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## **Public health emergencies: preparedness and response**

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

The Director-General has the honour to transmit to the Seventy-fifth 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 Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC)<sup>1</sup> was established in 2016 and welcomed by the Health Assembly through decision WHA69(9).<sup>2</sup> The IOAC is mandated to provide oversight and monitoring of WHO's work in health emergencies, to guide the activities of the WHO Health Emergencies Programme (the WHE Programme), to offer advice to the Director-General within its mandate<sup>3</sup> and to report to the Health Assembly.

2. The IOAC has developed a monitoring framework and matrix to track implementation of WHO's reform in its work on outbreaks and emergencies and to review progress against the Committee's recommendations on diversity and grievance systems made in its special report to the Director-General.<sup>4</sup> Additional data are drawn from the WHO Management Response Plan matrix to assess WHO's performance on the prevention and response to sexual exploitation, abuse and harassment (PRSEAH), which continues to be monitored by the IOAC, although the IOAC Subcommittee on PRSEAH was dissolved on completion of its mandate. Nine previous IOAC reports, one IOAC Subcommittee report, 10 field mission reports, IOAC statements and other publications are publicly available on the Committee's website.

3. This tenth IOAC report is the annual review of progress of WHO's work in health emergencies from May 2021 to April 2022. Whilst there is a major focus on the progress of WHO's response to COVID-19 since the last report, this report also highlights recurring issues observed since the Committee's inception in 2016. These issues were again brought to the forefront of discussions during the COVID-19 pandemic and should be prioritized in the future. Findings and observations presented in this document build on the last annual report (document A74/16),<sup>5</sup> the four-year review (document A73/10, *Looking back to move forward*)<sup>6</sup> presented to the resumed Seventy-third session of

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<sup>1</sup> For more information and to access IOAC reports, see the IOAC website: <https://www.who.int/groups/independent-oversight-and-advisory-committee> (accessed 21 April 2022).

<sup>2</sup> See document WHA69/2016/REC/1, decision WHA69(9) and Annex 10.

<sup>3</sup> Terms of reference of the Independent Oversight and Advisory Committee: [https://cdn.who.int/media/docs/default-source/2021-dha-docs/ioac-tor-august-2021.pdf?sfvrsn=9d1e689d\\_5](https://cdn.who.int/media/docs/default-source/2021-dha-docs/ioac-tor-august-2021.pdf?sfvrsn=9d1e689d_5) (accessed 21 April 2022).

<sup>4</sup> Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme special report to the Director-General of World Health Organization: <https://www.who.int/publications/m/item/ioac-special-report-to-the-director-general-of-world-health-organization-april--march-2019>.

<sup>5</sup> Document A74/16. Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: <https://www.who.int/publications/m/item/a74-16-independent-oversight-and-advisory-committee-for-the-who-health-emergencies-programme> (accessed 20 April 2022).

<sup>6</sup> Document A73/10. Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme *Looking back to move forward*: <https://www.who.int/publications/m/item/looking-back-to-move-forward-ioac-report-to-the-resumed-wha73-10> (accessed 20 April 2022).

the World Health Assembly in November 2020, and the Committee's interim report on WHO's response to COVID-19 (January–April 2020).<sup>1</sup>

4. The IOAC has issued more than 200 recommendations over the last six years through its reports to the governing bodies. To assess implementation of the recommendations, the IOAC grouped them by key thematic areas and classified the status of progress as: fully implemented; in progress; pending or yet to be implemented. Noting that about 70% of the recommendations are considered as “in progress” owing to the continuing nature of the recommendations, the IOAC is satisfied with the overall implementation of its previous recommendations. However, three major gaps persist: improving accountabilities for emergency management; the WHE Programme's capacity and authority; and WHO finance, each of which is discussed below.

## PART 2. FINDINGS AND OBSERVATIONS

5. The IOAC's findings and observations are summarized in three parts: an overview of progress on persistent issues impacting WHO's performance in emergencies; WHO response to the COVID-19 pandemic and lessons learned; and the future direction of the WHE Programme and vision for WHO.

6. 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 at 21 April 2022, 504 079 039 cases of COVID-19 had been confirmed, with 6 204 155 deaths reported to WHO<sup>2</sup> from 224 countries, territories or areas. While the virus continues to spread globally, soaring in pockets of susceptible populations and exposing national and international shortcomings in the response, **lessons learned from three pandemic years must continue to be applied to strengthen concerted efforts.**

7. The IOAC appreciates the ongoing efforts to define the future of the global health architecture on pandemic preparedness and response but is concerned at the potential risk of fragmentation across current initiatives. Given its mandate, WHO should play a central role in developing the governance structure of that architecture. At the same time, this pandemic has made clear that fighting a global pandemic requires a range of political and economic engagement that goes beyond WHO's sole remit.

### I. Persistent issues

#### WHO health emergency management

8. The COVID-19 pandemic has showcased the value of having a health emergency programme embedded within WHO, able to draw on human and financial resources, and to scale up the technical capacities required across the major offices. The IOAC recognizes that the Organization-wide capacity and networks have proven of great value in managing the pandemic.

9. The IOAC commends the Director-General for reaffirming WHO's work in emergencies as one of the Organization's top three priorities. The Committee welcomes the creation of a third WHE division for Intelligence and Surveillance Systems in addition to the divisions for Response and Preparedness. The refined WHE Programme structure, with nine technical departments, will improve the

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<sup>1</sup> Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Interim report on WHO's response to COVID-19: <https://www.who.int/publications/m/item/ioac-interim-report-on-who-s-response-to-covid-19> (accessed 20 April 2022).

<sup>2</sup> WHO Coronavirus (COVID-19) Dashboard: <https://covid19.who.int/> (accessed 21 April 2022).

Organization's response to both acute and protracted emergencies, strengthen components for health security preparedness, country readiness, pandemic prevention and preparedness, and optimize the WHE Programme workforce. Strong WHO leadership is required for effective management, monitoring and coordination of the new WHO Hub for Pandemic and Epidemic Intelligence in Berlin, the WHO BioHub System and associated networks, as well as optimizing synergies amongst them.

10. During the course of 2021, WHO responded to a total of 81 graded emergencies. As at 15 February 2022, WHO was responding to a total of 83 graded emergencies, of which 10 are graded at level 3 under the Emergency Response Framework. Besides COVID-19 they include the ongoing crises in Afghanistan, Democratic Republic of the Congo, Ethiopia (northern part), Nigeria, Somalia, South Sudan, Syrian Arab Republic and Yemen. The IOAC recognizes that WHO has proven to be a reliable and competent partner to governments, United Nations entities, health cluster members, nongovernmental organizations and donors.

11. **However, the IOAC remains deeply concerned at the ever-increasing workload and demands placed on the WHE Programme, particularly during the COVID-19 pandemic; the chronic staffing and financial constraints; and the continuing lack of clarity in accountability and lines of reporting for emergency management at headquarters, and in regional and country offices.** These ongoing issues threaten to undermine the Organization's capacity if not urgently addressed.

12. Since the establishment of the WHE Programme, WHO country offices have played an increasingly important role in supporting countries to prepare for, prevent, detect, respond to, and recover from emergencies with public health consequences. This has been reinforced throughout the COVID-19 pandemic, as country offices lead the implementation of WHO's Strategic Preparedness and Response Plan (SPRP), the Global Humanitarian Response Plan, the "Health First" pillar of the United Nations socioeconomic framework for the response to COVID-19 and the health donor coordination mechanism with the United Nations country teams. While the IOAC observes that the role of WHO country offices has improved and WHO Representatives have increasingly assumed greater responsibility for health emergencies over the last six years, **the Committee is deeply concerned that WHO country offices lack the required human and financial resources to build and sustain capacity, particularly for emergency operations in fragile contexts.**

13. The health and well-being of the WHO workforce underpins the Organization's ability to perform effectively. The WHE Programme has been operating under constant emergency conditions since its launch. Heightened global expectations during the COVID-19 pandemic have stretched insufficient capacities still further. **The IOAC is concerned for the mental health and well-being of staff members working in response to COVID-19 and other emergencies, leading to cases of burnout and exhaustion. It further notes and condemns the intolerable level of toxicity online and incivility on social media towards science, against WHO and its staff members. The Committee reiterates its strong condemnation of personal attacks against the Director-General and WHO staff members. It observes that the Joint Inspection Unit launched its new review of mental health and well-being policies and practices in the United Nations system organizations on 1 April 2022 and looks forward to seeing the report expected to be released in mid-2023.**

14. As at March 2022, WHE Programme staffing stands at 1503, of whom 828 are located in country offices, 313 across the six regional offices and 362 at headquarters. There are 859 vacant positions out of the total 2362 positions planned for the WHE Programme prior to the COVID-19 pandemic, mainly owing to insufficient funding. Positions occupied at the country level stood at 40% in December 2017, 47% in December 2019 and 55% in March 2022. The IOAC recognizes the consistent efforts of the Director-General, the Regional Directors and the Executive Director, the WHE Programme to strengthen

capacity at country offices. It notes that more than 40% of the WHE Programme's core budget was distributed to country offices for the biennium 2020–2021. **However, the workforce at country level is overstretched and positions are precarious owing to funding shortages in the WHE Programme's core budget.**

15. For the biennium 2020–2021, the WHE Programme was funded in three parts: US\$ 585.3 million as core programme budget, US\$ 2.9 billion Outbreak and Crisis Response (OCR) budget including the COVID-19 fund, and US\$ 98.9 million for the Contingency Fund for Emergencies (CFE). Strong progress has been noted in mobilizing resources through appeals for acute and protracted humanitarian emergency response plans, at the country and global levels. When launched on 1 July 2016, the WHE Programme had a total budget of US\$ 494 million for the biennium 2016–2017. The core budget was increased to US\$ 533 million for the biennium 2018–2019 and to US\$ 845.9 million for the current biennium 2022–2023. While the WHE Programme's ability to fundraise has improved, the IOAC remains concerned that the WHO funding mechanism lacks predictability and sustainability and depends on a limited number of donors. It is, however, **encouraged by the work of the Working Group on Sustainable Financing and urges Member States to agree on a common set of recommendations in support of a more sustainably financed WHO.**

16. The IOAC reiterates that investment for preparedness is chronically low at both national and international levels. This is also true for the WHE Programme, which has difficulty raising funds to support countries with preparedness activities. While acknowledging the rollout of the Universal Health and Preparedness Review in selected countries as a pilot test led by the WHE Programme division for preparedness, the IOAC notes that its capacity is overstretched, **In its previous reports, the IOAC recommended streamlining the reporting process and reviewing existing tools and frameworks for national and international preparedness based on lessons learned from the COVID-19 pandemic. In line with these recommendations, the States Parties Annual Reporting (SPAR) and Joint External Evaluations (JEEs) tools and frameworks have been updated. IOAC will keep progress under review.**

17. The IOAC identifies internal power dynamics as a persistent obstacle to clarifying accountabilities and the lines of authority between the WHE Programme and wider Organization, as well as between the three levels of the Organization. These ongoing issues threaten to undermine the Organization's capacity if not urgently addressed. Clearly defining roles and specific responsibilities for the six Regional Directors, the WHE Executive Director, the Regional Emergency Directors, WHO Representatives, and Incident Managers for emergency response will improve the Organization's effectiveness. **The IOAC reiterates its outstanding recommendation from one year ago on the urgent need to update the current version of the Emergency Response Framework<sup>1</sup> to clarify explicit roles and responsibilities, accountabilities and lines of authority across regional and country offices and headquarters, including for security management and PRSEAH.** The IOAC reiterates that the WHE Executive Director should be accountable for grade 3 emergencies, and share accountability for grade 2 emergencies with Regional Directors. Securing the Regional Directors' full support and insights into the geopolitical issues that impact WHO's emergency response in their respective regions is of critical importance in all graded emergencies. The Committee emphasizes that international spread of any infectious disease starts from local outbreaks for which early detection, containment and response at country and regional levels is essential. **Hence, only by working together as one cohesive top leadership team, with shared accountability and mutual trust, can WHO become a global leader for health emergencies.**

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<sup>1</sup> WHO. Emergency response framework – second edition. Geneva: World Health Organization; 2017.

## WHO transformation agenda

18. The WHO Secretariat has continued to centralize the enabling functions as part of the transformation agenda. In its past reports, the IOAC recommended establishing dedicated teams for the WHE Programme within the centralized functional divisions, with dual reporting lines to the Executive Director of the WHE Programme and the directors of the enabling functions, with common key performance indicators (KPIs). Having conducted a desk review and interviewed senior managers, the Committee notes that although the core corporate teams for human resources, resource mobilization, communications, procurement, security, science and risk management are effectively supporting the WHE Programme, their success in this collaboration derives mostly from good interpersonal working relationships rather than clarity of reporting lines and accountabilities. **The IOAC observes that further effort is needed to formalize and institutionalize the dual reporting lines and track performance against KPIs.**

19. The IOAC noted progress in developing key performance indicators and different measures for the human resources function to improve agility, flexibility and effectiveness of WHO emergency operations. The IOAC recognizes that the human resources business partner for the WHE Programme in the human resources department has been recruited in consultation with the Executive Director of the WHE Programme and with the latter serving as the second level supervisor. The IOAC is also pleased to note the ongoing efforts for rolling out a 360-degree performance evaluation as part of increasing accountability, transparency and initiating cultural change within the organization.

20. When conducting interviews in February 2022, the IOAC noted progress in rolling out a robust, aligned, bottom-up planning process with priorities and financial needs identified in close consultation with regions, country offices, and in alignment with the Humanitarian Response Plans and Regional Response Plans coordinated by the United Nations Office for the Coordination of Humanitarian Affairs. The Committee also acknowledges efforts made to establish regional networks of resource mobilization specialists, and to develop a tool to empower WHO Representatives to fundraise and engage with the donor community as part of replenishment and reimbursements. The WHO's Global Health Emergency Appeal for 2022 is US\$ 2.7 billion to help to protect people around the world from urgent emergency and humanitarian health needs, of which the IOAC is pleased to see 79% of the total would be for country offices. In its past report, the IOAC requested the Department of Coordinated Resource Mobilization to complete the ongoing review of the CFE. From 2015–2021, the CFE received US\$ 227 million in allocations to support responses to 130 emergencies. With the review finalized and while acknowledging the progress made, **the IOAC urges the WHO Secretariat to continue to implement the recommendations of the review in 2022, especially around efforts to broaden the donor base and to continue to ensure donor accountability and visibility.**

21. The IOAC is encouraged to see that combating misinformation is a 2022 priority across the whole United Nations system. The WHE Programme has also stepped up its efforts in that connection. The WHO Department of Communications has played a heightened and critical role throughout the COVID-19 pandemic in supporting public communication, organizing the Director-General's regular press briefings, interviews, media events, myth busting, fostering partnerships with technology platforms to tackle the infodemic, and coordinating consistent messaging across the Organization. The IOAC observed the increased surge capacity in the communications workforce, increasing the number of staff for supporting the COVID-19 response and grade 3 emergencies such as those in Afghanistan, Ethiopia and Yemen. However, this growth is fragile as the staffing is temporary and the funding unpredictable. Additionally, as the work on risk communication is guided by a dedicated team within the WHE Programme, the IOAC advises the Department of Communications to continue to work more closely with the WHE Programme on the alignment of external and risk communications.

22. The IOAC also recognizes WHO's significant progress in engaging with partners outside the Organization to strengthen external communications and to lead a unified response, including strong participation in the United Nations Crisis Management Team and the Inter-Agency Standing Committee. Findings through the interview with partners reaffirmed WHO's work in collaboratively developing consistent messages on COVID and sharing information across the United Nations. However, the IOAC notes that there may be more opportunities available for cross-amplification of messaging with United Nations and other partners.

23. Following centralization of the procurement functions, the WHE Programme continues to work closely with a dedicated team in Procurement and Supply Services Department to support a total WHO procurement volume of US\$ 1.8 billion in 2020 and just under US\$ 1.7 billion in 2021. In 2021, the division of spend between Emergency and Non-Emergency was US\$ 692 million on Emergency and US\$ 985 million on Non-Emergency. The IOAC is pleased to observe the post of Director, Procurement and Supply Services was filled in April 2021, with a dedicated procurement team working for emergencies, with dual reporting lines to the respective WHE Programme managers and divisional heads. The IOAC appreciates the more than 10-fold expansion of the WHO Logistics Hub in Dubai, which has delivered health supplies to 129 countries across all six WHO regions. It also notes the Secretariat's effective teamwork and collaboration in developing, for the first time, an Organization-wide supply chain strategy. However, findings from the interviews suggest that WHO's processes are still too long in assisting with procurement of services and goods.

24. In its last report, the IOAC recommended the need for corporate investments in the Organization's security capacity, underlining that cost estimates for emergency operations should include budgets for staff security and protection. Progress has been made on WHO security management and the Committee notes that the position of Director of the WHO security department has been readvertised at D1 level, with dual reporting lines to the Assistant Director-General for Business Operations and the WHE Programme Executive Director. The Committee looks forward to seeing this position filled as a matter of urgency and will keep this issue under review.

25. The IOAC acknowledges considerable progress in the centralized function of the Science Division. The Committee also welcomes the continuous efforts made by the publication review committee and the launch of the initiative to digitalize smart guidelines for health workers. However, **the arrangements between the Science Division and the WHE Programme for the R&D Blueprint have yet to be formalized.**

26. The IOAC was briefed on the progress developing a PRSEAH risk assessment tool, which was based on eight core principles including accountability with clarified roles and responsibilities. The tool consists of three parts, each corresponding to a category of risk factors: country context, office context and programme/project context. The Secretariat informed the IOAC that the tool was shared with all Regional Directors for use in their region and briefing sessions are being planned to provide support to the users. Defining risk appetite across the Organization would help to foster alignment in the management of risks that WHO may face when delivering its mission, including PRSEAH risks. The IOAC notes that the work on risk appetite must be coordinated with relevant departments and teams dealing with the risk, such as PRSEAH, finance, and security.

### **Cultural issues including diversity, equity and PRSEAH**

27. At the 144th session of the Executive Board, the Director-General requested the IOAC to review issues impacting staff morale, impeding the WHE Programme from performing optimally. The Committee welcomes progress on the diversity, equity and inclusion approach for the WHO workforce.

Targeted efforts, through career counselling, mentorship, and leadership pathway programmes, to build the capacities of female staff members at junior levels, in preparation for higher-level managerial positions, and WHO's Young Professionals Programme to increase diversity in the workforce, with the first cohort to be recruited in 2022, are two promising developments. While considerable progress is being made, these issues transcend the human resources department and the WHE Programme, and must be integrated in an Organization-wide culture change effort, spearheaded by WHO's senior leadership team.

28. The IOAC Subcommittee on PRSEAH submitted its final report, containing its findings and recommendations, to the Executive Board at its 150th session.<sup>1</sup> The IOAC applauds the considerable progress made in implementing or completing 75% of the actions laid out in the Management Response Plan<sup>2</sup> and its monitoring matrix, including the appointment of a senior level staff member dedicated to investigations on sexual exploitation abuse and harassment. **The IOAC welcomes the temporary suspension of Financial Rule XII, 112.1, in part,<sup>3</sup> so that the Head of Investigations/Senior Advisor to the Director-General on Sexual Exploitation and Abuse and Sexual Harassment, responsible for investigating allegations of Sexual Exploitation and Abuse and Sexual Harassment and other abusive conduct,<sup>4</sup> can exercise the same authority as the Director, Internal Oversight Services (IOS), and renews its support for the extension of the temporary suspension in part. The IOAC recognizes that though impressive progress has been made, there is still much more work to do, and significant gains achieved remain fragile until trust and confidence in the internal systems is strengthened.**

## II. WHO response to the COVID-19 pandemic and lessons learned

29. Throughout the COVID-19 pandemic, the IOAC has observed WHO's leading role as an operational organization on health emergency management, while concurrently maintaining its technical and normative functions. The WHE Programme has been at the centre of the global response to COVID-19 through the Incident Management Support Team (IMST) structure that has evolved and expanded in scope to coordinate the surge capacity from other divisions within and outside the Organization, including the Access to COVID-19 Tools Accelerator (ACT-A). **IOAC advises that applying lessons learned and maintaining capacities, scalability and flexibility are important considerations for the near future.**

30. However, the COVID-19 pandemic is not over. The virus continues to evolve, resulting in more transmissible variants with immune evasion. Lack of access to tests, therapeutics and vaccines, vaccine hesitancy, waning immunity following infection or vaccination, abandonment of proven public health and social measures, misinformation, politicization, and false narratives are factors driving transmission. **The IOAC is deeply concerned at the discrepancy between well-proven measures to control COVID-19 and the actions taken by decision-makers in many countries to discontinue these measures while transmission remains widespread. The IOAC acknowledges that countries face**

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<sup>1</sup> Document EB150/34. Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme's Subcommittee for the Prevention and Response to Sexual Exploitation, Abuse and Harassment: [https://cdn.who.int/media/docs/default-source/2021-dha-docs/report-of-the-subcommittee-eb150\\_34-en.pdf?sfvrsn=727091bb\\_5&download=true](https://cdn.who.int/media/docs/default-source/2021-dha-docs/report-of-the-subcommittee-eb150_34-en.pdf?sfvrsn=727091bb_5&download=true) (accessed 20 April 2022).

<sup>2</sup> WHO Management Response Plan: <https://www.who.int/publications/m/item/who-management-response-plan> (accessed 20 April 2022).

<sup>3</sup> Decision EB150(23). Prevention sexual exploitation, abuse and harassment (29 January 2022): [https://apps.who.int/gb/ebwha/pdf\\_files/EB150/B150\(23\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB150/B150(23)-en.pdf) (accessed 20 April 2022)

<sup>4</sup> As defined in the WHO Policy on Preventing and Addressing Abusive Conduct (PAAC).

different situations, challenges, and scenarios for ending the emergency phase and achieving sustained COVID-19 control. Policies and the use of population measures should be agile and recalibrated to reflect the local context; all-or-nothing approaches are not advised. Only by using proven public health strategies and tools in an agile and comprehensive way can countries end the acute phase of the pandemic.

31. Even countries that scored favourably on preparedness surveys prior to the pandemic have faced major constraints in their management and response approaches, particularly in governance and trust. As countries pivoted their efforts to respond to the spread of COVID-19, 90% of essential health services were reported to be partially or totally disrupted. **The lessons learned must be translated into action and incorporated into updated national action plans to further strengthen health systems.**

32. The IOAC continues to follow Member States' discussions regarding possible amendments to the International Health Regulations (2005). The IOAC agrees with some who have argued that "intermediate" or "regional" PHEICs are not the right approach. Instead, the PHEIC could be reformed to include graded levels akin to other global hazard warning systems, in order to signal to policy-makers the degree and nature of the specific risk and to indicate corresponding preparedness actions. **The IOAC reiterates its concern that the broad binary nature of the public health emergency of international concern (PHEIC) mechanism, does not provide a sufficiently specific or actionable risk signal to Member States of the nature or severity of epidemic or pandemic risks. The Committee considers that a graded approach is needed within the PHEIC declaration, with clear steps signalling when policy-makers should take specific and immediate actions following the declaration, and with Member States held accountable.**

33. The Committee was briefed on progress related to COVID-19 therapeutics, diagnostics and vaccines from equitable access and regulatory perspectives, operating under complex time constraints. **Drawing on lessons learned, the IOAC emphasizes that areas of future focus should include: strengthening processes for a fairer allocation based on how the market operated during the pandemic; accelerating regulatory processes in emergencies while respecting international standards; negotiating price reduction and increasing accessibility, availability and local production of quality-assured products; and leveraging the work of other trusted regulators and institutions. The cooperation between science, manufacturers and regulatory authorities has been vast throughout the pandemic and will need to feed into a long-term strategy.**

34. Since its establishment in April 2020, the ACT-A has demonstrated an unprecedented level of global collaboration and coordination. The IOAC notes the ACT-A Strategic Review<sup>1</sup> and welcomes the ACT-A Strategic Plan and Budget for October 2021 to September 2022,<sup>2</sup> with specific global targets and transparent monitoring through the Global COVID-19 Access Tracker.<sup>3</sup> It further notes the ACT-A Council Financing Framework,<sup>4</sup> which integrates crucial in-country delivery costs, with a breakdown of each agency's needs. Despite substantial progress and efforts, as of 18 March 2022, commitments towards the 2021–2022 funding target totalled US\$ 1.6 billion, counting towards the US\$ 16.8 billion grant financing ask, bringing the 2021–2022 funding gap to US\$ 15.2 billion. **To ensure impact of the ACT-A is optimized, the IOAC calls for three urgent actions: fully finance ACT-A agencies and in-country delivery; ensure ACT-A agencies can procure scarce products; and address in-country delivery bottlenecks.**

35. The repeated emergence of deadly variants among under-vaccinated, under-resourced countries is not a coincidence – it is a direct outcome of the failure to ensure equitable access to vaccines. The subsequent damage these variants have done worldwide – including in high-income countries – shows that inequity damages the health of all countries, rich or poor. **The IOAC supports WHO's constant appeal for an equitable approach in dealing with the pandemic, particularly regarding delivery of vaccines, reaffirming that equity is a moral principle and a prerequisite for public health effectiveness. Equity is imperative to ending this pandemic.**

36. In its previous reports, the IOAC has called for building stronger linkages with the animal sector and One Health partners for managing variants of COVID-19. The IOAC is pleased to observe collaborative efforts with the Quadripartite One Health collaboration – WHO, the World Organisation for Animal Health, the Food and Agriculture Organization of the United Nations and the United Nations Environment Programme. The Committee looks forward to WHO's global strategy on One Health, expected to be submitted to the Seventy-fifth World Health Assembly, and will continue monitoring progress on this issue.

37. The COVID-19 pandemic has reinforced the WHO Secretariat's relationships with Member States and other stakeholders, and its capacity to leverage existing partnerships such as the Global Outbreak Alert and Response Network (GOARN); national public health institutes; WHO collaborating centres; the Coalition for Epidemic Preparedness Innovations (CEPI); strategic and technical advisory groups to improve scientific and technical rigour and operational capacities. The IOAC observes that the pandemic has encouraged establishment of numerous new initiatives, such as the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, the WHO Biohub System, and the global biomanufacturing workforce training hub, and has instilled Member State ownership of multilateral processes.

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<sup>1</sup> ACT-Accelerator Strategic Review (8 October 2021): <https://www.who.int/publications/m/item/act-accelerator-strategic-review> (accessed 20 April 2022).

<sup>2</sup> ACT-Accelerator Strategic Plan & Budget: October 2021 to September 2022: <https://www.who.int/publications/m/item/act-accelerator-strategic-plan-budget-october-2021-to-september-2022> (accessed 20 April 2022).

<sup>3</sup> The ACT-Accelerator and Multilateral Leaders Task Force Global COVID-19 Access Tracker: <https://www.covid19globaltracker.org/> (accessed 20 April 2022).

<sup>4</sup> WHO. Consolidated Financing Framework for ACT-Agency and In-Country Needs: October 2021 to September 2022. Geneva: World Health Organization; 2022: <https://www.who.int/publications/m/item/consolidated-financing-framework-for-act-a-agency-in-country-needs#:~:text=Specifically%2C%20this%20Financing%20Framework%20seeks,other%20initiatives%20and%20domestic%20efforts>, (accessed 20 April 2022).

### III. Future direction of the WHE Programme and vision for WHO

38. The IOAC supports the Executive Board's recommendation to the Seventy-fifth World Health Assembly to decide to approve the extension of the period of the Thirteenth General Programme of Work (GPW 13) from 2023 to 2025.<sup>1</sup> This will allow the Organization to provide support to get countries back on track and accelerate achievement of the triple billion targets. While acknowledging the value of the Triple Billion dashboard,<sup>2</sup> a clear data governance mechanism, tracking the work of WHO, countries, regions, and partners to meet the triple billion targets and health-related Sustainable Development Goals which are the foundation of the GPW 13, the IOAC urges the Secretariat to strengthen monitoring and oversight of progress.

39. The IOAC welcomes all ongoing discussions and efforts towards preparing for future pandemic threats. The global health architecture that is decided upon, whatever its elements, must be based on solidarity, safety and equity, with WHO in a central position, linking together the network of its 194 Member States, each accountable for global health, and able to implement recommendations collectively. **To serve that purpose, WHO must be equipped with the necessary authority and resources to coordinate pandemic prevention and response.**

40. The IOAC commends Member States' leadership in establishing the Working Group on Sustainable Financing, the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR), and the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. The Committee also welcomes the Executive Board's decision to consider establishing the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response.<sup>3</sup> The IOAC is confident and hopeful that these efforts will lead to a stronger WHO.

### PART 3. RECOMMENDATIONS

41. In this section, the IOAC highlights persistent gaps that must be filled to enable the WHE Programme to lead WHO's emergency work and presents its views on WHO's role in the global health architecture.

#### **Roles and responsibilities in emergencies by the major offices, accountability framework and reporting line of functions supporting emergency management**

42. Reiterating that the WHE Programme should be based on the one programme principle with a single structure, single budget, single staff workplan and common results framework across WHO headquarters, all regional and country offices, the IOAC recommends to the Director-General that:

- (i) the Global Policy Group review the current delegation of authority for Regional Directors, the WHE Programme Executive Director, Regional Emergency Directors, WHO Country Representatives, Incident Managers and the accountability framework for emergency management, based on the principles of collective responsibility as one WHO;

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<sup>1</sup> Resolution EB150.R4, Extending the Thirteenth General Programme of Work, 2019–2023 to 2025: [https://apps.who.int/gb/ebwha/pdf\\_files/EB150/B150\\_R4-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_R4-en.pdf) (accessed 20 April 2022).

<sup>2</sup> WHO Triple Billion dashboard: <https://www.who.int/data/triple-billion-dashboard> (accessed 20 April 2022).

<sup>3</sup> Decision EB150(6).

- (ii) the second edition of the Emergency Response Framework be updated with greater clarity on the roles, responsibilities and accountabilities of each player, updated processes for all-hazards emergency management and a framework for protracted emergencies, as well as integration of security, prevention and response to SEAH, and other risks inherent in emergency settings;
- (iii) Regional Emergency Directors be selected jointly by the Regional Directors and the WHE Programme Executive Director. Regional Emergency Directors should have delegated authority for emergency management in their respective regions and dual reporting lines directly to the respective Regional Director and the WHE Programme Executive Director;
- (iv) WHO Country Representatives should support Incident Managers for emergency management and be held accountable for providing scrutiny on recruitment of local staff and prevention and response to SEAH.

### **Organizational structure and system to support WHO's work on emergencies**

43. Building on the success of WHO transformation and based on the lessons learned from the COVID-19 pandemic to draw on support from the other divisions, the IOAC recommends that:

- (i) the WHE Programme adopt an integrated approach to maintain the expertise and capacity of the COVID-19 response team rather than creating a disease-specific programme;
- (ii) the centralized functions supporting the WHE Programme, such as the departments of resource mobilization, communications, procurement and security, develop key performance indicators for tracking their impact on WHO emergency operations and report on their progress to the IOAC;
- (iii) dual reporting lines to the respective WHE Programme managers and divisional heads be formalized and institutionalized for staff working on emergencies to sustain gains made, including at the regional level, with a dedicated staff member to provide support in meeting country demands for emergencies;
- (iv) the bottlenecks for procurement be addressed through simplified processes, smart user interfaces and best-in-class tools for reporting, monitoring and analysis;
- (v) given the significant increase and diversification of inherent risks to WHO emergency operations, especially in fragile and insecure settings, an overarching coordination mechanism be established to oversee the prevention, mitigation and management of all the potential risks linked to emergency operations, including corruption, financial mismanagement, and SEAH;
- (vi) the Director-General appoint a focal point in each Regional Office for supporting functions and systems that cover the entire Organization (such as the Office of Internal Oversight Services (IOS), SEAH investigation, and the Office of the Ombudsman and Mediation Services), with responsibility for scrutinizing misconduct in the respective region. Each regional focal point must report to the respective functional department at headquarters in order to enhance consistency and coherence on management action, avoiding fragmentation between headquarters and regions;
- (vii) SEAH investigations should be handled differently from IOS investigations of other types of misconduct, and the Head of Investigations/Senior Advisor to the Director-General on Sexual Exploitation and Abuse and Sexual Harassment has the same reporting line, type of access,

authority, and channel for reporting on work, including to the Executive Board, as those currently granted to the Director, IOS in this area;

(viii) WHO security staff working in graded emergencies have a unified and single reporting line to the officer in charge in headquarters through Incident Managers, and the Assistant Director-General of Business Operations, in consultation with the WHE Programme Executive Director and Regional Directors. A clear accountability framework and coordination mechanism across field, country and regional offices and WHO headquarters for WHO security functions must be established.

### **Human resources capacity and management**

44. The world looks to WHO for guidance. To provide that guidance, the Organization must be equipped with the necessary authority and resources to lead a global pandemic and other emergencies. Emphasizing the importance of WHO's workforce, **the IOAC recommends that:**

(i) WHO prioritize resources to maintain and increase the WHE Programme's core capacities in providing scientific advice and technical guidance, and to recruit social scientists and gender equity experts within the WHE Programme at headquarters;

(ii) systematic measures and standard operating procedures for timely internal surge capacity are established to enable the WHE Programme to leverage in-house expertise;

(iii) WHO build capacity to deploy proactive countermeasures against misinformation and social media attacks and further invest in risk communications as an essential component of epidemic management within the WHE Programme;

(iv) the WHE Programme lead the R&D Blueprint and develop a common monitoring framework in consultation with WHO's Science Division;

(v) WHO give high priority to its country offices by adapting human resource planning to country contexts and accelerating the recruitment of staff trained in emergency response at country level based on period reviews to identify urgent and critical needs;

(vi) the vacant posts for WHO Representatives and the WHE Programme in WHO country offices be filled as a matter of urgency in order to provide greater and more diverse surge capacity for WHO emergency response and to strengthen WHO staff capacity overall and within the country, especially in fragile States;

(vii) the human resources department enhance verification of background checks and validation of credentials for both local and international recruitments;

(viii) special considerations and incentives be given to staff working in emergencies in order to retain talent and protect staff from burnout;

(ix) WHO introduce the planned system of 360-degree feedback for its managers and supervisors as part of efforts to improve performance management and organizational culture.

## Finance

45. Recognizing the leadership of the Working Group on Sustainable Financing (WGSF) to strengthen WHO, and in support of its draft recommendations, **the IOAC recommends that:**

- (i) Member States commit to increasing assessed contributions as proposed by the WGSF;
- (ii) the Director-General allocate the increased proportion of WHO core flexible funding to the WHE Programme;
- (iii) WHO core flexible funds be increased for financing preparedness activities;
- (iv) predictability of funding for the WHE Programme be improved through non-specified multiyear funding arrangements for voluntary contributions;
- (v) the new strategy for Contingency Fund for Emergencies (CFE) replenishment mechanism, disbursement criteria and operating processes be finalized and implemented.

## International Health Regulations (2005) (IHR) and country preparedness

46. Noting that the Secretariat's actions are grounded in its duties and responsibilities under the IHR and Member States' compliance with the IHR in their own response to crises, **the IOAC recommends that:**

- (i) Member States agree on the targeted revision of the IHR, in particular with regard to risk assessment and a graded approach to PHEIC declarations, the travel advisory function and the empowerment of the Secretariat, allowing it to fulfil its role, on the basis of the recommendations of the IHR Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 response;
- (ii) Member States consider adopting IHR compliance measures under a treaty, international convention or instrument for pandemic preparedness and response;
- (iii) the Secretariat continue supporting countries to strengthen their capacity and report the information required under the IHR through streamlining reporting processes and improving tools;
- (iv) in view of the consideration by the Health Assembly of the introduction of the Universal Health and Preparedness Review, the WHE Programme division for preparedness propose a workplan and framework based on an analysis of the complementarity and alignment of the existing and new tools to support country preparedness.

## WHO's role in the global response to COVID-19 and future pandemics

47. Lessons learned from the COVID-19 pandemic should guide the international community in preparing for future pandemics and inform WHO's leadership role in pandemic preparedness and response. **The IOAC recommends that:**

- (i) The Secretariat continue providing technical guidance and supporting Member States to recalibrate strategies for ending the emergency phase of the pandemic and achieving sustained COVID-19 control, taking account of different situations, challenges, and scenarios;

- (ii) WHO play a leadership role in providing a platform for R&D and promoting equitable access to medical countermeasures based on global solidarity;
- (iii) all available opportunities for cross-amplification of communications messaging with United Nations and other partners be maximized.

### **Future global architecture for pandemic preparedness and response**

#### **48. The IOAC recommends:**

- (i) WHO lead discussions for developing the global health architecture for pandemic preparedness and response, keeping in mind the close interlinkage between governance and finance;
- (ii) the governance of the global health architecture be anchored in WHO through the establishment of an Executive Board standing committee on health emergency (pandemic) prevention, preparedness and response;
- (iii) predictable financing and mechanisms for collective decisions, prioritization, accountability and compliance be embedded into the governance structure of the global health architecture on pandemic preparedness and response.

### **CONCLUDING REMARKS**

49. The COVID-19 pandemic has exposed failings in pandemic preparedness and response and a shortfall in health security and equity across the world. Nevertheless, there have been numerous examples of global solidarity and collaboration, and remarkable progress in research and development. Over the course of three pandemic years, WHO has strengthened its leadership position in the global response, supporting countries and the research community around the globe to combat COVID-19. The IOAC commends Member States, the Director-General, the Regional Directors, and the WHE Executive Director for their leadership and deep commitment. The IOAC also wishes to congratulate healthcare workers across the world and thank all WHO staff members for their tireless work and commitment, including in the face of intolerable cyber abuse and harassment throughout the pandemic.

50. Now more than ever, the world needs strong multilateralism and a strengthened WHO with a central role in the global health architecture on pandemic preparedness and response. The Organization must be equipped with sustainable and flexible funding and granted the global authority to do its work effectively. Building trust and collaboration across the top leadership team is also essential to the Organization's performance. It is of paramount importance that WHO works together, as one Organization across the three levels, with a collective responsibility and shared accountability. The IOAC renews its commitment to continue providing independent oversight and monitoring of WHO's work on health emergencies and supporting WHO to play a central role in the global health architecture for pandemic preparedness and response of the future.

**Felicity Harvey (Co-Chair), Geeta Rao Gupta (Co-Chair), Walid Ammar, Chris Baggoley,  
Hiroyoshi Endo, Jeremy Konyndyk, Precious Matsoso,<sup>1</sup> Elhadj As Sy, Theresa Tam**

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<sup>1</sup> Precious Matsoso served as a Member of the IOAC from 1 June 2021 until 23 February 2022 when she was nominated to serve as a Co-Chair of the Intergovernmental Negotiating Body (<https://apps.who.int/gb/inb/>, accessed 10 May 2022).