## **IOAC** group statement to the Seventy-seventh World Health Assembly

- 1. Thank you, Mr Chairman. I am honoured to present document A78/12 to the World Health Assembly on behalf of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme IOAC.
- 2. Firstly, we congratulate Member States on the adoption of the WHO pandemic agreement, a historic milestone and a testament to the success of multilateralism. As a critical next step, we urge Member States to commit to its timely ratification and implementation.
- 3. This is the <u>thirteenth</u> annual report of our committee, which highlights both the progress and challenges in WHO's emergency response, including its leadership role, impact of the evolving global health landscape and the announced withdrawal of the United States, WHO prioritization process and the management response, the budget and financing, human resources, PRSEAH, partnerships, and emphasizing the importance of Member States' leadership and domestic ownership of health security.
- 4. Findings are drawn from desk reviews, interviews, and field missions to Chad, Egypt, Panama, and Tonga and the visits to the WHO regional offices EMRO, PAHO, and WPRO.
- 5. In 2024, WHO responded to 51 graded emergencies in 89 countries and territories, addressing global disease outbreaks such as cholera and mpox, as well as ongoing crises in Afghanistan, Haiti, Myanmar, the occupied Palestinian territory, Sudan, Ukraine, and beyond. The IOAC has observed WHO's steady leadership, reliability and competence in emergencies, serving as a trusted partner to governments, UN entities, health cluster members, NGOs and donors.
- 6. Given the current financial constraints, our review has focused on preserving essential functions within WHO's mandate, particularly its work in outbreaks and emergencies. The impact of the announced withdrawal of the United States, coupled with reductions in official development assistance, is having far-reaching consequences, not only for the Secretariat and partner agencies, but most critically, for countries on the ground. A preliminary analysis found that the United States' funding freeze has affected 23.8 million people and caused 2604 health facilities to suspend or reduce services.
- 7. We remind Member States that they called for the establishment of the WHE Programme in 2016 in response to the critical gaps revealed by the West Africa Ebola outbreak. While prioritization and cost reduction are necessary in the current financial climate, they must not come at the expense of the Programme's essential functions or core mission. Instead, prioritization should be used to improve efficiency, eliminate duplication across WHO programmes, and rationalize the WHE Programme at headquarters, regional, and country levels. Leveraging national entities and partnership at all levels is critical, including implementing partners and national

authorities for field operations.

- 8. Member States must take ownership of health security as a domestic priority. Unless countries strengthen their core and national capacities for emergency preparedness, prevention, and response, the WHE programme will be unable to respond to the increasing numbers of threats and emergencies at its present level. In this regard, the IOAC welcomes the adoption of amendments to the IHR at WHA77 and commends the approval of 26.83 million dollars for its implementation.
- 9. As WHO implements its downsizing plan, the IOAC urges a functional approach to prioritization, ensuring that workforce assessments are based on operational needs rather than contract types. WHO's staff remain its most valuable asset, and safeguarding their well-being is a priority. The IOAC recommends that human resources establish a talent pool of staff who may separate due to financial constraints, enabling WHO to quickly re-engage experienced personnel should new funding become available.
- 10. The IOAC welcomes the WHA decision to approve the revised budget for 2026-2027 and commends Member States to honour their commitment to increase assessed contributions by 20% for the second time. The IOAC encourages Member States to continue on this path as increasing assessed contributions is the most effective mechanism for ensuring WHO's financial sustainability.
- 11. Enabling functions and business systems must be optimized to support WHO emergency management. Delegation of authorities for Regional Directors, Executive Directors, and WHO representatives be harmonized to ensure effective oversight and coordination. Critical functions, such as those of PRSEAH and IOS, should be preserved to safeguard the Organization's reputation.
- 12. We commend the Director-General, the Regional Directors, the Executive Director of the WHE Programme, and staff across the Programme globally for their efforts in advancing WHO's work in health emergencies during a turbulent year, and in increasingly insecure settings. The IOAC recognizes the challenges WHO is facing and expresses its solidarity.
- 13. In closing, allow me to express the IOAC's sincere gratitude to Dr. Michael Ryan for his exceptional leadership and enduring contributions to global health as he is stepping down from his current role as EXD of the WHE. A dedicated member of the IOAC before becoming Executive Director of the WHE Programme in 2019, Mike brought unwavering commitment and clarity of purpose to every role he undertook. Mike, your legacy is one of courage, impact, and deep humanity. We wish you the very best.

| 14. We would also like to welcome Dr Chikwe Ihekweazu, who will take on the role of           |
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| Executive Director. We look forward to working with him and continuing to advance WHO's vital |
| role in emergencies. The IOAC remains committed to providing independent oversight and        |
| scrutiny of WHO's work in emergencies, ensuring it remains effective, resilient, and well-    |
| supported.  |

| 15. On behalf of the IOAC – I thank y |
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## Note from the Secretariat

The IOAC statement was delivered on Wednesday, 21 May 2025 by Professor Walid Ammar, Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.