

Independent Oversight and Advisory Committee for the
WHO Health Emergencies Programme

IOAC Mission report

**WHO Regional Office for Europe,
12-13 February 2024
&
Romania, 14-15 March 2024**

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ACKNOWLEDGEMENTS

The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies (WHE) Programme is grateful to the Government of Romania for receiving the visit of the IOAC delegation from 14-15 March 2024. The IOAC is also grateful to the WHO Secretariat, in particular the WHO Regional Office for Europe and the WHO Country Office in Romania for facilitating the visit and the field mission, with support from the WHE Programme at all levels of the Organization. A special thank you to the partners for making time to meet with the IOAC delegation and providing valuable insights into WHO's work in health emergency management, particularly at the country level, in response to the Ukraine emergency and associated influx of Ukrainian refugees to neighbouring countries, including Romania.

INTRODUCTION

The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies (WHE) Programme is mandated to oversee and guide the WHE Programme in coordinating WHO's work in emergencies. Field visits are an integral part of the Committee's mission to review WHO's work in emergencies, including the operational aspects and functionality of the WHE Programme across the Organization.

As WHO's leadership in health emergencies has grown over time, the IOAC's work has broadened and its scope now includes reviewing the role of WHO Regional offices and country offices leading operations on the ground. In view of the prolonged war in Ukraine and WHO's continued response, the IOAC decided to visit the WHO Regional Office for Europe (EURO) in Copenhagen, Denmark from 12 to 13 February 2024. The IOAC was represented by its chairperson, Professor Walid Ammar accompanied by the former chairperson, Dr Felicity Harvey.

The field mission to Romania was proposed during the IOAC's visit to the WHO Regional Office for Europe (EURO) to review WHO's response to the Ukraine Emergency. The IOAC delegation visited Romania from 14 to 15 March 2024 to review WHO's support to refugee-receiving neighbouring countries as part of the Organization's response to the Ukraine crisis. Prior to the official visit, members of the IOAC also participated in the WHO Country Office in Romania's (WCO Romania) consultation of national stakeholders for the country cooperation strategy, visited the tuberculosis institute and interacted with WCO Romania staff from 12 to 13 March 2024. The IOAC delegation was composed of three members: Mr Elhadj As Sy, Emeritus Professor Christopher Baggooley and Dr Felicity Harvey. The visit was supported by the WHO Secretariat across the three levels.

The methods of work included a desk review prior to the visit to EURO and Romania and a series of in-person meetings and interviews with WHO staff at headquarters, EURO and the WCO, the national authorities, United Nations partners and nongovernmental organizations. The delegation also visited a refugee receiving centre supported by partners that was established in June 2022 at RomExpo, where WHO provides direct support to Ukrainian refugees on how to access primary health care, reproductive health care, psychological counselling, and health services for refugees.

The objectives of the IOAC mission were twofold:

- (i) review WHO's response to the crisis in Ukraine and EURO's leadership role; and
- (ii) review WHO's support to national authorities and other partners in Romania as part of the response to the Ukraine emergency, including the influx of refugees.

The visit programme was proposed by EURO and WCO Romania in coordination with the government, partners, and the WHE Programme at headquarters, Regional Office and country office level. The programme of the visits to EURO and Romania, is given in Annexes 1 and 2.

CONTEXT

The conflict in Ukraine began in 2014 and escalated in 2022, causing a massive population movement within and beyond Ukraine's borders. It has led to the largest displacement and humanitarian crisis in the European Region since the Second World War. As of April 2023, over 19.7 million people had fled across the border to neighbouring countries and 5.4 million people had been internally displaced.¹ The Ukraine war has significantly impacted the European Region. WHO has responded by scaling up emergency efforts to ensure health and well-being for those affected, both within Ukraine and in neighbouring countries receiving refugees. WHO's initiatives include delivering life-saving aid and Medivac, ensuring equitable access to health services, implementing prevention programmes, and supporting health system recovery. WHO has scaled up capacity in neighbouring countries and the priority refugee-hosting countries that received support from WHO including Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania and Slovakia.²

Romania, an EU country bordering Ukraine with a population of over 20 million as of 2023, has played a crucial role in receiving and supporting refugees. As of March 2024, more than 5 million Ukrainian refugees had entered Romania, over 155 000 refugees had registered for temporary protection and approximately 85 000 refugees were residing in Romania. This large-scale movement of refugees placed a strain on the national health care system and triggered the deployment of emergency response operations to address the complex health needs faced by refugees. WHO has played a pivotal role in supporting Romania to rapidly mobilize resources, establish emergency clinics, and expand hospital capacities to provide medical services, vaccinations, and mental health support.

KEY FINDINGS AND OBSERVATIONS

WHO Regional office for Europe and the WHE programme

The WHO Regional Office for Europe (WHO/Europe) serves 53 member states of the Region, covering a vast geographical area from the Atlantic to the Pacific ocean.

The IOAC observed a steep increase in health needs on a global scale, placing greater pressure on WHO's leadership role in natural disasters and conflict related humanitarian crises in the Region, which include the Armenia-Azerbaijan crisis, Türkiye Earthquake, oPt-Israel conflict, and the Ukraine war. At the time of the IOAC visit, EURO was responding to 10 graded emergencies in the Region.

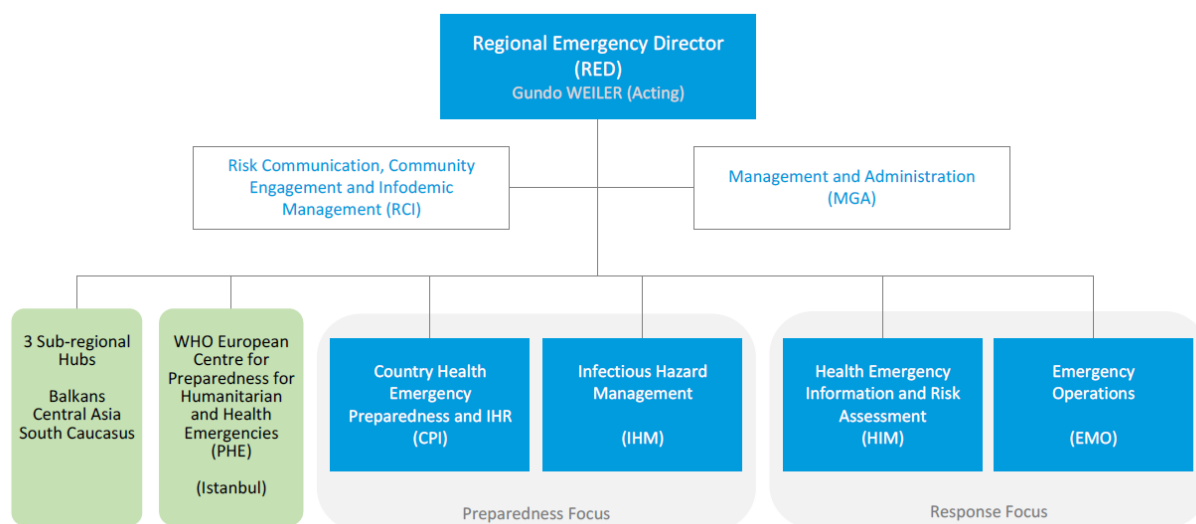
¹ Ukraine crisis strategic response plan for January – December 2023. Geneva; World Health Organization; 2023.

²WHO response to the Ukraine crisis: January 2023 Bulletin. World Health Organization; European Region (<https://www.who.int/publications/i/item/WHO-EURO-2023-6172-45937-68525> (accessed 12 October 2024)).

The WHE Programme was launched on 1 July 2016 in accordance with decision WHA69(9) (2016) on the reform of WHO's work in health emergency management. The Programme was structured according to the principles of a single programme across all three levels of the Organization, with one clear line of authority, one workforce, one budget, one set of rules and processes, and one set of standard performance metrics, to bring speed and predictability to WHO's emergency work. Huge efforts were made to fully align the WHE structure across headquarters and all regional offices. Since then, each major office conducted its own functional review at different times and some modified their WHE structure.

The IOAC observed that the WHE structure at headquarters has been changed over time while EURO has kept the same structure as established in 2017 (See figure 1.). **The IOAC reiterates its recommendation that the WHE Programme should be based on the one programme principle with a common structure, single budget, single staff workplan and common results framework across WHO headquarters, all regional and country offices. The IOAC recommends that a functional review of the WHE Programme must be conducted jointly across the three levels of the Organization.**

Figure 1. WHO Health Emergencies Programme in EURO



As of today, the WHE programme at EURO is operational in 16 priority countries of the Region with a total approved base Programme Budget of US\$ 363.6 million for all programmes in EURO, of which US\$ 71.1 million is for Strategic Priority 2, and 87 positions are funded by WHE at the regional level under the human resources plan for the biennium 2024-2025. The priority countries were defined by EURO as part of the adapted WHE country business model based on the establishment of 3 sub-regional Country Support Hubs covering the priority countries in Central Asia, Western Balkans, South Caucasus.

Despite the demands on EURO to respond to major emergencies which have increased exponentially over the past years, the number of available staff of the WHE Programme has remained, until 2023, at a similar level to when it was established.

	2018-2019	2020-2021	2022-2023	2022-2023 (after functional review*)	2024-2025
Occupied	40	40	43	44	59
Vacant	6	18	20	38	28
Total RO staff	46	58	63	82	87

**WHE concluded its functional review at RO level in late 2022, which unlocked the frozen recruitments. New staff members joined during second half of 2023 till now.*

The Committee noted that the position of Regional Emergency Director (RED) for the European Region had been vacant since the end of October 2023 when the former RED retired. At the time of the IOAC's visit, the EURO Director of country support and partnership was acting RED, with technical leads at EURO empowered to step in and lead the response. Through interviews with WHO staff, the IOAC noted good coordination of the WHE Programme across the Organization and a positive working relationship between WHE technical leads at EURO and focal points in the WHO country offices of the Region.

With regard to the recruitment of the RED, the IOAC reiterates that the candidate must be jointly recruited by, and with a dual reporting line to, the Regional Director and the Executive Director of the WHE Programme, and according to the new ERF (Edition 2.1). The Committee underscores that the incoming RED should have proven experience and skills working in emergency management.

WHO response to the Ukraine crisis

In collaboration with international aid and non-governmental organizations, WHO has supported the national authorities of refugee hosting countries in addressing both immediate and long-term health needs, highlighting the resilience and solidarity of the European community in times of crisis. The Committee recognized the extensive efforts across all levels of WHO to scale up emergency responses in Ukraine and surrounding countries since February 2022.

Findings from interviews with the EURO staff indicated that WHO was one of the first United Nations agencies to provide emergency response when the conflict broke out in Ukraine. The IOAC appraised that WHO was ideally positioned to lead the Ukraine health response owing to its long-standing presence and relationship with the governments. Furthermore, the experience and the platform built in response to the COVID-19 was instrumental in coordinating this major crisis in the Region.

The IOAC understood that the Ukraine and the interagency partnerships were originally established through the Refugee Health Extension Hub in Krakow, Poland. At the time of the IOAC mission, the WHO Country Office in Ukraine was coordinating 213 health partners including United Nations agencies and humanitarian partners such as UNHCR, IOM, World Bank and IFRC.

Scaling up the response in refugee-receiving countries was challenging due to the small size of the WHO country offices at the beginning of the crisis, alongside the difficulty in finding short term staff with immediate availability and experience of a large-scale humanitarian response in a developed country. Given the shortage of experienced staff and the well-developed existing health system in Ukraine, and lack of availability of guidance for refugee health in a developed country, the RO and WCOs reached out to their networks in order to learn best practices. The EURO staff acknowledged that GOARN and EMT were deployed to support the response immediately but the traditional surge mechanisms were not adequate for the Ukraine crisis. **The IOAC recommends that lessons learned and best practices from the Ukraine response and other protracted crises should be documented and shared to inform ongoing discussions on the Protracted Emergency Framework (PEF). The IOAC recommended the PEF should provide a detailed guidance note on implementing the Emergency Response Framework in protracted humanitarian settings in both countries with well- and underdeveloped health systems.**

The IOAC was briefed that the refugee crisis in Romania, and other neighbouring countries receiving Ukrainian refugees, was graded together with the in-country Ukraine response as a grade 3 emergency on 24 February 2022. That grading helped country offices to unlock resources and accelerate response activities. On 16 May 2023, the humanitarian response in refugee-receiving countries was regarded as a protracted grade 2 (multi-country) emergency. Support from WHO and the role of major offices were adjusted and separated from the ongoing acute response in Ukraine, which remained an acute grade 3 until it became graded as a protracted grade 3 in November 2023, in line with the increased capacity required in refugee-receiving countries to deliver health services.

EURO has led the response to the refugee crisis since early 2022 with headquarters heavily involved in co-leading the acute in-country response in Ukraine until it became protracted and the regional/headquarters Incident Management Support Teams (IMSTs) were scaled back. The EURO IMST, in close cooperation with headquarters, has been playing an important role in the support of Incident Management Teams (IMTs) in WCO Ukraine and refugee-receiving countries, as part of work on emergencies across the three levels of the Organization.

The IOAC remains deeply concerned about staff security in Ukraine and condemns constant attacks on health care facilities and civilian infrastructure. During interviews with WCO Ukraine, the Committee received reports of staff burnout arising from the long-term effects of war and lack of standard operating procedures (SOPs) for duty of care for both

international and national staff. **The IOAC recommends the WHO Secretariat review duty of care in emergency settings, in consultation with WHO country offices in grade 3 humanitarian crises, such as Ukraine, institutionalize SOPs through inclusion of the ERF, and ensure adequate training and support in operationalizing emergency SOPs for all staff working in high-risk zones.**

The Ukraine crisis has underlined why every country should build its preparedness to respond in the event of an emergency. Government officials, United Nations agencies and other partners all agreed that preparedness activities were key, despite being underfunded and often overlooked. Noting the multiple assessments available (JEE, IHR, SPAR tool, etc.), the WCO staff expressed a desire to further integrate, simplify and translate these tools as an operational tool for action at country level. **In its previous reports, the IOAC recommended alignment of the existing and new tools including UHPR to avoid duplications and help inform Member States to strengthen national capacities for emergencies.**

Finally, the Committee noted that the budget increase of WHE Programme is not commensurate with the demands placed on the European Regional Office. As several emergencies in the Region are becoming protracted and transitioned into WHE programmatic works, more programmatic resources are needed. The IOAC observed the chronic shortage of flexible, predictable, and sustainable financing in the WHE Programme at all levels and noted that resource mobilization is one of key priorities of the Programme.

WHO Country Office in Romania

WCO Romania was set up in 1991. After Romania became a European Union Member State in 2007, the role of the WCO became more representational. However, during the Ukrainian refugee response, the Country Office scaled up quickly and became more visible, technical, and operational. Programming in WCO Romania is closely aligned with the objectives of the Romanian Government, the Ministry of Health, and targets set out within WHO's strategies at the national, regional, and international levels.

Key pillars of work for WCO Romania include: (i) the Biennial Collaborative Agreement, which is a two-year framework for collaboration between WHO and the Ministry of Health based on WHO's triple billion objectives; (ii) the National Recovery and Resilience Plan; (iii) Emergency Preparedness and Response; and (iv) the Country Cooperation Strategy. The reform of the WHE Programme and restructuring has been working well in Romania, as demonstrated throughout WHO's response to COVID-19. The WHE Programme pillars were working well to deliver an effective and coordinated response in technical areas, initially relying heavily on regional level support. However, as staffing and capacity grew at the country office, technical expertise and functions were increasingly led by that office.

The IOAC visit in Romania confirmed that finding available short-term staff with the requisite knowledge of the Region and of refugee health issues was problematic. The WCO was comprised of 4 staff members prior to the refugee crisis and scaled up to 40, including UN volunteers and consultants, amidst the response. Prior to the Ukraine refugee crisis, the expenditure for WCO Romania was US\$ 1.37 million in 2021. It grew to US\$ 3.95 million in 2022, and then to US\$ 7.92 million in 2023.

Despite having a small footprint in Romania prior to the refugee crisis, WHO's long-standing presence in the country played a key role in early support to the Government for the refugee response. The small country team was able to shift from policy engagement to providing technical and operational assistance, while scaling up its operations in support of national authorities. WCO Romania quickly established itself as a leading partner in health response and supported other United Nations agencies to establish a presence in the country. During interviews, partners expressed appreciation for WHO's network of expertise and cited WHO's presence in the field and at the frontline as a huge advantage.

Partnerships

Since the onset of the conflict, WHO has been working with national authorities and partners to minimize disruptions to the delivery of critical healthcare services within Ukraine and in neighbouring countries that receive Ukraine refugees.

Throughout the mission, the IOAC observed positive engagements between WHO and the national authorities in Romania, as well as a strong relationship between the Health Ministers and the Regional Director for Europe, characterized by mutual trust and confidence. The effective and timely exchange of information and collaboration across the Organization enhances WHO's ability to address the needs of Member States.

In March 2022, the Government of Romania implemented the Temporary Protection Legislation that provided temporary protection status to Ukrainian people in Romania, enabling access to health services equal to that of insured citizens and providing financial aid and accommodation. Upon registration with the Romanian authorities, Ukrainian refugees also receive free health care, referrals, and medications.

WHO's support in providing health services including primary health care, gynaecology, mental health, and referrals was greatly appreciated. In particular, the one-stop hub for refugees at border and entry points facilitated the provision of a comprehensive package of services, including health care, to refugees.

In collaboration with the Ministry of Health, WCO Romania launched a Ukrainian language hotline with the objective of providing Ukrainian refugees with accurate and updated information on health, education, housing, and employment. In April 2023, WCO Romania,

in collaboration with WHO headquarters, also launched a chatbot to help provide personalized information to users on access to care in Romania. Despite these efforts to overcome language and cultural barriers, WHO assessments and survey found that they continued to be the biggest obstacle for Ukrainian refugees to access care, coupled with administrative barriers such as the burden on general practitioners to register patients. Together with United Nations agencies, WHO supported the governments of the refugee hosting countries to build a complete and coherent response to the refugee crisis. The ministries of health and WHO have leveraged the response as an opportunity to strengthen the existing systems to improve health care for both refugees and the countries' own populations.

The IOAC was also briefed on the creation of the Refugee Health Extension Hub in Krakow, Poland, which was functional from 2022-2023 to conduct assessments, support inter-agency coordination, and support country offices to respond to the refugee crisis. While the IOAC welcomes its establishment, the **Committee underscores that the roles, functions, and responsibilities of any hub or special function introduced during an emergency, as well as its coordination mechanism across the three levels of the Organization, should be clarified.** The IOAC observed that the introduction of a new hub with new functions generated additional tasks for the already overstretched Country Office. The IOAC recommends that **when hubs are introduced, there must be a clear purpose and periodic assessments should take place to enable adaptation and course correction as the emergency evolves. The IOAC recommends the Secretariat provide an overview of WHO hubs at the headquarters and regional office levels related to emergencies and respective terms of reference.**

Business processes and operational support functions

The IOAC observed that WHO field operations continue to struggle with the Organization's culture, business processes and administrative systems. According to the interviews with WCO staff, the use of emergency SOPs for fast-track recruitment was not consistently known or applied in regions and country offices. Not all staff were aware of the emergency SOPs and some were reluctant to apply them due to lack of confidence in the process.

Staff were also dissatisfied at recruitment times for consultants during the emergency response, in some cases taking up to six months. The IOAC recommends that the emergency SPOs, reflecting the appropriate approval hierarchies in line with ERF2.1 , should be embedded in the Business Management System and fuller training and preparation for staff should be provided across the Organization.

HR capacity at headquarters and the Regional Office was also limited in the face of such a large surge requirement, particularly in view of the demands of other graded emergencies in the European Region in 2022–2023 (COVID-19, mpox, Türkiye earthquake). The WHO staff shared the frustrations they faced in recruiting personnel with the requisite skills and

knowledge quickly, and in retaining talented staff, due to an inability to offer long-term contracts. They noted that emergency rosters were not a reliable source to help scale up human resource capacity for emergencies. The IOAC views national staff as an asset to the Organization, bringing local knowledge, skills and networks that can be tapped into during a response. In light of this, the IOAC encourages further efforts and opportunities to engage with the local workforce to leverage individual strengths, talents and capacities in emergency responses. The IOAC also recommends maintaining a balance between technical and administrative staff to carry out functions during surges. In view of these findings and other similar ones from previous missions, **the IOAC will look into Roster management and report findings to the Seventy-eighth World Health Assembly.**

During interviews, some staff in WCO Romania also shared concerns regarding cultural issues such as hierarchy, observing that collaboration could be improved across the three levels of the Organization, between the WHE Programme and other WHO divisions, and within the WHE Programme. **In this regard, the IOAC would recommend enhancement of bidirectional communication within the Organization's levels for continued progress.**

The IOAC acknowledged that PRSEAH was an integral part of the IMST in the Ukraine response at country level. However, PRSEAH training was delayed for national staff in both Ukraine and Romania due to the cultural aspect requiring additional Regional Office and headquarters support. Recognizing EURO's efforts to update the PRSEAH guidance in the Ukraine conflict context, the **IOAC recommends extensive consultations with other regions and full alignment with headquarters' work.**

CONCLUDING REMARKS

WHO's response to the Ukraine war and its associated refugee emergency has provided proof of concept that WHO can manage multiple grade 3 emergencies requiring Organization-wide support. The IOAC congratulates WHO on its response to the Ukraine crisis and its work to support the national authorities in responding to the emergency as well as to strengthen the health system for the refugees and populations of the refugees receiving countries. .


The Committee noted an increasing level of trust between headquarters and the regional office and the sound application of the ERF. The Regional Office IMST in close cooperation with headquarters has played a pivotal role in the support of IMTs in WCO Ukraine and refugee-hosting countries like Romania. In applying the ERF, consideration should be given to the comparative advantage of headquarters, the Regional Office and country offices arising from their political insight and their relations with the national authorities of the respective regions, to reduce duplications, and effectively manage multiple emergencies.

However, the IOAC observed that WHO continues to face persistent challenges, including lack of clarity on accountability across the major offices, internal coordination and communication, HR capacity and sustainable financing. WHO's business processes, SOPs, and administrative systems should support the WHE Programme in leading WHO's emergency work. Security and duty of care for staff are prerequisites for WHO health emergency management. The IOAC also noted that the workforce for emergency management is overstretched both at EURO and WCOs and reiterates that the WHE Programme's capacity needs to be further strengthened at all levels of the Organization, in line with the 'one programme' principle.

Given the increasing WHO leadership role in humanitarian crises across the globe, the WHE Programme is encouraged to document lessons learned and develop fit-for-purpose tools and guidelines.

The Ukraine emergency and refugee crisis is a good reminder that all countries should invest in preparedness and readiness for emergencies. The IOAC reiterates its previous recommendations for strengthening national capacity for health emergency preparedness, response and resilience.

Annex 1. IOAC Visit to the WHO Regional Office for Europe, 12-13 February 2024

 World Health Organization Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme's Visit to the WHO Regional Office for Europe Copenhagen, Denmark 12-13 February 2024	
<u>DAY 1</u> Monday 12 February 2024	08.30-09.00 Arrival and informal introductions 09.00-09.15 Opening of the meeting by the IOAC chair 09.15-10.45 Briefing by the WHO Health Emergencies Programme 10.45-11.00 Healthy break 11.00-12.30 Meeting with Regional Director for Europe, Dr Hans Kluge 12.30-13.30 Lunch with Regional Director for Europe, Dr Hans Kluge & Executive Council for WHO/Europe 13.30-15.30 Deep dive on the Ukraine crisis: WHO Presence in Ukraine 15.30-15.45 Healthy break 15.45-17.00 Deep dive on the Ukraine crisis: WHO's Emergency Response in Ukraine since 2023
<u>DAY 2</u> Tuesday 13 February 2024	08.30-09.00 IOAC private session 09.00-11.00 Deep dive on the Ukraine crisis: WHO Support to refugee-receiving countries since February 2022 11.00-11.15 Healthy break 11.15-12.00 Deep dive on the Ukraine crisis: WHO Response Review of WHO's Response to the Ukraine Crisis 12.00-12.30 Closing session: debrief and with Regional Director 12.30-13.30 Lunch in canteen 13.30-17.00 One-on-one interviews with WHO staff

Annex 2. IOAC Visit Programme in Bucharest, Romania, 14-15 March 2024

Time	Item
DAY ONE: 14 March 2024	
08.00-08.30	Transfer from Hotel to WHO Country Office
08.30-09.00	Welcome and introductions
09.00-09.30	Update on geo-political context
09.30-10.30	Presentation on Ukraine refugee response and BCA activities
10.30-11.00	Coffee break
11.00-11.30	Presentation on preparedness (DTRA)
11.30-12.00	Highlights of health systems response
12.00-12.30	Open discussions
12.30-14.00	Lunch break
14.00-14.30	Transfer to UN House
14.30-15.30	Meeting with UN heads of agency (UNICEF, UNHCR, IOM, WB)
15.30-16.00	Transfer to IFRC
16.00-17.00	Meeting with IFRC, Romanian Red Cross
17.00-17.30	Transfer to the hotel
19.00-21.00	Dinner
21.00	Transfer to the hotel
End of Day 1	

Time	Theme
DAY TWO: 15 March 2024	
08.30-09.00	Transfer from Hotel to the Ministry of Health
09.00-10.00	Meeting MOH and national stakeholders (National health insurance house, National institute for public health)
10.00-10.30	Transfer to the WHO country office
10.30-11.30	Bilateral meeting Mrs Madalina Turza, former State Counselor and Deputy Minister and coordinator of the refugee response in the prime minister's office
11.30-12.00	Transfer to Ministry of Interior emergency medical services
12.00-13.00	Meeting Dr Raed Arafat, State Secretary EMS
13.30-14.00	Transfer to field visit in Bucharest
14.00-16.00	Field visit to Romexpo
16.00-16.30	Transfer to WHO Country Office
16.30-17.30	IOAC, Dr Clarinval, Dr Gatscher, Dr Haskew
17.30-18.00	Transfer to the hotel
End of visit³	

³ Following the IOAC visit to Romania, the delegation held virtual follow-up interviews with staff at the Regional Office for Europe