IOAC Monitoring Framework for WHO/WHE

The IOAC has developed a monitoring framework as a tool to support its assessment of the WHE Programme and to track progress against the indicators laid out in the WHE Programme Results Framework of EB140/36. The areas IOAC wishes to monitor may change over time as the Programme, with its challenges and opportunities, develops. To that end, the issues selected and pursued by the IOAC are subject to modification and change and must be decided by the IOAC.

Thematic area	Subject of monitoring and assessment	Means of Monitoring/Indicators
Structure	**Structural Implementation & Alignment** The IOAC will monitor how the structure of the programme is implemented and aligned to drive effective planning, coordination, accountability and risk management, across the three levels of the Organization. The IOAC will continue to review the structure as it is implemented and advise where it sees structures, processes, roles, responsibilities and reporting lines that are not in place or not functioning optimally Link and relations among HQ, ROs and COs in terms of accountability, authority and leadership (RD) , reporting lines	WHE briefings to IOAC IOAC engagement with WHE at all levels at IOAC Meetings and during IOAC field visits
Human Resources	**HR planning and implementation** IOAC will monitor the implementation of WHE's human resource plan including whether appointments are optimized, prioritised and gradually streamlined to achieve better balance across the three levels of the Organization	WHE/WHO Results Framework (E.5) through MTR 2016 and PBPA 2016-17 reports HR implementation reports to IOAC including – Number of appointments by grade and level – Proportion of appointments against staffing plan by level – Number of days it takes to fill a position from the announcement to the person being appointed -- as compared to the average for regular WHO appointments.
	Human resource benchmarking IOAC will monitor the implementation of a benchmarking exercise focusing on staff structure and grades at HQ level, against peer organizations and agencies	Benchmarking comparison of numbers and % of senior level positions in WHE as compared with WHO more broadly and with other UN agencies
	Selection, recruitment, training and deployment of WHO Country Reps and Health Cluster Coordinators IOAC will monitor the placement of WRs and Health Cluster Coordinators in emergency settings and assess whether the process prioritizes individuals with experience in humanitarian crisis and health emergency management. In addition, IOAC will monitor WR and HCC training in leadership, coordination, information and planning, health operations, operational support and administration	WHE/WHO Results Framework HR implementation reports to IOAC including – Number of WR and HCC appointments by Region in WHE priority countries – % of WR and HCC appointments against HR plan – % WRs in WHE Priority countries with training certification
	Security and safety of staff and partners IOAC will monitor provision of adequate logistics and security support in the field including risk management procedures, deployment of security	– No and % of WHO Security Officers deployed against HR plan in WHE Priority Countries – IOAC review of security and medical

	officers and evidence of measures taken during particular incidents including medical evacuation s	evacuation incident reports – Availability of psychosocial support for field/deployed staff
	Human resource incentives IOAC will monitor the provision of incentives to attract/retain high calibre staff in hardship duty stations	– % of core posts filled in hardship duty stations – WHE report on progress to define an incentive scheme – Quarterly summaries of key findings from exit interviews/end of mission statements by field staff/deployed staff/surge staff
	Human resources funding IOAC will monitor funding flows for staff and whether WHE has workable contingency plans to implement an adapted staffing plan that prioritises field operations should funds not materialise	– WHE/WHO Results Framework – WHE Resource Mobilisation, Finance and HR reports to IOAC
Finance	IOAC will monitor the finance, resource mobilisation and grant management activities in WHE through the WHO/WHE Results Framework Specifically, IOAC will monitor WHO/WHEs strengthening of its resource mobilization capacity, diversification of its donor portfolio (especially multiyear partnerships) that support the implementation of the WHE Programme's strategic plan. The IOAC through its meetings with WHE will Monitor whether donor engagement is being improved through – Development of a credible, strategic and data-driven narrative – Development and presentation of compelling economic investment cases that set out the reasons for funding the new WHE Programme. – Improved understanding of donor requirements and engagement with the right donor counterparts – Tailoring of fundraising strategies to specific donor and funding requirements. – Prioritization of unrestricted/unspecified resources; and – Level and effectiveness of engagement of WRs with in-country donor representatives who manage country-level programme funding	WHO/WHE Results Framework (E.5) WHE implementation reports to IOAC Including: – WHE strategic "narrative" and "Economic investment case" available – ## of donors and funding status: Dec 2016 versus May 2017 – ## of donors financially supporting the programme through voluntary contributions of over US$ 1 million per biennium – ## multiyear financial partnerships agreed% of funding against planned core budget available by level – % of funding against planned budget by "core", "specified" and "unspecified" – % of funding against planned core budget in WHE priority countries IOAC missions to WHE Priority Countries
Partnerships	**Operational and technical partnerships** IOAC will monitor how WHE strategically develops and invests in coordinating, strengthening, expanding and maintaining important partnerships for readiness, risk management and response. Of primary concern to IOAC is WHO/WHE – Engagement and support to the Global Health	WHO/WHE Results Framework - Specifically, E4.2 and E1.2 WHE reports on partnerships to IOAC including

Partnerships (contd.)	Cluster – Leadership role on outbreaks within the IASC – Health Cluster Coordination in priority countries – Expansion and strengthening of the Global Outbreak Alert and Response Network (not limited to deployment but also support to WHE with developing the technical/operational innovation and enhanced networking that drives effective readiness, alert and response to PHEs) Other partnership initiatives to be monitored – Emergency Medical Teams (EMTs) – Stand-by Partnerships – ICG mechanisms for vaccine supply – Specialist networks (e.g. disease/laboratory/ EOCs/IT/Logistics/risk communications) **Relationship with NGOs** IOAC will monitor how WHE cultivates partnerships with non-State actors within the Framework of Engagement with Non-State Actors (FENSA) at country level.	## of Health Cluster coordinators (HCC) appointed % of WHE priority countries with a dedicated full time HCC ## experts deployed under the various operational partnership mechanisms ## GOARN partners supporting readiness alert and response to PHEs WHE reports to IOAC with specifics on how all the various operational and technical networking mechanisms are being coordinated and streamlined as appropriate Field trips by IOAC members as a source of data/means of validation to make a qualitative assessment with a specific focus on inter-agency coordination Interviews with partners and beneficiary to monitor their satisfaction
Programme Areas	The IOAC will monitor the implementation of activities mainly through those deliverables and indicators specified in the WHO/WHE Results Framework. In addition, IOAC may also identify areas where WHE should provide specific updates/data	WHO/WHE Results Framework (E1-E5)
	Infectious Hazard Management IOAC will monitor implementation of deliverables according to the WHE Results Framework with specific focus on – Development of global strategies/plans for management of high threats infectious hazards – Streamlining and strengthening of partnership mechanisms for access to interventions (e.g. ICG mechanisms) – Ensuring that disease specific expert networks are coordinated with GOARN and support response readiness and operations	WHE Results Framework (E1.1/E1.2) WHE Reporting to IOAC including – New global strategies/plans /research agenda developed – Progress on streamlining/strengthening partnership mechanisms for access to interventions – Progress on linking specific expert networks effectively with GOARN
	IHR Implementation and Country Health Emergency preparedness Strengthening country preparedness to respond to outbreaks and emergencies should be one of the main functions of the WHE Programme. To this end, the IOAC will monitor the reporting and evaluation of country core capacities as reflected in the WHO/WHE Results Framework (Evaluations carried and actions plans developed). In addition, IOAC will monitor those action plans developed in terms of implementation timelines, funding and technical support from WHO and its partners. IAOC will specifically monitor the implementation of the voluntary JEE process as well as the way in	WHO/WHE Results Framework (Output E2 - E2.1, E.2.2, E2.3 & E2.4) including – ## countries reporting status of IHR – ## of countries carrying out independent evaluations – ## of countries developing national action plans – ## national action plans under implementation and funded – % countries demonstrating progress in critical core capacities The IOAC may also monitor implementation of action plans through field missions to

Programme Areas (contd.)	which strengthening community engagement is being built into core IHR capacity. In addition, the IOAC will monitor the status of operational readiness of WHO Country Offices in WHE priority Countries	and/or interviews with implementing countries The IOAC may assess operational readiness at WHO COs through WHO/WHE results framework and through field visits – % of WHO country offices with a minimum package of operational readiness in place
	Health Emergency Information & Risk Assessment The IOAC will monitor the implementation of information and risk assessment processes at HQ and ROs including the – Performance of event detection, verification, assessment and communication – Roll out and implementation of EIOS and IMS	WHO/WHE Results Framework (E.3 – E3.1, E3.2 & E3.3) including – % health events detected which have had risk assessment completed and communicated – % events where key information is publically available within two weeks WHE Reports to IOAC on implementation of EIOS and IMS
	Emergency Operations The IOAC will monitor Emergency operations at the three levels of the Organisation focusing on – WHOs leadership role in technical health operations – Speed of event verification, risk assessment and response processes – Clarity of roles, responsibilities and reporting lines at all three levels, number of verified events for which an Incident Manager (IM) is assigned (including the profile of these IMs) – Field application of the ERF and the EIOS and whether these tools improve the speed and effectiveness of the response – Effectiveness of logistics, security and medical support to field operations – Effectiveness of WHO response operations at Country level – Speed and scale of deployment of WHO surge and partner staff to the field where triggered	WHO/WHE Results Framework (E.4 – E4.1, E4.2 & E4.3) WHE Reports to IOAC including – Table/graphic indicating number of days between event verification, risk assessment, grading, assignment of IM, strategic response plan development and deployment for all verified events – % of graded events where IMs appointed. – ## of IMs identified, trained and utilised Profiles of the incident managers trained/utilised – % of events where comprehensive operational/logistics support was provided within one week IOAC field missions to specific countries to evaluate effectiveness of WHO response operations and effectiveness of any surge/partner deployments
	Emergency Business Processes IOAC will monitor to what extent the revised WHE business processes are fit for purpose in the areas of recruitment, deployment, procurement and finance at all three organizational levels to support emergency response.	– WHO/WHE Results Framework (E5 – E5.1, E5.2 & E5.3) including% core budget available – % of emergency fund requests with disbursement of funds from CFE within 24 hrs – % of response teams deployed within 72 hours of a decision to deploy – ## of donors financially supporting WHE through contributions of over US$ 1 million per biennium Satisfaction with improved WHE business processes will also be assessed by IOAC through field visits and/or interviews with Operational staff, COs, Partners and Member States