



**World Health
Organization**

SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.1

A77/7
10 May 2024

Public health emergencies: preparedness and response

The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

The Director-General has the honour to transmit to the Seventy-seventh World Health Assembly the report submitted by the Chair of the Independent Oversight and Advisory Committee (see Annex).

ANNEX

**REPORT OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE
FOR THE WHO HEALTH EMERGENCIES PROGRAMME****PART 1. INTRODUCTION**

1. The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies (WHE) Programme was brought into being by decision WHA69(9) in 2016, with a mandate to provide scrutiny and monitoring of WHO's work in health emergencies and provide advice thereon to the Director-General. Over the past eight years, the WHE Programme has demonstrated its ability to manage global health emergencies and has affirmed WHO's leadership position in both acute and protracted crises. The IOAC has observed the steady increase in demand for WHO operations over the past eight years and is concerned that demand is likely to substantially further increase in the face of climate change, conflict and civil unrest, natural disasters and population flows, the rising threat of new pathogens and of further pandemic outbreaks and, quite simply, the growing number of grave emergencies across the globe.
2. As the WHE Programme's role in coordinating WHO's work in emergencies has grown, the IOAC's work has broadened over the years. In accordance with the fifth edition of its terms of reference,¹ adopted in March 2023, the IOAC has become a permanent committee with a maximum number of 12 members serving in an independent and personal capacity. Its scope has expanded to include monitoring the work of other WHO divisions and departments that contribute to work in emergencies under the central coordination of the WHE Programme. It now also provides advice on WHO's role in developing, and its place within, the global architecture on health emergency preparedness, response and resilience.
3. This twelfth IOAC report covers the period from April 2023 to April 2024. The Committee conducted its work through regular teleconferences and undertook numerous interviews, ad hoc consultations and desk reviews. It carried out a visit to the WHO Regional Office for Europe and a field mission in Romania. Programmed field missions in Chad, Lebanon, and the Syrian Arab Republic were postponed until later in 2024 following guidance from the WHO Security Services Department and the United Nations (UN) Department of Safety and Security.
4. As an underlying theme to its twelfth report, and as part of its widened mandate, the Committee reviewed WHO's work in emergencies taking a more holistic approach to health emergency response, preparedness and resilience, keeping in mind the critical importance of countries building their own capacities pursuant to the International Health Regulations (2005), key elements of the WHE Programme and relevant functions which may impact the effectiveness of WHO's work for health emergency preparedness, response and resilience. The IOAC also considered how the WHE Programme and Member States could better contribute, within the global health emergency architecture, to strengthening global health security.

¹ Terms of Reference of the Independent Oversight and Advisory Committee: https://cdn.who.int/media/docs/default-source/2021-dha-docs/ioac-tor_v5_march-2023.pdf?sfvrsn=9d1e689d_7, (accessed 22 April 2024).

PART 2. WHO'S WORK IN HEALTH EMERGENCY RESPONSE, PREPAREDNESS, AND RESILIENCE

5. Over the past year, WHO has continued to provide its now well-established leadership and support to countries dealing with health emergencies. From 1 January to 31 December 2023, WHO responded to a total of 72 graded emergencies. This included emergencies arising from earthquakes in Türkiye and the Syrian Arab Republic, and conflict and insecurity in the Democratic Republic of the Congo, Ethiopia, Haiti, Myanmar, Somalia, the Sudan, Ukraine and the occupied Palestinian territory, including east Jerusalem. The IOAC was briefed on WHO led responses to the global outbreak of mpox, Sudan Virus Disease in Uganda, Marburg virus disease in Equatorial Guinea, and the multiregional cholera and dengue outbreak. The WHE Programme supported countries to access vaccines and treatments to respond to diphtheria, meningitis and yellow fever. In May 2023, the Director-General declared an end to both the coronavirus disease (COVID-19) and mpox public health emergencies of international concern. However, both remain global threats.

6. The IOAC observed that countries rely heavily on the WHE Programme's centralizing and organizing role in emergency operations, working in collaboration with other agencies and providers on the ground. Yet, external factors such as more numerous natural disasters and conflicts in fragile States pose existential threats to the performance of the WHE Programme, which will be unable to continue operating at its present level in response to increasing numbers of threats and emergencies unless countries strengthen, and monitor transparently, their own preparedness and resilience. Without such increased capacity, the WHE Programme, which should be a universal global good, will be obliged to cut back critical activities. **The IOAC recommends that the WHE Programme, through country offices, formalizes its partnerships with countries during emergencies and, whenever feasible, seeks national ownership and leadership, while concurrently enhancing national capacity. Clear roles and triggers for transition should be delineated to ensure a seamless and efficient response to evolving emergency situations.**

7. In 2023, the surveillance system for attacks on health care recorded 1486 attacks across 19 countries/territories, leading to 745 deaths and 1239 injuries. The occupied Palestinian territory reported its highest number of deaths (620) and injuries (964) among health workers since the system launched in 2018. The Committee deplores reported attacks on health facilities and personnel wherever they occur, Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Israel-Gaza, Myanmar, the Sudan, the Syrian Arab Republic or Ukraine, and the concurrent loss of human life and injury. It reminds countries of their obligation to respect international humanitarian law, and urges accountability for failures to protect health personnel and facilities as required under international humanitarian law.

Detection and response to acute public health threats and graded emergencies

8. In 2023, 377 events were reported in WHO's event management system and WHO posted 87 event updates on the secure Event Information Site (EIS) for National IHR Focal Points. The IOAC noted that the EIS platform allows WHO to share confidential timely information on acute public health events, enabling Member States to prepare response measures. The Committee was informed that WHO ran risk assessments on all events recorded in the WHO event management system, including 15 rapid risk assessments for dengue, cholera, measles, COVID-19 and diphtheria which are multicountry or global events. The global cholera situation remains of grave concern as an acute Grade 3 emergency with increasing geographical spread and high mortality. **The IOAC noted with great concern the global shortage of oral cholera vaccines, lack of global manufacturing capacity and lack of funding. The IOAC recommends that the WHO Secretariat convene a meeting with key stakeholders, including manufacturers, to look at all options for accelerating global capacity, and mobilize other divisions for technical guidance and clinical management.**

9. Over the last four decades, dengue cases have been increasing globally, with the highest numbers reported in 2023, mostly in the Region of the Americas (>4.4 million cases; >7400 severe cases; >2200 deaths) but incidence rose significantly in all other regions. The IOAC noted that environmental factors such as high rainfall, humidity and temperature, exacerbated by climate change and globalization, as well as social determinants such as population growth and unplanned urbanization, all increased the risk of dengue. By the end of March 2024, more than 1.8 million cases had been reported to WHO, an increase of 249% compared to the same period in 2023. The IOAC was informed that the dengue outbreak was rated as a Grade 3 emergency in December 2023. In March 2024, the WHE Programme Executive Director approved US\$ 5.5 million from the Contingency Fund for Emergencies (CFE) in response to the global dengue outbreak. **The IOAC recommends the Acute Emergencies Management Department complete risk mapping of the dengue outbreak as a matter of urgency, while supporting the affected countries with monitoring and reporting, lab testing capacities, case management, and multisectoral coordination for dengue response at national and local levels.**

10. The IOAC recognizes WHO's leadership in response to the ongoing crisis in Israel and the occupied Palestinian territory. WHO issued the first situation report on 8 October 2023, the day after the Hamas-led attack on Israel, and disbursed US\$ 14.56 million from the CFE. Dr Tedros was the first UN principal to call for urgent action to improve health conditions in the Gaza Strip. Since the onset of the crisis and as at 8 April 2024, WHO has conducted 57 missions to assess public health risks and identify needs, and deliver critical medical items and life-saving health services. WHO is on the ground and continues to face extreme challenges in supporting the health system and health workers in the Gaza Strip. **The IOAC reiterates its calls for all parties to uphold international humanitarian law and the principles of precaution, distinction and proportionality, and to ensure sustained humanitarian access so hospitals can continue providing lifesaving care.**

11. Evidence from the visit to the WHO Regional Office for Europe and broader discussions suggests an increasing level of trust between headquarters and the regional offices, with the final agreement of the Emergency Response Framework, Edition 2.1 (ERF2.1)¹ and the clarification of accountability. The sound application of the ERF has undoubtedly helped the Organization to deliver its mandate. WHO's response to the Ukraine crisis has provided proof of concept that WHO can manage multiple Grade 3 emergencies requiring Organization-wide support. Since November 2023, the Regional Office for Europe has been playing a core role in the management of Incident Management Support Teams (IMST) in the WHO Country Office in Ukraine and refugee hosting countries, while maintaining critical headquarters support as part of work on emergencies across the three levels of the Organization. Feedback from staff has confirmed that this arrangement, approved by the Regional and Executive Directors, has over time lessened the burden on headquarters, which is already dealing with multiple other Grade 3 emergencies.

12. WHO has organized cross-border operations, co-led by the African and Eastern Mediterranean regional offices and supported by headquarters, in response to the ongoing humanitarian crisis in the Sudan. As of April 2024, about 6.6 million people have been internally displaced and more than 1.8 million others have fled the country as refugees. Since April 2023, following the crisis in the Sudan, more than 571 000 people moved to neighbouring Chad, already hosting refugees from Cameroon, the Central African Republic and Nigeria. In June 2023, WHO placed the emergency at Grade 3, establishing the Incident Management System across the three levels in both Chad and the Sudan. Under the leadership of the Regional Directors for Africa and for the Eastern Mediterranean, WHO set up cross-border operations providing emergency medical kits, running mobile clinics and training local

¹ Emergency Response Framework: internal WHO procedures. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240058064>, accessed 22 April 2024).

partners to prevent and manage outbreaks, and providing health sector coordination strengthening and leading the vaccination campaign for polio, yellow fever and measles. WHO was viewed as a strong partner on the ground and an entry point for primary care access. However, cross-border operations have been suspended with humanitarian access severely reduced since December 2023, hindering the WHO response.

13. The IOAC welcomes the agreed and updated ERF2.1. This version, in line with IOAC recommendations, includes dedicated sections on protracted emergencies; protection and response to sexual exploitation, abuse and harassment in health emergencies; security and other risk management and states that the Executive Director has the authority to intervene under any circumstance that he or she may deem appropriate, regardless of the grade of emergency. The IOAC was briefed that an extensive and concerted roll-out process is under way, including at regional and country office level. The Committee will continue to monitor how the updated ERF2.1 is rolled out in practice and review its implementation across the three levels of the Organization. The IOAC welcomes the designation of the WHE Executive Director as a Deputy Director-General, in line with the vision of a unified and empowered Programme across all three levels of the Organization. **The Committee reiterates that delegations of authority of the Executive Director, Regional Emergency Directors, Regional Directors and WHO Representatives should be aligned with ERF2.1 and harmonized accordingly, including the dual reporting line of Regional Emergency Directors to the Executive Director and respective Regional Director.** The Committee realizes that there will now be further refinement of some of the detailed elements within the ERF, but the main agreed accountability framework and delegations of authority, as agreed in ERF2.1, will remain.

WHO's role in humanitarian crises

14. Since the inception of the WHE Programme in 2016, the Organization has taken a leadership and operational role that has promoted WHO's presence in countries, particularly in fragile, conflict and vulnerable settings. As at 31 December 2023, WHO was responding to a total of 41 graded emergencies: 23 were acute graded emergencies, of which eight were Grade 3 emergencies requiring the highest level of Organization-wide support. The remaining 18 graded emergencies were classified as 'protracted', seven of which were protracted Grade 3 emergencies. During the reporting period, the IOAC observed a steep increase in humanitarian health needs on a global scale and WHO's increasing role in humanitarian crises. However, the IOAC was briefed that more than 300 million people in 72 countries will require humanitarian assistance in 2024 and WHO is facing multiple challenges, including limited humanitarian access and decreasing funding for humanitarian crises.

15. The Committee was also briefed on the challenges of managing protracted crises with existing tools and traditional surge mechanisms, such as the Global Outbreak Alert and Response Network and Emergency Medical Teams (EMTs), designed to manage acute emergencies within fragile health systems. Updated tools and guidance on refugee health were also lacking for countries with well-developed health systems. WHO's existing guidance is mainly focused on outbreaks, and therefore is not as relevant to conflict-related humanitarian crisis. The IOAC also heard that there were numerous operational reviews, audits and evaluations of WHO's response to protracted crises. These are generating an extra burden on the WHE teams, but there is no evidence to indicate that they are capitalized upon to address current gaps. During the visit to Romania, the IOAC observed that the Ukraine refugee crisis had obliged the WHO Country Office to scale up from a representative role with four staff members to the leading entity for major operations with more than 40 staff members. The situation raised questions concerning the relevance of a classical strategic response plan and reporting system. The IOAC notes that developing a Protracted Emergencies Framework (PEF) could be advantageous in humanitarian emergency settings but cautions that its relationship to ERF2.1 must be

made clear. Lessons learned from the Ukraine response (with a developed health system) and other protracted crises should be documented and shared to inform ongoing discussions on the PEF. **The IOAC recommends the PEF should be integrated into ERF2.1 as an annex, or a separate chapter, thus becoming a detailed guidance note on implementing the Emergency Response Framework in protracted humanitarian settings in both countries with well and underdeveloped health systems.**

Country readiness and emergency preparedness

16. The IOAC was briefed that the WHO Department of Country Readiness and Strengthening was concentrating its efforts on countries with less developed health systems, lower capacity and in which there was a greater concentration of emergency situations. The Committee noted the Department's priorities, including community readiness and resilience; continuing to build partnership networks, including with UN agencies, civil society and academia; advocating for the Collective Service. The Department was focusing on major functions including public health laboratory services as a critical component of collaborative surveillance, clinical management and operations, and infection prevention and control and water, sanitation and hygiene, EMTs and rapid response capacities within safe and scalable care; and border health and mass gatherings, as well as readiness assessments for high-priority threats.

17. The Committee reviewed WHO's work for health emergency preparedness and the various evaluation and assessment tools applied by WHO in the critical task of supporting countries in upgrading their own preparedness and readiness for health emergencies. To date, 194 out of 196 States Parties (99%) have submitted IHR States Parties Self-Assessment Annual Reports (SPAR), which represents the highest ever level of reporting. SPAR is a mandatory self-assessment tool, as opposed to the voluntary Joint External Evaluations (JEE). The Committee was also updated on the increasing level of congruence between the reporting through SPAR and JEE, which it welcomed. The information resulting from JEEs and SPARs should feed into the National Action Plans for Health Security (NAPHS), which translate their findings into concrete actions and priorities. **Irrespective of the assessment tool, the IOAC considers that mandatory periodic standardized reporting by Member States and a reliable and transparent independent monitoring system are indispensable mechanisms to assess progress made over time by Member States in achieving common objectives and to foster mutual trust.**

18. The IOAC was briefed that the Universal Health and Preparedness Review (UHPR) engages with and convenes senior policy-makers at the country, regional and global levels to ensure an enabling environment for sustainable investments in health emergency prevention, preparedness, response and resilience. This multisectoral, whole-of-society, global process also informs the NAPHS, helping to ensure that strategic high-level recommendations are used for the prioritization of NAPHS activities. The WHE Programme is urged to conduct Member State consultations on the use and utility of JEEs, NAPHS and the UHPR, and to submit a report to the IOAC. This report should also take into account existing monitoring and evaluation tools, their sequencing of use as appropriate, and specific country contexts.

Prevention of sexual exploitation, abuse and harassment

19. As WHO continues to respond to an increasing number of emergencies globally, the Organization must take measures to protect communities and limit any potential collateral harm. Inclusion of the prevention of sexual exploitation, abuse and harassment (PSEAH) implementation framework as well as stating clear roles and responsibilities on PSEAH in graded emergencies as part of the updated ERF2.1 is a positive step that the IOAC welcomes. The Committee was pleased to see that PSEAH is

an integral part of the IMST in the Ukraine response at country level, as it was in Malawi. The IOAC also notes that the timelines between investigations and action by human resources (HR) are improving. In the areas of prevention and risk mitigation, the IOAC suggests efforts be made to further shift ownership of SEAH matters from the Director-General to Regional Directors and WHO Representatives, as defined by the preventing and responding to sexual misconduct accountability framework, while maintaining the strict independence of investigations into SEAH at the central level by the Office of Internal Oversight Services, noting that the post-investigative process for SEAH cases against regional staff members and affiliated personnel is handled by Regional Directors. The Committee welcomed the updating by the Regional Office for Europe of its tools and guidance on PRSEAH to ensure it was fully integrated into the humanitarian response. **The Committee endorses two key priorities identified by the WHO Department for PRSEAH: implementing Member State accountability in line with the WHO accountability framework for the prevention of and response to sexual misconduct; and reliable mechanisms for funding and integration of safeguarding from sexual misconduct in health emergency operations.**

WHE Programme

20. At the outset, the WHE Programme was aligned across the three levels of the Organization based on the principle of a single programme, with one clear line of authority, one workforce, one budget, one set of rules and processes, and one set of standard performance metrics. The common structure set up in 2016 across headquarters and all regional offices reflected WHO's major functions in health emergency management: Infectious Hazard Management; Country Health Emergency Preparedness and the International Health Regulations (2005); Health Emergency Information and Risk Assessment; Emergency Operations; and Core Services. The IOAC observes that the WHE structure has evolved over time, whereas the original organigram has been mostly maintained in the regional offices. The current headquarters structure of the WHE Programme is divided into nine departments led by Directors, six of which have direct reporting lines to the Executive Director, while the other three departments report to the Assistant Director-General for the Division of Health Emergency Intelligence and Surveillance Systems in the Emergencies Programme, based at the Berlin Hub. The IOAC is concerned that the changes to the Programme at headquarters were introduced in isolation and cautions that such changes may cause dissonance between headquarters and the regional offices. The extra managerial workload placed on the Executive Director is concerning, and **the Committee reiterates its recommendation from its last report¹ that the Executive Director be supported by a Deputy Executive Director, D-2 level managers and senior advisers to enable appropriate delegation of managerial responsibilities. The IOAC recommends the WHE Programme headquarters structure and the reporting lines of directors be revised, keeping alignment with the other major offices in mind, with the addition of a Deputy Executive Director.**

21. The IOAC observed that WHO has conducted various review exercises to identify core functions for emergency management, priority countries, critical positions in the WHE Programme and funding needs. Major reviews undertaken include a country business model launched in 2017, a headquarters functional review initiated in October 2023, and Action Results Group (ARG) work which led to a proposal for a Core Predictable Country Presence (CPCP) model. Funding allocated to the CPCP comes from the US\$ 200 million increase in assessed contributions decided by the Health Assembly, of which less than 5% will cover WHE CPCP positions. The Committee is concerned that these exercises were carried out individually by major offices within WHO. **In particular, such review exercises should be conducted across the three levels of the Organization and be aligned with the general programme**

¹ Document A76/8; see also document WHA76/2023/REC/3, summary records of the third meeting, section 2, and of the fourth, fifth and sixth meetings.

of work, under the leadership of the Executive Director of the Programme, upholding the single programme principle to ensure optimized performance. The IOAC also recommends the ARG conduct extensive consultations with the WHE Programme and Business Operations regarding CPCP and proportionate allocation of increased assessed contributions funding for the WHE Programme.

22. During the visit to the Regional Office for Europe, the Committee was briefed on the extensive efforts across all levels of WHO to scale up emergency responses in Ukraine and surrounding countries since February 2022 and the Committee notes the demonstrable impact of WHO's response. The Committee was briefed on the Refugee Health Extension hub in Krakow, Poland, which was active or functional from 2022–2023 to conduct assessments, support inter-agency coordination, and support WCO responses. The IOAC notes that numerous WHO emergency hubs have been established in different countries over recent years as WHO has expanded its network to support its work in emergencies. While the IOAC welcomes WHO's achievements and initiatives undertaken through these hubs, the roles, functions and responsibilities of such hubs, and the coordination mechanism across the three levels of the Organization should be clarified. The Committee will include a review of the existing hubs related to WHO's work in emergencies in its workplan 2024–2025. **The IOAC recommends the Secretariat provide an overview of WHO hubs at the headquarters and regional office levels related to emergencies and respective terms of reference.**

Human Resources

23. As at March 2024, WHE Programme staffing stood at 1862, with 1051 located in country offices (56%), 347 across the six regional offices (19%) and 464 at headquarters (25%). Out of the total positions, 3% are centralized positions, covering resource mobilization, communications and procurement, of which 1.7% are global HR positions. As of new biennium 2024–2025, there are currently 425 vacant positions out of a total 2290 positions. **The IOAC reiterates its recommendation to the WHO Secretariat to conduct a benchmarking of staff structure, size and seniority, against peer organizations and humanitarian agencies, to ensure that the WHE Programme staff structure and composition are appropriate to the demands and number of emergencies the Programme currently faces.**

24. Among the challenges observed, the IOAC noted that HR policy for funding requirements impeded an adequate scaling up of emergency response. In its last report, the IOAC urged WHO to review the HR policy of locking funds to cover the full period of contracts in advance in order to protect staff, and move towards 12-month minimum contracts to provide staff with stability and to support staff retention. During the IOAC meeting in March 2024, the Committee was briefed on progress in relation to the evolution of WHO's risk appetite on contracts, new contract modalities, strategies to address finance shortfalls for contracts, and standard operating procedures (SOPs). **The IOAC recommends that the roll-out of these activities should be accelerated to help staff retention and development. The issue of short-term contracts has been a persistent pain point throughout the life of the Programme and has been raised repeatedly by the IOAC going back to 2016. We urge that this finally be resolved.**

25. The Committee observed that the scale-up of a humanitarian response in Ukraine was complicated by the difficulty in identifying staff with the requisite skills and knowledge. The IOAC visit in Romania confirmed that finding available short-term staff with the requisite knowledge of the region and of refugee health issues was problematic. While the Committee noted complications arising from the small footprint of country offices in several countries surrounding Ukraine, it also observed that WHO was often the only UN agency with any long-standing presence, and this played a key role in early support

to the governments on refugee response. The small country teams were able to shift from policy engagement to providing technical and operational support, as well as to facilitate other UN agencies in establishing a presence. HR capacity at headquarters and the Regional Office was limited in the face of such a large surge requirement, particularly in view of the demands of other graded emergencies in the European region in 2022–2023 (COVID-19, mpox, Türkiye earthquake). Feedback from the staff suggested the WHE roster is not a reliable source but WHO standby partners were highly responsive to requests and supported 23 deployments to 12 country health clusters during 2023. **The IOAC will look into the roster management and report findings to the Seventy-eighth World Health Assembly. The Department of Human Resources and Talent Management is recommended to provide briefings on the current emergency rosters and an analysis of underlying problems.**

26. Interviews with WHO staff indicated that the centralized HR function has negatively impacted the WHE Programme. It was also noted that there are emergency SOPs for fast track recruitment, but they were unevenly applied in the regions and country offices due to several factors including a lack of knowledge on how to operationalize them, resulting in very lengthy appointment periods. **The IOAC recommends that the emergency SOPs, reflecting the appropriate approval hierarchies in line with the ERF2.1, should be embedded in the Business Management System and fuller training and preparation for staff should be provided across the Organization.** This will allow for systematic implementation of the SOPs, tracking of turnaround times and provide comprehensive HR data in relation to emergency deployment and HR actions.

27. Staff security in volatile settings remains a critical issue. During interviews with the WHO Country Office in Ukraine, the Committee received reports of staff burnout arising from the long-term effects of war and constant attacks on civilian infrastructure. **The IOAC recommends the WHO Secretariat review duty of care in emergency settings, in consultation with WHO country offices in Grade 3 humanitarian crises, including Ukraine, the Sudan and Somalia, and ensure adequate training and support in operationalizing emergency SOPs for all staff working in high-risk zones.**

Finance

28. The core budget of the WHE Programme has been set at US\$ 1214 million for the 2024–2025 biennium, with US\$ 606 million for country offices, US\$ 269 million for regional offices and US\$ 339 million for headquarters. The WHE Programme budget is composed of WHO core flexible funds, WHE Programme flexible funds and WHE Programme specified funds. The IOAC has repeatedly recommended that an increased proportion of WHO core flexible funding should be allocated to the WHE Programme, given that such funding is predictable and provides financial sustainability for staffing. US\$ 200 million of WHO core flexible funding is committed to the WHE Programme for the 2024–2025 biennium. The IOAC notes that this allocation has barely increased since the launch of the WHE Programme in 2016. Viewed against the 246% increase in the WHE Programme's total budget, from US\$ 494 million at the establishment of the Programme for the 2016–2017 biennium, to US\$ 1.2 billion for the 2024–2025 biennium, the proportion of its WHO core flexible funding has declined drastically over the last eight years.¹ This is even more surprising given the Health Assembly's decision to increase assessed contributions, which was intended in part to provide a more stable funding base for the WHE Programme. **The IOAC recommends the proportion of WHO core flexible funding allocated to the WHE Programme be substantially increased for the 2024–2025 biennium, in order to reach a fair share of budgetary and financial allocations from core resources. The Committee encourages the WHE Programme Executive Director and the Assistant Director-General for Business Operations to agree on a viable solution to the related budget**

¹ See document WHA69/2016/REC/1, decision WHA69(9) and Annex 10.

allocations that serves WHO's best interests and reflects Member States' intent in increasing assessed contributions.

29. At the close of 2023, while the overall Programme budget 2022–2023 was relatively well funded, a critical funding gap of US\$ 411 million (33%) remained for the WHE Programme budget. The IOAC was informed that the WHE Programme had to request an emergency disbursement of WHO core flexible funds to cover the October to December 2023 payroll, and expects that an emergency disbursement of additional resources will be required to cover payroll in most major offices between March and June 2024. Meanwhile, the WHE Programme continues to fund 38 centralized function positions, including in communications, HR and security at headquarters. The IOAC welcomes that the draft fourteenth general programme of work for 2025–2028 puts WHO's work in emergencies among the Organization's strategic priorities.

30. In January 2023, ahead of PBAC and EB154, WHO launched the Organization's Health Emergency Appeal for 2023, calling for US\$ 2.5 billion to respond to health in emergencies including COVID-19 and other disease outbreaks such as mpox and cholera. In addition, a number of ad hoc emergency appeals were issued for acute emergencies including the earthquakes in Türkiye and the Syrian Arab Republic, the Sudan crisis, and the response to the escalation of violence in the occupied Palestinian territory. The overall funding requirements against the 2023 Health Emergency Appeal amounted to US\$ 2.54 billion, with the total amount of funding available to WHO for implementation in 2023 amounting to US\$ 1.809 billion (of this US\$ 975 million was provided in late 2022 and was thus available for implementation against the 2023 appeal, while US\$ 834 million constituted new funding receipts in 2023).

31. In 2023, the CFE enabled WHO to respond to 22 emergencies impacting more than 30 countries and territories, including the global cholera response. CFE funding was used in six complex emergencies (US\$ 42 million), seven natural disasters (US\$ 22 million), and nine disease outbreaks (US\$ 15 million). Nearly US\$ 79 million was released from the CFE, while contributions amounted to US\$ 34 million in 2023 from 13 Member States and, for the first time, private sector contributions from the WHO Foundation. The CFE is promoted through publication of quarterly CFE updates and the CFE annual report. The IOAC will continue to monitor CFE disbursements and fundraising, including private sector contributions.

32. The Committee remains deeply concerned about a chronic shortage of flexible and sustainable financing in the WHE Programme and WHO's work on health emergencies. In this regard, the IOAC welcomes the Executive Board's decision EB154(1) (2024) to approve the full plan for the investment round and the next steps as outlined in the related report,¹ which will increase WHO's sustainable financing and expand the donor base. The investment round is expected to promote greater flexibility in funding both geographically and programmatically. The IOAC will continue to follow this matter with great interest, particularly the impact it will have on the WHE Programme.

33. WHO has significantly improved its communications and advocacy. The IOAC recognizes that the Coordinated Resource Management Department continues to work closely with the Department of Communications to increase the visibility of donor contributions through the development of dedicated webpages and via various social media channels. It also notes that effective resource mobilization requires partnership skills at the highest level of WHO, especially at the country level, where the role of the WHO Representative is critical to the effective engagement of donors for strengthened partnership

¹ Document EB154/29 Rev.1; see also summary records of the Executive Board at its 154th session, second meeting, section 2.

and resource mobilization. **The IOAC acknowledges that the WHO Representative induction programme has included training on health emergency management and resource mobilization at country level.**

PART 3. WHO'S ROLE IN THE GLOBAL ARCHITECTURE FOR HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE

34. In December 2021, at its second special session, the World Health Assembly established an intergovernmental negotiating body (INB) to draft and negotiate a convention, agreement or other international instrument, under the Constitution of the World Health Organization, to strengthen pandemic prevention, preparedness and response.¹ In parallel to the INB, since November 2022, WHO Member States have continued to draft proposed amendments to the International Health Regulations (2005), in a process led by the Working Group on Amendments to the International Health Regulations (2005) (WGIHR). Noting progress made to arrive at a pandemic agreement and the required amendments to the Regulations, the IOAC commends WHO Member States for their leadership in building a global architecture for health emergency to prepare for, and prevent, future pandemics and the INB bureau and the WGIHR Co-Chairs for their dedication and commitment to supporting this important endeavour.

35. The Committee also recognizes that the WHO Secretariat continued to work with its Member States and partners to avoid duplication of existing governance mechanisms and promote coherence through the WHO Health Emergency Preparedness, Response and Resilience Framework (HEPR), providing a road map for the governance, systems, tools, workforce and financing needed to strengthen national, regional and global health security. **The IOAC believes that WHO must be at the centre of the pandemic agreement and the WHO Secretariat is best placed to act as the secretariat to the Conference of the Parties to the agreement.**

36. A strong HEPR architecture must be built on a foundation of strong national health systems centred on primary health care and should help countries to strengthen their own preparedness and resilience capacity for emergencies and report thereon transparently. As health threats are global, the response to them must also be global. That requires transparency in a monitoring system, so that all countries can see what is happening everywhere. Self-assessment and peer review of national capacities, including through the Universal Health Preparedness Review, should continue to be complemented by strengthened independent monitoring at the international level. Such mechanisms should: be modelled on best practice in independent monitoring of international instruments; be evidence-based, transparent and expert-led; and build on and strengthen existing monitoring mechanisms. It is crucial that independent monitoring encompass the breadth of the global architecture of HEPR. **The Committee therefore urges Member States to install a transparent system for monitoring countries' levels and capacities in respect of preparedness and readiness for health emergencies.**

37. The IOAC reiterates that the global health architecture must be based on equity and solidarity to ensure equitable access to therapeutics, vaccines and other medical countermeasures for all countries, drawing upon lessons from the COVID-19 pandemic. **The Committee reaffirms that equity and solidarity are not only moral principles but a prerequisite for preventing, and effectively responding to, pandemics. Disparate and inequitable response facilities spread disease. In this context, ensuring timely access to medical countermeasures for all countries is crucial for global health security.**

¹ See document WHASS2/2021/REC/1, decision SSA2(5).

38. Sustainable financing is a prerequisite for pandemic prevention, preparedness and response. WHO is encouraged to leverage existing financing entities and mechanisms such as the Pandemic Fund, established in September 2022, and formally launched under Indonesia's G20 Presidency at the G20 meetings in November 2022. The IOAC is pleased to see that WHO chairs the Technical Advisory Panel of the Pandemic Fund and also supports Member States in implementing approved projects. The Committee was briefed that the first call for applications closed in May 2023, with 179 applications from 133 countries. Based on the pool of the Technical Advisory Panel's recommended proposals, 19 were selected by the Pandemic Fund Board to receive a total amount of US\$ 338 million. US\$ 158 million, or 47% of total approved funding, will be provided through WHO as implementing entity for 13 approved single-country projects and two multicountry projects. The second call for proposals was announced in December 2023, with a submission deadline in May 2024 for a total funding envelope of US\$ 500 million. **The IOAC recommends that WHO should intensify its support to countries in developing detailed proposals as part of broader efforts to support the development of national multisectoral and multi-hazard health emergency preparedness and response plans.**

PART 4. RECOMMENDATIONS

39. Over the past eight years, the IOAC has issued more than 300 recommendations and monitored the implementation status of its recommendations through the matrix compiled by the Secretariat and use of the WHO consolidated recommendation tracking platform. Progress on implementation of IOAC recommendations is publicly available on the Member States Portal page of the WHO website.¹ While observing that, by their nature, the recommendations largely require continuous progress, the Committee considers overall implementation to be satisfactory. To facilitate tracking progress and identify repetition or duplication, thus strengthening accountability, the IOAC requests the Secretariat to submit an action plan for implementation of recommendations issued throughout this report with specific deliverables and a suggested time frame.

40. Based on the IOAC review from the period of April 2023 to April 2024, the Committee wishes to highlight its major concerns and reiterate its recommendations as follows:

Detection and response to acute public health threats and graded emergencies

- (a) Expressing serious concerns for the ongoing spread of dengue and cholera across the different regions, the IOAC recommends WHO complete risk mapping as a matter of urgency and step up its efforts to address the global shortage of oral cholera vaccines, and mobilize resources.

WHO's role in humanitarian crises

- (b) Recognizing WHO's increasing leadership role in humanitarian crises, the IOAC is concerned over the increasing demands and recommends further leveraging partners on the ground through the cluster system.

¹ See the Member States Portal (<https://www.who.int/about/accountability/governance/member-states-portal>, accessed on 23 April 2024) and the Dashboard for Consolidated Platform for Recommendation Tracking (<https://www.who.int/about/accountability/governance/member-states-portal/tracking-recommendations-from-the-consolidated-platform>, accessed on 23 April 2024).

- (c) Condemning the reported attacks on health facilities and personnel, the IOAC urges all parties to uphold international humanitarian law and to ensure humanitarian access.
- (d) Acknowledging the need to develop guidance on implementing the Emergency Response Framework in protracted humanitarian settings, the IOAC reiterates that ERF2.1 should remain as the key reference and the PEF should be integrated into ERF2.1, as an annex or a separate chapter.

Country readiness and emergency preparedness

- (e) The IOAC emphasizes that monitoring should rely on existing reporting systems and tools should be simplified to avoid duplication and administrative overburdening of Member States and WHO country offices. Such assessments of country readiness and emergency preparedness should help to inform Member States to strengthen national capacities for emergency preparedness, prevention and response.
- (f) Member States are urged to install a transparent system for monitoring countries' levels and capacities in respect of preparedness and readiness for health emergencies.

WHE Programme

- (g) Recalling the single programme principle, the IOAC recommends the Secretariat conduct a joint functional review of the WHE Programme across the three levels of the Organization, under the leadership of the Executive Director of the Programme.
- (h) The ARG's proposal for the CPCP should be finalized in extensive consultation with the WHE Programme and Business Operations.
- (i) In applying the ERF, consideration should be given to the regional offices' comparative advantage arising from their political insight and their relations with the countries of the respective regions, to lighten the burden on headquarters already dealing with multiple other Grade 3 emergencies.

Human Resources

- (j) Noting the challenges in identifying staff with the requisite skills and knowledge in surge capacities for emergencies, the IOAC recommends that consideration be given to providing training in emergency operations to all WHO Country Representatives, and country office staff.
- (k) The IOAC reiterates its repeated recommendation for WHO's risk appetite on contracts, new contract modalities, strategies to address finance shortfalls for contracts, and SOPs.
- (l) Lack of knowledge of the emergency SOPs for recruitment and cultural obstacles remain constraints on performance of the WHE Programme. The IOAC recommends embedding the SOPs in the business operating systems.

Finance

- (m) Welcoming the Executive Board's decision EB154(1) to approve the full plan for the investment round, the IOAC urges Member States to honour its commitment to promote greater flexibility in funding.
- (n) Emphasizing the critical importance of predictable and flexible funding for the WHE Programme, the IOAC recommends increasing the allocation of WHO core flexible funding to the WHE Programme in proportion to its programme budget size to reflect the GPW 14 vision.
- (o) Acknowledging the progress made by the Department of Coordinated Resource Mobilization on appeals, the IOAC reiterates that the three levels of the Organization should work together for harmonized operational planning and appeal development.

WHO'S role in the global architecture for health emergency preparedness, response and resilience

- (p) The governance of the global health architecture should be anchored in WHO, based on equity and solidarity, which are imperative for prevention of, and response to, pandemics.
- (q) While recognizing the rapid progress of the Pandemic Fund, the IOAC notes that its current size and scope place it as an important but limited source of funding with several key questions related to the financing of key HEPR capacities still to be resolved.

CONCLUDING REMARKS

41. The IOAC commends the Director-General, the Regional Directors, the WHE Programme Executive Director and all the staff of the Programme across the world, for their efforts in taking WHO's work in health emergencies forward over a very turbulent year and in increasingly insecure settings. Much has been achieved and the Organization has continued to play a central role in all matters relating to health emergencies. However, the Committee remains deeply concerned at the fragility of the situation in which the WHE Programme operates. To an extent, therefore, the WHE Programme is the victim of its own success. It is clear from the high demands placed on it that it fulfils a public need and that Member States find that it provides an essential service. Member States must therefore decide how to preserve this valuable Programme, how to strengthen it and how to make its performance more effective and efficient.

42. The Committee notes that the WHE Programme is under increasing demand in a world where geopolitical instability is rising, with increasingly frequent outbreaks of conflict and disease. It reiterates that the situation will rapidly become unsustainable unless countries boost their own capacities to prepare for, and be resilient to, health emergencies. A transparent monitoring system yielding a global picture of capacity levels is essential to this end. **The IOAC joins the Director-General in urging all parties to finalize and adopt an ambitious and equitable pandemic agreement. The safety of the world from future pandemics depends on it. The IOAC wishes to recall the principles for which the pandemic agreement was instigated post-COVID-19 and reiterates that the agreement must be based on equity and solidarity.**

43. In closing this report, the IOAC thanks the Director-General and Member States for their trust in its action, and pledges to continue to monitor and scrutinize the WHE Programme's operations in order to optimize its potential, and to advise the Director-General thereon, and to advise WHO on the global architecture for health emergency preparedness, response and resilience and the role of the Organization within that architecture.

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