Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

IOAC monitoring framework (third edition, May 2023)

The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme (WHE Programme) is mandated under its terms of reference\(^1\) 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 has developed a monitoring framework as a tool to support its assessment of WHO’s work in emergencies and to track progress against the Committee’s recommendations. The areas for monitoring have changed over time as the WHE Programme has evolved since its inception in 2016 in response to arising challenges and opportunities. The main lines of that evolution, leading to this third edition of the IOAC monitoring framework, are given in the paragraphs below. It should however be noted that neither the IOAC monitoring framework, nor its terms of reference are updated automatically for each of the Committee’s two-year terms of office. Adjustments to both texts are made strictly on a needs basis, in response to increased scope of work.

For its first term of office (2016–2018), the IOAC assessed whether the reform of WHO’s work in health emergency management was on track, with a focus on the implementation of the WHE Programme in eight thematic areas: structure, human resources, incident management, risk assessment, business processes, partnerships, finance and International Health Regulations (2005) (IHR). In developing the first edition of its monitoring framework,\(^2\) the IOAC took account of the Director-General’s report to the Sixty-ninth World Health Assembly on the reform of WHO’s work in health emergency management (A69/30) and applied the indicators laid out in the WHE Programme Results Framework contained in the draft Proposed programme budget 2018-2019 (EB140/36).

Upon completion of its first term of office, the IOAC concluded, in its fourth report to the governing bodies (A71/5), that WHO had reached the key milestones and timelines set out in A69/30 and had made substantial progress in structure, risk assessment, incident management and partnerships. Document A71/5 identified the areas that needed to be kept under the IOAC’s future review.

Based on that, the IOAC revised its monitoring framework\(^3\) to focus on persistent issues for its second term of office (2018-2020): WHO’s transformation agenda and the WHE Programme’s

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performance in supporting country health emergency preparedness, response and recovery. Throughout its third term of office (2020-2022), the IOAC continued monitoring the progress in alignment with the Thirteenth General Programme of Work, 2019-2023\(^4\) (GPW13).

As the WHO’s leadership role in health emergencies has grown over time, the IOAC’s work has broadened and its scope has expanded to monitor the work of other WHO divisions and departments contributing to WHO’s work in emergencies under the central coordination of the WHE Programme. Consequently, the IOAC adopted the fifth edition of its terms of reference in March 2023, allowing for an expansion of its scope of work, and updated its monitoring framework accordingly.

This third edition of the monitoring framework was updated in May 2023 to bring it into accordance with the fifth edition of the Committee’s terms of reference. The updates also responded to the Director-General’s request that the IOAC broaden its scope of work to advise WHO on the development of the global architecture for health emergency preparedness, response and resilience (HEPR), and the role of WHO within that architecture.

\(^4\) GPW13: [https://www.who.int/about/general-programme-of-work/thirteenth](https://www.who.int/about/general-programme-of-work/thirteenth)
## IOAC monitoring framework (third edition, May 2023)

<table>
<thead>
<tr>
<th>Area</th>
<th>Subject of monitoring and assessment</th>
<th>Means of monitoring and indicators</th>
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</table>
| **Global architecture on health emergencies** | • WHO coordination of existing mechanisms and new initiatives/platforms  
• Pandemic treaty discussions  
• Alignment with global initiatives  
• WHO relations with MS and key stakeholders | • MS feedback on DG’s ten proposals  
• Consultation with key stakeholders  
• Reports of governing bodies-led processes (INB, WGIHR, SCHEPPR) |
| **WHE health emergency management**       | • Emergency response framework  
• Reporting lines from the field to HQ for graded emergencies  
• Decision-making processes among headquarters, regional offices and country offices including grading, risk assessment, incident manager (IM) appointment/staff deployment, CFE disbursement  
• Communication within the WHE Programme across the three levels | • Field application of ERF in graded emergencies  
• Alignment of delegations of authority (DOAs) of EXD, RD, REDs, WR/IM  
• Platform/mechanism for three level consultations  
• Memo or other internal documents on the subject  
• IMT functioning in WCOs |
| **Finance**                               | • WHO/WHE programme budget  
• Health emergency appeals  
• Contingency fund for emergencies  
• WHE donor portfolio and multiyear partnerships  
• WHE fundraising strategies in the context of the investment round  
• Allocation of funds across the Organization and accountability  
• Resource mobilization capacity at country level: level and effectiveness of WHO’s engagement  
• Representatives with in-country donor representatives  
• Prevention of financial mismanagement and mitigation measures in emergency context | • Breakdown of the WHE budget and gaps (core budget, appeals and CFE)  
• % of funds sent to ROs and WCOs  
• Pandemic Fund envelope, pledges, funding gap, amount released, and number of countries benefiting  
• Number of donors and funding status, % of funding raised at country level  
• RM training, support provided to Country Offices  
• Number of donor agreements in countries graded WHO Grade 3 emergencies  
• % of funding against planned budget by “core”, “specified” and “unspecified” in WHE priority countries  
• DOA of WR financial authority to accept funds |
| **HR planning, recruitment and retention of talent** | • WHE functional review and other corporate/regional exercises (e.g., country business model)  
• Systematic application of fast-track standard operating procedures (SOPs) and contract arrangements for rapid deployment  
• Selection, recruitment, training and deployment of WHE key positions including WR, IM, and HCC  
• Staff turnover and exit interviews  
• WHE staff rotation in the context of WHO global mobility | • Outcomes of the functional review  
• WHE organigram  
• % of WHE staff appointments against HR plan across 3 levels  
• Recruitment rate of WHE positions at the three levels  
• Breakdown of staff by office, department, grade, contract type and gender  
• Number of vacant positions  
• WHE staff turnover rate  
• Data on WHE exit interviews and reasons for leaving |
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<tr>
<th>Emergency response (multi hazard, both acute and protracted crises)</th>
<th>Provision of incentives to attract/retain high-calibre staff in hardship duty stations</th>
<th>% of core posts filled in hardship duty stations including WRs and IMs</th>
<th>WHE ad hoc incentive scheme</th>
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<tbody>
<tr>
<td>• Potential health emergencies rapidly detected, and risks assessed</td>
<td>Number of graded emergencies by grade, type, country, responsible offices</td>
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<tr>
<td>• Risk assessment and situation analysis, WHO grading, Incident Management System (IMS), response procedures, roles and responsibilities</td>
<td>Number of PHEIC, including key figures (cases, deaths)</td>
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<tr>
<td>• Rationalization/standardization of production and dissemination of situation reports and risk assessments for each event</td>
<td>Setting up IMTs, surge capacity, deployment, scaling down process</td>
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<tr>
<td>• Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</td>
<td>Performance against the ERF indicators</td>
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<tr>
<td>• Essential health services and systems maintained in fragile, conflict and vulnerable settings; working jointly between WHE and HIS</td>
<td>Timeline of events between risk assessment, grading, assignment of Incident Manager, strategic response plan development and deployment for all graded events</td>
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<tr>
<td>• Support affected countries for risk communication and community engagement</td>
<td>% events detected, completed risk assessment and key information publicly available</td>
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<tr>
<td>• WHO response to natural disasters and climate change-related emergencies</td>
<td>% of target population with access to essential health services</td>
<td></td>
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<td>• WHO leadership in humanitarian emergencies</td>
<td>% of WHE priority countries with a dedicated full time HCC</td>
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<td>• Engagement and support to the Global Health Cluster</td>
<td>% appointments made through the Roster of HCC or IMs</td>
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<td>• Health cluster coordination in priority countries</td>
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<td>• Leadership role in outbreaks as per the Inter-Agency Standing Committee L3 protocol</td>
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<tr>
<td>• Expansion and strengthening of the Global Outbreak Alert and Response Network, emergency medical teams, standby partnership, etc.</td>
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<td>• Global health peace initiatives</td>
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<tr>
<td>Pandemic prevention and preparedness, country readiness, IHR</td>
<td>All-hazards emergency preparedness including IHR core capacities assessed and reported in fragile states</td>
<td>Progress with JEE, UHPR and NAP and their interaction</td>
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<tr>
<td>• Joint External Evaluations (JEEs)</td>
<td>Impact of WHO work on IHR core capacity building in countries</td>
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<tr>
<td>• Universal Health and Preparedness Review (UHPR)</td>
<td>% countries funded for implementation of the NAP</td>
<td></td>
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<td>• National action plans (NAPs)</td>
<td>% of WHO country offices with a minimum package of operational readiness in place</td>
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<td>• Minimum core capacities for emergency preparedness and disaster risk management established in all countries</td>
<td>Earmarked funding raised for preparedness</td>
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<td>• Countries and WCOs operationally</td>
<td>Allocation of PB to the areas of work</td>
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<td>• Global health peace initiatives</td>
<td>Progress report on GPW13</td>
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</table>
| **Health emergency intelligence and surveillance systems** | • WHO Hub for Pandemic and Epidemic Intelligence  
  • Building national capacities and country support  
  • Engagement, partnerships and alignment with global initiatives  
  • Platform and collaborative mechanisms to leverage partners  
  • Engagement with other divisions across the Organization | • Roles and responsibilities of EIOS versus EOC, IHR focal points and working relations  
  • Number of external partners  
  • WHO publications or internal documents |
| **WHE relations with other divisions** | • GPW14: Internal coordination mechanism and collaboration with other pillars  
  • Decision making processes among the WHE and other divisions  
  • Internal surge/repurposing non-WHE staff in emergencies  
  • Performance management of non-WHE staff involved in the emergency management and reporting line | • GPW 14  
  • Delegation of authority to HQ/ADGs of other divisions  
  • Memo or other internal documents on the subject  
  • WHO organigrams |
| **Procurement and supply chain management** | • Supply chain process  
  • Staffing and corporate investment level emergency measures under the Framework of Engagement with Non-State Actors | • Quantity and type of supplies provided by WHO  
  • Relations with the regional hubs  
  • Timeliness and effectiveness of the process across the Organization |
| **Security and staff protection** | • Corporate strategy and investment  
  • WHO security function in emergencies in relation to the United Nations Department for Safety and Security  
  • Procedures and measures for protection of staff and deployed experts, including medical evacuation  
  • HR planning, management and reporting line between BOS and WHE across the three levels | • Number of security incidents and types related to WHO operations  
  • WHO strategy and SOPs for security  
  • Security reports including medical evacuation and incidents on the ground  
  • Budget allocation to security  
  • Number and % of WHO Security Officers deployed against HR plan in WHE priority countries |
| PRSEAH | • WHO policy and framework and its impact on PRSEAH in emergencies  
• HR planning, management and reporting line between PRS and WHE across the three levels  
• Budget allocation and accountability  
• Field application of WHO’s policy for prevention of and response to sexual harassment, sexual exploitation and abuse  
• Staff training and awareness campaigns | • Implementation of the 3-year strategic plan  
• Number of PRSEAH posts in countries, including emergency operations  
• Statistics of sexual misconduct and abuse cases and disciplinary measures: Dashboard on investigations into sexual misconduct ([link](#))  
• Timeline targets for end-to-end process from complaint to disciplinary action |
| --- | --- |
| Public communication in support of emergencies | • Consistency and coherence of WHO corporate communications  
• Internal communication mechanisms and processes  
• Communication coordination mechanism/platform with UN and other partners for emergencies  
• Preventive actions and mitigation measures for media leakage  
• Collaboration with WHE and DCO for risk communication and infodemics | • Number of incidents related to Media (attack against WHO staff, leakage, allegations, backlash etc.)  
• Media coverage on WHO’s work in emergencies (e.g. number of press conferences)  
• Correlation between communications and funds raised |