

Report of the Independent Expert Oversight Advisory Committee

The Director-General has the honour to transmit herewith to the Programme, Budget and Administration Committee of the Executive Board, for the Committee's consideration at its thirty-fifth meeting, the report submitted by the Chair of the Independent Expert Oversight Advisory Committee (see Annex).

ANNEX

**REPORT OF THE INDEPENDENT EXPERT OVERSIGHT ADVISORY
COMMITTEE TO THE PROGRAMME, BUDGET AND
ADMINISTRATION COMMITTEE, JANUARY 2022**

BACKGROUND

1. The Independent Expert Oversight Advisory Committee (IEOAC) was established by the Executive Board in May 2009 under resolution EB125.R1, with terms of reference to advise the Programme, Budget and Administration Committee, and through it the Executive Board, on matters within its mandate, which primarily include:

- reviewing WHO’s financial statements and significant financial reporting issues;
- advising on the adequacy of the Organization’s internal controls and risk management systems;
- reviewing management’s risk assessment and the comprehensiveness of the ongoing risk management processes;
- reviewing the effectiveness of the Organization’s internal and external audit functions, investigation function and evaluation function and;
- monitoring the timely, effective and appropriate implementation of all audit findings and recommendations.

2. This report covers the thirty-fourth, thirty-fifth and thirty-sixth meetings of the IEOAC held in June 2021, September 2021 and October 2021, respectively, the latter including the Committee’s annual meeting with the Director-General. The primary recommendations from those meetings are indicated below.

3. Due to the current coronavirus disease (COVID-19) pandemic, all meetings were held virtually.

4. The Committee received the required support from management at all levels of the Organization.

5. The members of IEOAC who participated in the above three meetings were: Mr J. Christopher Mihm (2022 Chair), Mr Greg Johnson, Mr Bert Keuppens, Mr Christof Gabriel Maetze (2021 Chair) and Mr Jayantilal Karia. The terms on the Committee of Mr Maetze and Mr Karia concluded at the end of December 2021.

6. WHO senior management provided updates to the Committee on the internal WHO COVID-19 response, particularly the increased demands on staff at all levels and the use of flexible working arrangements. The Committee noted that due to the ongoing pandemic, concerns over the mental health of staff members, and the shortage of office space at WHO headquarters as a result of the current construction work, more flexibility had been granted to permit broader teleworking outside the duty station. The Committee continues to appreciate the courage and dedication of the individuals working for WHO in a complex and global operational environment.

INFORMATION TECHNOLOGY STRATEGY IMPLEMENTATION

7. Following questions from the Committee with regard to the division of work between information technology lead initiatives within WHO programmes and information technology initiatives within the Information Management and Technology Department, the Committee took note of the WHO Project Management Centre of Excellence that enables the handling of projects in a portfolio system, thus ensuring a strong project management discipline.

8. The Committee applauded WHO's progress from a low maturity in the area of cybersecurity to a higher one as of today. Cybersecurity remained, however, a matter of concern and the Committee sought to understand the underlying issues that required improvement in this area. Clarity on the overall information technology budget was requested, in particular the amount allocated to cybersecurity.

9. The Committee explored whether improvements in this area could be achieved through further investment in human resources (new staff) or an increase in the overall funding of the information technology budget. It was noted that, at WHO headquarters, further funding of an additional US\$ 25 million on top of the existing US\$ 60 million budget would enable the absorption of the additional operational costs resulting from approved initiatives and new projects.

10. In the area of information technology management, the IEOAC recommended a centralized approach in order to avoid duplication and allow for efficiency gains.

11. In respect of information technology, and specifically cybersecurity, the IEOAC encourages Member States to consider such areas as critical investments and to explore the possibility of making a one-off supplementary investment based on a clear business case from WHO.

WHO'S USE OF DATA ANALYTICS

12. The Committee noted that the Director-General had endorsed the urgent establishment of the World Health Data Hub in response to the multiple recommendations and requests to reduce data fragmentation from WHO Member States, the IEOAC and the Programme, Budget and Administration Committee, and in order to increase efficiencies in WHO's end-to-end data process.

13. With regard to data analytics, the Committee was pleased to learn that in May 2021 WHO had made excess mortality data available and had published its first global COVID-19 excess mortality estimates. In addition, the Organization was exploring whether to introduce an artificial intelligence workstream on COVID-19 surveillance data and intended to update the data from the triple billion dashboard in August 2021, with a completely automated backend by December 2021, to include projections on the impact of COVID-19 on all three triple billion targets. The Committee is monitoring and will assess those efforts in future reports.

14. The Committee examined the sensitivity of data and specifically systems WHO had installed to ensure the protection of sensitive data. It was pleased to learn of the availability of mandatory training for staff as well as an environment regulating access to information.

15. The Committee recommends that WHO ensures that its data analytics strategy supports an Organization-wide learning agenda that centres on the major policy and programmatic questions that the Organization seeks to answer.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

16. The IEOAC heard presentations on WHO's policies and the end-to-end process covering prevention, reporting, investigation and resolution of sexual exploitation and abuse, which included a presentation of the current policy on preventing and addressing abusive conduct. This was complemented by information on training, capacity-building, monitoring and protection mechanisms.

17. The IEOAC noted that external WHO contractors must adhere to WHO policies on the prevention of sexual exploitation and abuse, which are set out in WHO contractual agreements. In addition, WHO was promoting a climate that allowed such issues to be brought forward through different channels.

18. To complement its understanding of the effectiveness of the end-to-end process across the three levels of the Organization, following an introduction by WHO senior management at headquarters, the IEOAC discussed and challenged the process to prevent sexual exploitation and abuse with the Head of the WHO Representative's Office in Libya as well as with the national consultant of the WHO Representative's Office in Bangladesh.

19. The IEOAC noted that effective training of specific focal points on the prevention of sexual exploitation and abuse exists; however, the Committee concurred with WHO management that to fully address such issues, it is fundamental to **cultivate a culture of trust at all levels of the Organization and above all in remote areas in the field where it is more difficult to implement an established process.**

20. Following the publication of the final report of the Independent Commission on the review of sexual exploitation and abuse during the response to the tenth Ebola virus disease epidemic in the Democratic Republic of the Congo on 28 September 2021, WHO senior management requested the support of the IEOAC for certain follow-up matters announced by the Director-General as part of the press briefing on 28 September 2021. **The IEOAC agreed to provide such support in line with and respecting the Committee's mandate, terms of reference and independence requirements.**

21. **The Committee recommends that line managers of focal points on the prevention of sexual exploitation and abuse should be made aware of the additional responsibilities of those focal points to ensure that the necessary time and resources are fully allocated to this task.**

22. **The Committee further recommends that WHO expedite investigations pertaining to sexual exploitation and abuse while ensuring that there is a balance in the analysis of information from both parties. The IEOAC reiterates the need for a strong reporting system to help all victims.**

OCTOBER 2021 VIRTUAL VISIT TO THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN AND THE COUNTRY OFFICE OF JORDAN

23. Each year, the IEOAC visits a WHO region during one of its sessions to gain an on-the-ground perspective of the issues confronting the Organization and how they play out at the local level. This year, the IEOAC had a virtual visit to the Regional Office for the Eastern Mediterranean. Overall, the Eastern Mediterranean Region appears to be making good progress; however, challenges related to translating global transformation efforts into regional and country actions remain, as well as capacity and financing gaps, and fragmented data systems require further strengthening.

24. The Region comprises 22 Member States and territories, across a wide spectrum of GDP and health service indicators. The Regional Director for the Eastern Mediterranean indicated that there

continues to be a gap in achieving the overall target for universal health coverage. Efforts are being made to mobilize sufficient resources to fill the gaps. There is a continuing need for joint ownership and empowerment with Member States in the Region to achieve Sustainable Development Goal 3. The Regional Director noted that there are millions requiring assistance, with a great diversity of cultures and needs. Travel is highly restricted due to the security situation, which makes providing assistance and conducting oversight difficult.

25. There are some barriers in sharing and collecting data on causes of deaths and on births due to challenges with antiquated systems and processes and other issues. The quality and consistency of civil registration, death records and cause of death has been particularly challenging.

26. The Regional Director noted that as elsewhere in WHO, there is a need to provide direct humanitarian assistance while also helping to build national public health system capacity. For the WHO Secretariat, this requires different skill sets, and therefore means the training and hiring of new staff. Weaknesses in national health systems were one of the factors identified as limiting progress as part of the mid-term review of the Region's Vision 2023. **Continued efforts are needed to build national public health system capacity, including gathering and sharing good practices across WHO regions.**

27. At the country level, the recent significant increase in temporary funding due to COVID-19 has forced the Region to very quickly augment its capacity to manage and absorb these additional funds. This has resulted in a high degree of organizational stress. For example, according to regional officials, COVID-19 has led to a significant increase in the use of non-State actors at the country and regional levels. **The Eastern Mediterranean Region would benefit from guidance on how to manage the growth in temporary funding and how to work with non-State actors in the private sector, which is an emerging area. More broadly, the WHO Secretariat should consider forming rapid response teams of qualified individuals who are certified for various functions. These could be deployed for emergencies and used to train local/regional teams.**

28. The global pandemic and WHO's central and vital role in addressing that pandemic underscore the importance of ensuring that the WHO staffing model is fit for purpose to address public health emergencies as well as ongoing needs. **Specifically, there is a need for a review of human resources capacity between WHO headquarters, regions and country offices to ensure a proper balance, focusing on the resources required for implementation to address the increasing accountability responsibilities and reporting requirements across the Organization.**

SUMMARY OF HIGHLIGHTED RECOMMENDATIONS FROM THE THIRTY-FOURTH, THIRTY-FIFTH AND THIRTY-SIXTH MEETINGS OF THE COMMITTEE

29. In the area of information technology management, the IEOAC recommends a centralized approach in order to avoid duplication and allow for efficiency gains.

30. **In respect of information technology, and specifically cybersecurity, the IEOAC encourages Member States to consider such areas as critical investments and to explore the possibility of making a one-off supplementary investment based on a clear business case from WHO.**

31. The Committee recommends that WHO ensures that its data analytics strategy supports an Organization-wide learning agenda that centres on the major policy and programmatic questions that the Organization seeks to answer.

32. To fully address issues relating to the prevention of sexual exploitation and abuse, it is fundamental to cultivate a culture of trust at all levels of the Organization and above all in remote areas in the field where it is more difficult to implement an established process.
33. **The IEOAC agreed to provide support to WHO in addressing the findings and recommendations of the Independent Commission on the review of sexual exploitation and abuse during the response to the tenth Ebola virus disease epidemic in the Democratic Republic of the Congo, subject to the Committee’s mandate, terms of reference and independence requirements.**
34. **The Committee recommends that line managers of focal points on the prevention of sexual exploitation and abuse should be made aware of the additional responsibilities of those focal points to ensure that the necessary time and resources are fully allocated to this task.**
35. **The Committee further recommends that WHO expedite investigations pertaining to sexual exploitation and abuse while ensuring that there is a balance in the analysis of information from both parties. The IEOAC reiterates the need for a strong reporting system to help all victims.**
36. **Continued efforts are needed to build national public health system capacity, including gathering and sharing good practices across WHO regions.**
37. **The Eastern Mediterranean Region would benefit from guidance on how to manage the growth in temporary funding and how to work with non-State actors in the private sector, which is an emerging area. The WHO Secretariat should consider forming rapid response teams of qualified individuals who are certified for various functions. These could be deployed for emergencies and used to train local/regional teams.**
38. **There is a need for a review of human resources capacity between WHO headquarters, regions and country offices to ensure a proper balance, focusing on the resources required for implementation to address the increasing accountability responsibilities and reporting requirements across the Organization.**

OPEN MATTERS WITH THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE

39. In follow-up to the recommendation of the thirty-fourth meeting of the Programme, Budget and Administration Committee to “(h) request the Independent Expert Oversight Advisory Committee to conduct benchmarking of budgetary levels of enabling functions as a proportion of the overall budget across the United Nations system”,¹ the IEOAC held an open discussion with WHO senior management to discuss how best to address this request.
40. The IEOAC noted that the definition of “enabling functions” varies across United Nations organizations and that it was imperative to start with a clear definition that would allow other United Nations organizations to also provide the necessary comparative data. It was agreed that data should cover WHO headquarters, regions and country offices and should be based on expenditures. A trend analysis going back three bienniums would be preferable, and data should be collected at the budget centre level to facilitate aggregation. The IEOAC will report on these matters in a later report.

¹ Document EB149/2.

41. In a follow-up to the update of the terms of reference of the IEOAC, it had been proposed at the thirty-fourth meeting of the Programme, Budget and Administration Committee that an informal consultation with members of the Programme, Budget and Administration Committee should be held before the IEOAC provides revisions to its terms of reference. Based on those very helpful consultations, the IEOAC is submitting a set of revised terms of reference to the Programme, Budget and Administration Committee for its consideration.

Mr J. Christopher Mihm (Chair), Mr Greg Johnson and Mr Bert Keuppens

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