IOAC group statement to the Seventy-sixth World Health Assembly

(883 words)

1. Thank you, President/Mr Chairman. Honourable ministers, excellencies, heads of delegation, Director-General, and distinguished colleagues. I am honoured to present document A76/8 to the World Health Assembly, on behalf of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme – IOAC. This is the eleventh annual report of the committee.

2. Since the WHE Programme’s establishment in 2016, IOAC has provided independent scrutiny and monitoring of WHO’s work on outbreaks and emergencies, guiding the activities of the WHE Programme, and offering advice to the Director-General in accordance with our mandate.

3. In March 2023, our committee adopted the 5th edition of our terms of reference. The revised TOR incorporate the Director-General’s request to maintain the IOAC as a permanent committee, to expand our scope to include monitoring the work of other WHO divisions and departments in contributing to the Organization’s performance in emergencies, under the central coordination of the WHE Programme, and providing advice on WHO’s role, in developing, and within, the global architecture on health emergency preparedness, response and resilience.

4. In the past year, we have held regular, monthly teleconferences, a 3-day hybrid meeting, and completed a field mission to Malawi to review WHO’s response to emergencies, including the cholera outbreak. Our report includes an overall review of WHO’s work in emergencies, the WHE Programme’s structure, human resources and finances, the Organization’s work to prevent and respond to misconduct including sexual exploitation, abuse and harassment, as well as our views on WHO’s role in the global architecture.

5. Today, I would like to highlight four key findings that we believe are most critical for the WHE Programme to continue leading WHO’s work on emergencies.

6. First, the IOAC notes that the WHE Programme is over stretched as demands have only grown with the multiplicity and complexity of emergencies. Although staffing levels have
increased, along with budgetary allocations for WHE, this increase has not been commensurate
with the growing demands placed on WHO since the launch of the WHE Programme as it has
constantly been hampered by funding gaps and lack of capacity. The Committee is deeply
concerned about a chronic shortage of flexible and sustainable financing in the WHE Programme
and WHO’s work on health emergencies. The IOAC calls on Member States to honour their
commitment of increasing assessed contributions and exploring the feasibility of a replenishment
mechanism pursuant to decision WHA75(8).

7. **Second**, the IOAC has observed that the responsibilities and authorities for emergency
management between the WHE programme and other levels of the organization have diverged
from the reform proposal adopted by Member States in 2016. Recalling the Health Assembly’s
decision WHA69(9), the Committee emphasizes that the WHE must function as a single
programme across the three levels of WHO with one workforce, one budget and one line of
authority. The Executive Director should be accountable for the WHE Programme's strategic and
operational planning and its performance across headquarters, regional and country offices in
strong partnership with regional and country offices. The IOAC has conveyed these observations
to the Global Policy Group, and recommends the DG review the current delegations of authority
to the RDs, EXD and ADGs at HQ to enable the WHE programme to continue leading WHO’s
work in emergencies in effective partnership with all levels of the organization.

8. **Third**, despite challenges, important progress has been noted in addressing misconduct
including sexual exploitation, abuse and harassment in the past 12 months. During the mission in
Malawi, the committee was pleased to see that the PRSEAH team is fully embedded in the IMS
structure conducting training in prioritized districts, mapping services at the community level and
implementing a victim-centred approach. The IOAC also recognizes the improved speed of
investigations and recent positive strides in post-investigation disciplinary actions across the
Organization. However, the IOAC cautions the fragility of progress and the lack of confidence in
the internal systems. The WHO senior leadership team should make further efforts to change the
culture of impunity to gain trust in the internal systems.

9. **Last but not least**, the IOAC congratulates WHO Member States for their leadership in
developing the global architecture on health emergency preparedness, response and resilience, and
the Secretariat for its continuous efforts to support the INB and the WGIHR, and coordinate discussions within and outside WHO. However, Member States are still in the midst of a lengthy process for reaching an agreement on a pandemic accord and IHR amendments. Meanwhile, strengthening countries’ national capacity is also a long-term endeavour. The successes of the WHE Programme in intervening quickly and efficiently have also raised countries’ expectations of WHO as an operational agency in emergencies. As a result, many countries are counting on WHO support to face health emergencies. Therefore, it becomes imperative that WHE be empowered with the authority and capacitated with all financial and human resources required to make it fit for purpose.

10. In closing, the IOAC would like to flag that great progress in the WHO leadership role for emergencies has been achieved at considerable cost to the staff and wish to express its deepest gratitude and appreciation to each and every WHO staff member working tirelessly on health emergencies. Honourable ministers, excellencies, heads of delegations, distinguished colleagues, on behalf of the IOAC – I thank you.