

IOAC group statement at the Seventy-fourth World Health Assembly

1. Thank you, Mr Chairman. Honourable ministers, excellencies, heads of delegation, Director-General, and distinguished colleagues. On behalf of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme - IOAC, I thank you for inviting us to present our report to this 74th session of the World Health Assembly. In presenting the report, we wish to pay tribute to all those working tirelessly across the world to bring the ongoing pandemic under control, and to those who have lost loved ones to COVID-19.
2. Since the inception of the WHO Health Emergencies Programme (the “WHE Programme”) in 2016, IOAC has provided oversight and advised the Director-General, under the terms of its mandate. For the purposes of this, its ninth report to the governing bodies, IOAC has aligned its oversight of the Organization’s response to COVID-19, with the terms of resolution WHA73.1. The Committee concentrated its review on WHO’s leadership in the global response to COVID-19, on the Secretariat’s work to support country preparedness and response, and it also examined the WHE Programme’s role and responsibilities as the major component of the Organization’s response to COVID-19.
3. In keeping with the IOAC mandate to provide oversight on WHO’s work in outbreaks and emergencies, the Committee also assessed annual progress in WHO health emergency management, the transformation agenda and WHE programmatic areas, measuring it against the key performance indicators in our monitoring framework. An updated list of IOAC recommendations, and a summary of progress from May 2016 through to the end of April 2021, has been published on the IOAC website. Overall, the IOAC is satisfied with the achievements made, and impressed by the Secretariat’s continuous efforts to implement the IOAC recommendations. IOAC recognizes that Dr Tedros is committed to implementing our recommendations. Indeed, some of the recommendations issued in this report, are already being implemented as we speak.
4. With regards to WHO’s ongoing response to the COVID-19 pandemic, IOAC notes that the crisis has exposed failings in pandemic preparedness and response, and a shortfall in health security and equality across the world. But at the same time, there have been numerous examples of global solidarity and collaboration, together with remarkable progress in research and development. Despite the challenges faced, the report concludes that WHO has maintained, and indeed strengthened, its leadership position in the global response throughout the pandemic.
5. IOAC considers the Access to COVID-19 Tools (ACT) Accelerator to be an example of an unprecedented level of global collaboration and coordination, but, also notes that its implementation has been hampered by insufficient political will and global solidarity, limited production capacity of vaccines, and inadequate funding. We reiterate that the political and financial commitment of Member States is fundamental to fully achieving the potential of the ACT-Accelerator. The Committee is also concerned about the lack of a global plan to operationalize the tools provided by the Accelerator, so as to maximize their scope and impact. Hence, our key recommendations include that: WHO should support Member States in developing a global strategy to roll out the ACT-Accelerator for

operationalizing tools and maximizing impact with a public health approach, and should seek to ensure fair and equitable access to COVID-19 vaccines; The WHO Secretariat should support Member States to fully implement all the public health measures, and strengthen surveillance, monitoring and testing efforts, in the light of the new variants of the virus; the international community should address supply chain constraints to ensure the equitable distribution of COVAX doses and should guarantee investment, with a view to reducing the socioeconomic impacts of the global pandemic.

6. The COVID-19 pandemic has revealed shortcomings in the International Health Regulations, 2005 and highlighted the primary role of Member States in preparing for, and responding to, outbreaks and emergencies. We had very useful meetings with the IHR Review Committee members before beginning our drafting, and our report endorses many of the IHR Review Committee's recommendations. For example, the establishment of a national legal framework to ensure implementation of the IHR and public health control measures; the introduction of a mechanism to foster accountability of the whole of government; strengthening risk assessment; monitoring and data reporting and information sharing; empowering the role of national focal points; improving transparency; communication of temporary recommendations before a public health emergency of international concern is declared; and enhancing the WHO Secretariat's ability to fulfil its role through sustainable financing.

7. However, the IOAC continues to be concerned that the *broad binary nature* of the PHEIC mechanism does not provide a sufficient or actionable indication to Member States of the nature or severity of epidemic or pandemic risks. Whether through the PHEIC or some other related process, it is crucial that WHO work with Member States, to improve and clarify risk assessments, corresponding alerts, and empower IHR national focal points to take informed action. The IOAC further emphasizes that temporary recommendations issued by Emergency Committees must be tied to a set of concrete actions and response measures. Moreover, Member States should be *held accountable*, through an appropriate mechanism, for implementing recommendations in health crisis preparedness, readiness and response.

8. We reiterate our previous recommendation, that the Secretariat should further streamline the reporting process and review the existing tools and framework for national and international preparedness, including joint external evaluations, and national action plans.

9. With regards to travel advice, IOAC recommends that the role and impacts of travel restrictions and other border measures, as well as the international coordination of such measures, should be reviewed in preparation for the next pandemic.

10. IOAC welcomes all efforts towards preparing for future pandemic threat, hence recognizes the call to establish a new international treaty for pandemic preparedness and response under the auspices of WHO. Noting that any decision regarding such a treaty is Member States' prerogative, the Committee suggests that the treaty should support Member States to comply with the IHR; build national, regional and global resilience for pandemic responses; mobilize financial resources collectively; and ensure universal access to diagnostics, treatments and vaccines for future pandemics, based on the principles of solidarity, equity, accountability and transparency.

11. WHO's leadership role for health emergencies within the United Nations system has been strengthened through the COVID-19 pandemic, at both the global and field levels. IOAC notes that the role of WHO country offices has become increasingly important and recommends empowering WHO representatives to lead the public health response to COVID-19 at country level, as a part of the United Nations system.
12. Findings from the IOAC survey with WHO representatives confirm that the establishment of the WHE Programme has resulted in increasing WHO country offices' ability to manage health emergencies, but the HR capacity remains weak. The IOAC observes that the human resources planning for the WHE Programme has never been fully implemented, mainly due to insufficient funding. IOAC recommends that the WHE Programme country business model be revised and adjusted to country-specific requirements with priority on fragile states, in line with the regional human resources plan. IOAC reiterates the principle of the single human resources plan for the WHE Programme, which should be under the responsibility of the Programme's Executive Director.
13. The WHE Programme has suffered from chronic financial and staffing constraints since its establishment. In response to the global pandemic, under the leadership of the Director-General, the WHO Secretariat has managed to surge capacity, by leveraging the whole Organization. IOAC recognizes that the Organization-wide response to COVID-19 is coordinated through the WHE Programme's incident management team, which is overstretched. The Committee consequently recommends that WHO review the current structure of, and vision for, the Incident Management System to ensure it has adequate capacity, resilience and sustainability. The Committee observes that the core science and guidance related to COVID-19 is managed within the Incident Management Team by the WHE Programme technical teams, in close collaboration with partners. We therefore recommend that WHO further strengthen core technical expertise capacity, by ensuring adequate staffing within the WHE Programme at headquarters level, while further strengthening collaboration with expert groups and expanding partnerships.
14. WHO's external communications have significantly improved throughout the COVID-19 pandemic and important progress has been noted in risk communication. The WHO Secretariat is encouraged to build up momentum, accelerating the implementation of a corporate communication strategy, and making an increased and sustained investment in communications. While recognizing that WHO has become the most-followed United Nations agency on social media, IOAC is deeply concerned by the high level of toxicity and incivility on social media against WHO and its personnel. The Committee strongly condemns personal attacks against the Director-General and WHO staff members, and, recommends that WHO build capacity to deploy proactive countermeasures against misinformation and social media attacks, and further invests in risk communication as an essential component of epidemic management.
15. IOAC observes that expectations of WHO's role have increased hugely since 2016, as has the scope of the Organization's work in both acute outbreaks and humanitarian crises. The WHE Programme has been at the heart of WHO's response to COVID-19 whilst also leading front-line emergency operations in the Democratic Republic of the Congo and Guinea in response to the Ebola

virus disease outbreaks, and concurrently managing 65 graded emergencies over the 2020–2021 period.

16. IOAC is pleased to see the important progress made over the past two years in updating the current version of the Emergency Response Framework (ERF). The ERF proposes a revised accountability for the grading process and Incident Management System, with clearer roles and responsibilities for the Director-General, the regional directors, the WHE Executive Director, the regional emergency directors, WHO representatives and incident managers in managing WHO graded emergencies.

We also welcome the proposed integration of checklists for security, prevention of sexual exploitation and abuse, vaccine-preventable diseases and Contingency Fund for Emergencies, and, a framework for protracted emergencies in the updated version of the ERF. We urge the Global Policy Group to institutionalize the implementation of the managerial authorities, accountabilities and processes that have already been agreed, and to adopt the updated version of the Emergency Response Framework.

17. While the WHE Programme is not a stand-alone entity, and its success depends on operational support systems and other programmes, the IOAC reiterates that the WHE Programme's managerial authority and autonomy must be protected. The Committee commends Dr Tedros for his commitment to ensuring the agility, flexibility and effectiveness of the WHE Programme by implementing the IOAC recommendation, to establish dedicated teams within the centralized functional divisions such as communications, HR, procurement, resource mobilization and security, to support emergencies, with a dual reporting line to the WHE Programme and respective division heads. The Committee is also pleased to report that a number of specific recommendations related to WHO security management, issued in this report are already being implemented and will come into effect shortly.

18. As WHO's emergency operations have been increasing in remote field contexts, the inherent risks have significantly increased and diversified over the years. Regarding the disturbing allegations of sexual exploitation, connected to the Ebola response in the Democratic Republic of the Congo, the IOAC expresses its concern at the slow progress of the fact-finding process. We urge WHO to immediately implement preventive and response measures in areas that are potentially high-risk for sexual exploitation and abuse. The IOAC recommends that WHO conduct a cross-Organization review of the current tools, structures, processes and coordination mechanisms to prevent, mitigate and manage all potential risks linked to emergency operations for both staff and communities.

19. The COVID-19 pandemic has given rise to questions regarding the adequacy of the WHE Programme budget and WHO financing. The IOAC welcomes Member States' commitment to, and ongoing discussions on, WHO finance. IOAC commends Member States' leadership for establishing a working group on sustainable financing. IOAC recommends that the predictability and sustainability of funding for the WHE Programme be improved through an increase in assessed contributions, non-specified multiyear funding arrangements for core voluntary contributions, and a wider donor base.

20. In its previous reports, the IOAC has repeatedly recommended, that an increased proportion of WHO core flexible funding should be allocated to the WHE Programme. We emphasize once again that WHO corporate core flexible funding is fundamental to build the Programme's capacities, as such funding provides financial sustainability for staffing.

21. The COVID-19 pandemic has resulted in total or partial disruption of essential health services in fragile, conflict-affected and vulnerable settings. IOAC recommends increasing current investment in resilient health systems, and universal health coverage, as delivery of an essential package of health services with sustainable funding is a key priority.

22. In the longer term, the Committee believes that further discussions should take place among Member States, to review whether WHO has the strategic capacity to support country preparedness and response, and whether WHO's funding is adequate for the WHE Programme to lead multidimensional and large-scale emergencies like the COVID-19 pandemic, alongside the increasing number of graded emergencies that it routinely manages.

23. Honorable ministers, excellencies, heads of delegations, distinguished colleagues, in concluding, we assess that WHO has maintained and strengthened its leadership position in the global response to the COVID-19 pandemic considering the constraints derived from fundamental problems. Numerous evaluations, reviews and assessments have documented the gaps and weaknesses in pandemic preparedness and response. It is time to take the bold decisions required to strengthen WHO and build an overarching architecture for global health based on solidarity and equity. IOAC believes that WHO must be at the centre of that governance structure, linking together the network of its 194 Member States, who are each accountable for global health, and are able to implement recommendations collectively. The world looks to WHO for guidance but to serve that purpose, WHO must be equipped with the necessary authority and resources to coordinate pandemic prevention and response. IOAC will continue to hold WHO accountable but Member States and partners must play their part as well, to help the Organization fulfil its role in protecting the health of populations across the world. Global health is truly a shared responsibility.

Note from the Secretariat:

The IOAC statement was delivered on 25 May 2021 by Dr Felicity Harvey, Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme