

Proposed Terms of Reference for Country Visits of the Independent Oversight and Advisory Committee

Background

The Director-General has established an Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme (WHE) to provide oversight and monitoring of the development, implementation and performance of the Programme.

During the second meeting of the IOAC on 4–5 July, it was suggested that the IOAC conduct country visits to assess the implementation status and performance of the new Programme, and to provide recommendations on the way forward to rapidly build up a performing emergency programme.

The Committee acknowledges that the highest priority for field visits should be given to countries currently affected by the outbreaks of yellow fever and Zika virus disease. In 2016, the Committee will focus the first two field visits on Democratic Republic of Congo for yellow fever and Colombia for Zika virus disease.

With consideration for the all-hazards approach of WHE and the comparatively much higher mortality rates in protracted complex emergency settings, the Committee will consider a visit to countries with protracted emergencies in early 2017.

The Committee also acknowledges that the programme and its processes are still being built—having officially started on 1 July 2016. Therefore, it is premature to evaluate or formally review progress. The Committee's recommendations will be tailored accordingly.

Common objectives and scope of the work

Country visits will offer insights into:

- (1) Progress with the implementation of the Programme, including successes and challenges at country level, the extent to which WHO has implemented the reforms, the extent to which the Programme has changed WHO's working in the current outbreaks and emergencies, and what other changes are planned;
- (2) The effectiveness of WHO's response at national and subnational levels in support of national health authorities, including the extent to which WHE's critical functions—leadership, coordination, information management, and technical health operations—contribute to the effectiveness of the health sector response;
- (3) The link between the reform measures implemented thus far and the effectiveness of the response;

(4) The extent to which WHO's relations with different entities including government, UN bodies, non-governmental organizations, implementing agencies and other partners contribute to the effectiveness of the response;

(5) The extent to which WHO's country-specific coordination model including Cluster leadership (if activated) contributes to the effectiveness of the response; and

(6) The extent to which WHO's working methods and the Programme's oneness component contribute to intersectoral coordination at country level.

Recommendations from the country visits will guide the building of the Programme and the implementation of the Programme to be more predictable, effective and sustainable.

Given that visits are short, members recommended focusing on operational aspects of the Programme. A country-specific standard review template will be shared prior to country visits. The template will be used by the IOAC to guide the assessments during country visits and will be structured around the following elements:

(a) Assessment of the implementation of the programme

- Review the application of the underlying principles of WHO's emergency reforms during this response, which include one programme, one budget, one workforce, one set of processes and systems, one set of benchmarks, one line of accountability as outlined in RC 69/30; including but not limited to:
 - i. review of the organizational structures at the three levels against the proposed structure and functions of WHE;
 - ii. review of the respective roles, responsibilities and reporting lines of WHO Representatives of country offices and incident management teams at country level and identify gaps in the implementation of incident management;
 - iii. review staffing and budget levels for WHE in the country office in relation to the overall WHE global plans;
 - iv. review the overall understanding of the WHO country office staff and the incident management team of the underlying principles of WHE and their application in the country office; and
 - v. review the link with the response in terms of what has been changed because of the reform.

(b) Assessment of the effectiveness of WHO's operations

- Review the performance of the critical functions of WHO's Incident Management System, including leadership, coordination, information and planning, technical operations and core support services as outlined in RC 69/30; including but not limited to:
 - i. review of the operational response, the sufficiency of human resources, the quality of and utility of information management and products, WHO's strategic leadership and its coordination of health partners, WHO's participation and role in the UNCT and HCT and other intersectoral fora, logistics capabilities against response strategies and operational

- plans, resource mobilization efforts on behalf of the health sector, identification of geographic and programmatic gaps in response, and efforts to mobilize partners to fill them;
- ii. review of the business processes for administration, finance, procurement, reception of surge staff, and reception/disbursement of funds;
- iii. review of WHO's relations with different entities including ministries, the UN system, non-governmental organizations and other partners. Distinction can be made between entities that are responsible for management and those that provide operational response;
- iv. assessment of WHO's involvement in operational response in terms of partnership with implementing agencies (humanitarian aid agencies versus non-humanitarian entities with a focus on health programmes or other development);
- v. review of WHO's role as Cluster lead and intersectoral coordination model.

(c) Identification of external contextual factors that impact WHO's ability to implement the new programme and/or to be effective during emergency response, including but not limited to:

- i. a review of the effectiveness of the intersectoral coordination mechanisms;
- ii. the sociopolitical situation;
- iii. funding mechanisms and donor support; and
- iv. presence and capabilities of national and international operational health partners.

Expected outputs

The IOAC will present an interim report to the 140th session of the Executive Board, 23 January–1 February 2017, including a summary of findings and recommendations from the country visits.

The Committee will make specific recommendations on areas for improvement to ensure that (1) the current operational response is effective, and (2) the Programme is fully implemented at all levels. The country visits will also serve to identify areas for adaptation or adjustment of the design and/or application of the Programme.

A short mission report will be produced with a summary of activities, findings and analysis. The mission reports will be shared with the rest of the IOAC Members for discussion.

Members will meet on 7–8 November to discuss further the findings from the country visits and agree on recommendations to be presented to the Director-General.

The IOAC will submit the report to the Secretariat by 12 December for circulation to Member States in advance of the Executive Board.

Methodology

A detailed programme of the country visits and templates for review will be developed in coordination with the national governments through respective WHO Representatives of country offices, incident managers and health sector partners. A schedule of work and sites to visit will be agreed upon prior to departure.

Main methods of the work include (a) review of relevant documents; (b) a series of interviews with key informants—both with individuals and groups including staff, ministries of health and partners; (c) site visits; and (d) meetings with ministries of health, WHO country offices and partners.

The meetings and interviews will be recorded, and presentations and any other documents that are shared during the country visits will be archived.

(a) Review of relevant documents

Essential reading materials for the purpose of the country visits will be sent to the IOAC members in advance. Presentations by in-country teams and other documents may be distributed during the field visits. WHO country offices will provide assistance with translation whenever possible. Relevant documents include:

- The principles of the programme as described in RC 69/30
- The critical functions of WHO's incident management as described in RC 69/30
- Situation reports
- Timeline of events and decision-making in chronological order
- Event-specific Response Framework & Joint Operations Plan
- Event-specific Operational Plan to support response in the relevant country and WHO Region
- Any related reports or interim reports
- National plans
- Operational plans at national and subnational level
- Cluster meeting summaries
- Other key references

(b) Interviews with key informants

A list of interviewees will be finalized in consultation with respective WHO Representatives of country offices, incident managers and health sector partners. A draft template for interviews will be developed. Key persons would include:

- National focal point from Ministry of Health
- WHO representative of country office
- Incident managers at three levels (headquarters, regional office, country office)
- Regional Emergencies Directors
- Team leads of the incident management structures at the country office
- Frontline health-care workers at province or district level
- Communities where the operational responses are on going
- UNCT, Humanitarian Country Team, resident coordinator, humanitarian coordinator
- Representatives of key partners

The Committee may request ad-hoc interviews and have access to confidential information in the course of country visits, which can be classified as “off-the-record”.

(c) Site visits

The IOAC will choose sites to visit (border, province or district) in consultation with the in-country team. Factors to be considered include:

- Magnitude of the event
- Concentration of affected populations in the country
- Strategic importance of the sites (e.g. spread of the outbreaks near borders, etc)
- Key locations of WHO's operational response
- Presence of other UN agencies or partners

(d) Meetings with ministries of health, WHO country offices and partners

Briefing sessions can be arranged in coordination with WHO country offices, ministries of health and partners. The IOAC will also conduct informal discussions with key representatives across the array of responders in Government and among partners.

Selection of countries and team composition

Each country visit will include a team of two to four IOAC members, accompanied by Munjoo Park, focal point of the IOAC Secretariat at WHO.

The duration of the country visit will be 2–3 days, exclusive of travel days.

First country visit: yellow fever

Country: Democratic Republic of Congo

Dates: 26–28 September 2016

Team composition:

- Precious Matsoso
- Felicity Harvey
- Hiroki Nakatani

Second country visit: Zika virus disease

Country: Colombia (waiting for confirmation from the national authorities)

Dates: proposed between 24 and 28 October 2016 (dates need to be fixed)

Team composition: to be confirmed

Subsequent country visit: Protracted complex emergency

Country: to be confirmed

Dates: to be confirmed

Team composition: to be confirmed

Administrative arrangements

The IOAC Secretariat will make travel arrangements and provide per diems as per WHO's rule.

Obtaining a visa is the traveller's responsibility and WHO country offices will issue a visa supporting letter upon request.

The WHO country office will provide any other administrative and logistical support required in-country including hotel reservations and car transportation.