World Health Organization
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Update from the Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC)

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Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC)

Background

• The establishment of the WHO Health Emergencies (WHE) Programme was an outcome of WHO’s reform of its work on outbreaks and emergencies, pursuant to resolution EBSS3.R1, adopted by the Executive Board Special Session on the Ebola emergency in 2015, and decision WHA69(9) adopted by the Sixty-ninth World Health Assembly in 2016.

• Concomitantly the Independent Oversight and Advisory Committee for the WHE Programme (IOAC) was created to provide independent scrutiny of WHO’s implementation of the reform, and its management of health emergencies.

• In decision WHA69(9), the Health Assembly welcomed the development of the WHE Programme and establishment of the IOAC.
Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC)

**Terms of reference**

To provide oversight and monitoring of the development and performance of the WHO Health Emergencies Programme, guide the activities, advise the Director-General within its mandate and report its findings to the WHA

(a) to assess the performance of the Organization’s emergency work in preparedness, prevention, detection and response;

(b) to assess the performance of the WHE Programme’s key functions in all emergencies, including graded emergencies and infectious disease risks;

(c) to review the adequacy of the WHE Programme’s financing and resourcing;

(d) to provide advice to the Director-General on the matters under points (a), (b) and (c) above;

(e) to prepare a report on its activities, containing the Committee’s conclusions and recommendations, for submission by the Chair of the Committee to the World Health Assembly.
Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC)

Membership

• Direct appointment by the Director-General
• Drawn from national governments, donors, NGOs and civil society, private sector, the UN system and other institutional partners.

Current members:
• Felicity Harvey CBE (Chair), Visiting Professor, Institute of Global Health Innovation, Imperial College London
• Walid Ammar, Professor, Saint Joseph University, Lebanon
• Hiroyoshi Endo, Dean, Graduate School of Public Health at St Luke’s International University, Japan
• Geeta Rao Gupta, Senior Advisor, 3D Program for Girls and Women and Senior Fellow at the United Nations Foundation
• Jeremy M. Konyndyk, Senior Policy Fellow, Center for Global Development
• Theresa Tam, Chief Public Health Officer, Public Health Agency of Canada
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Methods of work

• A combination of working methods: desk reviews, teleconferences, in-person meetings, field visits, surveys and interviews with key stakeholders.

• In tracking the progress, the IOAC has developed the monitoring framework using the A69/30 as the main reference.
Key publications

• 7 reports submitted to the WHO governing bodies (Documents EB140/8, A70/8, EB142/8, A71/5, EB144/8, A72/6 and EB146/16)

• Mission reports of 10 country visits to Bangladesh, Colombia, Democratic Republic of the Congo, Iraq, Mali, Nigeria, Pakistan, Turkey, Uganda and Viet Nam

• IOAC thematic report on the Ebola response in DRC commissioned by Global Preparedness Monitoring Board

• Special report to the Director-General in relation to promoting diversity and staff grievance and redress system

• Interim report on WHO’s response to COVID-19, January-April 2020

All IOAC reports are made available on the IOAC website: https://www.who.int/about/who_reform/emergency-capacities/oversight-committee/en/
Interim report on WHO’s response to COVID-19, January-April 2020

• The COVID-19 pandemic prompted the IOAC, in conducting its advisory and accountability function, to examine the performance of the WHE Programme during the first few months of the COVID-19 outbreak.

• The interim report is not a comprehensive assessment of the WHO’s response to COVID-19 but provides preliminary observations of how the structures and processes established by WHO, through the WHE Programme and related mechanisms, functioned from January to April 2020 in the context of the COVID-19 response.

• The IOAC welcomes the establishment of The Independent Panel for Pandemic Preparedness and Response and the IHR Review Committee for COVID-19 and affirms its commitment to working together for impartial, independent and comprehensive evaluation as requested by WHA73.1.
High level summary of IOAC findings

• Considering the novel nature of this virus and persistent unknown factors, WHO has demonstrated leadership and has made important progress in its COVID-19 response.

• The WHO Secretariat has engaged closely with existing networks and platforms and has established numerous new initiatives and partnerships with various stakeholders.

• The leadership role of WHO within the United Nations in global health emergencies has been strengthened through the COVID-19 pandemic.

• The coordination across the three levels of the organization, decision-making processes and internal communication have been greatly improved.

• The WHE Programme workforce is overstretched to a degree that often hampers WHO’s aspiration to lead technical guidance in the fast moving crisis.

• The social and economic implications of recommending public health measures must be taken into consideration.

• The COVID-19 pandemic has given rise to questions on the adequacy of the WHE Programme budget and WHO financing.
High level summary of IOAC findings

• The initial process of handling the outbreak was conducted as per the WHO Emergency Response Framework and within the parameters established under the current IHR provisions.

• Declaration of a PHEIC did not trigger all Member States to immediately implement public health measures in preparation for the COVID-19 outbreak.

• The overall level of COVID-19 data reporting needs further improvement in terms of speed, consistency and completeness.

• The pandemic raised questions about whether existing tools such as JEE and framework for national and international preparedness are adequate.

• The level of global collaboration throughout the research community and willingness to share findings on COVID-19 is unprecedented. The future challenge is to ensure equitable access to therapeutics and vaccines for all countries and effective delivery and stewardship.

• The politicization of pandemic response is a material impediment to defeating the virus.
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Timelines

• IOAC third term of office 2020-2022

• Next reports
  • IOAC eighth report to the resumed 73rd WHA, 9-14 November 2020
  • IOAC ninth report to 74th WHA, 24 May-1 June 2021
  • IOAC tenth report to 75th WHA to be held in 2022

• Collaboration with The Independent Panel and the IHR Review Committee in support of implementation of Resolution WHA73.1
  • Matrix mapping the areas for consideration and the depth of focus for each of three bodies
  • Systematic exchange of findings and discussions through regular meetings among the Chairs of the three bodies
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