Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

The Director-General has the honour to transmit to the Seventy-fourth World Health Assembly 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

PART 1. BACKGROUND

1. The WHO Health Emergencies (WHE) Programme was launched on 1 July 2016 in accordance with decision WHA69(9) (2016)[1] on the reform of WHO's work in health emergency management. That decision also welcomed the establishment of the Independent Oversight and Advisory Committee (IOAC)[2] to monitor the implementation of WHO's reform, oversee performance of the WHE Programme, guide the Programme's activities, advise the Director-General on related issues and report its findings through the WHO governing bodies. The IOAC was established as an open-ended committee to provide accountability, scrutiny and advice. Since May 2016, it has been fulfilling both advisory and oversight functions to review WHO's work in outbreaks and emergencies. In May 2020, on completion of the Committee's first two terms of office, the Director-General decided to continue its function for a further two years, until May 2022 with revised terms of reference.[3]

2. The IOAC mission, as an oversight and advisory body, was primarily conceived as supportive to WHO to improve its performance in emergencies. To fulfil its role, the IOAC has detailed access to WHO data and its archives pertaining to the work of the Committee and requests briefings from the Secretariat on specific areas of work or issues. Frank and continuous interactions between both parties, in a framework of a trustful relationship, are of critical importance to the work of the Committee. The IOAC exercises its responsibilities with full regard to the paramount importance of objectivity and independence. The Committee therefore attempts as consistently as possible to triangulate the information made available by the WHO Secretariat, including through field missions, anonymous staff surveys and interviews with external entities and individuals, which are treated as strictly confidential. To remain supportive and effective, IOAC members always seek to remain understanding, objective, straightforward and transparent, while working in close collaboration with the WHO Secretariat.

3. In monitoring WHO's implementation of the WHE Programme, the IOAC adopted a monitoring framework and produced a matrix table to track progress. For the eighth report, the Committee published a list of previous IOAC recommendations tracking progress in their implementation over the 2016–2020 period. The framework, matrix and the updated list are published on the Committee's website, along with the eight previous IOAC reports, 10 field mission reports, statements and other publications.

4. This ninth report is based on the IOAC's work from May 2020 to April 2021. It provides an update to the Committee's interim report[4] on WHO's response to COVID-19 and to its last report, the

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[1] See document WHA69/2016/REC/1.

[2] For more information and to access IOAC reports, see the IOAC website: https://www.who.int/groups/independent-oversight-and-advisory-committee (accessed 25 March 2021).

[3] Terms of reference of the Independent Oversight and Advisory Committee: https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/ioac-tors.pdf?sfvrsn=ac5af3ad_0 (accessed 28 April 2021).

[4] Interim report: https://www.who.int/publications/m/item/ioac-interim-report-on-who-s-response-to-covid-19 (accessed 27 March 2021).

four-year review, *Looking back to move forward*, [1] which was presented to the World Health Assembly in November 2020. During the reporting period, the IOAC aligned its oversight of the Organization's response to the global pandemic of coronavirus disease (COVID-19) with resolution WHA73.1 (2020) on the COVID-19 response.[2] It assessed annual progress against the key performance indicators in its own monitoring framework, the transformation agenda and WHE programmatic areas. The desk review included data and information obtained through interviews with external individuals, expert groups and partners and through consultations held with Member States.

PART 2. FINDINGS AND OBSERVATIONS

5.   The IOAC has observed WHO's actions in response to the ambitious plan put forward by Member States in 2016 to reposition WHO as an operational Organization that leads health emergency management while still maintaining its technical and normative functions. The Committee has noted the Secretariat's efforts to implement its recommendations, accompanied by increasingly positive feedback from Member States, donors, implementing partners and staff, on the success of the WHE Programme on the ground, as well as the Organization's ability to manage multiple emergencies and humanitarian crises concurrently.

6.   The four-year review confirmed that the 2016 emergency reforms has been successfully implemented and that the WHE Programme has demonstrated its potential to respond to multiple events of similar magnitude and severity to the West Africa Ebola outbreaks, thus representing an important proof of concept. However, the IOAC observed that the WHE Programme has suffered from chronic financial and staffing constraints since its establishment. Moreover, the COVID-19 pandemic revealed that the WHE Programme is inadequately equipped to deal with a global pandemic while simultaneously responding to other emergencies. To overcome the difficulties posed by this situation, the Programme leveraged the entire Organization and further strengthened partnerships with Member States, global scientific communities and expert groups.

7.   The COVID-19 pandemic has exposed failings in pandemic preparedness and response across the world and a shortfall in health security and equality. Both national and international systems have struggled to meet the challenge of the pandemic, while health systems have been overwhelmed, leaving people without access to adequate health care. The crisis has also highlighted shortcomings in the International Health Regulations (2005) and their application by Member States and the WHO Secretariat. WHO's capacity and ability to handle a global pandemic has been severely tested. Despite those challenges, WHO has maintained its leadership position in the global response throughout the pandemic, while concurrently managing 65 graded emergencies over the 2020–2021 period.

WHO's role in the global response to COVID-19 pandemic

8.   Since the notification of the first cases of COVID-19 from Wuhan, China, in December 2019, the virus has spread around the globe and continues to do so. As of 31 March 2021, WHO has received reports of 127 619 612 cases of COVID-19 and 2 791 953 deaths from 223 countries, territories or areas . During the first few months of the COVID-19 outbreak, the majority of countries failed to sufficiently implement the necessary public health measures, such as early detection, contact tracing, isolation and individual protective measures to manage the spread of the virus. Over 100 States Parties

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[1] https://www.who.int/publications/m/item/looking-back-to-move-forward-ioac-report-to-the-resumed-wha73-10 (accessed 28 April 2021).

[2] WHA73.1 COVID-19 response: https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf (accessed 28 April 2021).

implemented either a full or partial lockdown and closed their borders as part of their public health strategies. **As the world looks back at the COVID-19 response, the role and impacts of travel restrictions and other border measures, as well as the international coordination of such measures, should be reviewed in preparation for the next pandemic.**

9.   The COVID-19 pandemic has tested WHO as never before and the Seventy-third Session of the World Health Assembly called for an impartial, independent and comprehensive evaluation to review experienced gained and lessons learned from the WHO-coordinated international health response. In accordance with the request in resolution WHA73.1 (2020) and in line with its mandate, the IOAC focused its review on WHO's leadership in the global response within the United Nations system; considered the effectiveness of WHO's efforts to support global pandemic prevention, preparedness and response; and examined the WHE Programme's role and responsibilities as the major component of the Organization's response to COVID-19.

10.   Once the scale of the outbreak became evident and as its devastating impact spread across the world, an unprecedented level of global collaboration and coordination became apparent. One example is the Access to COVID-19 Tools (ACT) Accelerator, a global initiative founded on equity and solidarity. The Accelerator was launched in April 2020 by WHO, the European Commission, France and the Bill & Melinda Gates Foundation. Its aim is to support global efforts to accelerate the development of tests, treatments and vaccines and to ensure their equitable distribution in efforts to help end the acute phase of the pandemic. **Yet it has struggled with shortfalls of political will and global solidarity, limited production capacity of vaccines and insufficient financial investment.** The IOAC welcomes the ACT Accelerator 2021 Prioritized Strategy and Budget for 2021,[1] particularly in the light of the constraints in vaccine supply, the emergence of new virus variants and insufficient investment for global scale-up. The Committee acknowledges that the prime focus of the ACT Accelerator has been on the development of tools, with in-country rollout primarily focused on vaccines. **The Committee is concerned about the lack of a global plan to operationalize all of those tools in order to maximize and target their impact.**

11.   Within the framework of the ACT Accelerator, WHO is co-leading COVID-19 Vaccines Pillar (COVAX), together with the Coalition for Epidemic Preparedness Innovations; and Gavi, the Vaccine Alliance, and with the support of UNICEF. As of 25 March 2021, 190 economies had joined COVAX. The IOAC acknowledges WHO's leadership in providing normative guidance on vaccine policy, regulation, safety, research and development, allocation, country readiness and delivery. However, as at 20 April 2021, a scant 10 countries had administered 77% of the 910 million vaccine doses that had been given globally. Ensuring fair and equitable access to COVID-19 vaccines is therefore a major priority. While acknowledging that COVAX has already delivered 40.8 million vaccine doses to 118 participating economies, the IOAC notes that high-income countries are vaccinating at a rate 100 times greater than low-income countries (32.6 doses administrated per 100 people for high-income countries versus 0.3 for low-income countries). **As such, the IOAC expresses deep concern at the imbalance in global distribution and the supply constraints the world is currently facing. The IOAC reiterates that global production capacity should be expanded to meet global need and to allow for equitable distribution. Development of vaccines is a scientific breakthrough offering a critical tool in the ongoing battle against COVID-19 and all countries and vulnerable populations should be able to benefit equally from their use. All public health measures must continue to be fully implemented to make this possible, while surveillance, monitoring and testing efforts should be strengthened in the light of the new variants of the virus.**

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[1] https://www.who.int/publications/m/item/act-a-prioritized-strategy-and-budget-for-2021 (28 April 2021).

12.   At WHO's request, the United Nations Crisis Management Team (UNCMT) was activated on 4 February 2020 to coordinate the entire United Nations-wide response to COVID-19. Interviews with United Nations resident coordinators and other key players in the UNCMT confirmed that WHO's leadership role for health emergencies within the United Nations system has been strengthened through the COVID-19 pandemic, at both the global and field levels. The IOAC notes that the role of WHO country offices has become increasingly important for the United Nations response to COVID-19 at country level and in leading the implementation of the WHO Strategic Preparedness and Response Plan (SPRP),[1] the Global Humanitarian Response Plan,[2] the "Health First" pillar of the United Nations socioeconomic response framework and the health donor coordination mechanism with the United Nations country teams. WHO's leadership role has been appreciated by its United Nations partners.

13.   The IOAC observes that the SPRP has catalysed national action plans and critical partnerships. For the 2020 SPRP, WHO succeeded in raising US$ 1.58 billion out of a total call for US$ 1.74 billion and by February 2021 more than 80% of funds received had already been utilized to support country response and regional coordination. The IOAC is pleased to see that for the 2021 SPRP, US$ 1.2 billion of the total requirement of US$ 1.9 billion has been integrated into the ACT Accelerator core budget. This SPRP/ACT Accelerator alignment is clearly shown in the strengthened and refocused priorities of the Health Systems Connector, which are set out in the ACT Accelerator prioritized strategy and budget for 2021. Their primary aim is to support the integrated delivery of COVID-19 tools in 2021. This demonstrates the critical role that WHO plays in implementing ACT Accelerator tools at country level. The figures also indicate that WHO has improved its ability to fundraise and has gained increased donor confidence.

14.   The IOAC recognizes that the WHO Secretariat has increased its surge capacity in response to the global pandemic by leveraging the whole Organization and has greatly improved the decision-making process and internal communication across headquarters, the six regional offices and the 149 country offices, under the leadership of the Director-General. The Organization-wide response is coordinated through the WHE Programme's Incident Management System (IMS). On 1 January 2020, following notification of the first coronavirus cases, the WHO Secretariat set up the Incident Management Team (IMT) at headquarters within the Emergency Response Framework (ERF). The IMT has been the core of WHO daily operations, coordinating the 155 incident management teams in regional and country offices established throughout 2020 and acting in support of 176 national action plans to control the COVID-19 pandemic. The headquarters IMT is now expected to be the primary coordination body for all 10 response pillars of the 2021 SPRP. **The IOAC warns that the current IMS, although working very effectively, is overstretched and understaffed to support that level of ongoing global coordination for COVID-19, in addition to all the other graded emergencies.**

15.   As of March 2021, WHO had published over 600 COVID-related documents for the public, health workers and countries, providing advice on the COVID-19 response. Progress has been noted with regard to the dissemination of guidance through multiple channels; an integrated approach to implement public health recommendations for different country and socioeconomic contexts; and monitoring and learning exercises arising from the process. The IOAC recognizes that the core science and guidance related to COVID-19 is managed within the IMST by the WHE Programme technical teams, in close collaboration with partners.

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[1] WHO, *Strategic Preparedness and Response Plan*; 2020 (https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus, accessed 25 March 2021).

[2] UN, *Global Humanitarian Response Plan: COVID-19*; 2020 (https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf, accessed 25 March 2021).

16.   With regard to COVID-19 variants, the IOAC acknowledges that the WHE Programme has already established a framework for surveillance, monitoring and risk management within the IMST, but stresses that **further efforts are needed to leverage existing systems and networks such as the R&D Blueprint and the Global Influenza Surveillance and Response System (GISRS), building on the success of open access to genomic data of influenza and coronaviruses, and to strengthen linkages with the animal sector such as the World Organisation for Animal Health and other One Health partners.**

17.   The IOAC noted important progress in risk communication. The Committee congratulates the WHE Programme on establishing WHO's information network for epidemics (EPI-WIN) for COVID-19. The network provides information and issues updates as epidemics unfold, debunking myths that emerge on social media and other sources, which can hamper an effective response by spreading confusion and distrust. It leverages existing networks and thus disseminates information across various sectors, including travel and tourism, food and agriculture, faith-based organizations, youth groups, schools and mass event organizers. **Despite its critical importance, risk communication is not consistently treated as an essential component of epidemic management and is consequently chronically underfunded.** The IOAC is pleased to see infodemic[1] management and risk communication embedded in the current IMS as a core pillar. The IOAC fully supports this important development and the WHE Programme's support for training infodemic managers.

18.   WHO's external communications have progressively improved throughout the COVID-19 pandemic. The IOAC recognizes the WHO Department of Communication's critical role in supporting public communication and coordinating the Director-General's regular press briefings, interviews, media events and partnerships with social media platforms to fight the COVID-19 infodemic. WHO has become the most-followed United Nations agency on social media and the Director-General has been a central actor during the pandemic. **The IOAC is deeply concerned by the high level of toxicity and incivility on social media against WHO and its staff members. The Committee strongly condemns personal attacks against the Director-General and WHO staff members and warns that toxic messages can distort public opinion on WHO and public health measures and divert staff attention and resources away from more urgent tasks in the midst of a pandemic.**

19.   The COVID-19 pandemic has highlighted the importance of the International Health Regulations (2005) and the primary role of Member States in preparing for, and responding to, outbreaks and emergencies. In its interim report, the IOAC reiterated that the WHO Secretariat's actions were grounded in its duties and responsibilities under the International Health Regulations (2005), hence Member States' expectations should be consistent with the authority granted to the Secretariat by the International Health Regulations (2005). **The IOAC welcomes the report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 response and aligns itself with the Review Committee's recommendations for providing a national legal framework to ensure implementation of the International Health Regulations (2005) and public health control measures; introducing a mechanism to foster whole-of-government accountability; strengthening risk assessment, monitoring and data reporting and information-sharing; empowering the role of national focal points; improving the transparency and communication of temporary recommendations before a public health emergency of international concern (PHEIC) is declared; and enhancing the WHO Secretariat through sustainable financing.**

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[1] The term "infodemic" is defined as a situation in which a lot of false information is being spread in a way that is harmful. See *Cambridge Dictionary*, https://dictionary.cambridge.org/dictionary/english/infodemic.

20.   The IOAC takes note of the conclusion of the Review Committee on the Functioning of the International Health Regulations (2005) that the introduction of an intermediate level of a PHEIC declaration would not solve the problem of lack of Member States' action in response to WHO advice and recommendations. The IOAC continues to be concerned that the broad binary nature of the PHEIC mechanism does not provide a sufficient or actionable indication to Member States of the nature or severity of epidemic or pandemic risks. Whether through the PHEIC or some other related process, it is crucial that WHO work with Member States to improve and clarify risk assessments and corresponding alerts and empowering national International Health Regulations (2005) focal points to take informed action. **The IOAC emphasizes furthermore that the temporary recommendations issued by emergency committees must be tied to a set of concrete actions and response measures and that Member States should be held accountable, through an appropriate mechanism, for implementing recommendations in health crisis preparedness, readiness and response.**

21.   In its interim report, the IOAC recommended that the Secretariat further streamline the reporting process and review the existing tools and framework for national and international preparedness, including joint external evaluations and national action plans. **The IOAC will keep this area of work under close review and report progress to the Seventy-fifth World Health Assembly**.

22.   The IOAC notes the call to establish a new international treaty for pandemic preparedness and response to foster a comprehensive, multisectoral approach to strengthen national, regional and global capacities and resilience to future pandemics.[1] **Such a treaty should support Member States to comply with International Health Regulations (2005) provisions; build national, regional and global resilience for pandemic responses; mobilize financial resources collectively; and ensure universal access to diagnostics, treatments and vaccines for future pandemics based on the principles of solidarity, equity, accountability and transparency.** The Committee considers that stricter compliance with the provisions of the International Health Regulations (2005), coupled with stronger international solidarity, is of the utmost importance in facing future pandemic threats. It welcomes all efforts towards that end.

WHO response to multiple emergencies

23.   The Thirteenth General Programme of Work, 2019–2023 (GPW 13) ranks health emergencies as one of WHO's top three priorities. In its last report, the IOAC recommended improving the agility and flexibility of the WHE Programme through an appropriate level of autonomy and authority based on the principle of a single structure, single budget, single staff workplan and common results framework, with clear reporting lines across WHO headquarters and all regional offices. Due to the ongoing response to the COVID-19 pandemic, little progress has been made in implementing this recommendation.

24.   The ERF provides internal guidance on how WHO manages emergencies. It helps clarify accountability and the line of authority and reinforces institutional measures for rigorous compliance therewith. The IOAC is pleased to see the important progress made over the past two years in updating the current version of the ERF through inclusive and extensive consultations led by the regional emergency directors. Their review has proposed a revised accountability for the grading process and IMST management, with explicit roles and specific responsibilities for the Director-General, the regional directors, the WHE Executive Director, the regional emergency directors, WHO representatives and incident managers. **The IOAC welcomes the proposed integration of security, prevention of sexual exploitation and abuse, vaccine-preventable diseases and Contingency Fund for**

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[1] https://www.who.int/news/item/30-03-2021-global-leaders-unite-in-urgent-call-for-international-pandemic-treaty (accessed 28 April 2021).

Emergencies (CFE) checklists and a framework for protracted emergencies in the updated version of the ERF. The IOAC looks forward to this being finalized in order to provide clarity on accountabilities and lines of authority across country offices, regional offices and headquarters.

25.   In March 2020, in addition to the COVID-19 pandemic, WHO was responding to 334 ongoing events and a total of 53 graded crises, 2 of which were graded at level 3 under the ERF. They included the humanitarian crises in Ethiopia, South Sudan, the Syrian Arab Republic and Yemen and the current Ebola virus disease outbreak in the Democratic Republic of the Congo and Guinea. WHO's leadership role in promoting and coordinating the global response to health emergencies has been affirmed in both acute and protracted crises. The two current Ebola virus disease outbreaks in the Democratic Republic of the Congo and Guinea have proved the WHE Programme's capability and commitment to lead front-line emergency operations in the midst of the pandemic.

26.   The Democratic Republic of the Congo's tenth Ebola outbreak, which lasted for nearly two years, was declared finished in June 2020 with 3481 cases, including 2299 deaths. On 7 February 2021, the Ministry of Health declared a resurgence of the outbreak of Ebola virus disease in North Kivu province after a new case of Ebola, which was linked to the 2018–2020 outbreak in North Kivu and Ituri provinces, had been confirmed in Butembo. The WHE Programme immediately re-established the IMT and, despite the demands of the pandemic, WHO teams are currently on the ground to support the government-led response for ongoing case investigations, case finding, contact listing and follow-up, reopening Ebola treatment centres and arranging for the shipment of personal protective equipment, Ebola vaccine, cold chain equipment and GeneXpert cartridges.

27.   On 14 February 2021, the Ministry of Health of Guinea declared an outbreak of Ebola virus disease following laboratory confirmation of a cluster of cases in the Gouécké-Nzérékoré Region, which shares borders with Sierra Leone, Liberia and Côte d'Ivoire. The WHE Programme assessed the risk of spread for the region and the country, respectively, as high and very high. WHO, in collaboration with Global Outbreak Alert and Response Network partners, is supporting the Government through the Incident Management System to control the outbreak and prevent further spread by initiating contact tracing, setting up testing and treatment structures and providing medical supplies, vaccines, therapeutics and diagnostic capacities. The IOAC commends WHO for supporting the Government to contain the Ebola outbreak, while also assisting it to address the ongoing challenges to the public health system arising from the COVID-19 epidemic and other disease outbreaks.

28.   More than 1.8 billion people currently live in fragile, conflict-affected and vulnerable settings, in which protracted crises are compounded by weak national capacity to deliver basic health services. The COVID-19 pandemic has resulted in total or partial disruption of essential health services in fragile, conflict-affected and vulnerable settings and has underscored the urgent need to improve surveillance systems; laboratory capacity; infection and prevention control for staff and patient safety; and provision of critical medical equipment. **Current investment in resilient health systems and universal health coverage must increase. Ensuring delivery of an essential package of health services with sustainable funding is a key priority.**

WHE Programme in the context of the WHO transformation agenda

29.   The WHE Programme has been at the heart of WHO's response to COVID-19, playing a pivotal role in global coordination while managing other emergencies. The IOAC reviewed the current structure and the configuration of the WHE Programme in the context of the transformation agenda, while acknowledging that Organization-wide capacity and networks should be leveraged to handle the challenges of a pandemic of a similar scale, complexity and impact to that of COVID-19.

30.   Under the transformation agenda, the Director-General restructured the WHE Programme with two divisions, namely: Emergency Response (WRE) and Emergency Preparedness (WPE). The aim was to provide greater senior management capacity for emergency responses and a stronger preparedness component with the technical expertise to interface with the emergency response. The WRE division consists of three departments: Health Emergency Information and Risk Assessment; Strategic Health Operations; and Health Emergency Interventions. The WPE division is composed of three departments: Health Security Preparedness; Country Readiness Strengthening; and Global Infectious Hazards Preparedness. **The IOAC welcomes these structural changes, which match WHO's core International Health Regulations (2005) functions, and notes that the overlapping and interlinked responsibilities of the two divisions and six departments require close coordination and collaboration for effective programming.**

31.   For the COVID-19 response, all six departments have been mobilized to coordinate the IMST pillars of their respective areas of work. The IOAC recognizes that the WHE Programme is leading the core science work on COVID-19, as well as country support with the ongoing response and readiness activities through the IMST. The COVID-19 pandemic has highlighted the critical importance of integrating research and development functions as part of emergency operations and the need to strengthen the WHE Programme's capacities to provide scientific advice and technical guidance at headquarters level. **In its previous report, the IOAC recommended that WHO secure funds to strengthen technical capacities in the WHE Programme, with the inclusion of social scientists and gender equality experts to address the socioeconomic and gender-related implications of public health emergencies.**

32.   The WHO Secretariat has continued its implementation of the transformation agenda amidst the COVID-19 pandemic. The survey of WHO representatives conducted by the IOAC and feedback from partner organizations have indicated that the administrative system and business processes for human resources and procurement remain major constraints for WHO's emergency operations. In its previous reports, the IOAC emphasized that the centralized corporate structure should not dilute the WHE Programme's distinctive functions and agile business processes, which are prerequisites to operating effectively in emergency contexts. **The IOAC noted that there was a consensus among managers at headquarters on the recommendations contained in its last report to establish dedicated teams for the WHE Programme within the centralized functional divisions, with dual reporting lines and common key performance indicators. The desk review conducted by the Committee suggests that notable progress has been made in implementing these recommendations for the human resources and resource mobilization functions, but that further efforts are needed in communications, procurement and security to formalize the collaboration with the WHE Programme.** Therefore, while recognizing the progress made, IOAC looks forward to seeing this recommendation fully implemented and will keep this matter under review.

Insecurity and other inherent risks in emergencies

33.   The demand for WHO to expand its operations in politically unstable and conflict settings is increasing. It is therefore critically important to establish a WHO department of security and institutionalize a functional security apparatus with a clear accountability framework across the Organization. **The IOAC reiterates that WHO should make corporate investments in its own security capacity and that cost estimates for emergency operations should include budgets for staff security and protection.** The IOAC draws a distinction between WHO security services and security support for emergencies in terms of function, accountability and funding. **To enable the head of the WHO security department to have the authority and autonomy to make strategic decisions, the IOAC recommended in its previous report that the head of the WHO security department be a**

director-level position. The IOAC recognizes the ongoing consultations between the WHE Programme and Business Operations regarding security management to support emergency operations.

34.   Further to the allegations linked to the Ebola response in the Democratic Republic of the Congo, the **IOAC expresses its concern at the slow progress of the fact-finding process and reiterates its recommendations that WHO immediately implement preventive measures in areas that are potentially high-risk for sexual exploitation and abuse by adopting a people-centred approach to identifying systemic issues, strengthening existing whistle-blower and redress mechanisms, building on local partnerships and strengthening community trust in a systematic manner.** The IOAC was briefed that the WHE Programme is setting up a team within the Programme to institutionalize efforts for the prevention, mitigation and management of sexual exploitation and abuse in emergencies and embedding the prevention of sexual exploitation and abuse within the ERF. The IOAC will keep this area under review.

35.   As WHO's emergency operations have been increasing in remote field contexts, the inherent risks have significantly increased and diversified over the years, ranging from security threats in conflict settings to collusion and sexual exploitation and abuse. This can be seen from the allegations of financial mismanagement against the WHO country office in Yemen in 2018 and the recent allegations linked to the Ebola response in the Democratic Republic of the Congo. The IOAC observes that such allegations are being managed in a fragmented way across the Organization. Coordination between the Office of Compliance, Risk Management and Ethics, the Office of the Ombudsman, the Office of Internal Oversight Services, the division of External Relations and Governance and the WHE Programme is lacking. Relevant committees or panels are set up on an ad hoc basis. **The IOAC, concerned about the efficacy of the existing configuration and coordination, will examine the value of an overarching mechanism to oversee the prevention, mitigation and management of all the potential risks linked to emergency operations as part of its future agenda of work.**

Human resources of the WHE Programme

36.   In its interim report, the IOAC observed that the workforce capacity of the WHE Programme imposed limits on its ability to provide timely scientific guidance, support country response and lead the global response to COVID-19. As of March 2021, WHE Programme staffing stands at 1062, of which 53% is located in country offices, 23% across the six regional offices and 24% at headquarters. There are 377 vacant positions out of the total 1583 positions planned for the Programme prior to the COVID-19 pandemic, mainly due to insufficient funding. Findings from the IOAC survey with WHO representatives confirm that the 2016 emergency reform and the establishment of the WHE Programme have raised WHO's profile as an operational entity for health emergencies, but **the human resources capacity of WHO country offices remains weak**.

37.   The WHE Programme was established on 1 July 2016 with a total of 1396 planned positions, with a proposed distribution of 50% at country level, 25% across the six regional offices and 25% at headquarters. In 2017, the WHE Programme launched a country business model for strengthening country office capacity to support health emergencies. The business model has identified core functions for emergency management in the field; WHE Programme critical positions at country level; priority countries; and estimated funding needs. Under the transformation agenda, a functional review, including other non-emergency programmes, was conducted by regional offices throughout 2018. The IOAC was briefed that the findings from the functional review exercises were consistent with the country business model in terms of staffing for the WHE Programme at country level. **In light of the COVID-19 pandemic, the country business model needs to be revised and adjusted to country-specific requirements and according to the regional human resources plan**.

38.   The WHE Programme has been operating under constant emergency conditions since its launch, especially since the COVID-19 pandemic. **The IOAC is deeply concerned about WHE staff exhaustion and the shortage of staff who have the necessary skills to manage emergencies, due to prolonged operations.** Staff well-being and protection are essential for the Organization to deliver its mandate. **The IOAC has repeatedly recommended that special considerations and incentives should be given to staff working in emergencies, while talent acquisition, retention and performance management need to be improved.** During February–March 2019, following the Director-General's request at the 144th session of the WHO Executive Board, the IOAC reviewed issues that were impacting on staff morale and impeding the WHE Programme from performing optimally and provided recommendations on diversity; management and leadership; and grievance and redress. **The IOAC notes that Organization-wide efforts are needed to ensure the well-being and satisfaction of staff across the globe.**

WHE finance

39.   The WHE Programme was established in 2016 with a proposed core budget of US$ 494 million, with a distribution of 40% for country offices, 26% at regional level and 30% for headquarters. For the 2016–2017 biennium, the WHE Programme was funded to 73% of its approved core budget of US$ 485 million. For the 2018–2019 biennium, the Programme was funded to 85% of its core budget of US$ 538 million. The core budget for the GPW 13, pillar 2 has been approved at US$ 661 million for the 2020–2021 biennium.

40.   Noting that the WHE Programme core budget is composed of WHO core flexible funds, WHE Programme flexible funds and WHE Programme specified funds, the IOAC is concerned that the proportion of WHO core flexible funds allocated to the WHE Programme has been significantly reduced, from 37% for the previous biennium to 23% for the current biennium. **In its previous reports, the IOAC repeatedly recommended that an increased proportion of WHO core flexible funding should be allocated to the WHE Programme. The IOAC emphasizes that WHO corporate core flexible funding is fundamental to build the Programme's capacities, given that such funding provides financial sustainability for staffing.**

41.   While the WHE Programme has improved its fundraising capacity, the IOAC observed that almost half of the positions foreseen in the country business model initially developed during 2016–2017 were not filled at country level due to funding shortages. The country business model for priority 1 countries suffered from a US$ 14 million gap to fund an additional 64 critical professional positions in those countries. The IOAC notes that more than a quarter of recruited professional staff are covering vacant positions in addition to the duties of their own position (double hatting). The IOAC also notes that the country business model is undergoing revisions to reflect the lessons learned from the COVID-19 response and functional reviews performed in a number of country offices. The fast-paced recruitment, which is essential to respond effectively to COVID-19, underlines the need to strengthen the model with additional positions, which will further increase this funding gap.

42.   WHO's strengthened field presence and improved performance in emergency operations have resulted in increasing confidence from donors. Strong progress has been noted in mobilizing resources through appeals for acute and protracted humanitarian emergency response plans: during the 2016–2017 biennium, the WHE Programme received US$ 780 million of the total appeal for US$ 1073 million for humanitarian response. The appeals budget for the 2018–2019 biennium reported a funding gap of only 6% of the total estimated requirement of US$ 1.2 billion. As of March 2021, the appeals budget for the current biennium has already received US$ 2.4 billion of the target of US$ 3.7 billion. The increase is mainly due to the COVID-19 pandemic. **However, the IOAC is deeply concerned that outbreak and**

crisis response funds are being used to fill gaps in staffing costs due to the funding shortage in the WHE Programme core budget. The IOAC also observes that outbreak and crisis response funds cannot be used to support preparedness work and reiterates the critical need to increase WHO core flexible funds for financing preparedness.

43. The CFE has proved its critical value in WHO's early response to health emergencies. Yet despite wide recognition by Member States, it has been struggling to reach the total capitalization of US$ 100 million and replenish disbursed funds. In 2017, the IOAC suggested reviewing the replenishment mechanism. **Based on a consultation with CFE donors in September 2020, the IOAC recommended in its previous report that the WHO Secretariat develop a new replenishment strategy; refine disbursement criteria and operating processes; apply rigorous criteria for CFE use; broaden the donor base; and review linkages with international financing mechanisms for emergencies.**

44. The IOAC has consistently expressed its concern regarding the lack of flexible funding for the WHE Programme; competing priorities for multiple emergencies; ongoing shifts in donor investment across different programmes; and heavy dependence on a limited number of donors. The IOAC is often asked to suggest appropriate capacities for the WHE Programme and to estimate the funding levels required for WHO to support Member States with health emergencies and at the same time coordinate a global response to pandemics. However, any question regarding the suitability and adequacy of WHE Programme funding should be preceded by a question on Member States' expectations on WHO's role in outbreaks and emergencies. **The IOAC views the Organization's most urgent task to be delivery of the GPW 13 target of "One billion more people better protected from health emergencies".**

45. **In the longer term, further discussions should take place among Member States to review whether WHO is equipped with the strategic capacity to support country preparedness and response and whether WHO's funding is adequate for the WHE Programme to lead multidimensional and large-scale emergencies such as the COVID-19 pandemic, alongside the increasing number of graded emergencies that it routinely manages.** The IOAC commends Member States' leadership for establishing a working group on sustainable financing and fully commits itself to supporting the working group.

PART 3. RECOMMENDATIONS

46. The IOAC recognizes the WHO Secretariat's continuous efforts in implementing its recommendations and commends the Director-General for his dedication to improving WHO health emergency management. Great progress has been noted in implementing recommendations with regard to the WHE Programme's structure, Incident Management System, emergency business processes and partnerships. **The Global Policy Group is encouraged to commit to the pending recommendations requiring Organization-wide efforts.** Reaffirming the observations made in its previous eight reports and in its interim report on WHO's response to COVID-19, the IOAC lists recommendations for the areas of particular concern.

WHO ongoing response to the COVID-19 pandemic

47. The period of the global pandemic since January 2020 has been unprecedented. Recognizing the ongoing efforts by the international community and WHO's leadership position in the global response to the COVID-19 pandemic, the IOAC recommends that:

(i)   WHO support Member States in developing a global strategy to roll out the ACT Accelerator for operationalizing tools and maximizing impact with a public health approach and ensure fair and equitable access to COVID-19 vaccines. The IOAC reiterates that the political and financial commitment of Member States is fundamental to fully achieving the potential of the ACT Accelerator;

(ii)   the international community address issues arising from supply chain constraints to ensure the equitable distribution of COVAX doses and guarantee investment to reduce the socioeconomic impacts of the global pandemic;

(iii)   WHO Secretariat support Member States to fully implement all public health measures and strengthen surveillance, monitoring and testing efforts in the light of the new variants of the virus;

(iv)   the WHE Programme further leverage existing systems and networks, such as the R&D Blueprint and the GISRS, and build stronger linkages with the animal sector and One Health partners for managing variants of COVID-19;

(v)   WHO country offices be empowered to lead the public health response to COVID-19 within the United Nations at country level;

(vi)   WHO review the current structure of, and vision for, the IMST to ensure it has adequate capacity, resilience and sustainability to continue to deliver the 2021 SPRP;

(vii)   WHO further strengthen core technical expertise capacity, including adequate staffing within the WHE Programme at headquarters level, while continuing close collaboration with expert groups and expanding partnership;

(viii)   the Publication Review Process continue to prioritize the development of guidelines for emerging technical issues and the quality assurance and consistency of COVID-19-related documents through a centralized and coordinated process;

(ix)   WHO build capacity to deploy proactive countermeasures against misinformation and social media attacks and further invest in risk communication as an essential component of epidemic management;

(x)   the impacts of travel restrictions and other border measures, as well as the international coordination of such measures, should be reviewed in preparation for the next pandemic; and

(xi)   Member States ensure that WHO be empowered to fulfil its role as per the recommendations of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 response.

WHE Programme to lead WHO's work in outbreaks and other emergencies

48.   In May 2016, following the Ebola virus disease outbreak in West Africa, Member States decided to put their trust in WHO by establishing a new Health Emergency Programme. Since that time, the WHE Programme has developed and refined the Organization's response and operational role, built partnerships and evolved its method of working as part of the United Nations family, while maintaining its normative strengths. The expectations of WHO's role have hugely increased since 2016, as has the scope of its work in both acute outbreaks and humanitarian crises. Emphasizing that the WHE

Programme does not stand alone and cannot succeed without support across the Organization, the IOAC recommends that:

(i)   the Global Policy Group institutionalize the implementation of already-agreed managerial authorities, accountabilities and processes, adopt the updated version of the ERF and safeguard the WHE Programme's managerial authority and autonomy;

(ii)   the departments of communications, procurement and security formalize dual reporting lines to the respective WHE managers and divisional heads, develop key performance indicators for tracking their impact on WHO emergency operations and report on their progress to IOAC;

(iii)   WHO, while waiting for the independent commission to complete a fact-finding and investigation process, identify systemic issues, strengthen existing whistle-blower and redress mechanisms, build on local partnerships and community trust in a systematic manner and adopt a people-centred approach in preventing and responding to sexual exploitation and abuse and addressing such incidents in the future; and

(iv)   WHO conduct a cross-Organization review of the current tools, structures, processes and coordination mechanisms to prevent, mitigate and manage all potential risks linked to emergency operations for both staff and communities. Those risks include but are not limited to security issues; corruption; financial mismanagement; and sexual harassment, abuse and exploitation.

WHO security management

49.   Drawing a distinction between WHO security services and security support for emergencies in terms of function, accountability and funding, the IOAC recommends that:

(i)   WHO establish a department of security services and security support for emergencies and institutionalize a functional security apparatus in emergency settings with a clear accountability framework across the Organization;

(ii)   WHO make corporate investments in its own security capacity and include budgets for staff security and protection in cost estimates for emergency operations;

(iii)   the Director of the WHO security department be recruited at D1 level and appointed jointly by the Assistant Director-General for Business Operations and the Executive Director of the WHE Programme;

(iv)   a dedicated team for emergencies be put in place within the security department with dual reporting lines to the Division of Business Operations and the WHE Programme, and that unforeseen security requirements should be covered by a corporate security fund;

(v)   the WHO Division of Business Operations and the WHE Programme jointly determine adequate capacity, accountability and reporting lines across headquarters, regional, country and field offices to support emergency operations. The IOAC reiterates that WHO emergency security functions should be empowered through the establishment of a unified and single reporting line to headquarters to address security gaps across the Organization; and

(vi)   the security management component be integrated in the ERF.

Human resources capacity to manage a global pandemic and other emergencies

50.   Recognizing the WHE Programme's role in leading the core science work on COVID-19, as well as in providing country support for ongoing response and readiness activities through the IMS, the IOAC recommends that:

(i)   the WHE Programme leverage Organization-wide capacity and networks to handle the challenges of a pandemic of a similar scale, complexity and impact to that of COVID-19;

(ii)   WHO strengthen the technical capacities of the WHE Programme to include social scientists and gender-equality experts to address the socioeconomic and gender-related implications of public health emergencies;

(iii)   the WHE Programme country business model be revised and adjusted to country-specific requirements, in line with the regional human resources plan. The IOAC reiterates the principle of the single human resources plan for the WHE Programme, which should be under the responsibility of the Programme's Executive Director;

(iv)   WHO give high priority to its country offices in fragile States; adapt human resources planning to country contexts, in line with the country business model and the functional review; and accelerate the recruitment of staff trained in emergency response at country level. Particular attention should be given to permanent WHO representative positions and health cluster positions; and

(v)   special considerations and incentives be given to staff working in emergencies and talent acquisition, retention and performance management be improved. The IOAC urges the Global Policy Group to implement all recommendations made in the Committee's special report on WHO's diversity and grievance system with regard to the WHE Programme, as they are equally applicable to the Organization as a whole.

Financing the WHE Programme

51.   The COVID-19 pandemic has given rise to questions about the adequacy of the WHE Programme budget and WHO financing. The IOAC welcomes Member States' commitment to, and ongoing discussions on, WHO finance. Emphasizing the critical importance of predictable and flexible funding for the WHE Programme, the IOAC recommends that:

(i)   the predictability and sustainability of funding for the WHE Programme be improved through an increase in assessed contributions, non-specified multiyear funding arrangements for core voluntary contributions and a wider donor base;

(ii)   an increased proportion of WHO core flexible funding be allocated to the WHE Programme. The IOAC reiterates the critical need to increase WHO core flexible funds for financing preparedness activities;

(iii)   the international community make a collective investment in global preparedness and health security;

(iv)   the CFE replenishment mechanism, disbursement criteria and operating processes be redesigned. The IOAC urges the Department of Coordinated Resource Mobilization to complete

the ongoing review of the CFE and roll out a new strategy to improve its sustainability and transparency;

(v)   WHO protect humanitarian and development funding for health security and universal health coverage. The WHO Secretariat is urged to support countries in fragile, conflict-affected and vulnerable settings in resuming delivery of an essential package of health services, including feasible COVID-19 control measures and a vaccination strategy; and

(vi)   further discussions be held to ensure delivery of the GPW 13 target of "One billion more people better protected from health emergencies" and to align Member States' expectations with WHO's financial capacities to address emergencies.

CONCLUDING REMARKS

52.   The COVID-19 pandemic has reached every country in the world, affecting the lives, health and well-being of millions and placing the livelihoods of many in jeopardy. At the same time, there have been numerous examples of global solidarity and collaboration, together with remarkable progress in research and development. The IOAC observes that since the onset of the pandemic in December 2019, WHO has maintained and strengthened its leadership position in the global response. The Organization must now scale up its efforts to bring the ongoing pandemic under control. There is no sense in seeking to eliminate the virus in selected countries, regions or areas. The "whole world" approach that multilateralism offers must be adopted. The way forward therefore undoubtedly lies in greater global solidarity and stronger multilateral cooperation in order to increase global capacities for preparedness, readiness and response to health emergencies. In a global pandemic, solidarity becomes more than a matter of moral principle: it is key to success in controlling the virus, as no one is safe until everyone is safe. The world looks to WHO for guidance, but ensuring success is a responsibility shared between Member States, WHO's partners and the Secretariat.

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