

Status of implementation of the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

Report by the Director-General

BACKGROUND

1. The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC) was established in the year 2016, pursuant to decision WHA69(9). The Committee's objective is to provide independent scrutiny and monitoring of WHO's work in health emergencies and to advise the Director-General in accordance with its mandate.
2. While the initial focus of the Committee was to review implementation of the new WHO Health Emergencies Programme (WHE Programme), in March 2023 the Committee adopted the fifth edition of its terms of reference¹ incorporating the Director-General's request to make the IOAC a permanent committee, to expand its scope to include monitoring the work of other WHO divisions and departments in contributing to the Organization's work in emergencies under the central coordination of the WHE Programme, and to provide advice on WHO's role in developing the global architecture for health emergency preparedness, response and resilience. The Committee will maintain its independence and continue to report directly to the Director-General and the Health Assembly, and has updated its monitoring framework in line with its revised terms of reference.
3. The Committee uses the WHO Consolidated Recommendation Management and Tracking Platform to monitor the implementation status of its recommendations. The platform strengthens accountability by tracking the implementation status of recommendations over time and enhances organizational learning by identifying repetition or duplication of efforts and providing a deeper understanding of the root causes of barriers to implementation of recommendations.
4. This report uses data valid as at 6 March 2024 and incorporates recommendations made by the Committee since its inception to the Executive Board and the Health Assembly, and in its special report to the Director-General on diversity.²

¹ See <https://www.who.int/groups/independent-oversight-and-advisory-committee/terms-of-reference> (accessed 27 March 2024).

² See <https://www.who.int/publications/m/item/ioac-special-report-to-the-director-general-of-world-health-organization-april---march-2019> (accessed 27 March 2024).

REVIEW OF THE IMPLEMENTATION STATUS OF RECOMMENDATIONS MADE BY THE COMMITTEE

5. The following section covers the Committee’s recommendations by area of work, as reflected in the latest version of its monitoring framework and in reports to the governing bodies. It provides information on the implementation status of recommendations, including those that have been actioned or are ongoing, and on barriers to implementation.

6. As at 6 March 2024, the Committee had made 315 recommendations, of which 201 (64%) have been fully implemented (see Fig. 1). The remainder are open-ended recommendations entailing progressive actions to be implemented over a longer period.

7. The Secretariat has implemented 72 (66%) of the 109 recommendations for action by the WHE Programme. The Committee has made a further 199 recommendations for WHO-wide action, including from centralized services supporting the WHE Programme, of which 126 (63%) have been fully implemented. The Committee has also made seven recommendations to Member States, of which three (43%) have been fully implemented. Fig. 2 illustrates the implementation status of recommendations by thematic area.

Fig. 1. Overall implementation status of the Committee’s recommendations, 2017–2023

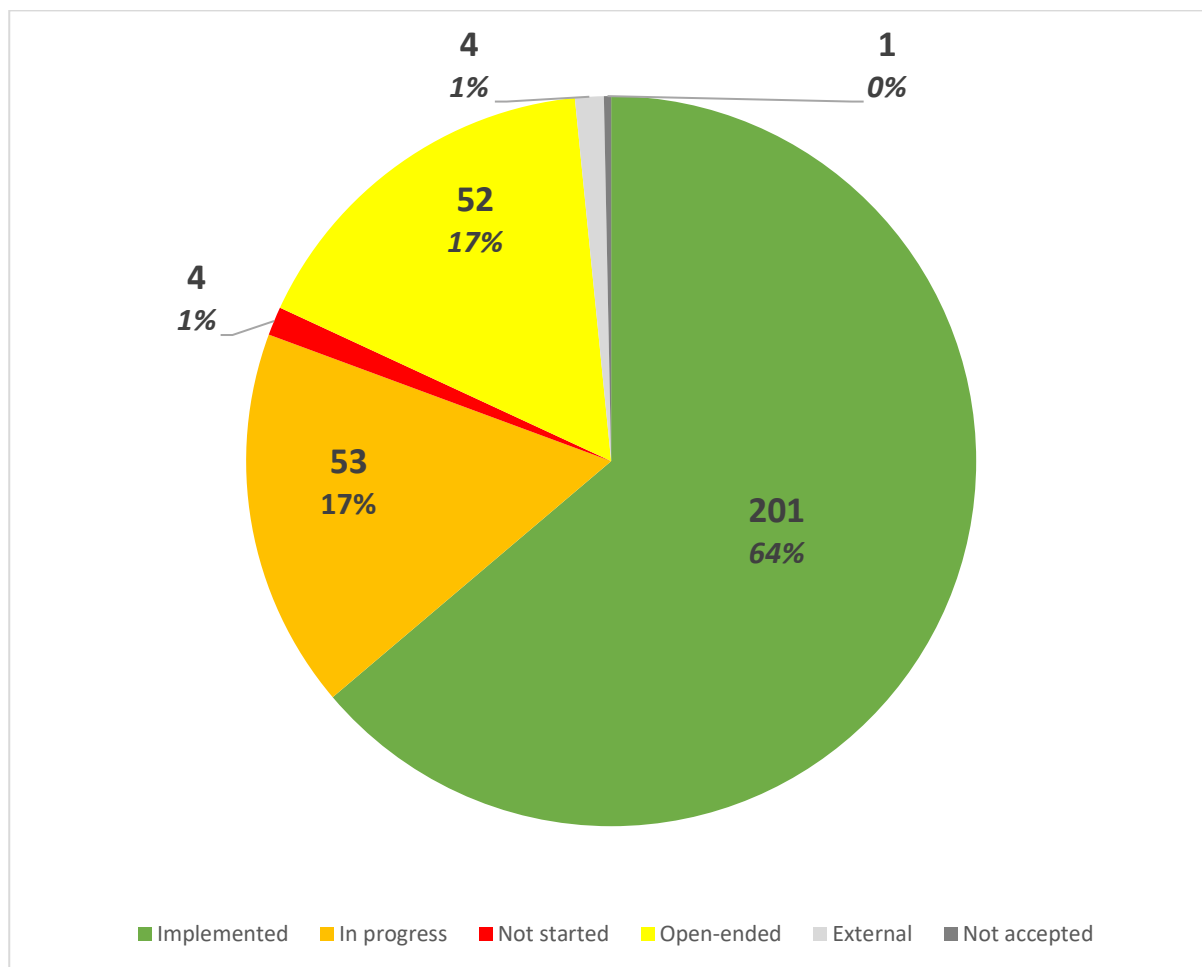
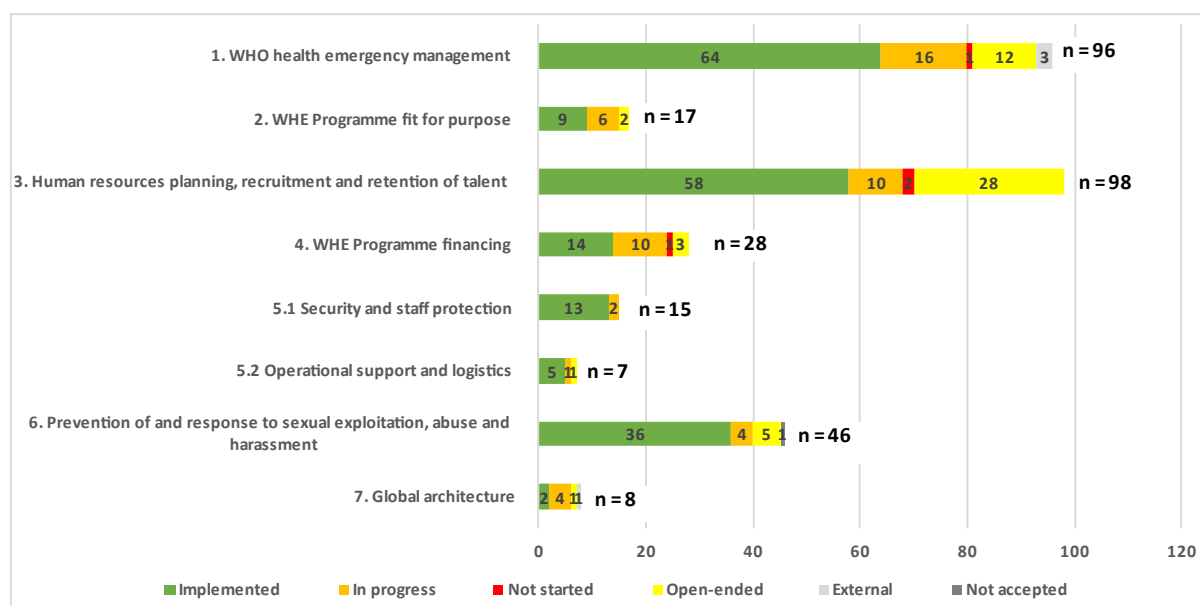


Fig. 2. Implementation status of the Committee’s recommendations by thematic area, 2017–2023

WHO health emergency management

8. From the outset, the Committee has recognized the importance of rigorously applying the Emergency Response Framework procedures for risk assessment, grading of events and response management, the Incident Management System, emergency performance standards and key performance indicators in order to avoid confusion during emergency response activities and optimize efforts. At the same time, it acknowledges that flexibility is required to adapt to specific emergency contexts.

9. The Committee has continually underscored the importance of adapting roles and responsibilities as required across the three levels of WHO within the context of the Emergency Response Framework, in line with the principles set out in document A69/30. According to decision WHA69(9), the WHE Programme was launched as a single programme with one workforce, one budget and one line of authority, with the Executive Director of the WHE Programme being accountable for its strategic and operational planning and for its performance in strong partnership with regional and country offices. The Committee has also made several recommendations related to the updating of business rules for operating within the existing systems that support the WHE Programme on a “no regrets” basis, including on streamlining administrative and operational systems for emergency response, updating processes for all-hazards emergency management and a framework for protracted emergencies that is currently being elaborated, and integrating into health emergency management the work on the following: security, prevention of and response to sexual exploitation, abuse and harassment, and other risks inherent in emergency settings.

10. Progress in this area includes the updated standard operating procedures for emergencies, which were first published in the year 2017 and updated in the year 2020, incorporating additional delegations of authority, waivers and standardized processes for graded emergencies. The delegation of authority to the Executive Director of the WHE Programme has been subject to numerous revisions and is currently

similar to the one applicable to Assistant Directors-General at WHO headquarters, aside from a limited number of additional waivers for graded emergencies. Further processes have been developed to facilitate implementation of the Framework of Engagement with non-State Actors during emergencies and implementation of an operational risk management framework for graded emergencies that includes capacity-building at the country level, as well as processes related to strengthening corporate security, preventing sexual exploitation, abuse and harassment, addressing vaccine-preventable diseases, and implementing the Contingency Fund for Emergencies and a framework for protracted emergencies, as set out in the updated Emergency Response Framework.

11. While the Committee has recognized the progress made in a number of areas, in its 2023 annual report¹ it expressed concern that the management practice for the WHE Programme had begun to deviate from decision WHA69(9) and the key principles of the “one programme” concept. Further discussions are required at the three levels of the Organization on implementation of the accountability and delegation framework set out in the revised Emergency Response Framework in order to address the Committee’s recommendations.

WHE Programme fit-for-purpose

12. The Committee’s recommendations on making WHO fit-for-purpose in emergencies included adapting emergency management structures at the country level to address different types of emergencies; strengthening leadership in outbreak management and performance during emergencies; institutionalizing the Incident Management System for graded emergencies; and strengthening the WHE Programme’s capacity to manage all emergency events, including through collaborative working mechanisms.

13. Progress has been made in accelerating implementation of the Committee’s recommendations through a country-focused approach and in highlighting the importance of effective communication and coordination across all levels of the Organization. However, such efforts have been affected by the significant increase in the demands placed on the WHE Programme due to the occurrence of multiple simultaneous emergencies against an overall context of limited sustainable resources to fund core positions at all three levels.

14. The establishment in September 2021 of the WHO Hub for Pandemic and Epidemic Intelligence, located in Berlin, has been recognized as an important initiative to expand collaboration with external partners on critical aspects of surveillance.

15. The Committee has recognized the increased demands placed on the Executive Director of the WHE Programme as a result of the suppression of two vacated Assistant Director-General positions and recommended that the Executive Director be supported by a Deputy Executive Director, D-2 level managers and senior advisers with the necessary technical expertise.

16. The Secretariat was requested, in consultation with the relevant governing bodies, to 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 United Nations or other entities working in emergencies and the experience from the coronavirus disease (COVID-19) pandemic and other major emergency responses. Work on the review is well-advanced and is expected to be completed by the Seventy-seventh World Health Assembly.

¹ Document A76/8; see also the summary records of the Seventy-sixth World Health Assembly, third meeting (section 2), fourth meeting, fifth meeting and sixth meeting of Committee A.

Human resources planning, recruitment and retention of talent

17. Since its establishment, the Committee has recommended a series of actions to improve the operational effectiveness and skills of the WHE Programme's workforce at the three levels of WHO, including by improving recruitment rates and providing training for emergency response, particularly in humanitarian crisis settings; enhancing human resources capacity in priority country offices; increasing the supply of a diverse pool of trained, competent staff to take the lead in emergencies, as well as the number of rostered staff skilled to undertake other functions; and implementing reforms informed by recommendations on diversity, including lateral transfers, comprehensive diversity policies and time-bound diversity goals.

18. The WHE Programme was established in July 2016 with a total of 1396 planned staff positions, with a proposed distribution of 50% at the country level, 25% across the six regional offices and 25% at headquarters. As at March 2023, of the 2716 positions planned for the WHE Programme prior to the COVID-19 pandemic, 930 (34%) positions were vacant, mainly owing to insufficient funding. This meant that the WHE Programme had 1786 core staff, of whom 1061 (60%) were located in country offices, 309 (17%) across the six regional offices and 416 (23%) at headquarters. The WHE Programme's limited workforce capacity has hampered its ability to provide timely scientific guidance, support country response and lead the global response to major emergencies.

19. In the year 2017, the WHE Programme launched a country business model to strengthen country office capacity to support health emergencies. In line with the Committee's recommendations, WHO has accelerated the recruitment of WHE Programme posts in country offices, giving high priority to those in fragile States, and has completed the recruitment of full-time health cluster coordinators and information management officers at the country level and worked towards ensuring staff retention. While the percentage of occupied WHE Programme positions at the country level increased from 37% in October 2017 to 53% in October 2018, 65% in October 2019 and 73% in December 2019, the onset of the COVID-19 pandemic led to the accelerated recruitment of additional functions, where needed. The overall percentage of occupied WHE Programme positions at the country level stood at 68% in March 2023. However, country offices still lack the human and financial resources required to build and sustain capacity, particularly for emergency operations in fragile contexts.

20. In response to this challenge, inter alia, the Director-General and the Regional Directors established the Action Results Group, composed of WHO representatives from all six WHO regions working towards the implementation of global mobility, the revision of delegations of authority to WHO representatives, the use of assessed contributions to fund country office positions and ensuring core predictable WHO country presence. In the light of the COVID-19 pandemic and in line with the Committee's recommendation, the country business model was revised and adjusted to country-specific requirements.

21. The Committee acknowledged the Organization's progress in promoting diversity, equity and inclusion and in providing training to prevent and address abusive conduct, including racism. Implemented recommendations include the development of a strategy for identifying and cultivating talent from underrepresented groups; the establishment of mechanisms to provide support for applicants who face linguistic or cultural barriers; the further development of incident manager rosters and the creation of deputy incident manager posts, preferably filled by underrepresented groups; and a review of the level of hardship in offices working on emergencies.

22. Areas for improvement include the development of a comprehensive diversity policy for improved gender, race and geographical balance among staff, ensuring non-discrimination on the basis

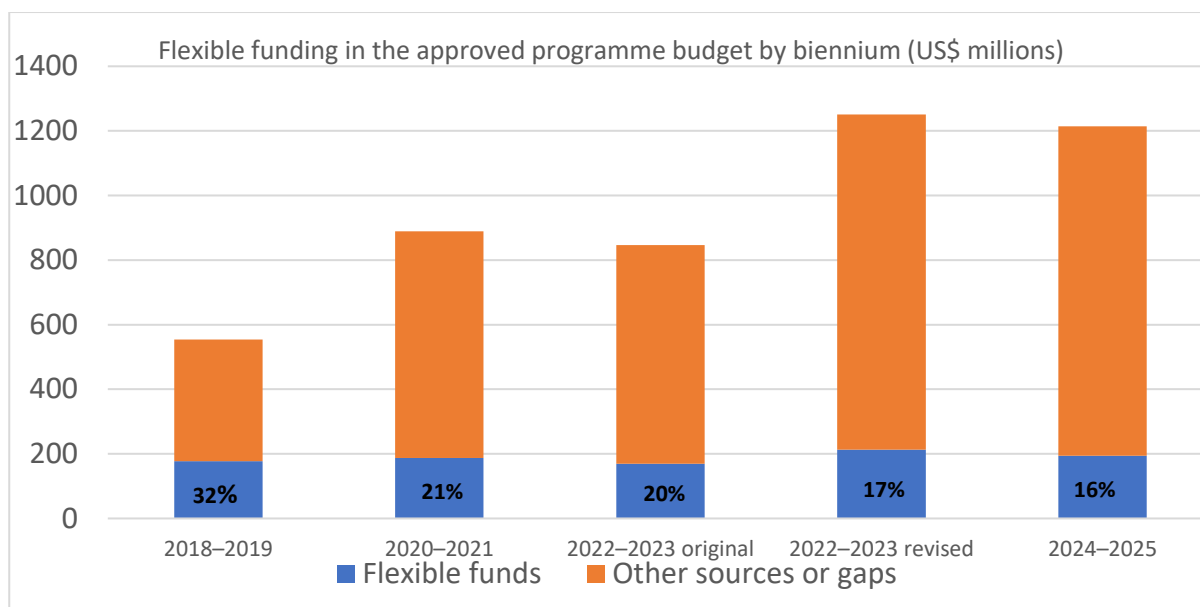
of disability, religion, and sexual orientation and identity; the systematic implementation of a staff rotation and mobility policy; the further development of a mobile professional workforce of international staff; the improvement of gender balance in senior positions; and the introduction of dedicated training against racism. The Committee requested the establishment of key performance indicators to enable ongoing assessment and address underlying problems affecting WHO's performance in health emergencies.

WHE Programme financing

23. The Committee's recommendations in the area of financing included ensuring flexible and sustainable financing for the WHE Programme through increases in the WHE Programme's core budget and the distribution of WHO core flexible funding, diversifying WHO's donor portfolio, developing innovative and sustainable financing mechanisms, and strengthening resource mobilization capacity at the country level.

24. Despite the progress achieved in increasing the WHE Programme's core budget and financing through implementation of the Working Group on Sustainable Financing's recommendation on an incremental increase in assessed contributions, the Committee noted that, as at March 2023, about 53% of the WHE Programme's core budget requirement of US\$ 1250 million for the biennium 2022–2023 was funded and called on Member States to support a gradual increase in 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). The actual amount of flexible funding allocated to the WHE Programme for each biennium since 2018 has been relatively stable, as illustrated in Fig. 3. The flexible funding allocated to the triple billion target on ensuring that one billion more people are better protected from health emergencies constituted 17% of the programme budget as at the end of the biennium 2022–2023 and 16% for the biennium 2024–2025.

Fig. 3. Flexible funding allocated to the triple billion target on one billion more people better protected from health emergencies



25. The Contingency Fund for Emergencies (CFE) was launched in the year 2015 as a revolving fund of US\$ 100 million with the objective of serving as a rapid initial source of financing for acute emergencies. The Committee, having repeatedly noted that the CFE was not reaching its financing goal, requested that the CFE replenishment mechanism, disbursement criteria and operating processes be redesigned and urged the Department of Coordinated Resource Mobilization to complete the review of the CFE and roll out a new strategy to improve its sustainability and transparency. Recommendations implemented in this area include the completion of a comprehensive review of CFE operating processes and disbursement criteria; the strengthening of operating processes and overall compliance with the CFE by updating the WHO eManual and fully embedding the CFE into the Emergency Response Framework; the development of a new strategy paper for more sustainable financing of the CFE; the development of the business case for CFE investment, including through monthly and quarterly reporting on the CFE webpage and the inclusion of the CFE in WHO's first ever Global Health Emergency Appeal in the year 2022.

26. At the start of the year 2023, the CFE had a healthy balance of approximately US\$ 68 million; however, as the scale and number of acute events continued to grow, the drawdown of the CFE in the year 2023 was significant.

27. The Committee requested WHO to protect humanitarian and development funding for health security and universal health coverage. It urged the Secretariat to support countries in fragile, conflict-affected and vulnerable settings in resuming the delivery of an essential package of health services, including feasible COVID-19 control measures and a vaccination strategy. The total amount requested to fund outbreak and crisis response was US\$ 3967.7 million for the biennium 2022–2023, 61% of which has been funded.

28. Going forward, the Committee has noted the support for a five-year replenishment cycle to prevent the Organization being in constant replenishment mode, and highlighted that it would be preferable for this cycle to be programmed outside the replenishment cycles of other major funds and initiatives. The Committee has repeatedly stated that, for the WHE Programme to achieve its mandate in combating health emergencies, it must be provided with a stable core budget.

WHE Programme emergency response operations

Security and staff protection

29. WHO's operations in conflict settings have resulted in higher security risks for staff. The Committee has repeatedly recommended institutional investment in security and the development of a WHO strategy for corporate security functions in emergencies.

30. Progress in implementing the Committee's recommendations include the completion of a five-year WHO security services strategic plan (2021–2025) as of 2021; the recruitment of a Director of Global Security with dual reporting lines to the Assistant Director-General for Business Operations and the Executive Director of the WHE Programme; the integration of security management in the revised Emergency Response Framework; and the identification of security procedures and measures for the protection of staff, assets and operations through a security risk management process, including in collaboration with the Department of Safety and Security. The WHO security support framework for WHO emergency response, which has been incorporated in the WHO eManual, section XVII, describes the security support process for emergencies.

31. Recommendations in progress include requests that WHO conduct systematic risk assessments, implement preventive measures, put in place risk mitigation procedures, develop the WHO security support framework for WHO emergency response and make corporate investments in the Organization's security capacity. Implementation of these recommendations is pending a decision on the proposed structure to implement the security support framework and on a sustainable funding mechanism for security.

Operational support and logistics supply processes: procurement and supply chain management

32. The Committee has acknowledged WHO's vital role as a frontline responder supporting emergency response efforts, delivering life-saving medical supplies and providing critical operational support and technical guidance in emergency response operations in multiple health and humanitarian crises across all WHO regions. The Committee's recommendations included improving dedicated business processes and platforms for procurement and logistics in support of WHO's emergency response and building a fit-for-purpose supply chain capable of providing the support required for health emergencies.

33. While recognizing the efforts made to build regional capacity for a more rapid mobilization of resources to populations in need through the WHO logistics hub in Dubai and the newly established WHO Emergency Hub in Nairobi, the Committee suggested that mechanisms should be established to ensure that the Emergency Hub conforms to WHO headquarters' global standards on the quality and transparency of supply processes, is aligned with the Dubai hub supply chain, and is integrated into the logistics systems across WHO headquarters, regional offices and country offices.

34. Recommendations in progress include the establishment of 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 Committee recommended that the WHE Programme's operations support and logistics unit should work closely with the Secretariat's global procurement and logistics department on the allocation of emergency health supplies and with WHO global and regional hubs on inventory management, adopting best practices to ensure adequate stock turnover based on demands, priorities, fluctuations, supplier production timelines and capacities.

Prevention of and response to sexual exploitation, abuse and harassment

35. The Committee has issued a series of recommendations to WHO on addressing sexual exploitation, abuse and harassment, including on improving the speed of investigation processes to address incidents; strengthening whistle-blower and redress mechanisms; developing staff training programmes; appointing dedicated staff with the required expertise; and introducing a survivor-centred approach for investigation and response.

36. Working closely with the Department of Prevention of and Response to Sexual Misconduct, the WHE Programme has established a dedicated team within the Office of the Executive Director to support operational aspects related to implementation of WHO policy in the field, as well as to contribute to policy discussions within the context of the Inter-Agency Standing Committee, develop the necessary tools and support the deployment of adequate human resources for health emergencies. Prevention of and response to sexual exploitation, abuse and harassment has also been fully integrated into the updated Emergency Response Framework, with a package of priority interventions, and is being mainstreamed in WHO emergency operations and serves as a prerequisite for access to the CFE.

37. Organization-wide progress on various policy aspects and on addressing the other recommendations related to prevention of and response to sexual exploitation, abuse and harassment has been reported under the relevant items at governing bodies meetings.

38. The Committee has expressed concern about the sustainability of WHO's actions until trust and confidence in its internal systems are strengthened, and reiterated the paramount importance of ensuring adequate resources and capacities to sustain the structures established.

Global architecture for health emergency preparedness, response and resilience

39. The COVID-19 pandemic demonstrated beyond doubt that countries and the global multilateral system were and remain ill-equipped to deal effectively with the growing scale and complexity of health emergencies. The Committee has been raising the alarm regarding the chronically low investments for preparedness at the national and international levels, and recognized the difficulties WHO faces in raising funds for the WHE Programme to support countries with preparedness activities. The Committee requested that Member States agree on the targeted revision of the International Health Regulations (2005), in particular on risk assessment and a graded approach to declarations of a public health emergency of international concern. It further requested that Member States consider adopting measures for compliance with the requirements of the International Health Regulations (2005) under a convention, agreement or other international instrument on pandemic prevention, preparedness and response.

40. The Committee also recognized the role of WHO in driving, supporting and coordinating diverse efforts to strengthen the global architecture for health emergency prevention, preparedness, response and resilience. These efforts can be broken down into three distinct yet complementary areas: governance, financing and systems.

41. While major progress has been made by the Intergovernmental Negotiating Body in drafting a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, as well as in adapting the mechanism for the declaration of a public health emergency of international concern to enable clearer risk grading, similar to other global hazard warning systems, and establishing the Standing Committee on Health Emergency Prevention, Preparedness and Response and the Pandemic Fund, the Committee has highlighted the need for increased financing to address the substantial funding gap for pandemic preparedness.

42. The Committee has stressed the importance of coordination among various groups and initiatives within and outside WHO to avoid the duplication of efforts and maximize impact, calling for additional staff capacity and financial resources to support this coordination effort.

Concluding remarks

43. While the Committee recognizes the progress achieved over recent years, it also recognizes the barriers to achieving progress in key areas of the WHE Programme's work, including in country offices. Since its inception, the Committee has been highlighting the fragility of the WHE Programme's financing model and has recommended improving the predictability, flexibility and sustainability of funding for the WHE Programme through an increase in assessed contributions, unspecified multiyear funding arrangements for core voluntary contributions and an expanded donor base, as well as by allocating an increased proportion of WHO core flexible funding to the WHE Programme. These challenges in financing have been a major root cause of the delays in implementing the majority of the Committee's recommendations that are still in progress.

ACTION BY THE STANDING COMMITTEE

44. The Standing Committee is invited to note the report and, in its discussions, to provide guidance on the following questions:

- how can the Member States support the Secretariat to accelerate the implementation of IOAC recommendations that are still in progress and overcome the barriers to their implementation?
- and how can the Secretariat improve coordination among the various groups and initiatives involved in responding to health emergencies both within WHO and beyond in order to avoid duplication of effort and maximize impact?

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