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Public health preparedness and response

Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

The Director-General has the honour to transmit to the Executive Board at its 142nd session 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

I. BACKGROUND

1. In accordance with decision WHA69(9) (2016),[1] WHO established the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies (WHE) Programme to guide the development of the new Programme, monitor WHO's work in outbreaks and emergencies and provide oversight.[2] The WHE Programme was officially launched on 1 July 2016.[3] Since then, the IOAC has been monitoring progress through regular updates and event-specific briefings from the Secretariat, group discussions via teleconferences and in-person meetings, field visits and interviews on the margins of the governing bodies meetings.

2. In January 2017, the first report of the IOAC was transmitted to the Executive Board at its 140th session.[4] The report reflected activities between May and December 2016, including a field visit to Colombia (to review WHO's response to the Zika virus disease outbreak) and a desk review of WHO's response to the yellow fever outbreak in Angola and the Democratic Republic of the Congo. The first report concluded that the reform of WHO's work in outbreaks and emergencies, though complex, was on track, but would take several years to be fully implemented. The IOAC cautioned that a lack of funding would hamper the implementation of the WHE Programme, and encouraged Member States to continue to provide both political and financial support.

3. The second report was transmitted to the Seventieth World Health Assembly in May 2017.[5] It focused on the functionality of the WHE Programme across the Organization and the barriers to effective operations. Findings were informed by field visits to Nigeria[6] to observe WHO's response to the crisis in the north-east of the country, and to Iraq[7] to review WHO's response to the humanitarian emergency. The IOAC recognized WHO's efforts in implementing the Programme at the three levels of the Organization and noted both progress and remaining obstacles in emergency operations at the country level. The IOAC observed that cultural constraints and substantial administrative obstacles throughout the Organization remained a major impediment to the speed and effectiveness of the reforms.

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[1] See document WHA69/2016/REC/1 (http://apps.who.int/gb/ebwha/pdf_files/WHA69-REC1/A69_2016_REC1-en.pdf, accessed 21 December 2017).

[2] Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/en/, accessed 21 December 2017).

[3] WHO in emergencies (http://www.who.int/emergencies/en/, accessed 21 December 2017).

[4] Document EB140/8 (http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_8-en.pdf, accessed 21 December 2017).

[5] Document A70/8 (http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_8-en.pdf, accessed 21 December 2017).

[6] Nigeria mission report, 28 February–6 March 2017 (http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/nigeria-mission-report.pdf, accessed 21 December 2017).

[7] Iraq mission report, 22–24 March 2017 (http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/iraq-mission-agenda.pdf, accessed 21 December 2017).

4. During May to December 2017, the IOAC held two teleconferences, two in-person meetings and field visits to Mali[1] and Pakistan.[2] The IOAC reviewed to what extent the WHE Programme has changed WHO's performance on the ground, and assessed the impact of the reform measures on the effectiveness of the response. This document is the third IOAC report to the governing bodies, and provides a summary of observations of the first 18 months of the Programme. Section II documents overall progress and section III outlines key areas that the IOAC considers important constraints on WHO's performance in outbreaks and emergencies.

II. PROGRESS OF THE WHO HEALTH EMERGENCIES PROGRAMME

5. In monitoring the implementation of the WHE Programme, as laid out in the Director-General's report to the Sixty-ninth World Health Assembly on the reform of WHO's work in health emergency management,[3] the IOAC has identified eight key thematic areas to track progress: structure, human resources (HR), incident management, risk assessment, finance, business processes, partnerships and the International Health Regulations (2005) (IHR). The IOAC has developed a monitoring framework[4] to support its assessment and will track progress against the indicators set out in the WHE Programme results framework that was presented to the Seventieth World Health Assembly.[5]

6. From the official launch of the WHE Programme in July 2016 to December 2017, the IOAC has noted significant progress in the implementation of the Programme, particularly in structure, incident management, risk assessment, partnerships and IHR. WHO's performance in outbreaks and emergencies at country level has improved noticeably in many countries and IOAC's positive review has been affirmed by partners working on the ground during field visits and interviews in Iraq, Mali and Pakistan. The IOAC noted further progress on positioning the Programme as an organizational priority under the leadership of the new Director-General, who took office on 1 July 2017. The IOAC welcomes the Director-General's outlining of health emergencies as one of five key priorities for the Organization.

7. The IOAC applauds the newly instituted daily briefing to the Director-General on outbreaks and emergencies across the globe and the various internal reporting tools that have been introduced to support the WHO senior leadership with decision-making and coordinated response operations. The IOAC was particularly pleased to see the new Emergency Dashboard, which can help managers to make informed decisions based on data and evidence. The Dashboard consolidates a wide range of data (on epidemiology, HR, deployment, response plans, tracking tasks, roles and responsibilities, and finance, collected from different various sources through existing tools in-house, including the Event Management System[6] and vSHOC[7] databases) into a user-friendly interface. The IOAC encourages the

[1] Mali mission report, 10–13 October 2017 (http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/IOAC-Mali-Mission-report.pdf, accessed 21 December 2017).

[2] Pakistan mission report, 6–8 September 2017 (http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/pakistan-mission-report-ioac-visit-6-8september2017.pdf, accessed 21 December 2017).

[3] Document A69/30 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf, accessed 21 December 2017).

[4] IOAC monitoring framework for WHE (http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/ioac-monitoring-framework.pdf?ua=1, accessed 26 December 2017).

[5] See document A70/7, section E, WHO Health Emergencies Programme (http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_7-en.pdf, accessed 21 December 2017).

[6] The Event Management System (EMS) is a database for outbreak management.

[7] The Virtual Strategic Health Operations Centre (vSHOC) is an operational information database used for supporting WHE Programme operations.

WHE Programme to make the Dashboard available to both the donor community and public audiences.

8. The IOAC welcomes the implementation of the second edition of the Emergency Response Framework for risk assessment and situation analysis, WHO's grading of public health events and emergencies, the incident management system, and the emergency response procedure. As at 13 December 2017, the WHE Programme is managing nine Grade 3 emergencies,[1] 13 Grade 2 and 19 Grade 1 emergencies.[2] WHO's response to plague in Madagascar has been particularly praised by the national government and partners on the ground.

9. Significant progress has been noted in the speed of event verification, risk assessment and communication. The IOAC noted that between April and September 2017, 852 signals were assessed, of which a small proportion (43) proceeded to formal rapid risk assessment. Of 199 events logged in the Event Management System during April to September 2017, only 73 (37%) resulted in the production of an associated disease outbreak news report, and a few additional events generated public information through other channels such as the Weekly Bulletin on Outbreaks and other Emergencies in the African Region.

10. The IOAC commends WHO's ongoing effort to adapt the incident management system to the different contexts of crises and to the culture of the Organization. In line with the Emergency Response Framework process, WHO activated the incident management system for all Grade 3 emergencies to fulfil its critical functions and scaled up its operational and technical support to more promptly address health needs and risks of affected populations. The IOAC notes that 69 staff members from the WHE Programme and throughout the Organization have been validated by headquarters (HQ) Directors and the Regional Emergency Directors as suitable for the role of Incident Manager, though there are still several more required, with the skills necessary to manage an incident in the setting to which they are posted.

11. WHO has made progress in demonstrating that it can be a reliable and competent emergency partner to governments, entities of the United Nations (UN) system, health cluster members, nongovernmental organizations (NGOs) and donors. The WHO country offices have been making progress in leveraging strong operational coordination and partnerships with governments, entities of the UN system and a wide range of other national and international implementing partners. For example, during the field visits in Iraq, Mali, Nigeria and Pakistan, the IOAC heard positive feedback about WHO's engagement with stakeholders and key partners and the technical and operational support provided. The IOAC observes that this progress is a shared effort between the WHO Representatives (WRs), Incident Managers and health cluster coordinators (HCCs).

12. The IOAC acknowledges that the WHE Programme has made important progress in enhancing WHO's readiness to play a leadership role in outbreak response within the Inter-Agency Standing Committee.[3] The IOAC also notes the intensified activities of the partnership networks including the

[1] Four of the nine Grade 3 emergencies are also Inter-Agency Standing Committee system-wide Level 3 system-wide emergencies (in the Democratic Republic of the Congo, Iraq, Syrian Arab Republic and Yemen).

[2] Note that WHO has introduced a system of grading protracted emergencies and all figures include both acute and protracted emergencies. For example, of the nine Grade 3 emergencies, three are Protracted Grade 3 emergencies.

[3] Inter-Agency Standing Committee (https://interagencystandingcommittee.org/, accessed 21 December 2017).

Emergency Medical Team Initiative, the Global Outbreak Alert and Response Network (GOARN)[1] and the Public Health Emergency Operations Centre Network.

13. The IOAC congratulates the WHE Programme's progress in developing innovative partnerships. These include launching a new humanitarian mechanism for vaccines with the participation of UNICEF, Medécins Sans Frontières and Save the Children, in order to facilitate access to supplies of pneumococcal conjugate vaccine for populations in humanitarian emergencies. This mechanism has been activated seven times since May 2017, reaching approximately 360 000 children in the Central African Republic, Democratic Republic of the Congo, Lebanon, Niger, Nigeria and South Sudan.

14. The IOAC is pleased to observe continuing progress in assessing IHR country capacity, monitoring and planning. As at November 2017, 61 countries have completed independent joint external evaluations (JEEs)[2] and 24 are planning to carry out the JEEs in the coming months. During the field visits in Mali and Pakistan, the IOAC met with the governments and partners who praised WHO's technical support and coordination. A total of 12 countries have already finalized their national action plans (NAPs) for health security and 11 countries have such plans under development. However, significant questions remain as to how NAPs will contribute to strengthening health systems and how the plans will be financed.

15. Findings from the field visits in Mali and Pakistan confirmed that strong country ownership, cross-government working and engagement of multiple sectors are key to the success of JEEs and NAPs. The IOAC notes a consensus among national authorities that development of NAPs benefited from the consultative, inclusive and comprehensive process that was undertaken, involving stakeholders beyond the health sector. The Pakistan mission demonstrated how WHO and the government successfully took a truly multisectoral, One Health approach, but also included wider sectors in the development of the JEE and NAP, supported by partners such as the United States Centers for Disease Control and Prevention. The IOAC emphasizes that the process of performing JEEs and developing NAPs should be considered as an opportunity to strengthen health systems.

16. The IOAC acknowledges that efforts are being made to improve JEE indicators[3] to avoid duplication and to include community engagement aspects and costing tools to support countries in developing NAPs. The IOAC is confident that the WHE Programme will further iterate these tools as more experience is gained in their use.

17. On the basis of the missions to Mali and Nigeria, the IOAC observed indications of recent progress in improving accountability by clarifying responsibilities, adjusting the level of authority and streamlining business processes. The Regional Director of the African Region has recently issued a revised delegation of authority (DOA) and business processes. Putting the new policy into practice will require close follow-up and periodic staff training across the three levels of the Organization. The Regional Office for Africa held the first training session of all WRs of the Region in July 2017. The IOAC intends to observe the impact of these changes in future missions.

[1] Global Outbreak Alert and Response Network (GOARN) (http://www.who.int/ihr/alert_and_response/outbreak-network/en/, accessed 20 April 2017).

[2] Joint External Evaluation (JEE) mission reports (http://www.who.int/ihr/procedures/mission-reports/en/, accessed 27 December 2017).

[3] Joint external evaluation tool: International Health Regulations (2005) (http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf, accessed 22 December 2017).

18. The IOAC notes that the funding gap for the core budget of the WHE Programme has been reduced from 41% to 23% over the past six months. For the biennium 2016–2017, the Programme received 77% of the core budget total of US$ 485 million, and the appeals budget for outbreak and crisis response led to receipt of US$ 780 million out of the target of US$ 1.1 billion. This improvement implies that there is increased public trust and donor confidence in the Programme's ability to deliver on its mandates, which the IOAC welcomes. However, the IOAC remains concerned about sustainability of the funding.

III. CHALLENGES: AREAS REQUIRING ATTENTION

19. Though there has been significant progress, for which WHO and the WHE Programme deserve recognition, there remain several important challenges that must be addressed if the Programme is to meet its ambitious goals and the demands placed on it.

Information sharing and internal communications

20. The IOAC acknowledges that the WHE Programme structures are aligned across the three levels of the Organization, as set out in the Programme implementation plan (document A69/30), but observes that many staff are still not fully aware even now of the details of the Programme and relevant changes within the Organization. This view was reinforced in the IOAC's latest missions to Mali and Pakistan. Lack of information sharing had caused anxiety amongst staff members at the beginning of the reform. During the field visits, the IOAC noted that government and partner agencies acknowledge WHO's greater/broader functions in emergencies, but they are uninformed about the WHE Programme. **The IOAC recommends that WHO makes further efforts to embed transparent and proactive communication across the Organization, for both internal and external audiences, especially with regard to the strategic vision, structure, function and deliverables of the WHE Programme.**

Business processes

21. The IOAC remains concerned that WHO's business processes are not fit to support emergency response. For this reason, the IOAC issued a recommendation in its second report to establish a time-limited working group to address the streamlining of administrative and operational systems in an emergency response. IOAC welcomes the work that has been taken forward as a result of the recommendation. The WHO working group which was established included key senior staff both within and outside the WHE Programme. It highlighted some key issues that are consistent with the IOAC's findings and made recommendations for changes to be instituted in business processes.

22. Observations from the field visits in Iraq, Mali, Nigeria and Pakistan, however, affirmed that WHO systems and procedures are delaying response to emergency operations and require corporate solutions. The following are issues that the IOAC considers of fundamental importance requiring institutional change by WHO: delays in recruitment, medical procurement, levels of delegated financial authority to WHO country offices (WCOs) and Incident Managers, contracting for implementing partners, and deployment of consultants in country. Throughout the IOAC field visits, these delays were noted to be a source of frustration amongst WHO staff, governments, donors and health cluster partners.

23. Since the launch of the WHE Programme, and specifically following the establishment of the WHO working group, huge efforts have been made and numerous emergency standard operating procedures (SOPs) have been developed and issued including: automatic activation of emergency

SOPs once a grading decision is made, issuing of DOAs concurrently with activation of emergency SOPs, increasing of the financial approval limit for Incident Managers/WRs to US$ 200 000 for all transactions except catalogue items (for which the limit is US$ 500 000), and revision of the Adjudication Report template to simplify the procurement process. However, in many cases, staff at country level are either not aware of the new SOPs or are reluctant to apply them out of concerns about approvals and audit.

24. In addition, the IOAC notes that there is a lack of information and insufficient accountability for implementing the emergency procedures at country level. Interviews with staff at country level revealed, even in the most recent field visits, that sending an updated section of the WHO e-manual is not effective, since staff members have no time to read or do not understand the revised processes. Also, managers who should give approvals are normally not aware of the new SOPs or are unwilling to relinquish their approval authority.

25. **The IOAC recommends that a series of further measures to reinforce and familiarize staff with the SOPs need to be taken** – for example, regular training of operations and administrative staff, focused communication with clear instructions on what to do, and a briefing session for all staff involved in graded emergency response on the emergency SOPs. Ultimately, however, effective implementation of the SOPs will require a significant cultural shift and fundamental changes in accountability across the Organization as a whole.

Delegations of authority

26. The IOAC warns that the current system of region-specific delegation of financial authority for managers, which is inconsistent across the regions, obstructs WHO's ability to carry out operations in emergency settings as one organization. **The IOAC recommends that DOA and approval responsibilities should be harmonized and standardized in the WHO-wide resource planning system, Global Management System (GSM). This process should include harmonizing the number of approval levels, financial delegation and type of approval role per level.** Such harmonization will greatly facilitate the operationalization of emergency SOPs.

27. The WCOs' role in resource mobilization and WRs' financial authorities for accepting funds is also inconsistent across the regions. The IOAC was briefed that WRs are not consistently encouraged to raise programme funding and indeed are sometimes discouraged from doing so. This is problematic given that many donors make emergency response funding decisions at country level. **The IOAC recommends that WHO should strengthen its resource mobilization capacity at country level, and encourage WRs to engage effectively with in-country donor representatives who manage country-level programme funding. The WRs' authority for fund raising and grant management should also be standardized across the regions, accompanied by briefings and training. The IOAC emphasizes that WRs should be provided with incentives for fundraising at the WCO level, and should be supported and capacitated to engage with donors.**

Human resources planning, recruitment and management

28. As at October 2017, a total of 1580 positions are being planned for the WHE Programme, of which 751 have been filled. While a comparable number of positions have been filled at each of the three levels of the Organization, this has resulted in a much higher proportional coverage of HQ positions than of regional office (RO) and WCO positions, due to larger staffing needs at the RO and WCO levels. The IOAC reiterates that the balance of HR should be a distribution of 50% in WCOs, 25% across the six ROs and 25% at HQ.

29. Since the launch of the WHE Programme in July 2016, the number of longer-term occupied professional positions in the Programme has been increased at regional level by 74% from 78 to 136 positions, at country level by 37% from 77 to 107 positions and at HQ by 4% from 119 to 124 positions. However, no significant improvement has been made in the overall relative proportion of filled positions at each level: 37% of positions filled in the WCOs, 45% at RO and 71% at HQ as at October 2017. The main constraints to bringing on additional core staff has been the lack or uncertainty of funding for new hiring, lack or shortage of suitable candidates, and delays in the recruitment process. The IOAC recognizes the efforts being made to streamline the recruitment process and to mobilize resources to fill new positions; however, the Programme still struggles to attract and recruit good candidates and to raise the necessary funding.

30. Fast-track SOPs for recruitment have been established; however, the process still takes too long to identify suitable candidates and the WHE Programme struggles to meet the demands for rapid employment and deployment, within the boundaries of WHO HR policy and procedures. **Therefore, IOAC encourages WHO to explore flexible contractual arrangements to ensure rapid deployment of individuals with the right profiles and experience of emergencies management. The IOAC recommends that the HR department and the WHE Programme work together on adapting appropriate contract and roster arrangements for emergencies. Providing the adequate level of HR capacity is critical to implement the procedures.**

31. Indeed, the IOAC is concerned by the insufficiency of professional HR support for talent acquisition and management in the Organization. During the field visits in Iraq, Mali, Nigeria and Pakistan, the IOAC observed that the WRs or Incident Managers are overwhelmed by the HR workload throughout the selection process, which should be managed by professional HR officers. In addition to emergency response activities and daily management of the crisis, WHE Programme staff are pressed to develop job descriptions, screen hundreds of candidates, review numerous CVs, shortlist candidates, and draft test and interview questions, which can be managed in a different fashion. **For alleviating these problems, sufficient dedicated HR staff for the WHE Programme would be required. The IOAC advises WHO to examine the current capacity for HR planning, recruitment and management and propose directions for improvement at the organizational level for the WHE Programme.**

32. From previous reports and experience from other organizations, **the IOAC considers that all steps of the recruitment process could be conducted in advance of funding being received**; however, most offices are reluctant to create positions without guaranteed funding, **hence some mechanisms to reduce financial risk, and incentivize implementation of the new SOPs needs to be explored.**

33. The IOAC was briefed that the country business model was launched in 2017 but that the WHE Programme's HR planning for 2018–2019 is yet to be fully developed. Findings from the field visits in Mali and Pakistan suggested that key positions proposed by RO and HQ for ensuring delivery of the main functions of the Programme, may not necessarily match the country's priorities and needs, and that local adjustment is necessary to match country-specific needs. **The IOAC emphasizes the need for the WRs engagement in making decisions regarding staffing to deliver on the country's priorities.**

34. The IOAC emphasizes that greater investment is needed in staff development and learning, rewards for top performers including incentives for retention of talent, incentives for staff to take on emergency assignments, and an improved mobility system across the Organization. WHO is encouraged to employ a risk-tolerant approach in HR recruitment, mobility and performance management. In this regard, **the IOAC advises WHO to conduct a benchmarking exercise against**

peer UN agencies working in emergencies that have good systems in place for talent acquisition and management.

35. Progress has been made in the appointment and placement of HCCs: as at November 2017, 16 out of 23 (69%) country health clusters have dedicated HCCs. However, observations from the field visits in Mali and Pakistan suggested that WHO should improve management of HCCs as global assets. The current process to recruit candidates who have skill sets that match specific country needs, to provide orientation upon deployment and to empower them is not adequate. The IOAC also emphasizes that information management is an essential element of health cluster coordination and WHO's role in providing information and baseline data, including mapping of health care facilities, current functionality and estimation of need, is critically important.

36. Given that the WHO geographical mobility policy[1] will be implemented in January 2019 for the entire Organization, the IOAC appreciates the need for that policy to be applied to the WHE Programme. However, special consideration should be given to both the recruitment and support for staff working in emergencies at the extreme hardship duty stations such as Iraq, northern Nigeria and the Syrian Arab Republic. Incentives need to be developed to attract staff to work in hardship posts, such as career progression guarantees. In support of those already working in such posts, consideration needs to be given to the appropriate entitlement of rest and recuperation (R&R) to ensure that staff do not burn out under the exceptional working stresses. **The IOAC urges WHO to benchmark HR incentives, and appropriate R&R in emergency settings against those of peer UN agencies and development organizations, commensurate with the intensity of work.**

Partnerships

37. WHO is an active partner in the Deliver Accelerated Results Effectively and Sustainably (DARES) initiative[2] – a collaboration with the World Bank, UNICEF and WFP – to provide more inclusive, comprehensive, predictable and sustainable support for health system recovery in fragile, conflict-affected and vulnerable countries. This is a bold and ambitious initiative and an encouraging example of innovative WHO partnership. However, the volumes of funding involved and the level of operational and fiduciary risk in environments such as in Yemen will pose oversight challenges well beyond what WHO typically encounters. **IOAC strongly encourages WHO, as it pursues this important initiative, to put in place additional and appropriate risk management and oversight mechanisms to ensure accountability.**

Finance

38. While appreciating the increased financial support from Member States and donors, the IOAC noted that a substantial proportion of the funds for the WHE Programme are earmarked, and raised in the last half of the biennium on a one-time basis. The future predictability and flexibility of funding for the Programme is critically important to enable strategic plan activities for strengthening country capacities, and to quickly implement all the necessary interventions for acute outbreaks and emergencies. **The IOAC encourages donors to provide un- or lightly earmarked funding through**

[1] WHO geographical mobility policy (http://www.who.int/employment/WHO-mobility-policy.pdf, accessed 22 December 2017).

[2] DARES (Deliver Accelerated Results Effectively and Sustainably) (http://www.who.int/emergencies/partners/dares-operational-framework-nov17.pdf?ua=1, accessed 4 January 2018).

multiyear partnerships to establish greater resilience in the Programme to enable it to deliver on its goals.

39. The IOAC reviewed a draft paper for making the investment case for the WHE Programme and concluded further improvement would be needed. Given that the WHO Secretariat is currently developing a corporate investment case, **the IOAC advises the WHE Programme to contribute to the consolidated paper by making a distinct calculation of the benefit of investing in the Programme. The IOAC recommends WHO share a draft of the corporate investment case paper with Member States to ensure that the final document is successful in robustly advocating the economic argument/case for investment to governments including ministers of finance and other donors**.

40. The IOAC recognizes that the Contingency Fund for Emergencies (CFE), since its launch in 2015, has played a critical role in WHO's early response in 44 emergencies, with a total of US$ 34.5 million. As at August 2017, 83% of requests of <US$ 500 000 met the target timeline of disbursement within 24 hours. Despite the Fund's evident benefit, it has failed to reach the total capitalization of US$ 100 million, having a funding gap of US$ 55.5 million.

41. Following the recommendation from the second IOAC report,[1] the Secretariat presented the IOAC with a CFE replenishment strategy consisting of six options. These are: mobilizing support from a targeted set of donors, using the investment case and current performance as the rationale; holding an annual CFE pledging event; exploring linking capitalization of the CFE to the cash window of the World Bank's Pandemic Emergency Financing Facility; establishing a draw-down facility within the CFE for acute public health events to be funded by global health security donors; activating the Friends of WHE group of key partners, who were early supporters of the Programme, to serve as advocates, using their political leverage and leading by example to fund the CFE; and finally, as the fundraising capacity of WCOs increases, using the original model that requires benefiting WCOs to reimburse the CFE from the funds they have received. The IOAC encourages WHO to advocate success stories using the CFE and present the dedicated financial report in order to gain donor confidence. The IOAC welcomes the news that recruitment of resource mobilization positions is currently under way for the countries in highest need. **The IOAC reiterates its recommendation that the WRs should increase their level of engagement with in-country donor representatives.**

Procurement of goods and services

42. The IOAC noted with concern that WHO does not have a fully integrated global supply chain management system, and that there is no overall accountability nor harmonized system across the regions in this regard. This is an issue that has emerged in all the IOAC's field visits. Currently there is no fully integrated global mechanism for knowing what stock is in which warehouse in which country – a situation that leads to inefficient use of drugs, medical devices and emergency kits, and hinders the WHE Programme's success. WHO needs to address this as a matter of urgency. Procurement is a severely underresourced area of work and **IOAC recommends that WHO should consider either:**

[1] See document A70/8, paragraph 30 (http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_8-en.pdf, accessed 22 December 2017).

- **outsourcing the function to another provider within the UN system, such as UNICEF's Supply Division, to enable the WHE Programme to procure and effectively manage and deliver its emergency stocks; or**

- **making an investment case for the entire Organization, establishing a central division of supply chain management, with clear objectives and accountabilities across the Organization, upon which the WHE Programme can build if additional capacity for emergencies is required.**

43. WCOs have consistently reported that due diligence requirements under the Framework of Engagement with Non-State Actors (FENSA) are cumbersome, frequently redundant and hinder WHO's agility in emergency settings. For example, WHO must re-do the due diligence process for a country-level partner each time new funding is issued, even if that partner has already been vetted at the country or global levels, or already has an existing WHO grant. **The IOAC recommends that WHO implement emergency measures under FENSA across the regions. This would include development of a risk register of non-State actors and a roster of non-State actors for whom due diligence has already been performed. Thus, a new due diligence process could be waived for renewal of existing engagements. In the context of emergencies, WCOs should be allowed to offer longer-term engagements to implementing NGOs in advance of due diligence with a clause to nullify the contract if a clearance process fails.**

Security

44. **The IOAC recommends that WHO should increase its investment and capacities in field security and other staff protection measures.** Staff working in emergencies are exposed to a high level of security risk. During the field visits, the IOAC directly observed that the level of security support is inadequate given the number of WHO staff, the distribution of WHO offices and suboffices and the heavy demands of field missions and deployments. Working conditions in the field are hazardous and stressful. Insecurity issues are also related to criminal activities and attacks on health care workers and facilities. **WHO is advised to put in place a coherent strategy and investment for security as a matter of urgency. The IOAC reiterates that this will be critically important in view of WHO's responsibility given the increasing number of deployments of staff and partners.**

CONCLUDING REMARKS

45. WHO has successfully launched its Health Emergencies Programme and is establishing a strong coordination and leadership role in health with the support of partners. Significant progress in WHO's response to emergencies has been welcomed by governments, other entities of the UN system, NGOs and donors on the ground. However, WHO administrative systems, HR machinery and business processes are holding back the potential of the WHE Programme to excel. The Programme does not stand alone and cannot succeed without a proper administrative architecture and functioning SOPs across the Organization. WHO must undertake a harmonized organizational transformation rather than fragmentary reform or the introduction of a parallel system for the WHE Programme. The IOAC is optimistic that the boldness of purpose and the determination of WHO senior leadership can make this transformation happen.

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