEARHEF Working Group email, to enable regular communication and updates on progress