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Public health emergencies: preparedness and response

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 146th 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

I. BACKGROUND

1. The WHO Health Emergencies (WHE) Programme was launched on 1 July 2016 in accordance with decision WHA69(9) (2016):¹ reform of WHO's work in health emergency management. That decision also welcomed the establishment of the Independent Oversight and Advisory Committee (IOAC) whose mandate it is to provide oversight and monitoring of the development and performance of the WHE Programme, guide the WHE Programme's activities, and report its findings through the WHO governing bodies. Members serve in their personal capacity and the IOAC current members' term ends in May 2020.

2. This is the IOAC's seventh report, comprising findings and observations from May to November 2019 and providing an update to its last report,² presented to the World Health Assembly in May 2019. During the reporting period the IOAC performed a thorough desk review of WHE Programme progress viewed against its monitoring framework,³ held two statutory meetings, carried out field visits to Turkey, and held ad hoc consultations on the humanitarian situation in Yemen and other ongoing emergencies.

3. The report also includes observations from the IOAC's monitoring of the WHO transformation agenda process, including transitional steps taken and the impact of transformation on WHE Programme performance, and a follow-up to the special report on diversity which was presented to the Director-General in April 2019.⁴

II. PROGRESS, CHALLENGES AND OPPORTUNITIES

4. The IOAC recognizes the significant progress WHO has made in its leadership in health emergency situations despite the simultaneous challenges of enacting the transformation agenda and the increased numbers of global crises.

5. The transformation agenda is important for the WHE Programme and for the Organization at large, but has the potential to disrupt existing emergency response systems during the transitional period as capacities move out of the WHE Programme and into centralized WHO structures. The IOAC has been reassured by senior management that measures will be taken to keep disruption of ongoing WHE Programme operations to a minimum. The IOAC is cautiously optimistic that the transformation agenda

¹ See document WHA69/2016/REC/1.

² See document A72/6.

³ See document IOAC Monitoring Framework for WHO/WHE – revised version (https://www.who.int/about/who_reform/emergency-capacities/oversight-committee/ioac-monitoring-framework-sep2018.pdf?ua=1, accessed 11 December 2019).

⁴ See paragraph 28 below.

can provide added value to deliver the Thirteenth General Programme of Work,¹ in particular the Organization's key priority of addressing health emergencies.

6. WHO has made a great deal of progress in outbreak management, particularly in the Ebola virus disease outbreak in the Democratic Republic of the Congo, but the IOAC also notes its increasing involvement in protracted crises such as those in Somalia, Syrian Arab Republic and Yemen. WHO's role in coordination efforts and as a last-resort provider of health services has proven to be critical. At the same time, the IOAC emphasises the importance of the United Nations Security Council in providing an enabling environment for WHO's health operations: security is of paramount importance, especially in conflict settings.

7. The IOAC notes good progress with respect to donors' trust in, and support of, WHO's management of outbreaks. In particular, WHO's enhanced capacity to rapidly deploy surge personnel to respond to the Ebola virus disease outbreak in the Democratic Republic of the Congo has significantly improved confidence since the IOAC's last report.

WHO leadership and health emergency management

8. As of November 2019, WHO was responding to 166 events and a total of 54 active graded emergencies, including 17 protracted crises. The IOAC desk review indicated that WHO has been playing an increasingly important role in attending to health needs in conflict settings, scaling up its operational and technical support to immediately address the health needs of, and risks to, affected populations. Decision-making processes continue to improve, with activation of the incident management system (IMS) in accordance with emergency response framework (ERF) procedures for all Grade 3 emergencies. The IOAC perceives that the ERF is most effective for managing disease outbreaks and will explore whether it is equally functional in protracted crises.

9. Evidence from the IOAC's field visit to Gaziantep, Turkey, suggests that WHO has performed well in responding to the health needs in north-western Syrian Arab Republic, under the auspices of United Nations Security Council Resolution 2165 (2014). The IOAC commends WHO on its cross-border operations in Gaziantep, noting excellent coordination and communication between WHO headquarters, the European and Eastern Mediterranean Regional Offices, and the Gaziantep hub in Turkey, with a clear delegation of authority throughout. The supportive WHO Representative in Turkey and the team leader in the Gaziantep office have clear roles and responsibilities and are running operations with autonomy. **The IOAC recommends that WHO document its work under the Whole-of-Syria approach – an operational approach to a complex humanitarian and health crisis – to inform future responses.**

10. WHO's support for the Turkish Government in the provision of health services to Syrian populations living in Turkey has been impressive in the face of a complex health workforce challenge. The Organization assisted the Ministry of Health in the training of more than 2600 Syrian health care workers who were later employed by the Ministry of Health to provide primary care services to fellow Syrians living in Turkey. The refugee training centre in Ankara also provides services in paediatrics, obstetrics and gynaecology, with mental health and psychological support given by a nongovernmental organization funded through WHO. Given that about 3.6 million Syrian people live across Turkey, the IOAC found this to be an innovative and sustainable approach to managing a high demand for services.

¹ Thirteenth General Programme of Work 2019–2023. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>, accessed 11 December 2019).

The IOAC observes that this model also could ease cultural and linguistic barriers in other refugee settings.

11. As of 3 December 2019, a total of 3195 confirmed cases of Ebola virus disease, with 2089 deaths, had been reported from North Kivu and Ituri provinces in the Democratic Republic of the Congo. The number of cases is steadily decreasing, with significant improvement noted in infection control and prevention, risk communication, community engagement, and laboratory capacity in the Democratic Republic of the Congo. However, the risk of spread remains high and operations in the current hotspots are facing challenges due to armed conflict and attacks against the Ebola responders.

12. Following the IOAC field missions to the Democratic Republic of the Congo in May 2019, a series of events and announcements took place with the aim of increasing United Nations support and partner involvement. Despite the strong commitment by United Nations leadership, the IOAC remains concerned about access to security as well as scale-up for non-Ebola interventions.

13. There has been continuous progress with Ebola vaccination: between 8 August 2018 and 10 November 2019, 249 914 persons were vaccinated. Since implementation of the new protocol on 13 June 2019, 20 488 possible contacts, 1104 pregnant women, 5433 lactating women, and 1520 infants aged 6–11 months were vaccinated. The IOAC welcomes the European Medicines Agency's approval of Merck's rVSV-ZEBOV-GP Ebola vaccine on 11 November 2019, and WHO enacted an accelerated prequalification programme, culminating in its announcement on 12 November that the vaccine meets WHO's standards for quality, safety and efficacy. These timely actions pave the way for enhanced distribution and stockpiling of this vital resource.

14. The IOAC is pleased to see WHO's progress with its research and development blueprint¹ – a high-level strategic conveying mechanism under WHE Programme Executive Director leadership. The blueprint enables prioritization of research and development required for high threat pathogens, coordinated efforts to develop solutions and operational capacity to deploy, test and scale-up. For example, for the ongoing Ebola virus disease outbreak in the Democratic Republic of the Congo, the blueprint has become fully integrated into the emergency response and will ensure timely access to Ebola vaccines in an ethical way. Going forward, the IOAC will turn its attention to the operational research for both preparedness and response to emergencies. The IOAC will also look into the work of the Science Division.² Findings will be included in the next report.

WHE Programme in the context of the WHO transformation agenda

15. The WHE Programme leadership team, comprising the Executive Director, two Assistant Directors-General, Regional Emergency Directors, and WHE Programme headquarters Directors, continually demonstrates and strengthens its effectiveness in building “One Programme”. The transformation agenda has afforded an opportunity to review the WHE Programme, to optimize the workforce, and to define clear roles and responsibilities across the Organization. **The IOAC emphasizes the importance of close collaboration and coordination between the WHE Programme Executive Director and the Regional Directors for major emergencies management and recruitment of key**

¹ A research and development Blueprint for action to prevent epidemics. Geneva: World Health Organization; 2016 (https://www.who.int/blueprint/about/r_d_blueprint_plan_of_action.pdf?ua=1, accessed 13 December 2019).

² World Health Organization Science Division (<https://www.who.int/departments/science-division>, accessed 13 December 2019).

senior staff such as the Regional Emergency Directors to ensure coherent work as “One Programme”.

16. The IOAC is reassured by the direction of the intended changes to the WHE Programme resulting from the transformation agenda. The Director-General has reiterated that the consolidation of cross-cutting functions and business processes is meant to support the WHE Programme to achieve the Organization’s priority of addressing health emergencies. Senior management recognizes that the WHE Programme’s distinctive functions for resource mobilization and communication are needed and that agile business processes are prerequisites to operating effectively in emergency contexts. The IOAC will continue monitoring progress with centralization of such functions to ensure that the WHE Programme is receiving appropriate support under the new structure.

17. Progress has been noted with regard to efforts to facilitate emergency responses under the Framework of engagement with non-State actors (FENSA),¹ but there is still no policy on the waiving of due diligence processes for implementing partners with a proven record, which would streamline the process. **The IOAC recommends the development of such a policy as a part of implementing FENSA and a systematic workflow applicable to all, and that staff should be made aware of it and encouraged to use it to facilitate critical emergency responses.**

18. Following several corruption allegations in the media in August 2019 against the WHO Country Office for Yemen, WHO’s operation in that country is under extreme scrutiny. The IOAC appreciates the fact that an audit was initiated by the Organization itself in 2018 and that WHO is committed to fully implementing a Yemen management action plan by 2020. However, WHO did not bring the findings of the audit and follow-up actions to the attention of all donors in a proactive and constructive manner. The IOAC notes the risks inherent in operating in fragile states and emphasizes the importance of risk sharing and trust building with donors. In particular, WHO must assess risks proactively when managing large operations in fragile contexts, develop mitigation strategies in advance to address these risks, and transparently share its risk analysis and mitigation measures with donors as standard procedure in order to build shared awareness. **The IOAC recommends strengthening WHO country offices with appropriate capacity in the areas of administration, finance, human resources, emergency response, operational partnerships and procurement, and implementing systematic risk assessment and prevention measures in the context of the transformation agenda.**

Human resource management

19. As of November 2019, 1583 positions (1064 existing staff and 519 vacant positions) are planned for the WHE Programme, with a distribution of 46% in country offices, 30% across the six regional offices and 24% at headquarters. In the last 6 months, recruitment has primarily been at regional office and country office levels. Again as of November 2019, 66% of the planned positions foreseen in the country business model had been filled at country level. Progress has been slowed down due to the lack of funding and the focus of key staff involved in recruitment on the current emergency response. The IOAC was assured that the country business model and findings from a functional review led by regional offices are consistent, and **IOAC recommends implementing the human resources plans to strengthen the WHO country offices of priority countries.**

20. During the mission to Turkey, the IOAC noted an issue related to the human resources policy to support staff working on emergencies from non-hardship duty stations. Cross-border operations to respond to the Syrian crisis are managed by the office in Gaziantep in Turkey. But since Turkey is

¹ See document WHA69/2016/REC/1, resolution WHA69.10 and Annex.

classified as a non-hardship duty station according to the United Nations hardship classifications, the staff in Gaziantep are not entitled to rest and recuperation or other packages for hardship duty stations set by the International Civil Service Commission.¹ **The IOAC recommends that WHO review the degree of hardship in offices working for emergencies, especially cross-border posts such as Gaziantep, and make a management decision to compensate staff based on workload.**

21. The IOAC was briefed that the WHE Programme is working with the Department of Human Resources Management to pilot incentives to encourage staff to take positions in hardship duty stations, including a one-grade increase and conversion from temporary to fixed-term positions. However, in the absence of a clear mobility policy and Organizational commitment, those incentives would not be sufficient to attract experienced senior staff who hold longer-term contracts. **The IOAC recommends, within the overall context of the WHO transformation agenda, that the experience of the WHE Programme should be leveraged in finalizing WHO's geographic mobility policy.**

22. Evidence from the field missions in the Democratic Republic of the Congo and Turkey suggests that an internal surge capacity policy, including back-filling posts that are left vacant due to emergency deployments or delays in contracting, is not yet in place. WHO's corporate capacity to surge in emergencies could be improved by stipulating policy provisions across the Organization, providing staff entitlements commensurate with workload during the deployment, and putting in practice simple and clear procedures between the different offices involved in the internal surge, rather than relying on supportive supervisors. The IOAC was informed that a global surge policy is in the final stage of revision and will be presented to the Global Policy Group for decision. **The IOAC will monitor progress on this issue.**

23. The WHE Programme has launched a new incident management system (IMS) leadership training programme to identify and train staff with demonstrated or potential leadership abilities. The first-ever IMS leadership training took place in April 2019 in Dakar, Senegal, with 28 participants that included incident managers and IMS operations leads. The IOAC was informed that an in-depth internal roster validation process has now been completed. Additionally, human resources standards of practice for emergencies are being restructured and further developed, including for selection and placement from the emergency roster. **The IOAC will look into the roster management to ensure it is cost-effective and fit for purpose.**

24. As part of the transformation agenda, WHO envisions a shift to a long-term and strategic human resources plan, and away from heavy reliance on short-term contracts with multiple extensions, consultancies and agreed programmes of work. Whilst the IOAC acknowledges the good intentions behind the change, this transition could negatively affect the speed of the emergency response because staff might be left without a possibility of immediately available solutions, as noted in the Gaziantep office. **The IOAC recommends that WHO identify staffing gaps, and provide flexibility to minimize the disruption during the transitional period.**

Staff security, protection and welfare

25. The IOAC is deeply concerned about the security of Ebola response staff in the Democratic Republic of the Congo and urges all parties to step up their efforts to guarantee staff safety. The United Nations could do more to create an enabling environment, but WHO should also continue strengthening capacity for its own security structures and ensuring robust internal security management. As WHO

¹ Hardship classification – consolidated list of entitlements circular ICSC/CIRC/HC/23: United Nations; 2017 (<https://icsc.un.org/Home/GetDataFile/5496>, accessed 11 December 2019).

expands its operations in insecure settings, it will need a stronger internal security capacity – as exists in peer United Nations agencies – rather than relying heavily on the United Nations Department of Safety and Security (UNDSS) or other partners. Opportunities for improvement remain in the following areas: compliance with internal security procedures, staff training, frameworks and related procedural components, equipment, awareness and compliance. **The IOAC recommends that the transformation agenda ensure a sustainable and functional security apparatus within WHO given that the Organization is increasingly operating in hostile and insecure environments.**

26. United Nations system-wide efforts for prevention of sexual harassment, sexual exploitation and abuse are being intensified, and the IOAC acknowledges that more than 90% of WHE Programme staff completed mandatory training on this subject. However, the IOAC cautions that there could be potential risks in an environment where many external consultants are being hired, such as in the Democratic Republic of the Congo. **The IOAC recommends that WHO conduct systematic risk assessments, implement preventive measures and put in place risk mitigation procedures. Lessons learned and benchmarking with other United Nations agencies are also recommended.**

27. The IOAC was briefed that updated standard operating procedures for general medical evacuation (MEDEVAC) have been published, and that specific MEDEVAC procedures for highly infectious diseases (Marburg and Ebola virus diseases) have also been established for each operational response. Agreements for specialized MEDEVAC transport and care are in place, and new agreements are under development. **The IOAC recognizes the provision by medical services of psychological support to the staff working in the Democratic Republic of the Congo on the Ebola crisis and recommends that this practice should be institutionalized for other emergencies.**

28. Following the Director-General's request at the 144th session of the WHO Executive Board to review issues that were impacting on staff morale and impeding the WHE Programme from performing optimally, the IOAC published a special report¹ in April 2019 and presented key findings and recommendations to the Seventy-second session of the World Health Assembly under three sections covering diversity; management and leadership; and grievance and redress. The IOAC notes that all recommendations made with regard to the WHE Programme are equally applicable to WHO itself and that Organization-wide efforts are needed, particularly in respect of the grievance and redress system. **Member States are encouraged to guide the WHO Secretariat to improve the well-being and satisfaction of staff across the globe and to seek ways of driving diversity and inclusiveness in WHO.**

Partnerships and coordination

29. Continuous progress has been noted in terms of global partnerships including with the Global Health Cluster,² Global Outbreak Alert and Response Network (GOARN),³ emergency medical teams, and standby partnerships.⁴ The IOAC endorses the Director-General's vision to build south–south

¹ Special report to the Director-General of the World Health Organization. Geneva: World Health Organization; 2019 (https://www.who.int/about/who_reform/emergency-capacities/oversight-committee/ioac-special-report.pdf?ua=1, accessed 12 December 2019).

² Global Health Cluster (<https://www.who.int/health-cluster/resources/en/>, accessed 13 December 2019).

³ Global Outbreak Alert and Response Network (GOARN) (https://www.who.int/ihr/alert_and_response/outbreak-network/en/, accessed 13 December 2019).

⁴ Humanitarian Health Action: WHO Standby Partnerships (http://www.who.int/hac/standby_partnerships/introduction/en/, accessed 13 December 2019).

cooperation by empowering deployable national rapid response teams, working towards the establishment of a global health workforce.

30. WHO's leadership role in promoting and coordinating the global response to health emergencies has been affirmed in both acute and protracted crises. The IOAC recognizes that WHO has successfully advocated for political support for the Ebola virus disease outbreak in the Democratic Republic of the Congo and for partner mobilization. Another example of WHO's successful coordination role is its Gaziantep-based cross-border operations in response to the Syrian crisis.

31. Findings from the field visits in Turkey indicate that operational partnerships on the ground have also improved greatly. WHO's work in Turkey has been highly appreciated by the Government, United Nations Country Teams, other United Nations agencies and national and international nongovernmental organizations. The IOAC commends WHO for its Health Cluster leadership in Gaziantep, where it provides strong coordination, and technical and operational support to the implementing partners on the ground. The IOAC notes the receipt of positive recognition for the Early Warning, Alert and Response System (EWARS),¹ the Health Resources Availability Monitoring System (HeRAMS),² and the Surveillance System of Attacks on Healthcare (SSA) from partners in Gaziantep.

32. Evidence collected from a desk review suggests that WHO's continuous investment and innovation in technology for health information and epidemiological data management has been fruitful. Go.Data is a unique software tool for outbreak data management to support field operations, co-developed by WHO and GOARN partners over the period 2017–2018. The Go.Data tool was launched in May 2019 and was recently deployed in the Ebola response to facilitate outbreak investigation by means of field data collection, contact tracing and visualization of chains of transmission. **The IOAC recommends that WHO work closely with Member States, GOARN partners, and stakeholders to ensure a rapid roll-out of the Go.Data tool.**

33. WHO's performance in the health cluster is heavily dependent on the ability of health cluster coordinators (HCC) supported by an Information Management Officer (IMO). As of September 2019, 22 out of a total 29 active country health clusters/sectors have dedicated HCCs at the national level. Although national HCC positions have been included in the country business model, recruitment has been slow, mainly due to a funding gap but also because of a lack of qualified candidates. Securing IMOs continues to be challenging – currently only 12 health clusters have dedicated IMOs, most of whom have been hired on short-term contracts linked to event-based funding or deployed through standby partners. **The IOAC recommends reaching out to potential candidates for recruitment, improving roster management and training, and implementing a policy for retention and reward.**

WHE Programme finance

34. The WHE Programme core budget of US\$ 533 million was 89% funded as of November 2019. The budget is composed of US\$ 200 million of WHO core flexible funds of which US\$ 155 million is funded, US\$ 100 million of WHE Programme flexible funds of which US\$ 79.1 million is funded, and US\$ 233 million of WHE Programme specified funds of which US\$ 239.3 million is funded. **The IOAC emphasized the importance of WHO core flexible funding and recommends that the proportion of this component of funding should be increased.** The outbreak and crisis response budget of

¹ WHO's Early Warning, Alert and Response System (EWARS) (<https://www.who.int/emergencies/kits/ewars/en/>, accessed 13 December 2019).

² Health Resources Availability Monitoring System (HeRAMS) (<https://www.who.int/hac/herams/en/>, accessed 13 December 2019).

US\$ 1.5 billion was 87% funded as of November 2019 and includes a US\$ 25 million loan to the Democratic Republic of the Congo Ebola response. The Contingency Fund for Emergencies (CFE) budget of US\$ 100 million was 92% funded.

35. As of September 2019, WHO has raised some US\$ 30 million for the CFE, while US\$ 67 million has been allocated to 16 countries for 16 events, including eight disease outbreaks, four natural disasters and four complex emergencies. The continued drawdown of the CFE in 2019, especially for the Ebola response, has left the Fund dangerously depleted. As of September, the balance stood at around US\$ 8 million – well below an acceptable threshold. **The IOAC reiterates that it is absolutely critical for Member States to ensure sustainability of the CFE.** The WHE Programme rolled out a CFE replenishment strategy in 2018, which is being revisited in light of the need to ensure adequate levels of funding at all times. The IOAC was briefed that the revised replenishment strategy would be complemented by a road map showing how to better position, or reposition, the CFE in consultations with donors.

36. WHO continues to target humanitarian funding and is strengthening country-level capacity to tap into country-based pooled funds such as the United Nations Central Emergency Response Fund (CERF).¹ Dedicated resource mobilization officers are in place in five out of ten WHE Programme priority countries (the Democratic Republic of the Congo, Ethiopia, Nigeria, Somalia and Yemen). On its mission to Turkey, the IOAC was clearly able to observe the critical role of the WHO Country Office and the importance of the delegation of authority for the WHO Representative in mobilizing resources at the country level. The Country Office in Turkey has successfully raised US\$ 3 million for 2018–2021 for health security and is pushing the agenda for country preparedness. **The IOAC recommends that WHO empower WHO representatives and acquire adequate capacity for resource mobilization at the country level.**

37. The strategic response plan (SRP) for the period July–December 2019, with a total budget of about US\$ 460 million, has received positive feedback from donors. WHO's total funding requirement is US\$ 161 million (US\$ 140 million for the Ebola response under SRP pillar 1 and US\$ 21 million for preparedness under SRP pillar 5). For the Ebola response component, WHO was fully funded as of December 2019. Whereas the Ebola response has received positive support from donors, Ebola regional preparedness has seen a very low response: of an overall funding requirement of US\$ 66 million (of which WHO is requiring US\$ 21 million), WHO had received only US\$ 7.45 million as of 4 December 2019. Investment in Ebola preparedness is critically low.

Country preparedness and International Health Regulations (2005)

38. As of 6 December 2019, 111 countries had volunteered for a joint external evaluation (JEE). This represents an additional 16 countries having undertaken a JEE in the 6 months since May 2019. More than 120 simulation exercises have been completed (including country-level and regional and internal exercises) and 59 after action reviews² conducted. Since 2016, when the National Action Plan for Health Security (NAPHS)³ process was introduced, 65 NAPHS have been completed (30 in Africa, one in the Americas, eight in South-East Asia, one in Europe, 18 in the Eastern Mediterranean and seven in the

¹ United Nations Central Emergency Response Fund (<https://cerf.un.org/>, accessed 13 December 2019).

² Guidance for After Action Review (AAR). Geneva: World Health Organization; 2019 (<https://extranet.who.int/iris/restricted/bitstream/handle/10665/311537/WHO-WHE-CPI-2019.4-eng.pdf;jsessionid=FBC9B6C5637B98CB4551B6244FF7B770?sequence=1>, accessed 13 December 2019).

³ National Action Plan for Health Security (NAPHS) (<https://extranet.who.int/sph/country-planning>, accessed 13 December 2019).

Western Pacific). This represents an increase of 13 since May 2019. While acknowledging the impressive progress in terms of volume of activities, **the IOAC cautions that the impact of JEEs and NAPHS on strengthening International Health Regulations (2005) core capacities is still unclear. The IOAC reiterates that WHO should make further efforts in streamlining the process and supporting countries in developing simplified and impact-oriented national action plans.**

39. Preparedness within and beyond the Democratic Republic of the Congo continues to be a critical component of the Ebola response, with additional resources mobilized to ensure at-risk areas have the capacity to rapidly detect, confirm, and isolate possible cases of Ebola virus disease. Yet donor interest has been low. This may indicate investment in preparedness is generally undervalued. **The IOAC acknowledges that WHO has rolled out a campaign to raise the profile of preparedness, but the Organization needs to push more for translation of political commitments into funding allocation.** Without country preparedness and International Health Regulations (2005) core capacity strengthening, there will be more dangerous and costly emergencies in future.

40. The IOAC endorses WHO's support and vision regarding post-Ebola rebuilding efforts in the Democratic Republic of the Congo. The incident management leadership has focused on integrating recommendations from the recent operational review of the SRP (July–December 2019) into the transition from the “Getting to Zero” strategy to the “Beyond Zero” strategy. **The IOAC recommends using key points from the operational reviews of the outbreaks to build national capacity and strengthen International Health Regulations (2005) core capacities for the future.**

41. The IOAC welcomes the joint scope of work around universal health coverage for delivery of health services in fragile settings. Development of a draft framework on leveraging health systems for health security, and mechanisms for strengthening collaboration between the WHE Programme and other parts of WHO working on health system strengthening have been put in place. In Iraq, WHO is leading on the planning of the health component and health system strengthening in the recovery and resilience plan; essential health services, referral, support to secondary care and outbreak management are being delivered to the 1.6 million internally displaced people remaining in camps and among host populations.

III. CONCLUDING REMARKS

42. Remarkable progress has been noted in terms of WHO's leadership in disease outbreaks, country preparedness, research, and the Organization's increasingly visible role in managing health in protracted crises. Clearly, however, WHO cannot do everything alone and needs to work together with partners and with political and operational support. The IOAC will continue to monitor WHO's performance in light of this multiplicity of roles and the constraints of financing.

43. The IOAC is reassured by WHO's leadership and strategic vision with regard to the transformation agenda. The transformation process is not intended to dilute the WHE Programme but to improve synergy and make the most of the expertise and capacity existent in other programmes. Given that the Organization is still in transition, the IOAC will closely monitor progress against key performance indicators and report to the Member States, whose responsibility it also is to keep WHO transformation on track.

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