UNDER-SECRETARY-GENERAL FOR HUMANITARIAN AFFAIRS AND EMERGENCY RELIEF COORDINATOR, STEPHEN O’BRIEN STATEMENT TO GENERAL ASSEMBLY ON UN SYSTEM COORDINATION ON OUTBREAKS AND HEALTH EMERGENCIES

(New York, 11 November 2016) My friends, excellencies, distinguished guests and panelists, ladies and gentlemen. It is fantastic to see so many of you here today. You are an example of every UN meeting should be like. If anyone is looking for an example of resilience, it is here in this room.

I am really delighted to have the opportunity to participate today in this important meeting.

Effective humanitarian response depends on continual investment in ensuring that the system established under General Assembly resolution 46/182 is prepared to face the evolving demands presented by the world around us. The Inter-Agency Standing Committee (IASC) – a decision making body for operational humanitarian actors – was created as one of the most effective and efficient UN tools for coordination. The foresight of Member States 25 years ago, has now yielded yet another transformative step, this time on our collective response to infectious hazards.

In 2006, the humanitarian “Cluster System” was established, with pre-designated agencies assuming responsibility for coordinating the UN and NGO response in key sectors, under the leadership of a Humanitarian Coordinator, and in support of the primary responsibility of the affected state to organize and implement humanitarian assistance.

This was followed in 2011 by the “Transformative Agenda,” designed to ensure greater effectiveness of the IASC response to humanitarian crises, with a particular focus on the rapid deployment of leadership and coordination support in large-scale emergencies, as well as enhanced accountability to affected people.

The concept of an “IASC System-Wide Level 3 Activation” was introduced under the Transformative Agenda. Declaration of a Level 3 response triggers a coordinated surge effort by humanitarian organizations, reinforcement of humanitarian leadership on the ground, and an automatic allocation of funding from the Central Emergency Response Fund (CERF) to ensure the immediate scaling up of life-saving activities.

Building on lessons learned from the Ebola crisis, and on the findings of the High-Level Panel on the Global Response to Health Crises, the IASC Principals decided in June this
year to develop standard operating procedures on the response to future outbreak scenarios.

This has been taken forward through the adaptation of the existing IASC protocol on Level 3 activation to the specificities of a large-scale infectious disease event. The new protocol has been developed thanks to an extensive inter-agency consultation process, driven by UN and non-UN IASC partners.

The new protocol provides a critical link between the roles and responsibilities of the WHO and its Director-General under the International Health Regulation, and the proven mechanisms that have been developed to support the international response to large-scale humanitarian emergencies, under the Emergency Relief Coordinator function. It also reflects the important contribution of non-IASC organizations responding to infectious disease events.

The protocol can be activated in response to a large-scale infectious disease outbreak but, critically, can also be used to mobilize preventive action in the early stages of an outbreak.

The new protocol provides for a modified process of assessing the situation, incorporating the perspectives of actors outside the standard IASC framework, and ensures that the WHO Director-General is central to decision making around activation and consultation with the affected state. Time limits are provided for all key steps, ensuring predictability and accountability.

Key implications of a Level 3 Activation in an infectious disease scenario will include: the immediate deployment of surge capacity and emergency supplies to support the rapid scaling up of the response; reinforcement of the leadership model at the country and regional levels; the activation of clusters; the establishment of sub-national hubs as needed; and the automatic release of emergency funding from the CERF.

I am confident that these new procedures will ensure that we are better prepared to face future large-scale infectious disease events, and that they represent an important contribution to the broader international effort in this regard. The document is currently being finalized by the IASC Principals and I will be pleased to share it with Member States as soon as this process is completed.

I would like to take this opportunity to pay tribute to the truly transformative work that is ongoing – under the leadership of Dr Chan and as outlined in her statement – to build the operational emergency response capacity of the WHO. The fact that these work streams have proceeded in parallel has been critical and a real demonstration how we work horizontally and not in silos for concrete outcomes, in line with the discussions and commitments at the World Humanitarian Summit earlier this year.

I would also like to express my appreciation to the IASC and non-IASC organizations who have engaged so actively in the development of the new protocol – it has truly been
a collaborative endeavor.

Finally I would like to thank the Government of Japan for its leadership around this critical area of work, and the President of the General Assembly for convening this important briefing.