Statement of the Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to the EB148

1. On completion of its second term of office, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, the IOAC, submitted a four-year review (document A73/10) to the resumed 73rd World Health Assembly in November 2020. Under the revised terms of reference for its third term of office – May 2020 to May 2022 – the IOAC reports annually to the World Health Assembly. However, given the ongoing COVID-19 pandemic, the Committee decided that it would be helpful to provide a verbal report to the 148th session of the Executive Board.

2. IOAC is mandated to oversee WHO’s work in emergencies, and the Committee has therefore been tracking progress made in implementing the recommendations, contained in both its interim report on WHO’s response to COVID-19 from January to April 2020, and the four-year review report. It will continue to monitor WHO’s performance in emergencies, and will provide a comprehensive annual report, to the 74th World Health Assembly in May. Today, however, we wish to flag up some key issues and concerns.

3. The Committee recognizes the tireless efforts that Member States and the Secretariat have made in response to COVID-19, and calls on all parties to work together, to ensure that all countries have equitable access to therapeutics and vaccines. IOAC is pleased to note the progress made since its interim report, and particularly the speed and quality assurance of WHO’s technical guidance. The Committee reiterates that member states, supported by WHO, need to fully implement all public health measures, surveillance, and testing, and research efforts should be strengthened to rapidly assess the impact of new SARS-CoV2 variants.

4. From the outset of the WHO Health Emergencies Programme, IOAC has advised the Director General to safeguard the Programme’s managerial authority, and autonomy against politicization. The last IOAC report published in November 2020, reiterated that the WHE Programme should operate on the principle of a single structure, single budget, single staff workplan, and common results framework, with clear reporting lines across WHO headquarters and all regional offices. IOAC urges the Global Policy Group to further clarify accountability for health emergency management, and recruitment of senior emergency personnel, between the Regional Directors and the Executive Director of the WHE Programme, and to institutionalize the managerial authorities, and processes already agreed.

5. In the context of transformation, IOAC recommended that there should be dedicated teams for emergencies within the centralized functional divisions, such as human resources, communication, resource mobilization, procurement, and security, with a dual reporting line to the WHE Programme, and that key performance indicators should be established, to track their impact on WHO emergency operations. The Committee is pleased to see, there is headquarters management consensus on this recommendation, and its implementation is underway.
6. IOAC has repeatedly expressed its concern regarding the lack of predictable and flexible funding of the WHE Programme, competing priorities, heavy dependence on a limited number of donors, and the current mechanism of the Contingency Fund for Emergencies CFE. The Committee welcomes Member States’ commitment to, and ongoing discussions on, the adequacy and suitability of WHO financing. IOAC reiterates its recommendation, to allocate an increased proportion of WHO core flexible funding to the WHE Programme, and expresses its particular concern at the low level of preparedness funding.

7. While acknowledging WHO’s efforts in making security a corporate function, and in developing the security strategic plan, the Committee is deeply concerned at the lack of clarity, in accountability and reporting lines for WHO security functions, between field, country, regional offices and headquarters. As WHO’s role in major emergencies grows, and its operations expand in conflict settings, it is of paramount importance to institutionalize, a functional security apparatus, with a clear accountability framework, across the Organization.

8. Following the allegations linked to the Ebola response in the Democratic Republic of the Congo, Dr Tedros established an independent commission, to conduct a fact-finding process, investigate specific allegations, and recommend measures to prevent sexual exploitation and abuse. While waiting for the findings of the Independent Commission, high priority should be given, to identify areas of high-risk for potential sexual exploitation and abuse where WHO is currently operating, and immediately implement preventive measures drawing upon the guidance provided by the IASC on prevention of sexual exploitation and abuse (PSEA), and lessons learnt by UN agencies, and other humanitarian partners. IOAC recommends that WHO adopt a people-centered approach in preventing and addressing such incidents in the future, by strengthening existing whistle-blower and redress mechanisms, building community trust and putting in place the right local partnerships, in high-risk settings, to ensure that the conditions for sexual exploitation and abuse, do not persist.

9. Overall, the Committee is reassured by the action taken so far by the Secretariat, and will closely monitor and measure progress made, in putting the recommendations issued in its previous reports, into practice. It reaffirms its commitment to providing oversight of WHO’s work in emergencies, and will report to Member States.

10. IOAC also welcomes the reports of the Independent Panel for Pandemic Preparedness and Response, and of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 response, as well as the Global Preparedness and Monitoring Board statement. The IOAC is committed to supporting their ongoing work.

End of the statement