Summary analysis of the IOAC recommendations and implementation by the WHO Secretariat.

Introduction

In May 2016, during the 69th World Health Assembly (WHA), the reform of WHO's work in health emergency management was initiated, as outlined in A69/30[1]. The urgency around the need for reform was linked to concerns regarding the organization's response to the West-Africa Ebola outbreak of 2014-15 and, with speed of action being a critical motivator, the WHO Health Emergencies Programme (WHE) was officially launched in July 2016. Concomitantly, an Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC) was established to provide oversight and monitoring of the development and performance of the WHE programme and to guide the WHE's activities. An abridged table has been compiled (Annex 1) with the list of IOAC recommendations issued from May 2016 to April 2021 outlining the achievements to date against the milestones set since the reform process was initiated. The full version of this table (available online – includes full detailed background of status) is the substantive output of a desk review of the eight IOAC reports to the WHO governing bodies, the interim report on WHO's response to COVID-19 and the Secretariat's inputs to the matrix of IOAC monitoring framework. The desk review has been corroborated by a combination of interviews and source documents. A total of 204 recommendations of the IOAC were scanned and collated to list 71 grouped recommendations to simplify understanding the progress since WHA69 and the current status of the implementation by the WHO Secretariat against the IOAC recommendations for improvement.

Aim and Methodology

The aim of this work was to analyse the recommendations for improvements that were noted by the IOAC in the key reference mentioned above and to evaluate progress against these.

The method employed was to carry out desk research examining the content of each report and to list key recommendations in a table. The 204 individual recommendations pulled from the documents were then grouped to remove duplication from multiple sources to create a concise list of 71 recommendations, but with source references noted and a detailed description of the background. The status of progress achieved by the WHO Secretariat for each combined recommendation was then noted as either: fully implemented; target achieved, progress continuing; or in progress. Quantitative analysis has also been undertaken to identify those areas which have progressed well and those which require reinvigorated focus, with the key takeaways of this being highlighted in this report.

Analysis

The table is comprehensive but difficult to analyse without simplifying the results further. Below are charts that consider each of the focus areas (Structure, HR, Staff Protection,

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Coordination/Management, Leadership, Business Processes, Risk Assessment, IHR, Partnership, and Finance) by their current status (fully implemented; target achieved, progress continuing; in progress).

Table 1:

Focus Area	Fully implemented	Target achieved, progress continuing	In progress	Total
Structure	2	1	1	3
HR	2	1	12	3
Staff Protection	1	0	3	1
Coordination/ Management	1	0	4	1
Leadership	0	0	5	0
Business Processes	2	3	2	5
Risk Assessment	1	0	2	1
IHR	1	0	9	1
Partnership	1	2	5	3
Finance	2	0	8	2

Table 1 shows that all focus areas have some elements still in progress but that 18% have fully implemented the IOAC recommendations, and that a further 10% of tasks have achieved the target of the IOAC recommendations but, because of their nature, will continue to be worked upon – i.e. 28% of IOAC recommendations have been fully met. To give an example to clarify the latter status category, consider the IOAC recommendation that the organisation actively 'demonstrate WHO's leadership in the IASC for health and lead the committee during outbreaks'. This recommendation has been established and particularly well demonstrated during the current COVID-19 pandemic, thus is fully met. However, due to the nature of the recommendation, it is considered as continuing since the organisation's leadership of the IASC in this and future outbreaks will need to be regularised in practice to be cemented as a norm.

It is worth remembering that for the purpose of this analysis, each of the recommendations assigned to a specific focus area has an equal value, but in practice this may not be the case. Thus, the analysis of the table is purely quantitative and no qualitative value judgement on prioritization is implied. Further, when considering this data, it must be noted that recommendations from the different reports which are associated to the same subject have been merged into one. Therefore the weighting of 1 may not be an accurate measure as 1 of the 71 recommendations will include multiple recommendations from the 204 recommendations identified in the reports. However, for the purpose of providing a helicopter view of the overall number of IOAC recommendations to those working in each focus area and better understanding the progress of these, the table and associated charts (below) are helpful.
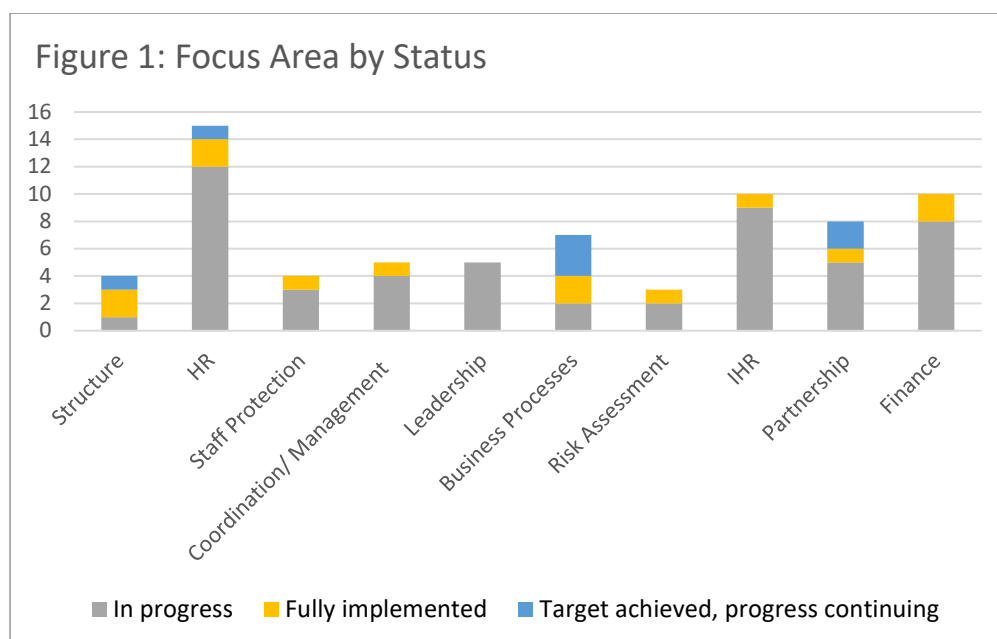
Figure 1: Focus Area by Status

Figure 1, above, demonstrates the same information held within Table 1 but graphically. It is easy to see that most of the broad recommendations within the reports analysed are associated with the HR focus area and that while some tasks have been fully implemented (2), and some are noted as target achieved, progress continuing (1), the majority are in progress and need attention (12). Further, the Leadership focus area has 5 tasks assigned to it, all of which are in progress – this is further examined in Figure 2 below. In general, many of the focus areas (e.g., Staff Protection, Coordination/Management, Risk Assessment, IHR, Partnership, and Finance) have fully implemented some tasks but have more tasks in progress than have been fully implemented.

The table does, however, show positive progress as well. For example, the Structure focus area has fully implemented half its tasks (2), has achieved another target but with progress continuing (1), and only has an additional task (1) currently in progress. A similar trajectory is seen for progress against the recommendations made in the Business Processes focus area.
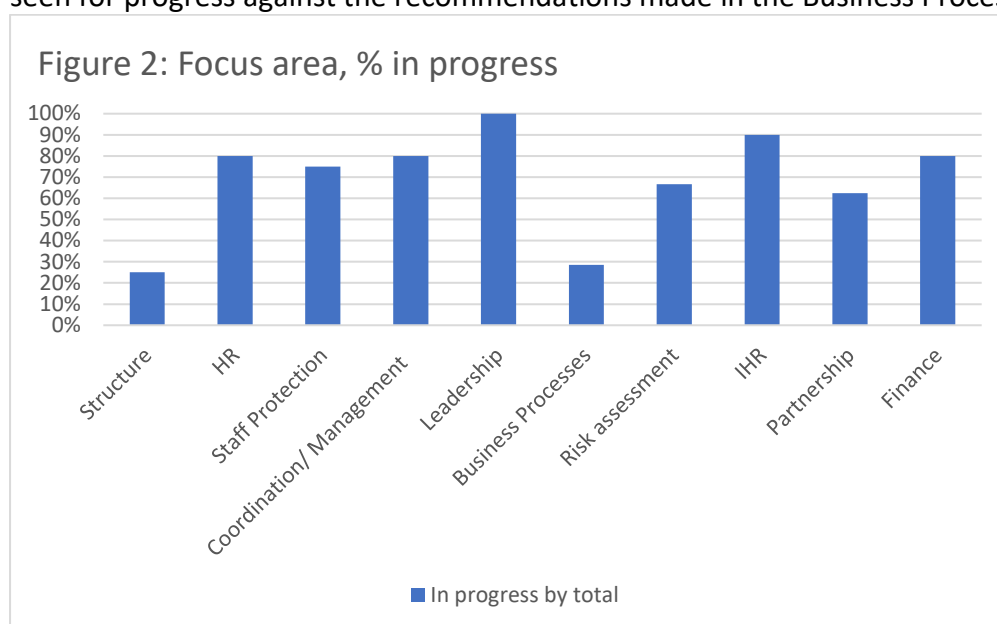

Figure 2: Focus area, % in progress

Figure 2, which outlines the percentage of total tasks that are currently in progress by focus area, is useful when considering which focus areas need most attention going forward in order to achieve the recommendations made by the IOAC. Here it can be re-emphasized that the Leadership focus area (100%) is currently still working on every recommendation made by the IOAC in the reports analysed. Further, IHR (90%), Coordination/Management, HR and Finance (80%) and Staff Protection (75%) also have a significant proportion (>70%) of recommendations to action.

However, in terms of assessing future commitments to ensure that progress against the recommendations is either accelerated or maintained, it is also important to consider the tasks labelled as target achieved, progress continuing alongside those which are tagged as being in progress. Taking this into account, Figure 3, below, shows that – while some of the IOAC recommendations may have been fully implemented - the two focus areas of Business Processes (72%) and Partnership (88%), may have greater than anticipated effort to ensure that the IOAC recommendations are met or continue to be met.

Figure 3: % either In Progress or Target Achieved, Progress Continuing
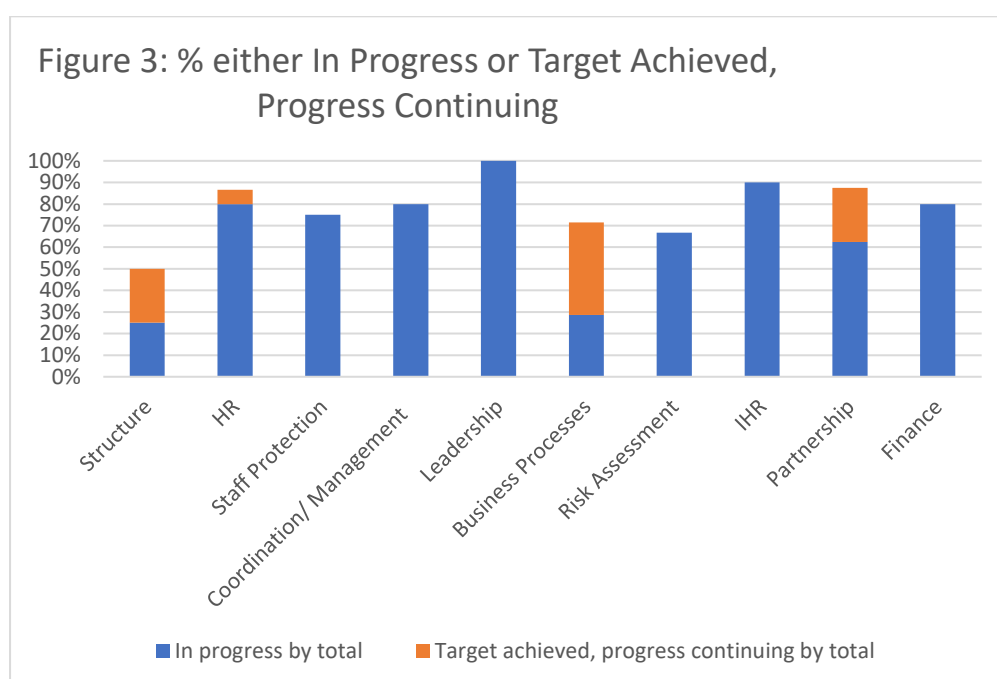
Conclusion

The different focus areas have achieved varied progress against the IOAC recommendations. While some focus areas have been identified as not yet having fully implemented any or many of the IOAC recommendations, a few have achieved most of the recommendations made.

Out of a total of 71 grouped recommendations made by the IOAC from May 2016 through to April 2021, 13 have been fully implemented, a further 7 have achieved their target and continue to make progress, and 51 are in progress. Positive headway has been noted in the implementation of the recommendations particularly with regards to the WHE structure (75% fully implemented), emergency business processes (71% fully implemented), but also partnership (38% fully implemented) and risk assessment (33% fully implemented). Recommendations on IHR, staff protection, coordination/management, leadership, finance,

and HR management for emergencies are less than a third fully implemented and require increased focus by the WHO Secretariat to achieve the IOAC recommendations.

However, the quantitative nature of this analysis must be acknowledged and it also must be accepted that there may be qualitative reasons for progress in some areas being stronger than in others. A brief examination of the detailed notes in the longer table used as the source for the above analysis shows that while on the surface of the inputs there may have been a good response to try to achieve improvement, and that the recommendations to deliver improvements have been taken seriously, sometimes there are reasons for a lack of progress that are beyond the control of the WHE. For example, there are cases when the detailed background identifies slow progress at the member state level as a cause for a delay in achieving a specific IOAC recommendation – a factor beyond the control of the WHE's remit. Further efforts and a mechanism with the remit to accelerate progress in the 51 out of 71 areas needing it and to ensure full implementation by the WHO Secretariat of the IOAC recommendations could be beneficial.

Annex 1.

AREA	IOAC RECOMMENDATION (REFERENCE)	REFERENCE	STATUS
Structure	To share the WHE Programme roll-out plan with WHO staff in the country offices	EB140/8	Fully implemented
Structure	IM DOA: To provide pre-deployment orientation on WHO systems, procedures, DOA and its relationship to the CO, with DOA being issued concurrent with the IM activation.	Monitoring Framework 3/21, A73/10, A70/8.	Fully implemented
Structure	To adapt the IMS principles and approaches to WHO's mission and structure, iteratively improving and systematizing WHO's approach over time. To use IMS for acute emergencies and focus on surge of staff and partners in humanitarian crisis settings.	A72/6, A70/8, EB140/8.	Target achieved, progress continuing
Structure	WHE surge: To strengthen technical expertise across the organization and develop a policy for surge capacity (especially as regards health operations leads, senior epidemiologists and infectious disease specialists) that authorizes the release of technical expertise within the organization at all levels, leveraging in-house expertise and partners on the ground. To clarify and adapt reporting lines and performance management of staff deployed as surge capacity.	A73/10, Interim Report 2020, EB146/16, A72/6, EB144/8.	In progress
HR	Ensure a baseline of staffing capacity is present in country offices (including HCC and IMO posts and senior staff, e.g. deputy WR when WR assumes IM role), with a particular focus on priority countries (e.g. fragile states). Ensuring WR engagement in decisions re. WHE CO staffing and that all necessary functions should have the needed capacity (e.g. administration, HR, finance, emergency response, operational partnerships and procurement). The recruitment process should not be held back by the transformation agenda and staffing capacity should be at least 75% of the total planned positions.	Monitoring Framework 3/21, A73/10, EB146/16, A72/6, EB144/8, EB142/8, A70/8, EB140/8.	In progress
HR	CO Capacity Building: To invest in and support national staff, including the training of WRs for emergency response. To enable and encourage WRs to effectively engage with in-country donors.	Monitoring Framework 3/21, A70/8, EB140/8.	Fully implemented
HR	Rosters: To increase the supply of a diverse pool of competent staff to lead emergencies, further develop IM rosters and create deputy IM posts that are preferably filled by under-represented suitably skilled groups. To expand the recruitment pool rather than limiting to internal WHO staff and to explore flexible contractual arrangements and roster arrangements for emergencies. Endeavour to find candidates with the skill sets that match specific country needs, to developing an internal roster system for potential health cluster coordinators and information management officers, and to upgrade the training, orientation and empowerment of health cluster coordinators.	Monitoring Framework 3/21, A73/10, EB146/16, A71/5, EB142/8, A70/8.	Fully implemented
HR	Career progression: To establish a promotion system that rewards high-performing staff and motivates others. The IOAC considers that special consideration should be given to the recruitment and career progression of staff working at extreme hardship duty stations.	Monitoring Framework 3/21, A73/10, EB146/16, A72/6.	In progress
HR	Recruitment strategy and planning: The capacity for HR planning, recruitment and management should be evaluated in order to deliver improvements. A longer-term recruitment strategy should be developed which can attract, orient and support the best candidates.	A73/10, EB142/8, A70/8.	In progress
HR	3 levels staffing balance: To identify trade-offs within a more limited staffing footprint, and reconsider the balance of HQ, RO, and field staff, without jeopardizing the operational capacity for emergency management. To recruit greater numbers of national staff with fewer international positions in COs .	EB146/16, A70.8, EB140/8.	In progress
HR	Staffing gaps and rates: The IOAC recommends that WHO identify staffing gaps and provide flexibility to minimize the disruption during the transitional period. Aim to improve on the recruitment rate: HQ 70%, RO 50%, CO 35% position filled as of Dec 2016.	Monitoring Framework 3/21, EB146/16, A70/8, EB140/8.	In progress

AREA	IOAC RECOMMENDATION (REFERENCE)	REFERENCE	STATUS
HR	To increase HR capacity and staff trained in emergency response at the country level.	EB146/16, A72/6.	In progress
HR	To complete the recruitment to fill the dedicated full time HCC and IMO posts at country level and ensure satisfactory information management and coordination.	Monitoring Framework 3/21, A72/6, EB144/8.	In progress
HR	Hardship: WHO to develop incentives and appropriate leave policies specifically for staff working in emergencies, taking into consideration increased workload and also need for support and protection from workplace harassment. The need to review the degree of hardship in offices is also recognised (e.g. those in cross-border posts) and to implement a staff rotation policy for hardship duty stations.	Monitoring Framework 3/21, A73/10, EB146/16, A70/8, EB140/8	In progress
HR	To conduct an HR benchmarking exercise focused on incentives, and appropriate R&R in emergency settings against those of peer UN agencies and development organizations working in emergencies that have good systems in place for talent acquisition and management.	A73/10, EB146/16, A71/5, EB142/8, EB140/8, A70/8.	In progress
HR	The IOAC stresses that ensuring that the WHE Programme operations are transparent and free of collusion, fraud and corruption, is of paramount importance. The IOAC also notes that the investigation into the allegations of corruption in Yemen has yet to be completed, while the reputation of the Programme staff cited in those allegations remains seriously compromised.	A73/10.	In progress
HR	To conduct annual or biennial staff culture survey and support the DG's plan to undertake a similar survey on a regular basis and pulse surveys at regular intervals. To develop an action plan for implementing improvements against the outcomes of the survey, and that performance on this plan be reported within the IOAC reporting framework by WHE Programme leadership.	A72/6.	In progress
HR	The IOAC welcomes the organization's efforts to improve diversity and recommends using the WHE Programme as a pilot for the organization in this regard. Work should take into account the socioeconomic and gender-related implications of preparing for, responding to, and recovering from public health emergencies and their interventions, by establishing a small dedicated team of social scientists and gender equality experts within the WHE Programme, guided by an external advisory group or expert network.	Monitoring Framework 3/21, A73/10, A72/6.	Target achieved, progress continuing
HR	To develop a system of performance management that includes 360-degree feedback and introduces the element of assessing how outcomes have been achieved.	EB146/16, A72/6.	In progress
Staff Protection	WHO to invest in its own security function across the field, COs, ROs and HQ to make it robust, appropriately and flexibly funded, accessible, responsive and able to deliver in hostile and insecure environments.	A73/10, EB146/16, A72/6, A70/8.	In progress
Staff Protection	WHO to implement security procedures and strategy in field settings for acute emergencies, outbreaks and protracted crises. WHO should be prepared to support staff and protect them when working in areas with limited infrastructure and increased security risk. Systematic risk assessments combined with preventative measures should be used to mitigate risk.	EB146/16, EB144/8, A71/5, EB142/8, A70/8, EB140/8.	In progress
Staff Protection	The IOAC recognizes the provision by medical services of psychological support to the staff working in the DRC on the Ebola crisis and recommends that this practice should be institutionalized for other emergencies. MS are encouraged to guide the WHO Secretariat to improve the well-being and satisfaction of staff across the globe.	EB146/16, A72/6.	In progress
Staff protection	To clarify and simplify the various elements of the grievance and redress system to increase staff trust in the mechanisms, and make them more responsive. The WHE Programme senior management should ensure that effective staff welfare and protection measures are in place in the field and at all levels of the organization, and make them accessible and responsive.	EB146/16, A72/6.	Fully implemented

AREA	IOAC RECOMMENDATION (REFERENCE)	REFERENCE	STATUS
Coordination/ Management	The ERF should further clarify the roles and specific responsibilities of each office embedded in the WHE programme and reinforce institutional measures required for rigorous compliance therewith, providing a single line of authority in case of disagreement. Both the RDs and the WHE ED share accountability for infectious hazard events and other health emergencies with potential to spread internationally. They share responsibility for day-to-day management of those events. The roles, responsibilities and accountabilities of each player and updated processes for all-hazards emergency risk management should be enshrined in the ERF.	A73/10, A71/5.	In progress
Coordination/ Management	To improve the agility and flexibility of the WHE Programme through an appropriate level of autonomy and authority based on the principle of a single structure, single budget, single staff workplan and common results framework across WHO headquarters and all regional offices. Managerial responsibility of the WHE Programme rests with its Executive Director, who reports directly to the Director-General. Regional Emergency Directors should have delegated authority for emergency management in their respective regions and report directly to the Regional Directors and the WHE Programme Executive Director. The IOAC emphasizes the importance of close collaboration and coordination between the WHE Programme Executive Director and the Regional Directors for major emergencies management and recruitment of key senior staff such as the Regional Emergency Directors to ensure coherent work as "One Programme".	A73/10, EB146/16, A72/6.	In progress
Coordination/ Management	Centralization: The IOAC recommends that transitional steps be taken to ensure that the centralized corporate structure does not dilute the particular and immediate needs of emergency operations and risk mitigation. To provide for this, there is a need to put in place dedicated teams within the centralized functional divisions to support emergencies, with a dual reporting line to the WHE Programme and respective division heads. Key performance indicators will need to be established to track these critical enabling functions, such as communications, resource mobilization, procurement, security and HR, to ensure that their effectiveness is maintained and improved. Further, a time-limited working group dedicated to addressing major issues for streamlining administrative and operational systems in an emergency response should be created.	A73/10, Interim Report 2020, EB146/16, A72/6, A70/8.	In progress
Coordination/ Management	Incident Management: To build a critical mass of qualified WRs and IMs through rosters and training and linkage. To hold the WR accountable for the performance of the IM and to engage IMs on longer-term contracts. IM should have a direct line to the WHE/EXD to ensure appropriate technical and operational oversight and should also be given greater authority, particularly in relation to recruitment, procurement and finance. For that reason, IMs should have the appropriate profile and experience in order to lead effectively, and in addition, be properly empowered and supported to carry out their role. This support should entail being released from other duties and assignments for an extended period, as required. Additionally, WRs should also be further empowered and supported in their roles.	Monitoring Framework 3/21, A70/8, EB140/8.	Fully implemented
Coordination/ Management	IHR should be reviewed by MS in the light of the COVID-19 pandemic to ensure that the attribution of authority and roles outlined under the Regulations are in alignment with MS' understanding and expectations. This may entail revisiting the roles and responsibilities of the WHO secretariat and the duties of MS.	A73/10, Interim report 2020.	In progress
Leadership	WHO to document its work under the 'Whole of Syria' approach – an operational approach to a complex humanitarian and health crisis – to inform future responses.	EB146/16.	In progress
Leadership	WHO's Emergency Response Framework (ERF) should be consistently followed by staff at all levels of the Organization.	A73/10, A71/5.	In progress
Leadership	To improve coordination among the departments of the WHE, across the three levels and to accelerate implementation of the WHE at country level. The IOAC emphasizes that WHO's work in outbreaks and emergencies must be reflected in every aspect of the organization as a core part of its mandate and best practice leveraged across the organisation. Administrative support staff should be deployed at the beginning of an emergency activation in order to assist the team with its heavy field deployment demands and to navigate the business systems. During a response, a dedicated emergency administrative support officer should also sit in the CO to provide added capacity and facilitate support to the Programme.	A73/10, Interim Report, A70/8, EB140/8.	In progress

AREA	IOAC RECOMMENDATION (REFERENCE)	REFERENCE	STATUS
Leadership	The IOAC emphasizes that the quality assurance of laboratory testing and timely analysis of genetic sequencing data are critical to fully characterize the evolution of the EVD outbreak in order to inform diagnostic, vaccine and treatment approaches and recommends closer collaboration between INRB and WHO. However, WHO should leverage experiences from the DRC and Uganda to fast track approvals for the administration of investigational vaccines and therapeutics and their deployment. WHO should enhance mentorship, training and supervision to ensure capacity to make this happen.	Monitoring Framework 3/21, A72/6, EB144/8.	In progress
Leadership	Further improvement is required in terms of accountability to, and coordination with, the WHE Programme, the External Relations Division and the rest of the organization at all three levels, to maximize available resources and ensure consistent messaging for major emergencies. This would involve improvement in both internal and external communications about the WHE Programme, especially with regard to the strategic vision, structure, function and deliverables of the WHE Programme.	Monitoring Framework 3/21, A73/10, EB142/8, A70/8.	In progress
Business Processes	To apply a fast track recruitment (in advance of funding if required) and shorten the recruitment process.	Monitoring Framework 3/21, A70/8.	Target achieved, progress continuing
Business Processes	WHO should conduct a benchmarking analysis for and promote a 'no regrets' approach in the supply chain process. It should consider either: outsourcing the function to another provider within the UN system, such as UNICEF's Supply Division, to enable the WHE programme to procure and effectively manage and deliver its emergency stocks; or making an investment case for the entire organization, establishing a central division of supply chain management, with clear objectives and accountabilities across the organization, upon which the WHE can build if additional capacity for emergencies is required.	Monitoring Framework 3/21, A73/10, A71/5, EB142/8.	In progress
Business Processes	To streamline SOPs for emergency procurement: increase the expenditure limits in the delegation of authority, apply standard waivers in accordance with the DOA, systematize pre-qualified suppliers, simplify local contracts and payment processes, and fast track due diligence process as per the provision in the Framework of Engagement with Non-State Actors.	A70/8.	Fully implemented
Business Processes	Expertise of the WHE Programme operations support and logistics team and the emergency management field experience should be leveraged within the transformation agenda and the effectiveness of operations should be maintained.	A72/6.	Fully implemented
Business Processes	To implement emergency measures under FENSA across the regions.	EB146/16, EB142/8.	In progress
Business Processes	To caution when operating the new business rules within the existing systems. Business processes must support the WHE Programme based on a no-regrets approach.	EB140/8.	Target achieved, progress continuing
Business Processes	To carry out further efforts to streamline the process and accelerate engagement to support critical emergency responses.	A72/6.	Target achieved, progress continuing
Risk assessment	To monitor the a. effectiveness of both ERF and EIOS, and b. track the ERF is properly implemented against the specific timeframes in 24hr, 72hr, 60days.	A70/8, EB140/8.	In progress
Risk assessment	To assess the effectiveness of the EMS and update the current systems.	A73/10, EB142/8, A70/8.	In progress
Risk assessment	To inform the governments concerned of grading decisions immediately prior to their announcement.	A70/8.	Fully implemented

AREA	IOAC RECOMMENDATION (REFERENCE)	REFERENCE	STATUS
IHR	CO IHR: Streamlining the IHR reporting process for COs and strengthening national capacity to report on IHR, including supporting countries to develop impact-oriented NAPs which prioritize short-term goals with timelines for implementation.	Monitoring Framework 3/21, EB146/16, A72/6, EB144/8, A71/5.	In progress
IHR	IHR CO: To reinforce the pool of expertise across the organization and to allocate a core budget for supporting countries with transition activities following major events, with a view to building IHR core capacities in a more sustainable way. The secretariat should review existing tools and mechanisms in the light of COVID-19 and the lessons learned. In that regard, national leadership, a whole of government approach, subnational level capacity, and community empowerment and resilience should all be considered.	Monitoring Framework 3/21, A73/10, EB144/8.	In progress
IHR	IHR CO: WHO is mandated to assist countries in making rational decisions, deploying effective measures to prevent public health emergencies and complying with the IHR requirements.	A71/5.	In progress
IHR	IHR CO: To support countries in maintaining the level of preparedness and avoiding burnout after Ebola readiness efforts.	A72/6.	Fully implemented
IHR	Funding preparedness: The IOAC cautions that investment in preparedness has been insufficient and the impact of WHO's action on strengthening IHR core capacities is unclear.	A73/10, EB146/16.	In progress
IHR	JEE: IOAC cautions that the impact of JEEs and NAPHS on strengthening IHR core capacities is still unclear. The adequacy of tools to support country preparedness should be reviewed based on the lessons learned during the COVID-19 pandemic preparedness and response efforts, and improved under the guidance of the IHR Review Committee. The JEE tool should be suitable for its purpose, including its ability to assess: (i) capacity at the community level to alert and take early action, and (ii) the way in which strengthening community engagement is being built into core IHR capacity.	A73/10, EB146/16, EB140/8.	In progress
IHR	Countries should be supported with implementing corrective measures for critical areas of work identified in JEEs and after-action reviews. RO should support countries to share best practice and experience with JEE and NAP, and relevant community-based groups be systematically included in JEE processes to ensure that community-based surveillance and community early response systems are included in all evaluations.	Monitoring Framework 3/21, EB144/8, A70/8.	In progress
IHR	The IOAC notes it may be opportune for MS to reassess WHO Secretariat's role in providing travel advice during a pandemic.	Interim report 2020.	In progress
IHR	The IOAC considers it opportune to introduce a graded PHEIC system with clear criteria and practical implications for countries , under the guidance and based on the recommendations of the IHR Review Committee, to facilitate preparedness, preventive action, and dedication of resources at the early stage of outbreaks, which could avert any escalation. The PHEIC grading must be tied to a set of binding actions under the IHR provisions .	A73/10.	In progress
IHR	Post COVID-19, it would be useful to independently assess the organization's performance during this response and identify lessons for the future. The scope of such an assessment should be determined by MS, and should cover both MS and WHO secretariat's actions in response to the COVID-19 pandemic. The IOAC encourages MS to consider whether: a stepped level of alerts and galvanization of response measures should be added to the IHR; to enhance the openness and transparency of the Emergency Committee process; and to review whether the IHR-nominated focal points in governments are able to adequately raise the alarm to ministers within their governments when a PHEIC is declared. The IOAC would caution that conducting such a review during the heat of the response could disrupt WHO's ability to respond effectively.	A73/10, Interim report 2020.	In progress

AREA	IOAC RECOMMENDATION (REFERENCE)	REFERENCE	STATUS
Partnership	Demonstrate WHO's leadership in the IASC for health and lead the committee during outbreaks.	Monitoring Framework 3/21, A73/10, A71/5, EB140/8.	Target achieved, progress continuing
Partnership	Partnership and engagement with host governments, humanitarian actors and NGOs on the ground should be leveraged to deliver collective progress. This should include an alignment of technical standards, financial arrangements, staff training, and development of joint protocols and standard operating procedures (SOPs) to improve collective capacity in terms of preparedness and response to large-scale health emergencies. This should also involve the dissemination of best practice and global standards for EMTs via national medical response teams.	Monitoring Framework 3/21, Interim report 2020, A72/6, EB144/8, A70/8.	In progress
Partnership	IOAC observes that WHO's performance in the health cluster and interaction with partners in the field relies heavily on the individual ability of health cluster coordinators. Systematic measures and institutional support for health cluster coordinators are needed to ensure that WHO provides strong coordination and technical and operational support to partners on the ground through the health cluster system.	Monitoring Framework 3/21, A73/10.	In progress
Partnership	Close collaboration of health cluster coordinators with incident managers to enable closer engagement and effective coordination.	A72/6.	Fully implemented
Partnership	GOARN: Roles and responsibilities of WHE and partners in GOARN should be clarified, with the aim of establishing institutional arrangements for GOARD deployment. WHE should work closely with MS, GOARN partners and stakeholders to ensure a rapid roll-out of the Go.Data tool.	Monitoring Framework 3/21, EB146/16, A72/6, A70/8, EB140/8.	Target achieved, progress continuing
Partnership	WHO should promote the establishment of an appropriate multilateral governance mechanism for ensuring equitable access to therapeutics and vaccines for all countries and effective delivery and stewardship, drawing upon previous experience of epidemics and pandemics. Further, the organization should be actively involved in global efforts to promote equitable access to COVID-19 vaccines and treatments, and IOAC further recommends the continued active involvement of WHO in this process.	A73/10, Interim report 2020.	In progress
Partnership	The WHE Programme and the Science Division work with other divisions across the organization to implement the R&D Blueprint's joint workplan with funding requirements, a common monitoring framework and a system of dual reporting to the WHE ED and the Chief Scientist. IOAC believes the programme should explore greater use of WHO collaborating centres around the world, expert networks, such as technical advisory bodies, and public health institutes, to generate technical recommendations and supplement capacity in fast-moving crisis.	Monitoring Framework 3/21, A73/10, Interim report 2020.	In progress
Partnership	Sufficient and consistent support for information management should be provided to the health cluster coordinator.	Monitoring Framework 3/21, A70/8.	In progress
Finance	CO Fundraising: Increasing in-country donor engagement by WRs to improve local fundraising. To increase CO's authority to fundraise during emergency response, partnering with rather than depending on RO or HQ..	A73/10, EB146/16, A71/5, EB142/8, A70/8, EB140/8.	In progress
Finance	MS should be invited to consider an increase in assessed contributions in the form of long-term sustainable financing. The IOAC further advises WHO to: improve donor engagement; develop a credible, strategic, data-driven, and compelling narrative; improve understanding of donor requirements; engage with the right donor counterparts; prioritize unrestricted resources; and tailor fundraising strategies to specific donor and funding requirements.	Monitoring Framework 3/21, A73/10, Interim Report, A70/8, EB140/8.	In progress

AREA	IOAC RECOMMENDATION (REFERENCE)	REFERENCE	STATUS
Finance	WHO/WHE core budget: WHO is encouraged to increase allocation of the core flexible funding for the WHE Programme, in particular supporting countries with preparedness activities, for which it has proved difficult to raise funds. Further, there is a need to identify additional revenue sources for the core budget of the WHE Programme, and strengthened budgeting at country level.	Monitoring Framework 3/21, A73/10, EB146/16, A72/6, A70/8.	In progress
Finance	To clarify the relationships and division of labour between the CFE and other humanitarian funding streams that receive donor support in health emergencies. Redesigning the CFE replenishment mechanism, giving consideration to whether the CFE should be partly funded by the WHO core budget or whether alternative sources of funding, including from the private sector and foundations, should also be explored.	A73/10.	In progress
Finance	To boost humanitarian donors' confidence.	A73/10, EB140/8.	In progress
Finance	Investment case: WHO share a draft of the corporate investment case paper with Member States to ensure that the final document is successful in robustly advocating the economic argument/case for investment to governments including ministers of finance and other donors.	EB142/8.	Fully implemented
Finance	Donors were urged to contribute in order to bring the EVD outbreak in DRC under control and contain the spread to surrounding countries.	A72/6.	Fully implemented
Finance	The IOAC believes that the CFE would be most effective if it was fully functioning as a revolving fund, but recognizes that it is not functioning as one currently, and recommends WHO to come forward with clear plans for its sustainability for the future.	Monitoring Framework 3/21, A70/8.	In progress
Finance	Financing surge capacity: To secure resources to maintain and increase core technical expertise capacity within the WHE Programme at HQ and enable the programme to leverage in-house experts through internal surge capacity. MS and WHO secretariat revisit the size and surge capacity of the WHE to ensure sufficient capacity, resilience and flexibility within and beyond the IMS to respond adequately to such multidimensional and large-scale emergencies, alongside the increasing number of graded emergencies that it routinely manages.	A73/10, Interim Report 2020, A72/6, EB144/8.	In progress
Finance	Corrective actions, including emergency measures under the Framework of Engagement with Non-State Actors, must be fully implemented at all three organizational levels, to support field responses.	A72/6, A71/5.	In progress