

IOAC Monitoring Framework for WHO/WHE – revised version¹

In monitoring WHO's implementation of the WHE Programme during 2016–2018, the IOAC considered the Director-General's report to the 69th World Health Assembly on reform of WHO's work in health emergency management ([A69/30](#)) as its main reference and applied the indicators laid out in the WHE Programme Results Framework of [EB140/36](#). On the basis of these two key references, the IOAC developed its monitoring framework and used it to track progress: http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/ioac-monitoring-framework.pdf?ua=1

For the first term of office (May 2016–May 2018), the IOAC assessed whether the reform of WHO's work in health emergency management was on track, with a focus on eight thematic areas: structure, human resources, incident management, risk assessment, business processes, partnerships, finance and International Health Regulations (2005) (IHR).

Upon completion of its 2-year term of office, the IOAC concluded in its last report [A71/5](#) that WHO has reached the key milestones and timelines set out in A69/30 and made substantial progress in structure, risk assessment, incident management and partnerships. A71/5 also recommended the areas that need to be kept under review in IOAC's future work programme. In particular, IOAC will focus on reviewing WHO's work to support countries in strengthening their IHR core capacities and health systems.

In light of WHE's progress over the past 2 years and the new challenges and opportunities that WHO is facing, IOAC has reviewed its monitoring framework. The issues that the IOAC will focus on for 2018–2020 can be grouped in three categories:

- 1. Key elements of the WHE Programme**

The IOAC will continue to oversee WHO's performance in outbreaks and other emergencies, the extent to which previous recommendations are being implemented, and the areas that need to be kept under IOAC's review as suggested by A71/5.

- 2. WHO transformation agenda**

The IOAC will monitor the issues requiring WHO's investment and capacity at the corporate level such as procurement, security, staff protection, business processes and organizational culture. The IOAC recognizes WHO's transformation agenda as the driving force behind addressing these issues. Hence the IOAC will review progress with the transformation agenda and its impact on the WHE Programme.

- 3. WHE Programmatic areas**

The IOAC will focus on programmatic areas rather than issues related to processes or procedures. From September 2018 to May 2020 the IOAC will look into WHO's work toward its three GPW13 outcomes: (1) all countries are prepared for health emergencies, (2) epidemics and pandemics are prevented, and (3) health emergencies are rapidly detected and responded to (see EB142/3 http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_3Rev2-en.pdf). IOAC will also review whether WHO has the capacity to manage a major pandemic or simultaneous outbreaks in different regions. IOAC will raise a question on the global capacity through other relevant mechanisms such as Global Preparedness Monitoring Board.

To facilitate review by the Governing Bodies, the IOAC will use indicators and deliverables set out in the document A70/7 with slight adaptation to align with the GPW13. (see http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_7-en.pdf)

IOAC field missions to specific countries shall be conducted to monitor WHO's performance in preparing countries for health emergencies, controlling and preventing epidemics and pandemics, and responding to acute and protracted emergencies. including the extent to which all the various

¹ This document is a revised version of the monitoring framework published in March 2017.

operational and technical networking mechanisms are being coordinated and streamlined on the ground and effectiveness of business processes, procedures and policies that are in place.

	Subject of monitoring and assessment	Means of monitoring/indicators
I. Key elements of the WHE Programme <i>(Legacy from the previous IOAC)</i>	Management and administrative process <ul style="list-style-type: none"> • WHO leadership in global health • Delegation of authority, accountability, reporting lines and decision-making processes among Headquarters, Regional Offices and Country Offices • Standardization across the regions of WHO Representatives' financial authority to accept funds 	<ul style="list-style-type: none"> • <i>A70/7. Indicators and deliverables for Outcomes 6.1, 6.2, E.2, E.3,</i> • <i>WHE briefing to IOAC including</i> –
	Internal and external communication <ul style="list-style-type: none"> • WHE external communication mechanisms and processes including communication with Member States (grading, risk communication) • Effectiveness of communication within the WHE programme across the three levels • Consistency and coherence of corporate communications in relation to WHO's Department of Communications and other programmes within WHO 	<ul style="list-style-type: none"> • <i>A70/7. Indicators and deliverables for Outcomes E.1, E.5</i> • <i>WHE reporting on COM issues including</i> <ul style="list-style-type: none"> – <i>Media monitoring</i> – <i>Meeting reports</i> – <i>Coordination platform with external partners in emergencies and communication activities</i> • <i>Interviews with WHO staff</i>
	Human resource planning, recruitment and retention of talent <ul style="list-style-type: none"> • Implementation of the Country Business Model • Selection, recruitment, training and deployment of WHO Country Representatives and Incident Managers • Recruitment rate of WHE positions in Country Offices versus Headquarters and Regional Offices • Systematic application of fast-track standard operating procedures (SOPs) and contract arrangements for rapid deployment • WHE staff rotation policy in the context of WHO geographical mobility • Provision of incentives to attract/retain high calibre staff in hardship duty stations 	<ul style="list-style-type: none"> • <i>A70/7. Indicators and deliverables for E.5</i> • <i>HR reports to IOAC including</i> <ul style="list-style-type: none"> – <i>% of WHE staff appointments against HR plan (CBM) at country level</i> – <i>Number of appointments by grade and level</i> – <i>% WHO Representatives and Incident Managers in WHE priority countries with training certification</i> – <i>% of core posts filled in hardship duty stations</i> – <i>WHE ad hoc incentive scheme</i>
	WHE Finance <ul style="list-style-type: none"> • WHE fundraising strategies • Resource mobilization capacity at country level: level and effectiveness of 	<ul style="list-style-type: none"> • <i>A70/7. Indicators and deliverables for Outcomes E.5</i> • <i>WHE briefing on Finance to IOAC including:</i>

	<p>engagement of WHO Representatives with in-country donor representatives who manage country-level programme funding</p> <ul style="list-style-type: none"> • WHE donor portfolio and multiyear partnerships 	<ul style="list-style-type: none"> – Number of donors and funding status, % of funding raised at country level – Resource mobilization training, support provided to Country Offices by Headquarters and Regional 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
	<p>Partnership and Coordination</p> <ul style="list-style-type: none"> • Engagement and support to the Global Health Cluster • Leadership role in outbreaks as per the Inter-Agency Standing Committee L3 protocol • Health cluster coordination in priority countries • High quality of the Health Cluster Coordinators’ (HCCs’) roster through adequate assessment of candidates, improved performance management of HCCs, training on field-level health cluster coordination prior to deployment, and adequate support on deployment to ensure satisfactory information management and coordination. • Expansion and strengthening of the Global Outbreak Alert and Response Network, Emergency Medical Teams, standby partnership, etc. 	<ul style="list-style-type: none"> • A70/7. Indicators and deliverables of E.1, E.4, E.5 • WHE reports on partnerships to IOAC including <ul style="list-style-type: none"> – Number of HCCs appointed – % of WHE priority countries with a dedicated full time HCC – Number of experts deployed under the various operational partnership mechanisms • Interview with partners during field visits
<p>II. Issues requiring corporate-level solutions</p> <p><i>(WHO Transformation Agenda)</i></p>	<p>Procurement and supply chain management</p> <ul style="list-style-type: none"> • Benchmarking analysis for the supply chain process to establish key metrics to gauge the timeliness and effectiveness of the process, and to estimate the necessary staffing and corporate investment level. • Emergency measures under the Framework of Engagement with Non-State Actors 	<p><i>WHO’s transformation agenda and progress report</i></p>

	Security and staff protection <ul style="list-style-type: none"> • Corporate strategy and investment level • WHO security function in emergencies in relation to the United Nations Department for Safety and Security • Adequacy of procedures and measures for protection of staff and deployed experts, including medical evacuation • Field application of WHO's policy for prevention of and response to sexual harassment, sexual exploitation and abuse 	<ul style="list-style-type: none"> – 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 – WHO reports on sexual harassment, sexual exploitation and abuse in emergency settings
	Business processes in the areas of <ul style="list-style-type: none"> • HR • Administration • Finance 	<p>Satisfaction with improved business processes will be assessed by IOAC through field visits and/or interviews with WHE staff, Country Offices, Partners and Member States</p>
III. WHE Programmatic areas 1. Preparedness for health emergencies	Health emergency preparedness in countries, including implementation of IHR <ul style="list-style-type: none"> • All-hazards emergency preparedness including IHR core capacities assessed and reported • Review of assessment tools such as Joint External Evaluations (JEEs) • National Action Plans (NAPs): timelines for development and implementation, funding and technical support from WHO and its partners • Minimum core capacities for emergency preparedness and disaster risk management established in all countries • Countries and WCOs operationally ready to manage identified risks and vulnerabilities • Strategy for IHR capacity development in fragile states • Link between WHE and other relevant programmes within WHO, in particular health care systems • Scale down of IMS and transition process following major events to build national capacities on lessons learnt in a sustainable way 	<p><i>A70/7. Indicators and deliverables of E.2 including</i></p> <ul style="list-style-type: none"> – Progress with JEE and NAP – % countries demonstrating progress in critical core capacities – % of WHO country offices with a minimum package of operational readiness in place <p><i>The IOAC may monitor “after action reviews” or IHR implementation following a major health crisis through field missions.</i></p> <ul style="list-style-type: none"> – Progress report on the GPW13 (EBPBAC28/5) – Review of programme budget

2. Prevention of Epidemics and pandemics	<ul style="list-style-type: none"> • Research agendas, predictive models and innovative tools, products and interventions available for infectious hazards • Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale • Risk of the emergence/re-emergence of high-threat infectious pathogens mitigated and reduced 	Documents and tools – <i>Reports on implementation at country level of global cholera and yellow fever strategies</i>
3. Detection and response to Health emergencies (acute and protracted emergencies)	<ul style="list-style-type: none"> • Potential health emergencies rapidly detected and risks assessed • Application of Emergency Response Framework (ERF): risk assessment and situation analysis, WHO grading, Incident Management System (IMS), response procedures, roles and responsibilities • Acute health emergencies rapidly responded to, leveraging relevant national and international capacities • Effectiveness of field operations • Rationalization/standardization of production and dissemination of situation reports and risk assessments for each event • Support affected countries for risk communication and community engagement • Essential health services and systems maintained in fragile, conflict and vulnerable settings; working jointly between WHE and HIS 	– <i>Timeline of events between risk assessment, grading, assignment of Incident Manager, strategic response plan development and deployment for all graded events</i> – <i>% of graded events where Incident Managers appointed</i> – <i>% events detected, completed risk assessment and key information publicly available</i> – <i>Performance against the ERF indicators</i> – <i>% of target population with access to essential health services</i>