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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-sixth 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. In 2016, under decision WHA69(9), the Sixty-ninth World Health Assembly welcomed the progress made in the development of the new WHO Health Emergencies (WHE) Programme, the elaboration of an implementation plan and timeline for the new Programme, and the establishment of the Independent Oversight and Advisory Committee (IOAC) for the WHE Programme. Since its inception, the Committee has provided independent scrutiny and monitoring of WHO's work in health emergencies and has offered advice to the Director-General in accordance with its mandate.

2. In March 2023, the IOAC adopted the fifth edition of its terms of reference (TOR).<sup>1</sup> The revised TOR incorporate the Director-General's request to maintain the IOAC as a permanent committee, to expand its scope to include monitoring the work of other WHO divisions and departments in contributing to the Organization's performance in emergencies under the central coordination of the WHE Programme, and to provide advice on WHO's role in developing, and within, the global architecture on health emergency preparedness, response and resilience. The Committee's independence and direct reporting line to the Director-General and Health Assembly is maintained. The IOAC has updated its monitoring framework to align with its revised TOR.

3. This is the eleventh IOAC report to the WHO governing bodies and covers activities from May 2022 to April 2023. During this time, the IOAC held regular, monthly teleconferences and one hybrid meeting and undertook a field mission in Malawi. It conducted numerous interviews with WHO senior managers, partners from United Nations entities, civil society, nongovernmental organizations, and Member State working groups. The Committee's desk review consisted of analysing data against its monitoring framework and other information made available to it.

4. The IOAC also uses the WHO consolidated platform for managing and tracking implementation of recommendations to monitor the implementation status of its recommendations. About 50% of its previous recommendations have been fully implemented and others remain in process as they require continuous progress. The Committee finds that the consolidated platform strengthens accountability by tracking the implementation status of recommendations over time, and enhances organizational learning in identifying repetition or duplication, providing deeper understanding of root causes.

**PART 2. OVERALL REVIEW OF WHO'S WORK IN EMERGENCIES AND THE  
WHE PROGRAMME****WHO health emergency management**

5. As at 21 March 2023, WHO was responding to a total of 53 graded emergencies including 13 of them at level 3 under the Emergency Response Framework with activation of a full Incident

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<sup>1</sup> Terms of Reference of the Independent Oversight and Advisory Committee: [https://cdn.who.int/media/docs/default-source/2021-dha-docs/ioac-tor\\_v5\\_march-2023.pdf?sfvrsn=9d1e689d\\_7](https://cdn.who.int/media/docs/default-source/2021-dha-docs/ioac-tor_v5_march-2023.pdf?sfvrsn=9d1e689d_7) (accessed 27 April 2023).

Management System (IMS) across the three levels of the Organization. During the reporting period of May 2022 to April 2023, the IOAC was briefed on WHO's responses to emergencies including the coronavirus disease (COVID-19) pandemic, multi-country outbreaks of mpox (monkeypox), global cholera outbreaks, floods in Pakistan, Sudan virus disease in Uganda, Marburg virus disease, drought and food insecurity in the Greater Horn of Africa, humanitarian crisis in Sahel region of Africa, the Ukraine emergency, the earthquake in the Syrian Arab Republic and Türkiye, and other protracted emergencies and humanitarian crises. The IOAC notes the impact of climate change in increasing the frequency and intensity of floods, droughts, cyclones and other emergencies with health consequences and will continue to monitor this area of work.

6. During the field mission to Malawi, the IOAC observed that four incident management structures had been activated in the country in response to the COVID-19 pandemic, flood, cholera outbreak and a polio case. It observed areas of overlap that could benefit from one consolidated IMS structure or the integration of different teams providing key functions to the structure. The Committee will review the need and feasibility of integrating IMS structures in single countries with multiple graded emergencies.

7. The COVID-19 pandemic remains a public health emergency of international concern (PHEIC). As at 21 March 2023, more than 760 million cases and 6.8 million deaths have been reported.<sup>1</sup> WHO maintains strong links and coordination mechanisms across its three levels to drive COVID-19 response activities; it chairs the United Nations Crisis Management Team that brings together 23 entities within the UN system for coordinated planning and policy development. WHO should continue to support countries with up-to-date, science-based guidance to manage COVID-19 in an integrated and sustainable way. In its previous report,<sup>2</sup> the IOAC recommended maintaining the expertise and capacity of the COVID-19 response team at headquarters. The IOAC will continue to monitor WHO's response to COVID-19 and the restructuring of relevant teams to better prepare for future crises.

8. Following the earthquake in the Syrian Arab Republic and Türkiye, the IOAC commends the Director-General for being the first UN agency head to visit northwest Syrian Arab Republic since the beginning of the conflict in July 2011. The IOAC recognizes the challenges in responding to such an event, including damaged infrastructure, lack of access to safe water, poor and overcrowded shelter, and ongoing aftershocks. WHO collaborated with partners in that area to rapidly capitalize upon the opening of two new border points to increase the flow of aid and essential health care, including specialized orthopaedic care and pediatric care. **The IOAC suggests that additional support for mental health and psychological support to affected populations should be considered.**

9. Since 2021, cholera cases have increased globally. Many affected countries reported higher case numbers and case fatality rates than previously. In 2022, at least 30 countries reported a cholera outbreak putting 1.1 billion people at risk from the disease, a 145% increase over the previous five-year average. On 13 January 2023, WHO graded the global cholera outbreak as a grade 3 event under the Emergency Response Framework and activated the full incident management system at headquarters, regional offices and affected countries. The IOAC noted that the grading of the cholera outbreak as a global emergency unlocked financial resources and mobilized the Organization-wide surge capacity.

10. There is an alarming shortfall in oral cholera vaccine and production capacity. Despite the efforts of the manufacturers to scale up current productions, there will not be enough vaccine available to control outbreaks with a single dose, let alone prevent outbreaks with the two-dose protocol. The IOAC is concerned also about the unequal distribution of medical countermeasures for cholera and other

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<sup>1</sup> WHO Coronavirus (COVID-19) Dashboard: <https://covid19.who.int/>.

<sup>2</sup> Document A75/16.

neglected diseases and will review WHO's role in managing global shortage and allocation in collaboration with partners.

11. On the Malawi field mission, the IOAC was briefed that misinformation and rumours about the COVID-19 vaccine had shifted to undermine acceptance of the cholera vaccine. A dedicated team on risk communication, community engagement and infodemic management, embedded in the cholera response IMS, is building trust by working with communities, raising awareness on disease prevention and response through media, social media and other mechanisms. The IOAC applauds the community feedback mechanism in Malawi to track misinformation and identify rumours and their sources. It emphasizes the importance of engaging with communities before outbreaks or emergencies occur, including for health promotion and disease prevention.

12. The IOAC welcomes the newly established WHO Emergency Hub in Nairobi. While recognizing the efforts to build regional capacity for quicker mobilization of resources to populations in need, it suggests that mechanisms be established to ensure the hub conforms to WHO headquarters' global standards for quality and transparency of supply processes. and is aligned with the Dubai Hub supply chain, and integrated into the logistics systems across headquarters, regional offices and countries. Doing so is key to coordinating operational support and logistics across all emergency responses. Given that health threats do not conform to regional boundaries, these capacities should be able to service global-level requirements if necessary.

13. Notwithstanding commendable progress in WHO's emergency response performance, **the IOAC is concerned that the current management practice for the WHE Programme and implementation of the Emergency Response Framework has begun to deviate from the decision adopted by Member States in 2016.** Under the 2016 reform overview,<sup>1</sup> while ultimate authority for WHO's work in emergencies rests with the Director-General, the Executive Director of the WHE Programme (EXD/WHE) should be responsible for development of the single budget and staffing plan in consultation with Regional Directors and the day-to-day oversight and management of major outbreaks and health emergencies, including Grade 3 emergencies. Recalling the Health Assembly's decision WHA69(9) (2016) to launch the WHE programme as a single programme across the three levels of WHO to fulfil a critical gap of WHO work in emergencies, with one workforce, one budget and one line of authority, the Committee emphasizes that the EXD/WHE should be accountable for the WHE Programme's strategic and operational planning and its performance across headquarters, regional and country offices in strong partnership with regional and country offices. Given that the international spread of any infectious disease starts from local outbreaks – Grade 3 crises develop from Grade 1 and 2 events – the EXD/WHE must therefore always be operationally accountable and have the delegation of authority to engage when he or she may deem appropriate, regardless of grades of emergencies. **The IOAC recommends that the Emergency Response Framework must state explicit roles and responsibilities, accountability, as well as lines of authority and reporting lines across regional and country offices and headquarters as per the directions set out in document A69/30.**

### **WHE Programme fit for purpose**

14. The IOAC endorses the Director-General's vision for the WHE Programme leading the Organization's work in emergencies. This will require clarity on the EXD/WHE's authority in relation to Assistant Directors-General or senior managers of other divisions involved in emergency response. The WHE Programme is working across WHO programmes to ensure that its work is integrated within an overall approach to health systems strengthening, that best practices are shared and applied, and that

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<sup>1</sup> Document A69/30.

community engagement is a component of all national capacity strengthening plans. The WHE Programme is working closely with Member States to assess capacity gaps and the development and implementation of national action plans to strengthen country capacities for managing the range of risks they face in relation to health emergencies. The IOAC is pleased that the WHE Programme is working across WHO programmes to ensure that this work is integrated within an overall approach to health systems strengthening, that best practices are shared and applied, and that community engagement is a component of all national capacity strengthening plans.

15. In the midst of growing demands, the EXD/WHE has taken on additional managerial responsibility due to the departure of two Assistant Director-General positions. While this has allowed headquarters WHE directors and emergency management staff with operational responsibilities to directly report to the EXD/WHE, the Committee is concerned that the extra administrative and managerial workload shouldered by the EXD/WHE is not sustainable and recommends that all WHE senior directors should be empowered to take on some Executive Director managerial responsibilities. The Director-General is advised to review the current structure of the WHE Programme with the EXD to ensure it is fit for purpose and consistent with the strategic direction for WHO health emergency management. The IOAC recommends that the EXD be supported by a deputy Executive Director, D-2 level managers and senior advisors with necessary technical expertise. **The Committee reiterates that the WHE Programme should be adequately resourced with sufficient staffing at all three levels to be ready to face future threats.**

16. The IOAC welcomes the creation of the new WHE Intelligence and Surveillance Systems division, and the ongoing progress in operationalizing the WHO Hub for Pandemic and Epidemic Intelligence in Berlin since its launch in September 2021. The IOAC will keep monitoring the progress on collaborative working mechanisms to expand the work with external partners and other divisions across the Organization's three levels.

17. The overall percentage of WHE Programme occupied positions at the country level has continuously improved from 37% in October 2017 to 68% in March 2023. However, WHO country offices still lack the required human and financial resources to build and sustain capacity, particularly for emergency operations in fragile contexts. The Committee commends the Director-General and the Regional Directors for their strong commitment to transform WHO country offices to drive impact at country level by establishing the Action Results Group (ARG), composed of one WHO representative from each of the six regions. The IOAC is encouraged by the initiation and will follow the progress on the ARG proposals including the implementation of global mobility, revision of delegations of authority to WHO representatives, use of assessed contributions to fund country office positions and ensuring core predictable WHO country presence, particularly in countries affected by emergencies.

18. The increase of WHO's operations in conflict settings creates higher security risks for staff. The IOAC has repeatedly recommended institutional investment in security and the development of a WHO strategy for the corporate security-functions in emergencies. The Committee is encouraged to hear that recruitment of a Director of Global Security is nearing completion, and that the incumbent will have dual reporting lines to the Assistant Director-General for Business Operations and the Executive Director of the WHE Programme. **The IOAC reiterates that WHO should make a corporate investment for security and develop its framework of accountability for security management in emergencies.** The IOAC will continue to keep staffing for security under review and monitor progress.

## Human resources

19. As at March 2023, WHE Programme staffing stands at 1786, of whom 1061 are located in country offices, 309 across the six regional offices and 416 at headquarters. There are 930 vacant positions out of the total 2716 positions planned for the WHE Programme prior to the COVID-19 pandemic, mainly owing to insufficient funding. WHO is encouraged to conduct a benchmarking of staff structure, size and seniority, against peer organizations and humanitarian agencies, to ensure that the WHE Programme staff structure and composition are appropriate relative to the demands and number of emergencies the Programme currently faces.

20. Under the transformation agenda, the WHE Programme human resources function was centralized and emergency business procedures were revised. The IOAC received consistent feedback from staff across the three levels of the Organization that the distinctive functions and agile business processes of the WHE Programme have been diluted and that recruitment and surge capacity are delayed. Objective assessments based on key performance indicators are needed to conclude whether the centralized human resources function has negatively impacted the WHE Programme and to fix the underlying problem to enable WHO to perform effectively in emergencies.

21. The Committee welcomes the Organization's progress in promoting diversity, equity and inclusion (DEI) and in providing training to prevent and address abusive conduct, including racism. The Committee also commends the Respectful Workplace initiative and development of tools to track DEI indicators and is pleased to see that, as at April 2023, women composed 61% of the WHE Programme headquarters workforce. However, the percentage of women staff members decreases in relation to increase in grade, with women representing only 38% of the workforce at P-6 and higher categories. **The IOAC encourages WHO to make further efforts to improve gender balance in senior positions and to introduce dedicated training against racism.**

22. The WHE Programme has been operating under constant emergency conditions since its launch in 2016 and demands have only grown with the multiplicity and complexity of emergencies the world is facing. The success of the 2016 reform on WHO's work in emergencies and the excellent reputation of the WHE Programme built over the last seven years has been achieved at the expense of the WHO staff on the ground. Findings suggest that the heavy demands placed on overstretched WHE Programme staff have resulted in burnout and loss of staff, also arising from the lack of a career development plan and talent retention policy. The IOAC draws attention to the high number of short-term contracts resulting from the human resources policy of locking funds to cover the full period of contracts in advance. **The IOAC urges WHO to review that policy, in order to protect staff and move towards 12 month minimum contracts, to provide staff with stability and to support staff retention.**

## Finance

23. As at March 2023, about 53% of the WHE Programme's core budget requirement of US\$ 1250 million for the 2022–2023 biennium has been funded. The total amount requested to fund outbreak and crisis response is US\$ 3967.7 million for the 2022–2023 biennium, and 61% of this has been funded. Out of a target capitalization of US\$ 156.4 million for the Contingency Fund for Emergencies (CFE), US\$ 101 million has been already released and US\$ 55.4 million of the balance is available to release.

24. Evidence from the field mission in Malawi confirmed the CFE's critical value, enabling the country to immediately scale up its response to the cholera outbreak. Since its establishment in 2015 following the Ebola virus disease outbreak in West Africa, the CFE has helped transform WHO into a

first responder in health crises, allowing WHO country teams quick access to the internal financing mechanism. The IOAC is pleased to note that the CFE has been fully embedded into the Emergency Response Framework. In 2022, US\$ 88 million in the (CFE) was released for 35 emergencies spanning 40 countries or territories. In 2023, the CFE opened with a healthy balance of approximately US\$ 68 million, however, as the scale and number of acute events continue to grow, the drawdown of the CFE in 2023 is already significant.

25. The WHE Programme is meeting the target to send over 80% of predictable and flexible funding to regional and country offices. However, the IOAC observes that managerial oversight is not systematically provided, as the flexible nature of these funds is sometimes used to finance positions in other divisions. The IOAC is also concerned that WHO's ability to advance work on the underfunded areas such as health emergency preparedness has largely been due to leftover funding received for COVID-19. Those funds are diminishing and are set to run out in September 2023: accordingly, the IOAC calls for WHO to assess gaps that may emerge as COVID-19 funds expire, and to allocate dedicated funding to implement and sustain persistently underinvested areas of work.

26. Recognizing the important role that communications and advocacy play in resource mobilization, the IOAC is encouraged to note a close working relationship with the Department of Communications to increase the visibility of donor contributions, including through the development of dedicated webpages and via various social media channels. Effective resource mobilization requires partnership skills at the highest level of WHO, especially at country level, and the role of WHO representatives is critical to the effective engagement of donors for strengthened partnership and resource mobilization.

27. The Committee is deeply concerned about a chronic shortage of flexible and sustainable financing in the WHE Programme and WHO's work on health emergencies. The IOAC calls on Member States to honour their commitment of gradually increasing assessed contributions to reach a level of 50% of the 2022–2023 base budget by the biennium 2030–2031, pursuant to decision WHA75(8) (2022). With regard to the establishment of a replenishment mechanism, the IOAC acknowledges that it is a follow up on the recommendations of the Member States Working Group on Sustainable Financing. The Committee notes that the Executive Board received a briefing on progress at its 152nd session in January 2023<sup>1</sup> and further discussions will be required. The Committee observes support for a five-year replenishment cycle, to prevent the Organization being in constant replenishment mode, and that it would be preferable for this cycle to be programmed outside the replenishment cycles of Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria. **The Committee reiterates that, for it to achieve its mandate in combatting health emergencies, the WHE Programme must be provided with a stable core budget.**

### **Preventing and responding to misconduct including sexual exploitation, abuse and harassment**

28. The IOAC commends the Director-General and the Regional Directors for progress made in the past 12 months in addressing sexual exploitation, abuse and harassment (SEAH). In response to the final report of the Independent Commission on Allegations of Sexual Exploitation and Abuse in the Democratic Republic of the Congo during the Response to the Tenth Ebola Outbreak, WHO launched a comprehensive Management Response and Implementation Plan<sup>2</sup> in October 2021. By

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<sup>1</sup> Document EB152/35.

<sup>2</sup> Preventing and responding to sexual exploitation and abuse: WHO Management Response. [https://cdn.who.int/media/docs/default-source/ethics/who-management-response-20211020-finalv2.pdf?sfvrsn=591a9adf\\_12&download=true](https://cdn.who.int/media/docs/default-source/ethics/who-management-response-20211020-finalv2.pdf?sfvrsn=591a9adf_12&download=true) (accessed 27 April 2023).

December 2022, 92% of the 150 actions had been implemented and a three-year strategic plan had been developed. The IOAC cautions that the gains achieved will remain fragile until trust and confidence in the internal systems are strengthened, and the workforce sees tangible, credible consequences for perpetrators of misconduct.

29. It is of paramount importance to sustain the structures established with required resources and capacities. In this regard, the IOAC aligns with the recommendations of the Independent Expert Oversight Advisory Committee (IEOAC) to the thirty-seventh meeting of the Programme, Budget and Administration Committee of the Executive Board on prevention of and response to sexual exploitation, abuse and harassment (PRSEAH) and encourages the IEOAC to look into the capacities further across the three levels of the Organization, while recognizing the PRSEAH Focal Point network's growth by more than 500% since March 2022 to include 348 focal points in 149 country offices across the 6 WHO regions as at April 2023.

30. Marked improvement has been observed in the speed of investigations, staff training programmes, appointment of dedicated staff with the right expertise in the right places, and introducing a survivor-centered approach for investigation and response. **However, delays in post-investigation disciplinary actions have generated frustration and marred confidence in the system.** In order to ensure there is accountability for actions and behaviours, equal attention must also be placed on the speed of response post-investigation. The Committee appreciates that the post-investigation process is complex, involving various parties including the already overstretched Department of Human Resource and Talent Management (HRT) and regional offices. The IOAC was briefed that a benchmark of 60 days has now been set for completion of the post-investigation process, and the tool to track the status of each case has been developed. **The IOAC urges WHO to accelerate post-investigation action, and reinforce HRT with the required expertise and additional capacity to ensure that the 60-day timeline can be met.**

31. The new dashboard for investigations into sexual misconduct and tracking of disciplinary actions for sexual misconduct and abusive misconduct brings greater and much-needed transparency to the system.<sup>1</sup> In reviewing the data, the Committee was struck by the number of males in D-1 and P-5 leadership roles that are included on the dashboard as perpetrators. The IOAC is deeply concerned that the seniority of the perpetrators combined with a lack of swift disciplinary action is indicative of an ongoing culture of impunity across the Organization, undermining the many efforts put in place to promote zero tolerance for SEAH. Overcoming the consequences of the power imbalance underlying SEAH will require sustained effort, strong leadership and a culture shift to empower bystanders to speak up. The IOAC warns that many cases still go unreported, and particular attention should be paid to populations who may be particularly challenged to speak up, such as young girls or boys.

32. The Committee applauds the incorporation of PRSEAH in the updated Emergency Response Framework and the mainstreaming of PRSEAH in WHO emergency operations, with a focus on enhancing SEAH prevention, reporting, referral for victim support services and response. The IOAC welcomes the WHE Programme's PRSEAH experts that are deployed to strengthen dedicated capacity for PRSEAH in countries during emergencies. The IOAC congratulates the WHO Country Office in Malawi for impressive progress in embedding PRSEAH in the IMS structure, conducting training in prioritized districts, mapping services at the community level and implementing a victim-centred approach. The Committee views Malawi as a success story for the Organization in PRSEAH, with

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<sup>1</sup> Dashboard on investigations into sexual misconduct: <https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment/seah-dashboard> (accessed 27 April 2023).



remarkable efforts being made and calls for continued investments in prevention and response efforts to maintain the momentum.

33. In November 2022, the IOAC was briefed on the ongoing internal investigation of misconduct in the WHO Country Office in the Syrian Arab Republic. In reviewing the matter, **the IOAC recommended that the investigation be conducted in collaboration with other UN entities, as relevant and findings be carefully communicated to donors.**

34. As part of responding to allegations of sexual misconduct, the IOAC acknowledges the role of the Department of Communications in responding to media allegations related to SEAH. The Committee notes a need for the communications team to develop a strategy to share information through the media on WHO's progress on PRSEAH, to proactively inform the public narrative rather than primarily being reactive. The IOAC suggests rolling out a clear communications and media strategy to showcase the advances WHO has already made on PRSEAH.

### **PART 3. WHO'S ROLE IN THE GLOBAL ARCHITECTURE FOR HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE**

35. In light of its revised terms of reference, the IOAC reviewed existing initiatives to strengthen the global architecture for health emergency preparedness, response and resilience, with a focus on WHO's role within it. The IOAC commends Member States for their leadership in building momentum for global health by better preparing for the next outbreak. The Committee also recognizes the Secretariat's commitment in supporting multiple intergovernmental processes mandated by the governing bodies but notes that the Secretariat should be equipped with necessary capacity to take on additional responsibilities.

36. The Committee congratulates the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (INB) on the significant progress made through continuous consultations since its establishment in February 2022. The IOAC read with great interest the document Zero draft of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO CA+) for the consideration of the Intergovernmental Negotiating Body at its fourth meeting <sup>1</sup> The zero draft provides a good basis for negotiations and the IOAC will follow the discussions closely.

37. Recognizing the ongoing discussions of the Working Group on Amendments to the International Health Regulations (2005) (WGIHR), the IOAC reiterates its support for adapting the PHEIC declaration mechanism to enable a clearer grading of levels of risk. The Committee notes that grading levels of the outbreak risk could be used as a tool to assess and communicate the nature, degree of spread and possible severity of impacts of the epidemic or pandemic on the general public, akin to other global hazard warning systems, such as those for hurricanes or famines. Such a model could, for example, iterate from tools like the Pandemic Severity Assessment Framework that the Centers for Disease Control and Prevention of the United States developed to assess pandemic influenza risk, which uses a combination of assessed transmissibility and clinical severity to characterize net ranges of pandemic impacts. Corresponding risks would signal clear steps for when policy-makers should take specific and immediate actions, with Member States held accountable. The IOAC reiterates its previous recommendations for strengthening the role of IHR focal points and compliance measures.

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<sup>1</sup> Document A/INB/4/3.

38. The Committee is pleased to see a focus on WHO emergency functions in the governing bodies and welcomes the establishment of the Standing Committee on Health Emergency Prevention, Preparedness and Response. WHO must have a central position in the global architecture and the IOAC hopes that the Standing Committee can play a critical role in ensuring that WHO is equipped with the necessary authority and resources to coordinate pandemic preparedness, response and resilience. The IOAC would be happy to share its views as an independent body with the Standing Committee and support its work.

39. The IOAC affirms that during health emergencies, particularly pandemics, there are economic and political dimensions that go beyond the scope of WHO and require close collaboration and coordination with other UN entities and partners. The Committee believes that emphasis should be put on enabling communities to respond and build national and subnational capacities, that are further supported by regional and global systems. The IOAC is also fully aligned with the INB that a whole-of-government and whole-of-society approach is required to address shortcomings the world faced in responding to COVID-19, including certain issues falling outside the scope of governments. In particular, engagement with the private sector, and new approaches that enable countries to engage with private sector actors collectively and equitably rather than competitively, should be actively pursued.

40. The IOAC applauds the establishment of the Pandemic Fund and its aim to provide long-term funding, complement existing gaps, promote coordination, incentivize increased investments, and advocate for pandemic preparedness. However, the level of financing remains low relative to the need. As at March 2023, US\$ 1.7 billion has been pledged from over 24 donors, which falls short of the estimated US\$ 10 billion annual funding gap for pandemic preparedness. In the first call for proposals launched on 3 March 2023 with an envelope of US\$ 300 million in financing to help developing countries better prepare for and respond to future pandemics, more than 600 proposals were received from 100 countries, many of which duplicated efforts of national partners. The IOAC encourages the WHE Programme to support countries in coordinating efforts at national level across the sectors and building strong investment cases for health emergency preparedness.

41. Since numerous groups and initiatives have been created within and outside WHO to fill critical gaps in the global health architecture, it is critically important to coordinate efforts and avoid duplication. The IOAC is pleased to see that the INB and the WGIHR are collaborating closely, supported by the same team in the WHO Secretariat with coherent and strategic management. **The IOAC believes that the WHO Secretariat should provide a platform to convene key stakeholders and coordinate discussions in order to maximize impact of the ongoing efforts. To serve this purpose, additional staff capacity and financial resources should be provided.**

42. The IOAC will continue to monitor the role of WHO and the WHE Programme in developing the global health architecture for emergency preparedness, response and resilience, and review implications of a new governance architecture on WHO's work in emergencies.

## **PART 4. RECOMMENDATIONS**

### **WHO health emergency management**

43. The IOAC appreciates the WHO Secretariat's continuous efforts to implement its recommendations and improve WHO's health emergency management. Reaffirming the findings and observations in its previous ten reports and as outlined in this eleventh report, the IOAC recommends that:

- (i) the Emergency Response Framework must refer to the directions set out in document A69/30 in terms of roles and responsibilities, accountabilities and lines of authority between the Director-General, Regional Directors, the WHE Programme Executive Director, Regional Emergency Directors, WHO Representatives and Incident Managers. The IOAC reiterates that:
- (a) the WHE Programme Executive Director must always be operationally accountable and have the authority to intervene under any circumstance that he or she may deem appropriate, regardless of the grade of emergencies;
  - (b) the Regional Emergency Director should be jointly recruited by, and have dual reporting lines to, the Regional Director and WHE Programme Executive Director;
- (ii) the Director-General review the current delegations of authority to the Regional Directors, the WHE Programme Executive Director and Assistant Directors-General at headquarters to enable the WHE Programme to lead WHO's work in emergencies under the principle of the single budget and staffing plan in consultation with Regional Directors, and the day-to-day oversight and management of outbreaks and health emergencies;
- (iii) the WHE Programme and the WHO polio transition programme conduct a joint review of multiple IMS for different emergencies in a country to identify areas of overlap and make more efficient use of the available resources;
- (iv) the WHE Programme, in collaboration with the Procurement and Supply Services of Business Operations Support Division, establish a centralized supply planning mechanism to monitor global demand against supplier production capacities and inventory levels within the Organization and forecast quarterly and annual demand to maintain sufficient supplier production and stock levels. The WHE unit of Operations support and logistics should work closely with global procurement on the allocation of emergency health supplies and with global and regional hubs on inventory management adopting the best practice to ensure adequate stock turn-over based on demands, priorities, fluctuations, supplier production timelines and capacities.

### **WHE Programme fit for purpose**

44. Noting the growing demands placed on the WHE Programme since its establishment in 2016, and WHO's increasing work in multiple disease outbreaks, protracted crises and other health emergencies, the IOAC recommends that:

- (i) the Secretariat, in consultation with the relevant governing bodies, undertake a review to examine whether the size of staffing and resources for the WHE Programme are commensurate with its workload and Member States' expectations, using benchmarking data from UN or other entities working in emergencies;
- (ii) flexibility and sustainability of WHO financing be improved through an increase in assessed contributions and the establishment of a replenishment mechanism to broaden further the financing base;
- (iii) the EXD be supported by a deputy Executive Director, D-2 level managers and senior advisers to enable appropriate delegation of managerial responsibilities;

- (iv) WHO conduct an independent and objective review to assess the impact of the transformation agenda on the WHE Programme, particularly on human resources management, including activating surge capacity for emergencies;
- (v) HRT, in consultation with the Finance Department conduct an analysis of the relevant human resources policies to issue a contract for the secured funding period only, and explore options to provide longer-term contracts to staff with a proven record of success;
- (vi) the Global Policy Group agree on a managerial oversight mechanism on flexible WHE funds to ensure that funds sent to countries are used for their intended purpose;
- (vii) the WHE Programme work closely with the Action Results Group to strengthen WHO presence in fragile countries.

### **Misconduct/PRSEAH**

45. While recognizing the progress achieved in PRSEAH, the IOAC notes the fragility of progress and the persistent lack of confidence in the internal systems. The Committee recommends that:

- (i) the Secretariat establish an end-to-end process from complaint to disciplinary action, with specific timeline targets and reinforce the capacity and expertise of relevant teams to achieve these targets, in consultation with the IEOAC;
- (ii) HRT urgently handle backlogged/pending cases for post-investigation actions and undertake an analysis of the culture of impunity in relation to the gender and seniority of perpetrators;
- (iii) HRT refine the tracking tool to show multiple allegations against the same individual and accelerate operationalization of the tool;
- (iv) the Secretariat examine the seniority of perpetrators in allegations of abusive behavior, keeping in mind that the current pattern suggests a culture of impunity;
- (v) a benchmark is established for the time it takes for disciplinary action to be taken after a case is substantiated;
- (vi) the Secretariat share with donors and other UN entities findings from investigation of misconduct and develop a proactive communications strategy to inform the media of what WHO is doing to address the issue.

### **Global architecture for health emergency preparedness, response and resilience**

46. The IOAC congratulates WHO Member States for their leadership in developing the global health architecture and the Secretariat for its commitment to support Member States and coordinate efforts within and outside WHO. The IOAC recommends that:

- (i) WHO position itself to lead the ongoing discussions on the global architecture for health emergency preparedness, response and resilience and exercise its power to convene key stakeholders and coordinate different initiatives;

- (ii) the Secretariat is equipped to take on the additional workload to support the increasing governing bodies processes aimed at coordinating the ongoing initiatives for the global architecture on health emergency preparedness, response and resilience.

## CONCLUDING REMARKS

47. Great progress has been made in building and growing the WHE Programme as the operational entity to lead emergency operations while maintaining WHO as a robust technical agency on global health. The IOAC wishes to express its deepest gratitude and appreciation to each and every WHO staff member working tirelessly in the field. It congratulates the Director-General, the Regional Directors and the WHE Programme Executive Director for their leadership and commitment. However, the Committee observes that while such progress is undeniable, it has been achieved at considerable personal cost to the staff concerned. Although staffing levels have increased, along with budgetary allocations for the Programme, this increase has not been commensurate with the growing demands placed on WHO since the launch of the WHE Programme. The WHE Programme has constantly been hampered by funding gaps and lack of capacity.

48. The IOAC is concerned about when the world will be better prepared to face a new pandemic of magnitude similar to COVID-19. How fast is WHO advancing in building a new global architecture for health emergencies and in strengthening countries' capacity? Although progress has been made by the INB and the WGIHR, Member States are still in the midst of a lengthy process for reaching an agreement on a pandemic accord and IHR amendments, not to mention their subsequent ratification and implementation. Meanwhile, strengthening countries' national capacity is also a long-term endeavour. As a result, many countries are counting on WHO support to face health emergencies because the successes of the WHE Programme in intervening quickly and efficiently have raised countries' expectations of WHO as an operational agency in emergencies.

49. However, the WHE Programme is currently over stretched, struggling to respond to emergencies that are increasing in number and intensity, and would encounter tremendous difficulties in the event of a new pandemic like COVID-19. **It is imperative and urgent that the WHE Programme be empowered with enough authority and capacitated with all needed financial and human resources, to make it fit for purpose.**

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