



World Health  
Organization



Enabling quick action to save lives

## CONTINGENCY FUND FOR EMERGENCIES



WHO/WHE/EXR/2018.1

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**Suggested citation.** Contingency fund for emergencies: enabling quick action to save lives. Geneva: World Health Organization; 2018 (WHO/WHE/EXR/2018.1). Licence: CC BY-NC-SA 3.0 IGO.

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Printed in Switzerland

## Introduction

In today's interconnected world, health emergencies can affect anyone, anywhere – and the ability to respond early can make the difference between saving lives and containing emergencies or seeing them cause avoidable deaths, illness or injury, as well as losses to the economy.

WHO is preparing to embark on a bold and ambitious General Programme of Work to deliver our mission, rooted in the Sustainable Development Goals.

These strategic priorities take on particular importance in health emergencies. The world looks to WHO to lead the international community's response to lessen the impact of outbreaks and other emergencies with health consequences.

WHO needs to get on the ground the moment that a disease outbreak or other health emergency is identified to guide and coordinate rapid action – which is the most effective way to minimize impact.

The Contingency Fund for Emergencies (CFE) enables WHO to do just that – take quick action to save lives.

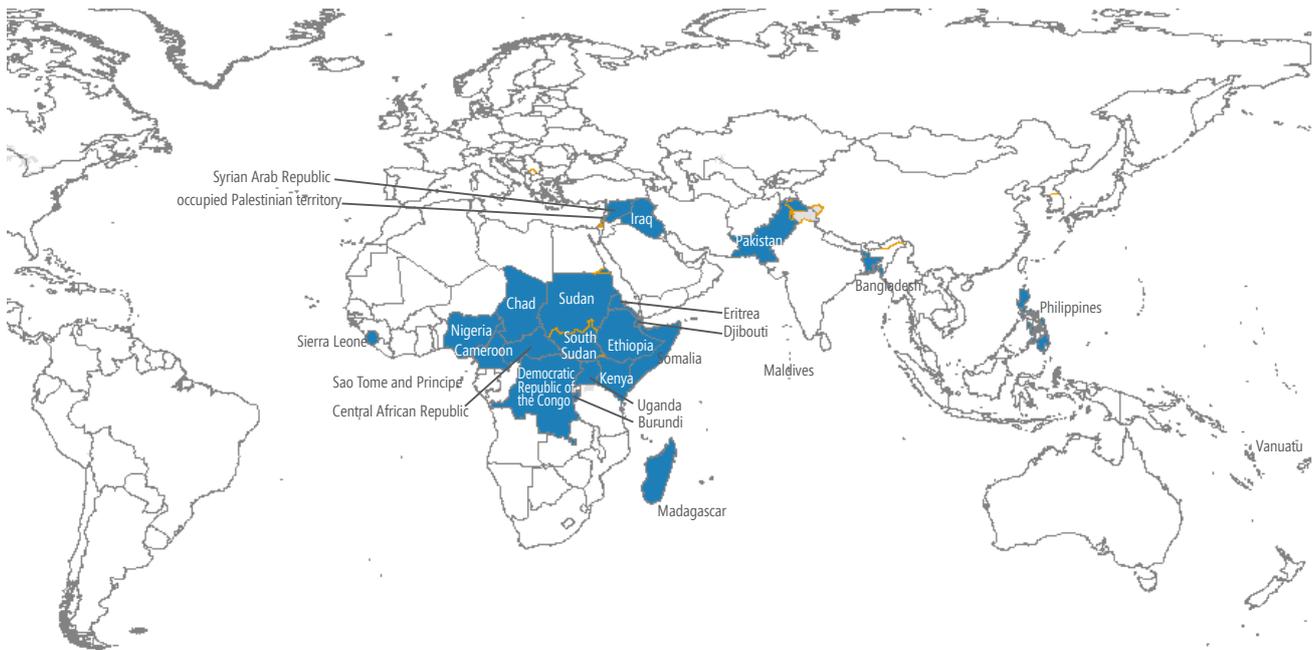
I thank all our partners and donors who make this possible by investing in the CFE and subsequently in our response plans at country level. I look forward to their continued support to ensure the sustainability of this life-saving Fund.

A handwritten signature in black ink, which appears to be 'Tedros Adhanom Ghebreyesus'.

Dr Tedros Adhanom Ghebreyesus  
Director-General  
World Health Organization



## Map of CFE allocations in 2017



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Data source: World Health Organization. Map production: WHO Health Emergencies Programme

## Foreword

On 9 May 2017, WHO was alerted to a cluster of unexplained deaths in a remote part of the Democratic Republic of the Congo. Just a day later, a WHO team was on the ground investigating the cause of the deaths and providing expert support to the country's Ministry of Health. By 11 May, only 48 hours after the alarm was first raised, rapid laboratory testing confirmed our initial suspicions – the Ebola Virus Disease (EVD) was responsible for at least one of the deaths.

WHO was able to deploy the team so quickly thanks to the Contingency Fund for Emergencies (CFE).

The confirmation of EVD triggered more CFE funding, enabling WHO to rapidly expand its footprint in the affected area: a substantial challenge due to the inhospitable terrain and geographical isolation of the region. Over the next two months, WHO and our partners worked non-stop with the Ministry of Health to contain the outbreak. By July, the outbreak was over.

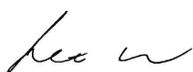
The contrast between the 2017 Democratic Republic of the Congo Ebola outbreak and the 2014 West Africa Ebola epidemic is stark. The former claimed four lives, lasted two months, and cost US\$ 2 million to contain. The latter claimed more than 11 000 lives over almost two years, at a cost of more than US\$ 3.6 billion.

Clearly no single factor can account for such a vast disparity in mortality and morbidity between two outbreaks. But equally, there can be no doubt that the speed of the response in the Democratic Republic of the Congo was the decisive factor in the swift containment of the outbreak — something that would simply not have been possible without the CFE.

The CFE can release funds very quickly, often weeks and months before other streams of emergency funding can be secured. In 2017, 88% of allocations of US\$ 500 000 or less were transferred to the WHO offices in the affected countries within 24 hours of the request.

This clearly distinguishes the CFE from other funding sources, and strengthens the international community's overall ability to prevent outbreaks and health emergencies from spiralling out of control. Over the course of 2017, the CFE demonstrated that a small investment can pay life-saving dividends and dramatically reduce the direct costs of controlling outbreaks and responding to emergencies. The CFE is the model of emergency funding that the international community needs for a new era in emergency response, and it is needed now more than ever.

As this report illustrates, the CFE has proven its value as a global public good that should be underwritten by long-term investment.



Dr Peter Salama  
Deputy Director-General  
Emergency Preparedness and Response





## CFE Contributors

Canada

China

Estonia

France

Germany

India

Japan

Kuwait

Netherlands

Republic of Korea

Sweden

United Kingdom of Great Britain and Northern Ireland

Thank you for your generous contributions.



# The WHO Contingency Fund for Emergencies

The Contingency Fund for Emergencies (CFE), established by the World Health Assembly in May 2015 following a review of WHO’s response to the 2014 Ebola outbreak in West Africa, rapidly makes available small amounts of funding for WHO’s initial response activities.

The CFE provides funding during the critical gap between the moment the need for an emergency response is identified and the point at which funds from other mechanisms can be released. The CFE’s capacity to release funds (in an initial tranche of up to US\$ 500 000) within 24 hours of an emergency request sets it apart from other complementary financing mechanisms such as the Central Emergency Response Fund (CERF), the World Bank’s Pandemic Emergency Financing Facility (PEF), and other pooled funds that have different funding criteria and slower disbursement cycles.

The CFE is replenished through donor contributions outside of the WHO Health Emergencies Programme (WHE) core budget either directly to the CFE or through reimbursement from donations against specific WHO response plans. Contributions to the CFE are pooled and, crucially, are flexible rather than being earmarked for specific activities. This enables the CFE to rapidly fund the initial response to the broadest possible range of health emergencies. Accountability is ensured through adherence to the Organization’s financial rules and regulations, including standard financial reporting. Any unspent funds are returned to the CFE.

## ESSENTIAL MEDICINES AND MEDICAL SUPPLIES

To ensure life-saving medicines and emergency health kits arrive rapidly where needed.

## COORDINATED DISTRIBUTION OF MEDICINES

To ensure that the right medicine reaches vulnerable populations.

## ACCESS TO WATER AND SANITATION

To ensure that cholera and other waterborne diseases don’t spread.

## ACCESS TO HEALTH SERVICES

To ensure that hospitals are functional and are staffed with health professionals.



## RAPID DEPLOYMENT OF TECHNICAL EXPERTS

To ensure that the right expertise is rapidly available.

## DISEASE DETECTION AND REPORTING

To ensure that enough vaccinations are in the right place in case of outbreaks.

## DISEASE SURVEILLANCE AND VACCINATION

To prevent disease outbreaks and protect the people in affected areas.

## COORDINATION WITH HEALTH PARTNERS

To ensure that the right help goes to the right place using the right partners.



CFE CONTRIBUTORS	US\$
Germany	13 931 000
Japan	10 834 000
United Kingdom	10 537 000
China	2 000 000
Canada	1 482 000
France	1 418 000
Sweden	1 160 000
Netherlands	1 083 000
India	1 000 000
Korea	1 000 000
Kuwait	500 000
Estonia	145 000
<b>TOTAL</b>	<b>45 090 000</b>

## CFE financial breakdown

### Contributors

The World Health Assembly set a US\$ 100 million funding target when it established the CFE in 2015. Since the CFE's inception in 2015, 12 Member States have generously contributed US\$ 45 million to the fund.

### Allocations

In 2017, the CFE made 36 emergency allocations totalling almost US\$ 21 million to 23 countries and one multi-country response. Nearly 70% of allocations were for amounts of US\$ 500 000 or less. Of these approved requests, 88% were fulfilled within 24 hours. The mean allocation for 2017 was just over US\$ 580 000.

Over half (56%) of allocations were made to fund responses in the WHO Africa Region, with 28% going to responses in countries in the WHO Eastern Mediterranean Region. Of the remaining allocations, four (11%) were for responses in the WHO South-East Asia Region, with one going to a response in the WHO Western Pacific Region.

### ALLOCATIONS IN 2017 (US\$)

Country/Region	Total
Bangladesh	3 000 000
Iraq	3 000 000
Democratic Republic of the Congo	2 780 000
Ethiopia	2 300 000
Somalia	1 542 279
Madagascar	1 451 248
Horn of Africa	995 000
Nigeria	836 400
South Sudan	625 545
Uganda	623 000
Cameroon	500 000

## CFE impact in 2017

The following overview demonstrates the wide range of responses to outbreaks and health emergencies enabled by the CFE in 2017, including disease outbreaks, complex emergencies, or natural disasters. The report illustrates the difference that the fast, flexible, and predictable funding provided by the CFE makes in saving lives and reducing suffering.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_26048](https://www.yunbaogao.cn/report/index/report?reportId=5_26048)



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