

## **The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme**

The Director-General has the honour to transmit to the Executive Board at its 140th session the report submitted by the Chair of the Independent Oversight and Advisory Committee (see Annex).

## ANNEX

### **REPORT OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME**

#### **BACKGROUND**

1. During the Sixty-ninth World Health Assembly, Member States reviewed WHO's proposal to reform its work in outbreaks and emergencies, and work on the new WHO Health Emergencies Programme was welcomed by the Health Assembly in decision WHA69(9).<sup>1</sup> In that decision, the Health Assembly also welcomed the establishment of an Independent Oversight and Advisory Committee for the WHE Programme (IOAC) based on the recommendation of various review panels on the Ebola outbreak and response.<sup>2,3,4</sup>
2. The main function of the IOAC is to provide oversight and monitoring of development of the WHE Programme and its performance in outbreaks and emergencies, to guide the related activities and to report its findings through the Executive Board to the World Health Assembly. The terms of reference of the IOAC are published online.<sup>5</sup>
3. Reports of the IOAC will be shared with the Secretary-General of the United Nations (UN) and with the UN's Inter-Agency Standing Committee (IASC).
4. Two members of the IOAC also hold membership of the Global Health Crises Task Force,<sup>6</sup> which was established by the UN Secretary-General to support and monitor the implementation of the recommendations of the High-Level Panel on the Global Response to Health Crises.<sup>7</sup> Given the importance of the Task Force and the strong links between the two groups in their areas of work, one member has been appointed as "liaison person".
5. The IOAC uses a combination of working methods: teleconferences, in-person meetings, field visits, desk reviews and interviews. Since May 2016, the IOAC has held two teleconferences and two

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<sup>1</sup> Sixty-ninth World Health Assembly. Decisions and list of resolutions, A69/DIV./3; 10 June 2016 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_DIV3-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_DIV3-en.pdf), accessed 21 December 2016).

<sup>2</sup> Report of the Ebola Interim Assessment Panel (<http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf?ua=1>, accessed 21 December 2016).

<sup>3</sup> Advisory Group on reform of WHO's work in outbreaks and emergencies with health and humanitarian consequences. Second report; 2016. ([http://www.who.int/about/who\\_reform/emergency-capacities/advisory-group/second-report.pdf?ua=1](http://www.who.int/about/who_reform/emergency-capacities/advisory-group/second-report.pdf?ua=1), accessed 21 December 2016).

<sup>4</sup> Moon S, Sridhar D, Pate MA, Jha AK, Clinton C, Delaunay S, et al. Will Ebola change the game? Ten essential reforms before the next pandemic. The report of Harvard-LSHTM Independent Panel on the Global Response to Ebola. *Lancet* 2015;386:2204–1. doi:10.1016/S0140-6736(15)00946-0.

<sup>5</sup> Terms of reference of the Independent Oversight and Advisory Committee ([http://www.who.int/about/who\\_reform/emergency-capacities/oversight-committee/Terms-of-Reference-Independent-Oversight-Committee.pdf?ua=1](http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/Terms-of-Reference-Independent-Oversight-Committee.pdf?ua=1), accessed 21 December 2016).

<sup>6</sup> Global Health Crises Task Force (<http://www.un.org/en/global-health-crises-task-force/index.html>, accessed 21 December 2016).

<sup>7</sup> Protecting humanity from future health crises: report of the High-level Panel on the Global Response to Health Crises; 2016 ([http://www.un.org/ga/search/view\\_doc.asp?symbol=A/70/723](http://www.un.org/ga/search/view_doc.asp?symbol=A/70/723), accessed 21 December 2016).

in-person meetings; it has also undertaken a desk review of the WHO response to the recent outbreak of yellow fever and a three-day field visit to Colombia for Zika virus disease. All meetings of the IOAC are recorded in reports which are published on the WHO website.<sup>1</sup> In 2017 the IOAC will conduct additional field visits and interviews to reach out to key stakeholders and WHO staff including the Regional Directors.

6. This is the first IOAC report submitted to the Executive Board; it is based on activities during May to December 2016. The report provides observations and recommendations on the implementation of the WHE Programme and its performance in current emergencies and outbreaks.

## **IMPLEMENTATION OF THE WHO HEALTH EMERGENCIES PROGRAMME**

7. In monitoring WHO's implementation of the WHE Programme, the IOAC considered the Director-General's report to the Sixty-ninth World Health Assembly on reform of WHO's work in health emergency management as its main reference.<sup>2</sup> The IOAC reviewed expected milestones and timelines as stated in the document and found that the majority of activities are either complete or in progress. The IOAC recognizes that WHO has already undertaken a considerable amount of work to implement the new structure and working models that were agreed during the Sixty-ninth World Health Assembly in May 2016, while also responding to multiple outbreaks and emergencies.<sup>3</sup>

8. The IOAC acknowledges that WHO is in the midst of a transformative process. The WHE Programme and its processes are still being built, having officially started on 1 July 2016. The IOAC also notes that the Executive Director of the Programme only assumed the function on 27 July 2016. Therefore, the IOAC's review of the status of implementation of the WHE Programme and its performance has been undertaken after only four months of initial reform.

9. The IOAC observes that this is a complex and large-scale reform; even with all the necessary resources, it will take several years for the WHE Programme to be fully implemented and embedded globally. Hence this report focuses on implementation process issues, rather than providing an assessment of the impact and effectiveness of the emergency reform. The IOAC will monitor WHO's work closely, and will provide a second report to the Seventieth World Health Assembly in May 2017, by which time implementation of the WHE Programme should be further advanced.

10. For this first report, the IOAC assessed whether the reform of WHO's work in health emergency management is on track, with a focus on the eight thematic areas: structure, human resources, incident management, risk assessment, business processes, partnerships, International Health Regulations (2005) (IHR) and finance.

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<sup>1</sup> Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme ([http://www.who.int/about/who\\_reform/emergency-capacities/oversight-committee/en/](http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/en/), accessed 21 December 2016).

<sup>2</sup> Document A69/30. Reform of WHO's work in health emergency management, WHO Health Emergencies Programme, Report by the Director-General, 5 May 2016 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_30-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf), accessed 21 December 2016).

<sup>3</sup> The WHO Secretariat briefed the IOAC that WHO has responded to major emergencies in over 50 countries in 2016, including Syrian Arab Republic. (<http://www.who.int/emergencies/en/>, accessed 21 December 2016). An update on the crisis in the Syrian Arab Republic will be provided for the IOAC's review in January 2017.

## Structure of the WHE Programme

11. The IOAC recognizes that WHO's work in emergencies has now been brought into a common structure across the three levels of the Organization, based on an all-hazards approach. The IOAC is encouraged that all regional offices are aligning their structures for the management of health emergencies as set out in the WHE Programme implementation plan. However, findings from the IOAC's field visit and desk review suggest that the WHE Programme roll-out plan has not been fully shared with WHO staff in the country offices. Noting that country-level results are critical to the success of the WHE Programme, the IOAC recommends that implementation of the Programme at country level should be accelerated as a matter of urgency.

12. The IOAC notes that WHO's major functions in emergency management – namely, infectious hazards management, country health emergency preparedness and implementation of the IHR, health emergency information and risk assessments, emergency operations, and emergency core service – are reflected in the structure of the WHE Programme. The IOAC emphasizes the importance of effective communication and coordination across the three levels for the Programme to be operational as a single organization.

13. Given that the alignment process is being completed at regional level, there is not yet sufficient evidence to determine to what extent the structure operates coherently across three levels of the Organization and among different functions. The IOAC will continue to monitor how distinct roles and responsibilities, authorities, accountabilities, reporting lines and coordination are put into practice.

## Human resources

14. The IOAC notes that a total of 1396 positions are planned for the global WHE Programme across the Organization, with a distribution of 50% at country level, 25% across the six regional offices and 25% at headquarters (HQ), which the IOAC feels is a reasonable target quota of human resources, given the plan approved by the Health Assembly.

15. As of December 2016, approximately 70% of WHE Programme positions have been filled at the HQ level and 50% at the regional level, compared to only 35% at the country level. The IOAC appreciates that this is within acceptable limits at this stage of implementation, owing to the need to retain critical skills of existing HQ staff and necessary expertise to reinforce HQ's ability to respond to current emergencies. However, the IOAC is concerned that the current staffing is top-heavy, and thus urges WHO to prioritize the recruitment process at country level. The IOAC also recommends that the human resources planning at HQ and regional offices should be optimized and gradually streamlined to achieve better balance across the three levels, without jeopardizing the operational capacity for emergency management.

16. The IOAC encourages WHO to conduct benchmarking of staff structure, size and seniority, particularly at the HQ level, against peer organizations and humanitarian agencies, to ensure that the WHE Programme's proposed staff structure and gender balance are appropriate and reflect a defensible allocation of finite financial resources. This benchmarking should take into account the retention of expertise for WHO's core scientific and normative functions.

17. The IOAC applauds the WHE Programme's plan to focus more resources at the country level and expresses its satisfaction that the recruitment of 24 health cluster coordinators is being finalized in priority countries; however, it reiterates that the core functions in country offices should be filled in rapidly. The IOAC also notes that WHO Representative (WR) positions in some key countries with

protracted crises are vacant. The IOAC welcomes the fact that all international positions for the WHE Programme are subject to rotation within the Global Mobility Scheme,<sup>1</sup> but advises that incentives to attract and retain high-calibre staff in hardship duty stations should be considered.

18. Given the WHE Programme's stated preference that WRs serve as incident managers when feasible, the IOAC recommends that WRs should be provided with adequate training in country leadership, coordination, information and planning, health operations, logistics, operational support and administration. Additionally, the placement of WRs in emergency settings should prioritize individuals with experience in humanitarian crisis and health emergency management.

19. In view of the increasing number of deployments through WHO, including the Global Outbreak Alert and Response Network (GOARN)<sup>2</sup> and standby partners, the IOAC cautions that WHO should focus on the provision of adequate logistics and security support. Risk management procedures and adequate measures including medical evacuation should be put in place for staff support and protection, when delivering critical assistance to people in areas with limited infrastructure and increased security risks.

20. The IOAC observes that recruitment planning will depend heavily on the status of funding for the WHE Programme globally, which is of particular concern. If full funding for the Programme is not obtained, the Organization may need to identify trade-offs within a more limited staffing footprint, and reconsider the balance of HQ, regional office, and field staff.

### **Incident management**

21. WHO has adopted a new common incident management system (IMS) for a number of emergencies including the outbreaks of Zika virus disease and yellow fever. The IOAC notes that IMS is not a one-size-fits-all strategy, and must be adapted to the context of any crisis response and to the culture of the Organization. The IMS is a set of crisis management principles and structures that enable a coherent, unified, and consistent approach to crisis response across a complex organization. Adapting the IMS principles and approaches to WHO's mission and structure, and iteratively improving and systematizing WHO's approach over time, will be crucial.

22. The IOAC further notes the critical role of the Incident Manager in the effective coordination and management of WHO and partner capabilities during a health emergency. The IOAC recommends the requirement that the Incident Manager have the appropriate profile and experience in order to lead effectively, and in addition, be properly empowered and supported to carry out his/her role. This support should entail being released from other duties and assignments for an extended period, as required.

23. Evidence from the field visits in Colombia suggests that the Zika IMS was successful in terms of coordination and communication. The IOAC notes that the country response was led by the Ministry of Health and Social Protection, with strong support from PAHO/AMRO through the WHO Country Office in Colombia. The WR assumed the Incident Manager's role. The IOAC recognizes

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<sup>1</sup> WHO Geographical Mobility Policy (<http://www.who.int/employment/WHO-mobility-policy.pdf?ua=1>, accessed 21 December 2016).

<sup>2</sup> Global Outbreak Alert and Response Network ([http://www.who.int/ihr/alert\\_and\\_response/outbreak-network/en/](http://www.who.int/ihr/alert_and_response/outbreak-network/en/), accessed 21 December 2016).

that the Public Health Emergency of International Concern (PHEIC) declared by the Director-General<sup>1</sup> has led the world to an urgent and coordinated response. The IOAC appreciates that Zika virus and its associated consequences remain a significant public health challenge but no longer represent a PHEIC<sup>2</sup> as defined under the IHR.<sup>3</sup> The IOAC emphasizes the importance of the response mechanism for WHO to provide longer-term coordination and accountability.

24. The IOAC commends WHO's response to the outbreak of yellow fever, which involved vaccinating 30 million people in a limited time across Angola and the Democratic Republic of the Congo (DRC). The IOAC acknowledges that the DRC was responding to an outbreak of cholera at the same time. The IOAC observes that the outcomes were facilitated under one integrated IMS with support from multiple partners in the transition to the new ways of working. Findings from the IOAC's desk review and interviews indicate that there is room for improvement in clarifying roles, responsibilities and reporting lines at all three levels. IOAC reiterates that the IMS per se is not a magic bullet and its effectiveness depends to a large extent on Incident Managers' capabilities, skills and training, the availability of financial and human resources, and clear terms of reference and lines of authority for each player in the system. The IOAC encourages WHO to continue working with the IMS approach and to adapt it as required, building on an institutional culture and systems that emphasize and value flexibility, transparency, and clear communication.

### **Risk assessment**

25. The WHE Programme established a set of "WHO Protocols for Risk Assessment, Grading of Emergencies & Incident Management," and the second edition of the Emergency Response Framework (ERF) will be finalized at the end of January 2017. The IOAC emphasizes the importance of the ERF, which should provide further clarity on the grading system and triggers, roles, and responsibilities under the IHR, and WHO's obligations to the IASC<sup>4</sup> for humanitarian emergencies, in line with the new IASC protocol.

26. The IOAC also notes that the platform for event-based surveillance, Epidemic Intelligence from Open Sources (EIOS), will be launched in June 2017.

27. The IOAC will monitor the field application of the ERF and the EIOS and examine whether these tools can improve the speed and effectiveness of the response through key performance indicators that are developed by the WHE Programme.

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<sup>1</sup> WHO statement on the first meeting of the IHR 2005 Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations (<http://www.who.int/mediacentre/news/statements/2016/1st-emergency-committee-zika/en/>, accessed 21 December 2016).

<sup>2</sup> WHO statement on the fifth meeting of the Emergency Committee under the IHR regarding microcephaly, other neurological disorders and Zika virus (<http://www.who.int/mediacentre/news/statements/2016/zika-fifth-ec/en/>, accessed 21 December 2016).

<sup>3</sup> IHR (2005) Third Edition (<http://apps.who.int/iris/bitstream/10665/246107/1/9789241580496-eng.pdf?ua=1>, accessed 21 December 2016).

<sup>4</sup> Inter-Agency Standing Committee (<https://interagencystandingcommittee.org/>, accessed 21 December 2016).

## Emergency business rules and systems

28. The IOAC was briefed that a dedicated section of the WHE Programme, outlining business rules and processes in emergencies,<sup>1</sup> is embedded in the WHO e-manual. The IOAC acknowledges the efforts in institutionalizing these processes but advises caution when operating the new business rules within the existing system. The IOAC reiterates that business processes must support the WHE Programme based on a no-regrets approach. The Executive Director should exercise his discretion to deviate from rules and procedures in exceptional and appropriate cases, especially when the application of the rules stands in the way of a rapid and flexible response to an emergency. The IOAC will examine to what extent the revised business processes are fit for purpose in the areas of recruitment, deployment, procurement and finance at all three organizational levels to support emergency response.

29. The IOAC recognizes that the rapid disbursement of the WHO Contingency Fund for Emergencies (CFE)<sup>2</sup> has enabled WHO to react quickly in response to Zika virus disease and yellow fever. By November 2016, US\$ 18.16 million had been disbursed for 11 distinct humanitarian crises, disease outbreaks and the impact of natural disasters. In 75% of cases, releases of up to US\$ 500 000 were made available to the Incident Managers within 24 hours of the request for funding through standard operating procedures for the CFE. The IOAC welcomes the progress in this regard.

## Partnerships

30. Acknowledging national governments as key partners, the IOAC encourages the WHE Programme to cultivate partnerships with non-State actors within the Framework of Engagement with Non-State Actors (FENSA)<sup>3</sup> at country level. Partnerships will help the WHE Programme leverage and increase the pool of expertise and deployable resources, to both expand its reach to populations in need and its impact on national responses.

31. The IOAC recognizes that the WHE Programme is taking a systematic and prioritized approach to partnerships. In this context, the IOAC is pleased with the progress made in identifying the Global Health Cluster<sup>4</sup> and the GOARN as the major partnership platforms for humanitarian and public health emergency response, respectively. The IOAC also notes specialist initiatives such as emergency medical teams (EMTs),<sup>5</sup> which leverage specialized medical/surgical teams in disaster settings, and the growing number of disease/hazard-specific, clinical and laboratory networks that provide critical global services across a range of hazards.

32. Given that the GOARN is a collaboration mechanism consisting of over 200 multidisciplinary technical partners and other networks, the IOAC emphasizes the need for further investment in GOARN's strategic development in support of national alert and response efforts. The IOAC advises

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<sup>1</sup> WHO e-manual, Section XVII – Health Emergencies.

<sup>2</sup> WHO Contingency Fund for Emergencies ([http://www.who.int/about/who\\_reform/emergency-capacities/contingency-fund/en/](http://www.who.int/about/who_reform/emergency-capacities/contingency-fund/en/), accessed 21 December 2016).

<sup>3</sup> Resolution WHA69.10 Framework of engagement with non-State actors ([http://www.who.int/about/collaborations/non-state-actors/A69\\_R10-FENSA-en.pdf?ua=1](http://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf?ua=1), accessed 21 December 2016).

<sup>4</sup> Health Cluster (<http://www.who.int/health-cluster/en/>, accessed 21 December 2016).

<sup>5</sup> Emergency Medical Team Initiative (<https://extranet.who.int/emt/page/emt-initiative>, accessed 21 December 2016).

that the GOARN should not limit its role to deployment but should support the WHE Programme with developing the technical and operational innovation and enhanced networking that will drive effective preparation, alert and response to public health emergencies.

33. The IOAC will review the strategic development of the WHE Programme's partnerships and investments to fulfil this overarching partner coordination role across its functions.

34. The IOAC notes the unique role of WHO as the technical lead for health within the IASC and welcomes the IASC's decision to use its own global humanitarian response mechanisms to coordinate the response to future large-scale infectious disease emergencies. The IOAC reiterates the importance of alignment with the IASC on international coordination of major health emergencies and emphasizes that WHO should play a leadership role in outbreaks.

35. The IOAC commends the IASC principals for endorsing the new Level 3 Activation Procedures for Infectious Disease Events in December 2016. The IOAC was informed that progress in this regard will be among the issues reported to the UN Secretary-General's Global Health Crises Task Force to monitor implementation of the recommendations of the High-Level Panel on the Global Response to Health Crises.

36. The IOAC recognizes WHO's leadership role in setting up priorities for the outbreak of Zika virus disease among UN agencies' principals through the Deputy Secretary-General's Zika coordination call, and provision of assistance to partners to promote consistent messaging. The IOAC observed during the field visit in Colombia that the high level of coordination among UN principals was critical in terms of agreement on priorities and clarifications on responsibilities among different UN agencies at the country level.

### **International Health Regulations (2005)**

37. The IOAC acknowledges that the function of IHR (2005) is reflected in the WHE Programme structure across the Organization within the wider scope of emergency and disaster risk management for health.

38. The IOAC emphasizes the importance of country preparedness to respond to outbreaks and emergencies and reiterates that this should be one of the main functions of the WHE Programme. Findings from the IOAC's field visit suggest that the Colombian Government's leadership in the planning and implementation of the Zika response, coupled with the strong in-country capacity in preparedness and response to dengue and chikungunya, contributed to the success of the Zika response.

39. Given the critical nature of the Joint External Evaluations (JEEs) in assessing countries' capacity to prevent, detect, and rapidly respond to public health threats, the IOAC reviewed progress in this regard. IOAC welcomes the fact that, during this initial implementation period, the WHE Programme has completed JEEs in 27 countries across all six WHO regions, in collaboration with partners. The IOAC notes that country action plans based on the JEE will go beyond the health system, focusing on the intersectoral coordination required to deliver public health security through a whole-of-government approach.

40. The IOAC will review the extent to which the JEE tool<sup>1</sup> is suitable for its purpose, including its ability to assess: (i) capacity at the community level to alert and take early action, and (ii) the way in which strengthening community engagement is being built into core IHR capacity. The IOAC shall include its findings in the report to the Seventieth World Health Assembly.

41. The IOAC was briefed on the work undertaken by the Alliance for Country Assessments for Global Health Security and IHR Implementation in collaboration with WHO.

## Finance

42. The IOAC acknowledges that there is major global donor support for responding to health emergencies: global humanitarian health contributions increased from US\$ 1.4 billion in 2011 to US\$ 2.7 billion in 2015, representing 14% of total humanitarian contributions over that period. The IOAC notes that WHO typically receives only a small percentage of these resources, possibly reflecting a need to boost humanitarian donors' confidence.

43. The IOAC recommends that WHO strengthen its resource mobilization capacity and diversify its donor portfolio, especially multiyear partnerships that support the implementation of the WHE Programme's strategic plan. The IOAC further advises WHO to: improve donor engagement; develop a credible, strategic, data-driven, and compelling narrative; improve understanding of donor requirements; engage with the right donor counterparts; prioritize unrestricted resources; and tailor fundraising strategies to specific donor and funding requirements.

44. The WHE Programme is funded in three parts: core budget, appeals and the WHO Contingency Fund for Emergencies (CFE). The IOAC was apprised that US\$ 485 million is required for the biennium 2016–2017 for implementation of WHO's core activities in health emergency management and that 56% of the total requirement had been received as of December 2016.

45. Since the CFE was established in May 2015 with a target capitalization rate of US\$ 100 million, it has received only US\$ 33.68 million (33% of target) from 10 donors, of which US\$ 18.16 million has already been spent on covering the immediate operational costs for 11 distinct emergencies. The IOAC recognizes that the CFE is critical to WHO's early response to health emergencies and that robust early response can be highly cost-effective in preventing the further spread of outbreaks. The IOAC notes two main challenges: obtaining full funding for the CFE as originally foreseen, and replenishing the CFE to full capitalization.

46. Appeals linked to humanitarian response plans currently have a funding gap of 66% of the total requirement of US\$ 656 million. These funds have mainly been directed towards Grade 3 emergencies. The funds have been slow to materialize for disease outbreaks such as those for Zika virus disease and yellow fever, forcing WHO to use the fast-depleting CFE. The IOAC observes that there is very little staffing capacity at regional and country levels to fundraise, and relatively limited capacity at HQ compared to other international agencies. The IOAC encourages WRs to engage effectively with in-country donor representatives who manage country-level programme funding.

47. Funding is a prerequisite for WHO to be able to respond to outbreaks and emergencies. Consequently, the IOAC is concerned that the funding shortfall will severely constrain WHO's ability

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<sup>1</sup> Joint external evaluation tool: International Health Regulations (2005) ([http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf), accessed 22 December 2016).

to respond to future global health emergencies. Unless Member States and donors increase their financing commitments, WHO will struggle to implement the WHE Programme roll-out plan, work on which was welcomed by the Sixty-ninth World Health Assembly. The IOAC also warns that funding gaps will persist until the WHE Programme is able to tangibly demonstrate the value of its increased capacity to respond effectively to emergencies. The IOAC encourages WHO to advocate early successes in a more proactive way and present compelling economic investment cases that set out the reasons for funding the new WHE Programme. WHO should strengthen the results monitoring framework and develop a comprehensive approach to donor engagement.

## CONCLUDING REMARKS

48. An ambitious plan has been set forth by Member States to fulfil a critical gap in health emergencies and humanitarian crises. The WHE Programme will take several years to be fully implemented and realize its ambition. The shortage of funds could jeopardize the emergency reform process and adversely affect the work of the new WHE Programme. Despite the challenges, WHO has done considerable work in a relatively short time, while managing multiple outbreaks and emergencies around the world. The IOAC reaffirms its commitment to providing oversight and monitoring of the implementation of the WHE Programme and of its performance by holding WHO accountable. Member States must play their part by providing the required political and financial support – global health is a shared responsibility.

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