

South-East Asia Regional Health Emergency Fund (SEARHEF)

Policy, Principles and Guidelines
[Revised September 2008]



**World Health
Organization**

Regional Office for South-East Asia

Introduction

Considering that the WHO South-East Asia Region is vulnerable to emergencies, accounting for 58% of mortalities of the global total in the past decade (1996-2005)¹, Member States have made requests in various regional meetings to establish a fund to support countries in the Region in the event of emergencies:

- The Regional Consultation for Emergency Preparedness and Response (June 2006), which culminated with the Bali Declaration, highlighted the need to “promote the creation of a Regional Solidarity Fund for Emergency Response”.
- At the 24th Health Ministers Meeting in Dhaka, Bangladesh in August 2006, Member countries recommended the creation of an emergency fund:

“A Regional Emergency Fund should be created on the lines of the one prepared by the Eastern Mediterranean Regional Office and as a follow-up to the Bali Declaration”.

In view of the above, SEARO, with EHA as the secretariat, established a working group to develop the details of the proposal for a regional emergency fund. These proposals were then discussed at the following meetings:

- Meeting of WHO Representatives in November 2006
- Regional Consultation for the South-East Asia Regional Health Emergency Fund (SEARHEF) held from 12-13 April 2007

The principles, purpose and mechanisms for the establishment and use of this fund were further refined, by a subsequent working group meeting composed of representatives from Member countries was held in Bangkok, Thailand, 11-12 June 2007.

The proposal for establishment of SEARHEF was also discussed in the following meetings:-

- Joint Meeting of Health Secretaries of Countries of WHO SEA Region (HSM) and Consultative Committee for Programme Development and Management (CCPDM) held in WHO/SEARO, New Delhi, 2-6 July 2007.
- 25th Meeting of the Ministers of Health of the South-East Asia Region, Thimphu, Bhutan, 31 August to 1 September 2007.

The 60th Session of the Regional Committee which held in Thimphu, Bhutan from 1 -3 September 2007 passed resolution SEA/RC/60/R7 establishing the South-East Asia Regional Health Emergency Fund (SEARHEF) effective January 2008

¹ World Disasters Report 2006, IFRC Geneva.

Policy, Principles and Guidelines

Name of the fund: South-East Asia Regional Health Emergency Fund (SEARHEF).

Target date for set-up: 1 January 2008, coinciding with the beginning of the new biennium.

Purpose of the Fund

The Fund is designed to provide financial support in the aftermath of an emergency in Member countries for the first three months. It is meant to meet immediate needs and fill in critical gaps.

Criteria for allocations from the Fund

The Fund will 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.

The criteria may be reviewed and adjusted periodically.

Differentiation from other emergency and relief funds

The South-East Asia Regional Health Emergency Fund (SEARHEF) is not an instrument for funding the bulk relief and recovery or reconstruction and rehabilitation work. Established mechanisms like Flash Appeals, Consolidated Appeals Process (CAP) and Central Emergency Response Fund (CERF) will continue to be the main funding sources.

Governance

The resolution adopted by the 60th session of the Regional Committee will provide the policy basis of SEARHEF.

A working group will be set up to provide oversight and guidance to the management of the Fund in accordance with guidelines and principles outlined in this paper.

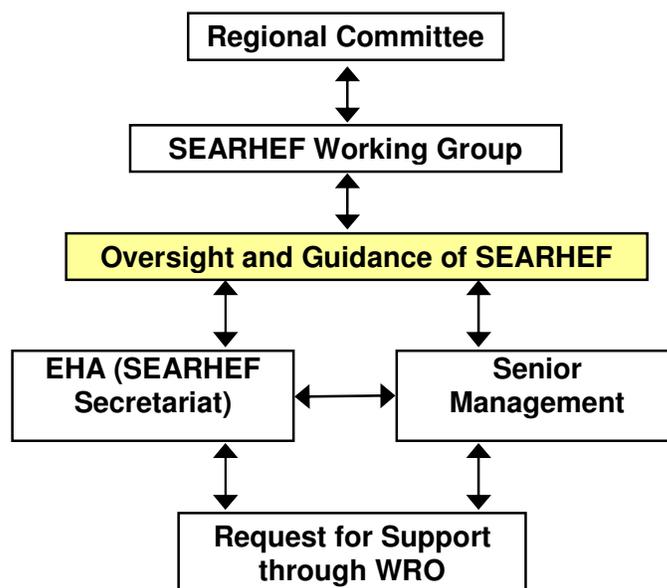
The Working Group will:

- Consist of one representative from each of the 11 Member States
- Conduct parallel meetings in conjunction with SEARO Statutory Meetings

EHA will act as the Secretariat to the Working Group.

The Regional Committee will consider the continued need for the Working Group after two bienniaums.

The following diagram illustrates the governance structure of SEARHEF



Principles guiding the utilization of SEARHEF

1. Equitable use

- All Member countries will have access to the Fund as per the above criteria.

2. Adequacy and replenishment

- A ceiling shall be set for each emergency amounting to US\$ 350 000
- The Fund should be replenished once it is depleted at a certain percentage (30%).

3. Transparency and accountability

- EHA will regularly report to the Working Group regarding the status and utilization of the Fund.
- The Working Group will monitor and review the management of the Fund on behalf of the Member States.
- The Working Group shall report to Member States in statutory meetings of WHO/SEAR.
- Member countries will be accountable for appropriate utilization and reporting requirements.

- The Fund will be subject to WHO auditing processes.
4. Promptness
 - The initial allocation should be released not later than 24 hours upon receipt of the request.
 5. Ability to mobilize resources
 - An action plan for resource mobilization from other sources should be established and ready for implementation from January 2008.

Estimate of funding

1. Based on experience from previous emergencies, expenditures for operations covering a period of six months average around US\$ 450 000 to 500 000.
2. On this basis, with an estimate of five emergencies per biennium, the target corpus for SEARHEF works out to be approximately US\$ 2.5 to 3 million.
3. The main expenditure for medium-sized emergencies include items and services such as procurement of essential medicines and supplies, logistics support (e.g. transport, communication), public health interventions, operational field presence, staff and technical support to national and sub-national health authorities.

Building the corpus of the Fund

1. SEARHEF will act as a revolving fund composed of two distinct portions:
 - a. Assessed Contributions (AC) from biennial allocation, and;
 - b. Voluntary Contributions (VC) from:
 - 1) Donors, countries, and other agencies
 - 2) Member countries
 - 3) Unspecified voluntary contributions
2. Assessed contributions portion: up to an amount of US\$ 1 million per biennium
3. Voluntary contributions will be mobilized to : a) raise ceilings for allocations; and b) relieve countries from their part of assessed contributions. The target for the voluntary contributions portion is initially set at US\$ 1.5 to 2 million.
4. Efforts will be made by WHO/SEARO to seek approval for an exception to prevailing financial rules to allow carry-forward of the AC portion of the Fund. This is critical to the spirit and concept of the Fund.
5. Contributions from Member countries for assessed contributions will be reviewed according to the progress made from resource mobilization of voluntary contributions.
6. The Regional Office, Country Offices and Member countries will exercise all efforts to mobilize voluntary contributions for the Fund.

Management of the Fund

- EHA, as the Secretariat of the SEARHEF Working Group, will:
 1. Translate policy guidance from the Working Group and advise the Regional Director accordingly.
 2. Oversee the prompt disbursement to countries.
 3. Facilitate the resource mobilization of voluntary contributions for the Fund.
 4. Facilitate periodic review of principles and guidelines of the Fund.
 5. Report to the senior management of SEARO and to the Working Group at regular intervals.
- In the event that both AC and VC funds are available, the AC component will be disbursed first.
- WHO standard donor agreements for unspecified funds will be used for the VC portion of the Fund.
- Ceilings for release will be reviewed periodically.

Processing Requests and Reporting

1. The WRs of affected countries, based on preliminary information available on an emergency, would request EHA/SEARO for initial assistance. EHA/SEARO would then, through proper channels, coordinate the release of the first installment of allocations. Subsequent requests for assistance would also follow the same procedure.
2. Turn-around for release of allocations will not exceed 24 hours upon receipt of a request.
3. The initial maximum amount to be released is US\$ 175 000. The time period for expenditure will be for a maximum of one month from the date of the initial release.
4. Subsequent release with a maximum of US\$ 175 000 will depend on, *inter alia*: the scale of disaster, availability of funds under SEARHEF and assessment of future needs. The time period for expenditure for this release will be the next two months from the date of the second release.
5. SEARHEF funding cannot be used beyond three months from the date of the emergency.
6. Reporting requirements in relation to the expenditure of the allocations of the Fund will follow the requirements as per the WHO mechanism chosen (e.g. APW, DFC).
7. Details of expenditure should be kept in the respective WHO Country Office for audit and record purposes as per standard WHO practice.

These principles, policies, and guidelines will be modified/refined during the course of the implementation of the Fund.