

SEA-Dis Prep-7
Distribution: Limited

Working Group for Governance of the South-East Asia Regional Health Emergency Fund (SEARHEF)

*Report of the First Meeting
WHO/SEARO, New Delhi, 5 July 2008*

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1. Background

The South-East Asia Regional Health Emergency Fund (SEARHEF) was established through the Regional Committee Resolution SEA/RC60/R7 to provide immediate financial assistance to Member countries for meeting their health requirements following an emergency.

As per the Policy, Principles and Guidelines for the SEARHEF, a working group was set up to provide oversight and guidance to the management of the Fund in accordance with the stipulated guidelines and principles.

- (1) The working group will:
 - (a) Consist of one representative from each of the 11 Member States;
 - (b) Conduct parallel meetings in conjunction with statutory meetings of the South-East Asia (SEA) Regional Office.
- (2) The Emergency and Humanitarian Action (EHA) Unit of SEARO will act as the Secretariat to the working group.
- (3) The Regional Committee will consider the continued need for the working group after two bienniums.

The first meeting of the Working Group for Governance of the SEARHEF was held on 5 July 2008 at New Delhi, India. The proceedings of that meeting are covered in this report

2. Summary of introduction and opening of meeting

- The Deputy Regional Director of the WHO SEA Region, Dr Poonam Khetrpal Singh welcomed the participants to the first meeting of the SEARHEF Working Group.
- The South-East Asia Regional Health Emergency Fund (SEARHEF) was officially launched on 1 January 2008 with a corpus of US\$

1.1 million , including US\$ 1 million from the SEARO Regular budget, and US\$100 000 as contribution from the Royal Thai Government.

- This terms of reference of this meeting were to:
 - (c) review the progress of the implementation of the SEARHEF with reference to:
 - support in the aftermath of Cyclone Nargis in Myanmar.
 - support in the wake of flash floods in Sri Lanka in June 2008.
 - (d) suggest revisions as appropriate to the existing Policy, Principles and Guidelines document.
 - (e) provide advice on the next steps for the SEARHEF.
- The expected outcomes of the meeting would be to review and revise existing policy, principles and guidelines in keeping with the demands of the current situation in the context of the aftermath of and lessons learned from Cyclone Nargis in Myanmar and flash floods in Sri Lanka.
- The Deputy Regional Director also raised the following questions for the working group to consider:
 - (a) In case a donor wants to donate for a particular emergency, can the same be done through SEARHEF?
 - (b) If the ceiling of US\$ 350 000 for an emergency is reached, can more funds from interested donors still be received by a country?
 - (c) How can we make monitoring tools more simple?
 - (d) Will a partnerships approach (acceptance of donations in kind such as kits and expertise) be a good one to take in the long term for SEARHEF?

Dr Sopida Chavanichkul, of the Ministry of Public Health, Royal Government of Thailand, was elected Chairperson of the meeting.

3. Summary of presentations

A presentation was made featuring examples of the contributions of the SEARHEF in Myanmar and Sri Lanka. The background of the emergency situation in both countries, the timeline for the distribution of the funds, and the implementation of the funds were discussed.

In the case of the response to Cyclone Nargis in Myanmar, US\$ 175 000 was disbursed in less than 24 hours of such a request being made by the WHO Representative (WR) to Myanmar, with another installment of US\$ 175 000 being distributed within a few days. The fund was used for purchasing the following:

- health and emergency supplies
- essential medicines
- rapid assessments
- logistical support.

Of the US\$ 350 00 released, over 95% was spent by 30 June 2008.

A video was presented by the representative from Myanmar which highlighted the extent of response provided by government and how the relief material purchased reached the affected areas.

Similarly, following flash floods in Sri Lanka in early June, US\$ 23 500 was released for their needs as per the country's request. The fund was given to five districts affected by the floods where they were used for the following:

- rapid assessment
- water and sanitation
- maintenance of supply of medicines
- antenatal care
- regular visits by health staff to camps of IDPs;
- health education.

For both emergencies the release of the requested amounts occurred well within the agreed period of 24 hours.

The paper on the strategy and progress for resource mobilization for SEARHEF was then discussed. The discussions were directed to how the current policy could be modified to accommodate the issues raised. The next steps to improve the fund further were also discussed. The deliberations are summarized in the following section:

4. Discussion on the implementation of the fund and its guidelines and policies

A. Issues discussed

	Issue raised	Discussions and decisions
1	Raise ceilings for SEARHEF requests from US\$ 175 000 to US\$ 200 000 – 250 000	<ul style="list-style-type: none"> ➤ It is too early to make changes in the ceilings for request made. These have been effective as they are. ➤ More instances will need to be studied before any changes should be considered. ➤ The amount for the first two years of SEARHEF will be kept at US\$ 175 000 per installment at the maximum.
2	Increase the time allocated for spending the fund	<ul style="list-style-type: none"> ➤ The first installment of US\$ 175 000 must be spent within one month of its release. ➤ The second installment of US\$ 175 000 should be spent within the next two or three months. ➤ The Myanmar case showed that two to three months for full expenditure is more than sufficient and this will remain as it is in the policy.
3	Further advocate for and fully alert the Country Office about the SEARHEF before and during an emergency	<ul style="list-style-type: none"> ➤ The Country Office must be fully alerted on the existence of the SEARHEF at the onset of an emergency. ➤ This was the case in Myanmar, when SEARO/EHA reminded the WHO Representative to Myanmar about the SEARHEF. ➤ SEARHEF should be a point of discussion in

	Issue raised	Discussions and decisions
		<p>meetings with other agencies outside WHO.</p> <ul style="list-style-type: none"> ➤ This should also be an agenda item as appropriate in all future EHA meetings. ➤ The working group members will help in advocacy within their networks as well.
4	A single format for monitoring	<ul style="list-style-type: none"> ➤ Reporting format suggested by SEARO is clear (refer to Annex). ➤ The reporting form should be accompanied by a clear guideline on how to fill in each section. ➤ The WHO Country Office and/or the national government will be responsible for filling in the reporting format.
5	SEARHEF as a revolving fund	<ul style="list-style-type: none"> ➤ The word “revolving” does not mean that the fund must be returned by the Country Office to SEARO. ➤ The word is used to imply the possibility of “carrying over” left-over funds to the next biennium. ➤ In order to do so, the request will need to go through the Executive Board and submitted to the World Health Assembly for final approval. This was discussed in the previously held Advisory Committee Meeting and the Sub-Committee on Policy and Programme Development and Management held in New Delhi from 30 June to 4 July. ➤ Stockpiling of medicines may be possible to avoid having any left-over funds to carry over; however, as this may be complicated considering the expiry dates of drugs, it would be best to ensure that the funds can be carried over.
6	Reporting mechanisms for SEARHEF	<ul style="list-style-type: none"> ➤ The Myanmar Country Office followed the internal WHO financial reporting format to report back. ➤ The Regional Office was able to trace the usage of the fund through its financial system. ➤ If the cash is donated to the government, the ministry of finance of the respective government

	Issue raised	Discussions and decisions
		should provide a full report to WHO.
7	Fundraising by countries	<ul style="list-style-type: none"> ➤ The countries will actively cooperate to raise funds for the SEARHEF. ➤ The management of the SEARHEF should rest with WHO to ensure flexibility, control and speed. ➤ SEARO should produce advocacy material for fundraising to be distributed to countries for use in resource mobilization activities.
8	Turning over funds to governments	<ul style="list-style-type: none"> ➤ This can be decided on a case-by-case basis. ➤ The ultimate management and monitoring of the funds should rest with WHO.
9	Criteria for covering small funds	<ul style="list-style-type: none"> ➤ No special criteria are needed for covering small funds; the amounts depend on government requests. ➤ Further revisions can be made after the initial two years' setting-up period.
10	Options for donors	<ul style="list-style-type: none"> ➤ Three options for donors were presented. A donor can: <ul style="list-style-type: none"> • donate unspecified funds to SEARHEF. • donate funds through SEARHEF for a specific emergency or country. • donate a proportion of funds meant for a specific emergency to replace funds that may have already been released out of SEARHEF.
11	Replenishment of funds	<ul style="list-style-type: none"> ➤ Secretariat will explore whether funds that are committed to a particular emergency from existing mechanisms (CERF, Flash Appeal) can be used to replace funds that were spent from SEARHEF.
12	Partnerships	<ul style="list-style-type: none"> ➤ The issue of using SEARHEF as a vehicle for partnerships for other resources was raised. However, the Working Group felt that it is too early to consider it at this point of time; it may be reviewed again in the future as the fund further evolves.

B. Revisions to the Guidelines, Policies and Procedures

The following revisions were made:

Section on the existing Guidelines, Policies and Procedures	Revision
The fund will be used for emergencies, whether natural or man-made, in which the following may occur: Declaration of a state of emergency	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
Immediate release will be limited to US\$ 40 000 for the first month	(This clause will be deleted)
Processing requests and reporting (3) The initial maximum amount to be released is US\$ 175 000. The time period for implementation will be one month from the date of the initial release	Processing requests and reporting (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 implementation for this release will be the next two months.	(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. Next steps

The following items were identified as next steps for the SEARHEF:

- (1) SEARO to develop advocacy packages for the SEARHEF, to be distributed to countries for fund-raising purposes at the country level.
- (2) Countries that have received funding from the SEARHEF to monitor the implementation of activities and fill in the reporting form.
- (3) The "carry over" of the fund to be addressed, for discussion in the RC, EB and WHA.
- (4) Revisions in the guidelines to be reflected by the Regional Office and circulated to the Members of the SEARHEF Working Group.

Annex 1

List of participants

Bangladesh

Mr Abul Kalam Azad
Additional Secretary
Ministry of Health and Family Welfare
People's Republic of Bangladesh
Dhaka

Bhutan

Mr Nado Dukpa
Deputy Secretary
Administration and Finance Division
Ministry of Health
Thimphu

India

Dr Sharat Chauhan
Deputy Secretary
Ministry of Health & Family Welfare

Indonesia

Drg Indah Marwati
Chief, Unit Monitoring & Information
Crisis Center
Ministry of Health

Maldives

Mr Hassan Mohamed
Deputy Director
Ministry of health

Myanmar

Dr Win Myint
Deputy Director-General (Medical Care)
Department of Health
Ministry of Health

Nepal

Dr Senendra Raj Upreti
Chief, Public Health Administration
Monitoring and Evaluation Division
Ministry of Health & Population

Sri Lanka

Dr S.M. Samarage
Deputy Director-General (Planning)
Ministry of Healthcare and Nutrition

Dr (Mrs) Dula De Silva
Deputy Director-General (PHS) II
Ministry of Healthcare & Nutrition

Thailand

Dr Sopida Chavanichkul
Director, Bureau of International Health
Office of the Permanent Secretary
Ministry of Public Health

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Ministry of Public Health

Timor-Leste

Mr Marcelo Amaral
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SEARO Technical Units

Dr Mark R. Brooks
Coordinator, Programme Planning and
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Mr Pak Chang Rim
External Relations Officer

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Dr Yonas Tegegn
Technical Officer-Strategic Alliance
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WHO Secretariat

Dr Poonam Khetrpal Singh
Deputy Regional Director

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Mr T. Gangadharan
Assistant, EHA

Mr Kishore Kumar Khanna
Secretary, EHA

Annex 2

Tentative agenda

- (1) Overview of SEARHEF
- (2) Status and utilization of funds
- (3) Review management of SEARHEF
- (4) Recommendations and future actions

Annex 3

Reporting format for SEARHEF-funded projects

Please fill in one table PER PROJECT

1. Project title:
2. Location of activities:
3. Starting date
4. End date
5. Amount received:
6. Allotment number
7. Background information:
8. Overall objectives (as written in proposal):

Specific objectives (as in proposal)	Activities	Location	Fund used	Achievements/Expected results (against indicators, if any)	# of people reached	Start date	End date

Annex 4

**South-East Asia Regional Health Emergency Fund
(SEARHEF)
Policy, Principles and Guidelines
(September 2007)**



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, whether natural or man-made, in which the following may occur:

- Declaration of a state of emergency; 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.

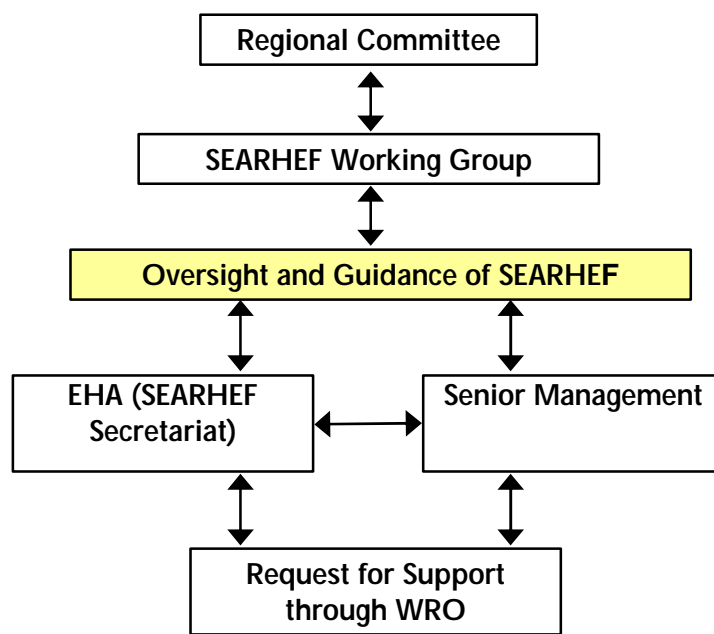
The Working Group will:

- 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
 - Immediate release will be limited to US\$ 40 000 for the first month.
 - 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 implementation will be 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 implementation for this release will be the next two months.

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.

Annex 5

Resolution of the WHO Regional Committee for South-East Asia

SEA/RC60/R7 South-East Asia Regional Health Emergency Fund

The Regional Committee,

Recalling World Health Assembly resolutions WHA58.1 and WHA59.22, and its own resolutions SEA/RC57/3 and SEA/RC58/3, all of which called for improved investments of resources, systems and expertise for emergency preparedness and response,

Further recalling the recommendations made at the Regional Consultation for Emergency Preparedness and Response (June 2006), at which the Bali Declaration called for setting up a Regional Emergency Fund, and the Twenty-fourth Health Ministers' Meeting, at which it was recommended that the Regional Office take steps to set up a Regional Emergency Fund,

Confirming that emergencies are a priority in the Region, with 58% of the total number of people killed in natural disasters during the decade 1996–2005 from countries of the South-East Asia Region; that the Organization has prioritized emergency preparedness and response, and that a dedicated Strategic Objective has been developed and Health Action in Crises has become a full-fledged cluster in WHO headquarters,

Noting that steps have been taken to create the Fund with a Working Group based in the Regional Office and a series of consultations conducted with WHO Representatives and representatives of Member countries,

Acknowledging the establishment of the South-East Asia Regional Health Emergency Fund (SEARHEF) as contained in the "Thimphu Declaration International Health Security in the South-East Asia Region",

Appreciating the contribution of US\$100 000 of the Royal Thai Government to the Fund, and

Having considered the recommendations made by the Joint Meeting of Health Secretaries of countries of the WHO South-East Asia Region and the Consultative Committee for Programme Development and Management, held during 2-6 July 2007,

URGES Member States:

- (a) to contribute 1% of their WHO Regular budget allocation to the SEARHEF;
- (b) to support proper use and management of the Fund to address immediate needs in any emergency, and
- (c) to actively participate in the management and utilization of SEARHEF through its Working Group, and

REQUESTS the Regional Director:

- (a) to lead in the efficient implementation of the Fund so that financial support is provided for immediate needs in countries affected by events;
- (b) to support further resource mobilization for the Fund;
- (c) to have a transparent mechanism for the distribution of the Fund;
- (d) to facilitate linking the SEARHEF with planning and activities for Strategic Objective 5, and
- (e) to report annually to Member States at the Regional Committee on the status of the Fund usage.

The South-East Asia Regional Health Emergency Fund (SEARHEF) was established by resolution SEA/RC60/R7 following requests and advice to that effect from Member States to formalize a mechanism of providing assistance during and facilitating rapid response to natural and man-made disasters in the Region.

In keeping with its policies and guidelines and in conformity with the terms of the resolution SEA/RC60/R7, a Working Group comprising representatives from Member States of the Region will oversee the management of the fund. The first meeting of the Working Group reviewed the progress in the fund's implementation in the aftermath of Cyclone Nargis in Myanmar in 2008 and flash floods in Sri Lanka in 2008, considered the policies on replenishment, reporting and monitoring of disasters as well as evaluated the next steps in mobilizing more resources for SEARHEF.



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SEA-DIS PREP-7