IOAC statement to the 150th session of the Executive Board

1. Thank you, Mr Chairman. Distinguished Executive Board members, delegates, and dear colleagues, on behalf of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme - IOAC, I and my co-chair Ms Geeta Rao Gupta, would like to share with you some of the key messages included in the document EB150/34 - Report of the IOAC Subcommittee, for the Prevention and Response to Sexual Exploitation, Abuse and Harassment.

2. IOAC was set up in 2016 to monitor the implementation of the WHO reform of health emergency management. Since the inception of the WHO Health Emergencies Programme, we have been providing scrutiny and advice to the Director-General, in relation to WHO’s work in emergencies.

3. Following the allegations made of sexual exploitation, abuse and harassment, linked to the Ebola outbreak response in the Democratic Republic of Congo - following Dr Tedros’ request, we established a Subcommittee in July 2021, with a time limited terms of reference, to review the current systems, processes, and internal mechanisms in WHO, for prevention and response to sexual exploitation, abuse and harassment. The ambition was to bring WHO into line with global best practices, particularly, within the context of emergency operations.

4. Drawing on the findings from the desk review and interviews with a variety of stakeholders and WHO staff, and briefing on the WHO Management Response Plan, the IOAC recommends five priority areas where the WHO should immediately take action – which I will briefly outline

5. First priority area - clarify accountabilities, lines of responsibility and delegation of authority, across the three levels of the Organization, and strengthen the accountability framework for emergency response, and other field operations. The SEAH incidents in the Democratic Republic of the Congo revealed once again the critical importance of defining WHO’s role and responsibilities, and the accountability of staff across the Organization, especially in emergency settings. The Subcommittee reiterates that the second edition of the WHO Emergency Response Framework should be further revised to provide greater clarity on the accountabilities, and lines of authority, across country offices, regional offices and headquarters, with explicit roles and responsibilities given to each player, and updated procedures for all-hazards emergency risk management, including SEAH, based on the principle of a single programme across all three levels of the Organization.

6. Second area - reform the Organization’s PRSEAH management structure, and accelerate scale-up of organizational capacity, to implement a victim/survivor-centered approach to PRSEAH.
We reiterate the coherence of the system of PRSEAH, as well as redress and grievance mechanisms, **must be enhanced** across the Organization, and policies and procedures should be revised, based on a victim/survivor centered approach.

IOAC is pleased to observe the progress, including
- the creation of a survivor assistance fund.
- the establishment of a dedicated Department on prevention and response to sexual misconduct, and
- the appointment of a head of a dedicated unit to investigate allegations of SEAH, based in HQ, comprising staff with specialized expertise in PRSEAH.

We emphasize the SEAH investigations should be handled **differently** from IOS investigations of other types of misconduct, and we further recommend that the head investigator of SEAH should report directly to the Director-General and the Executive Board.

7. **The Third area - investment in PRSEAH as an essential function.** IOAC recognizes the allocation of the US$ 50 million for strengthening the accountability, compliance and risk management functions, across all major offices, with a special focus on PRSEAH within the Programme Budget for 2022-2023. WHO should **continue** building on these investments, to strengthen the Organization’s overall accountability and business integrity functions.

   IOAC also reiterates that for WHO to **continue** to serve as the “provider of last resort” in fragile contexts, Member States must recognize the urgency of **increasing the proportion of the WHO budget that is flexible**. Without that, there will continue to be a gap, between Member States’ expectations, and WHO’s performance, especially for emergency management.

8. **Fourth area - develop and implement a context-specific, risk-informed, risk-management strategy for PRSEAH in field operations.** WHO has become increasingly operational, in both humanitarian and other field settings.

   As of 21 January 2022, WHO is currently responding to a total of **80 graded emergencies**, nine of which are graded level 3, including COVID-19, Afghanistan, Nigeria, Syria, Somalia, South Sudan and Yemen.

   The Subcommittee recommends periodic assessments of SEAH risk, in graded emergencies, and mapping of community and local resources, to identify trusted partners for PRSEAH. Incident Managers and WRs, should also ensure that field operations, are comprised of experienced male and female personnel, trained in managing SEAH incidents against adults and children.
9. And fifth and final priority area - promote, advocate for, and institutionalize culture change, to strengthen PRSEAH including greater gender and racial diversity, improved performance management, and a renewed commitment to WHO values. The Subcommittee reiterates the recommendations previously made in the IOAC Special Report to the Director-General in 2018 - to build a culture of equity, diversity and transparency.

10. IOAC acknowledges that WHO was the only agency involved in the response to the Ebola outbreak, that opted for an Independent Commission, and an external firm to investigate the allegations, even though it was not, the only organization implicated in the incidents in DRC. The Subcommittee also notes that those incidents should not be used to undermine the many WHO staff who served the community with commitment and dedication, nor minimize the massive strides that the Organization has made in its ability to respond to health emergencies in often fragile and hostile settings.

11. IOAC notes the actions presented in the WHO Management Response Plan, and strongly endorses them. We were updated on progress with their implementation last week, which was encouraging and reassuring, noting that though action has already being taken on many of them, we acknowledge that change and full implementation will take time. Outcomes of the work of the WHO Secretariat should be closely followed by Member States.

12. Of paramount importance now for WHO, is for all levels of the Organisation to work together. Only by working together as one cohesive senior leadership team, can WHO achieve its ambition of being “best in class,” not only in preventing and responding to sexual exploitation, abuse, and harassment, but also as a global leader in health.

13. Lastly, we recommend the IOAC Subcommittee’s recommendations be integrated into the Management response plan, and the matrix, against which the IEOAC will monitor progress, and that the Secretariat provide a progress update to the upcoming WHA.

14. While the Subcommittee has been dissolved upon the submission of its final report, which marks the fulfilment of its mandate, IOAC remains committed to continuing to monitor programmatic elements of the WHO’s work in emergency contexts, including PRSEAH, and will report to the WHA in May.

15. We thank you for your continued support and collaboration. Thank you, Chairman.

Note from the Secretariat:
The IOAC statement was delivered on 28 January 2022 by Dr Felicity Harvey, Co-Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.