

IOAC group statement to the Seventy-fifth World Health Assembly

1. Thank you, President/Mr Chairman. Honourable ministers, excellencies, heads of delegation, Director-General, and distinguished colleagues. I am honoured to present document A75/16 to the World Health Assembly, on behalf of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme – IOAC. This is the tenth report of the committee, which reviews the annual progress of WHO’s work in health emergencies.

2. Since the WHO Health Emergencies Programme was established in 2016, IOAC has been providing, independent scrutiny and oversight of WHO’s work, on outbreaks and emergencies, within the terms of our mandate, guiding the activities of the WHE Programme, advising the Director-General, and providing reports to Member States.

3. As of 15 February 2022, WHO was responding to a total of 83 graded emergencies, of which 10 were graded at level 3. Since submitting our report, IOAC has also been briefed, on the crisis in Ukraine with high impact on health, and WHO’s ongoing work on health emergencies. The Committee is deeply concerned by the ongoing attacks on health care personnel and facilities, and their disastrous consequences. We commend the WHO, for their close coordination with key stakeholders in Ukraine, and the life-saving interventions that the Organization is providing, across the country. The Committee will continue to monitor this work closely.

4. The Committee reviewed documents and interviewed key WHO staff to develop the recommendations for this report. After drafting it, we continued to conduct interviews with WHO staff, and external partners, to triangulate our findings. Based on the document review, and the internal and external interviews, our report describes the progress of WHO’s work in emergencies, including COVID-19, and also highlights persistent issues that the Committee has observed, since its establishment in 2016, that should be addressed, as a matter of urgency.

5. We would like to draw your attention to those persistent gaps, that must be filled, to enable the WHE Programme, to lead WHO’s emergency work.

6. **First - roles and responsibilities in emergencies of the major offices, the accountability framework and reporting lines of functions supporting emergency management.**

- Through our assessment, we identified internal power dynamics as an obstacle to clarifying accountabilities, and lines of authority, between the WHE Programme and wider Organization, as well as, between the three levels of the Organisation.
- We recommend that the Global Policy Group review current delegations of authority, and the accountability framework for emergencies management, based on the **one programme principle**.

- Moreover, we recommend that Regional Emergency Directors be recruited jointly by, and have dual reporting lines to, both the Regional Directors and the WHE Programme Executive Director.

7. Second - **organizational structure and system to support WHO's work on emergencies.**

- The Committee found that internal systems can be fragmented, ambiguous and duplicative. We reiterate that Sexual Exploitation, Abuse and Harassment (SEAH) investigations, should be handled differently from, Internal Oversight Services (IOS) investigations, or other types of misconduct.
- Also, in regional offices, a focal person for supporting functions and systems, with responsibility for scrutinizing misconduct in the respective region, should be appointed by the DG.

8. Additionally, centralized functions supporting the WHE programme, such as Human resources, security, resource mobilisation etc., should develop key performance indicators, to track their impact on WHO emergency operations, and the dual reporting lines to WHE Programme managers, and divisional heads, should be **formalized**, also at the regional level.

9. Third - on **human resources capacity and management to ensure the Organization is equipped and resourced to lead emergency responses.**

- The Committee is deeply concerned, that although WHO country offices' performance has improved, they are still lacking the required human and financial resources to build and sustain capacity, particularly for emergency operations in **fragile contexts**.
- Vacant posts for WHO Representatives, and WHE Programme staff in country offices, must be filled.

10. On a positive note, during the pandemic, we observed the value in having a health emergency programme, embedded within WHO, playing a leading role in coordinating an Organization-wide response.

- We recommend maintaining, and increasing, the WHE Programme's core capacities, including social scientists and gender equity experts.
- In the future, standard operating procedures - SOPs for timely internal surge capacity, would also help to leverage in-house expertise.

11. Fourthly, on **finance**.

- The Committee continues to observe a chronic shortage of flexible and sustainable financing in the WHE Programme, and WHO's work on health emergencies.
- And We wish to congratulate the **Working Group on Sustainable Financing** for their work, and applaud Member States for approving the draft decision in document A75/9.

Increasing assessed contributions will have a transformative impact and strengthen the authority of WHO.

- However, we reiterate that the proportion of WHO core flexible funding to the WHE Programme, and for financing preparedness activities should be increased.

12. **Fifthly, on International Health Regulations and country preparedness.**

- We found that investment for preparedness is chronically low at national and international levels, and, for the WHE Programme, and we recognise the difficulties WHO faces raising funds, to support countries with preparedness activities.
- We recommend that Member States agree on the **targeted** revision of the IHR, in particular, for the risk assessment, and, a graded approach to PHEIC declarations.
- Additionally, the Committee urges Member States to consider adopting IHR compliance measures under a treaty, convention or instrument for pandemic preparedness and response.

13. **Sixthly, the Committee recognizes WHO's leadership role in the global response to COVID-19.**

- This was reaffirmed through interviews with UN partners, who shared positive comments on WHO's leadership.
- However, also noted, was that there may be more opportunities available for leveraging UN and other partners, to amplify the messages on prevention, testing and treatment, for COVID-19.
- We recommend that the Secretariat continue to provide technical guidance, and support to Member States, in close collaboration with partners.
- Also, we warmly welcome the establishment of 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.

14. **Finally, the Committee welcomes the paper put forward by the Director-General, on strengthening the global architecture for health emergency preparedness, response and resilience.**

- We commend the Secretariat and Member States, for the effort and extensive consultation process. IOAC believes that many of the biggest failings in the global response to COVID-19, are largely in domains beyond the mandate of WHO, particularly political challenges, and these must be reviewed.
- This suggests, that the required reforms must likewise go beyond WHO's remit, and look at a wider architecture.

- We recommend a strengthened WHO, must be at the centre of the architecture, with strong links between governance and finance, and rooted in principles of **equity, inclusivity and coherence**.
- We believe that more specificity, on how to empower and strengthen WHO within wider reforms, is essential.

15. Honourable ministers, excellencies, heads of delegations, distinguished colleagues, **in conclusion**, the Committee has witnessed WHO become a more reliable and competent partner to governments, UN entities, health cluster members, NGOs and donors, throughout the pandemic.

- WHO has maintained and strengthened its leadership position in global health emergencies, throughout the COVID-19 pandemic.
- The Committee wishes to underline the fact that the pandemic is not over, there is more work to do. We are deeply concerned by the discrepancy between the well-proven measures to control COVID-19, and the actions taken by decision-makers.
- The Committee will continue to hold WHO accountable, and to deliver on our mandate. We welcome the Office of the Director-General has put in place a consolidated platform for tracking the implementation of recommendations and monitoring the progress.
- Member States and partners, must play their part as well, to
 - ensure WHO is equipped, with sustainable and flexible funding, as you have just agreed, and
 - that WHO is granted the global authority, to carry out its work, effectively.
- We renew our commitment to continue delivering on our mandate, and to support WHO to play a central role in the global health architecture, for pandemic preparedness and response.

16. In presenting the report, the Committee would like to thank, the WHE Programme and WHO staff, who are working tirelessly, to promote health, keep the world safe, and serve the vulnerable. We also wish to pay tribute to the health workers, and partners, around the world, working to bring the pandemic to an end, to those promoting health, and providing care, in humanitarian crises, and to those who have lost lives from COVID. or other ongoing emergencies.

On behalf of the IOAC – I thank you

Note from the Secretariat

The IOAC statement was delivered on 26 May 2022 by Dr Felicity Harvey, Co-Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.