Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC)

Terms of reference for IOAC field missions[1]

Background

The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme (WHE) was established in 2016 concomitantly with the WHE Programme as an outcome of WHO's reform of health emergency management following the West Africa Ebola crisis of 2013–2015. The IOAC is mandated to oversee and guide the WHE Programme in coordinating all of WHO's work in emergencies, to advise the Director-General on issues within its mandate and to report its findings to the World Health Assembly. The IOAC uses a combination of working methods: teleconferences, in-person meetings, desk reviews, interviews, and field missions.

Objectives and scope of the work

IOAC field missions are a critical component of the Committee's workplan to assess WHO's performance in support of national health authorities for emergencies, the operational aspects of the WHE Programme and WHO's relations with ministries and partners on the ground. IOAC visits to WHO's regional and/or country offices also enable the Committee to gain a deep understanding of how WHO operates in emergencies as "one organization" across the different levels, and to triangulate findings and generate new evidence that can inform recommendations to improve WHO's work.

The IOAC monitoring framework[2] is used to define the common objectives and scope of work for the field missions, which can help to generate a specific visit programme for each mission, in line with the geo-political contexts and health emergencies faced in the regions and countries which the IOAC visits.

Key elements for the IOAC review include:

1. **WHO health emergency management**

   - to review WHO leadership in emergencies, the extent to which WHO has carried out its mandate as a leading agency for global health;
   - to review WHO's engagement with partners at global, regional and country level in global health architecture discussions;
   - to review the extent to which WHO's working methods, the Emergency Response Framework (ERF) and the Programme's oneness component contribute to WHO's performance for emergency response on the ground;
   - to review WHO's strategic leadership, its relations with different entities including ministries, the UN system, nongovernmental organizations (NGOs) and other partners

---

[1] For the purposes of these terms of reference, the term: "IOAC field mission" designates visits by a delegation composed of IOAC members, accompanied by WHO officials, to WHO regional offices, country offices and field offices, and to countries or regions undergoing a health emergency or humanitarian crisis.

[2] Second edition of the IOAC monitoring framework: https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/ioac-report-15th-meeting-annex-matrix.pdf?sfvrsn=9406294c_2.

and WHO's participation and role in the Health Cluster, United Nations Country Team (UNCT) and other intersectoral fora; and

- to review WHO policy and measures to protect, prevent and respond to SEAH and other risks such as collusion and fraud in WHO's field operations.

2. WHE Programme across three levels

- to review the application of the ERF underlying principle of a single programme for health emergency management;
- to review the organizational structures of the WHE Programme at headquarters, regional office, country office and field office level;
- to review the respective roles, responsibilities and reporting lines of Regional Directors or the Executive Director, ADG/Directors, Regional Emergency Directors, WHO country office (WCO) Representatives and incident management teams;
- to review the efficiency of WHO's internal response, including the WHE Programme's role in emergencies to coordinate other divisions or departments external to the Programme, as well as across the three levels of the Organization; and
- to review the coordination and communication dynamics between headquarters, regional offices and country offices.

3. Effectiveness of WHO's operations in support of national authorities

- to review ongoing emergencies and WHO's response on the ground;
- to review WHO's incident management structures and mechanisms for coordinating with the national authorities;
- to review WHO's work in support of national authorities, the extent to which WHO's work in support of ministries of health and national authorities facilitates health service delivery;
- to review WHO's interaction with partners on the ground including governments, UN bodies, NGOs, implementing agencies and other partners in operational response;
- to review the business processes for administration, finance, procurement, reception of surge staff, and reception/disbursement of funds to support the field operations; and
- to review risk assessments on security, SEAH, financial management and other risks, the extent to which WHO works with the national authorities to mitigate such risks across the Organization.

4. WHO support for country preparedness and readiness

- to review the extent to which WHO's support effectively contributes to strengthening the country's IHR core capacity;
- to review WHO's role in the implementation of the amended IHR;
- to review the extent to which WHO's work in support of the government at national and subnational levels contributes to the effectiveness of preparation and readiness for acute emergencies; and
- to review the extent to which WHO's relations with different entities including government, UN bodies, NGOs, implementing agencies and other partners contribute to the development of preparedness and response readiness plans for the entire UN system.

5. Review of external contextual factors that impact WHO's performance and/or effectiveness during emergency response, including but not limited to:

- climate change or other environmental factors;
- the sociopolitical situation;
- funding mechanisms and donor support; and
- presence and capabilities of national and international operational health partners.

Expected outputs

IOAC field missions enable the Committee to guide WHO's work in bridging critical gaps in responses to health emergencies and humanitarian crises and to support the WHE Programme to become more predictable, effective and sustainable.

A short mission report is published on a dedicated page on the WHO website providing a summary of each visit, findings, observations and recommendations on areas for improvement in WHO operations. Observations and recommendations on politically sensitive matters requiring the attention of the Director-General may be submitted through a confidential memo.

Findings from the mission are also submitted to the World Health Assembly through the Committee's annual report.

Methodology

Main working methods include: (a) review of relevant documents; (b) meetings with ministries of health, relevant national authorities, WHO staff and partners including local NGOs and civil society; (c) interviews with both individual and group key informants; and (d) site visits. The meetings and interviews may be recorded, and presentations or any other documents that are shared during the mission are archived.

(a) Review of relevant documents

Essential reading material for the purpose of the mission is sent to the IOAC in advance. Presentations by WHO teams and other documents may be distributed during the visits. WCOs or regional offices provide assistance with translation whenever possible. Relevant documents include:
- organigrams of the WHE Programme, Incident Management Teams (IMTs) at headquarters, regional office, country office, field offices;
- timeline of events and decision-making in chronological order of the ongoing crises;
- situation reports on the major emergencies in the country;
- response framework and joint operations plan for emergency responses;
- WHO response plan and/or humanitarian response plan;
- preparedness and readiness plans at national and subnational levels;
- relevant internal memos regarding grading of the emergency, delegation of authority, PRSEAH, and other key issues;
- notes for record of relevant meetings (internal and external);
- references outlining IHR capacities/health priorities;
- short bios of participants confirmed from the proposed list under (b) and (c) below.

(b) Meetings with the national authorities, WHO and partners

The WCO arranges meetings with a wide array of stakeholders, including but not limited to:
- ministry of health and health authorities;
- other relevant ministries involved in emergency prevention, response and recovery;

- UN agencies and global health cluster partners;
- UNCT, humanitarian country team;
- donors present in country;
- international and local NGOs;
- civil society;
- communities where the operational responses are ongoing;
- the WCO.

(c) Interviews with key informants

A list of interviewees is finalized in consultation with respective WHO Regional Emergency Directors for regional visits and WHO Representatives, incident managers and health sector partners for country visits. Key informants include:
- government officials including ministers of health and of other relevant ministries;
- IHR national focal points for emergency response;
- representatives of key partners;
- frontline health care workers at province or district level;
- UN resident coordinator and/or humanitarian coordinator;
- Regional Emergency Director;
- WHO representative;
- incident managers at three levels (headquarters, regional office, country office);
- WCO staff including SEAH focal points and security officers.

The Committee may request ad-hoc interviews and should have access to confidential information in the course of the country visit, which can be classified as "off-the-record".

(d) Site visits

To observe WHO operational effectiveness, the IOAC may, in consultation with the relevant WHO offices, consider taking a field trip. Factors to be considered include:
- magnitude of the event and affected populations in the country;
- key locations of WHO's operational response;
- strategic importance of the sites (e.g. refugee camp near the border);
- presence of other UN agencies or partners;
- security and logistical constraints.

Programme of the IOAC field mission

A draft programme shall be developed by the relevant WHO offices in coordination with the government, partners, and the WHE Programme at headquarters, regional office and country office level.

In the case of a country visit, the WCO Representative of the country to be visited shall be responsible for developing the draft programme for the visit. The draft programme is to be based on these terms of reference, taking account of the emergency situation, national priorities, and the availability of key stakeholders in the country. In the case of regional office visits, the Regional Emergency Director shall lead the development of the visit programme.

The draft programmes prepared by the WCO Representatives or by Regional Emergency Directors shall be reviewed by the IOAC and finalized prior to departure.

Participants

The IOAC delegation shall be composed of a team of 2 to 4 Committee members, accompanied by the IOAC Secretariat. Relevant WHO staff from headquarters, the regional office and from the WCOs join the IOAC mission as appropriate.

Administrative arrangements

The IOAC Secretariat will make international travel arrangements; support travelling Committee members to obtain UNDSS security clearance for international travel; sign up for travel insurance; provide travel allowance and per diem payments to the Committee members in accordance with WHO rules. Other costs directly related to the IOAC mission can be covered by the IOAC Secretariat, subject to review and agreement of cost items and invoices by the IOAC Secretary.

WHO staff members participating in the IOAC field mission shall be funded by their respective offices.

Obtaining a visa shall be each participant's responsibility. The WCO and/or regional office can provide guidance regarding the visa application process and issue a visa supporting letter.

The WCO and/or regional office shall provide necessary administrative and logistical support throughout the IOAC field mission, including hotel reservations, airport pick-up and drop off, protocol service as appropriate, in-country transportation, meeting room reservations, IT support and security clearance for in-country movement for the delegation composed of IOAC members and WHO staff.