

Item 16.1 Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

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In focus

[A75/16](#) (posted 11 May) conveys the latest report of the IOAC for the WHE.

This report will likely be noted but the advice of the IOAC (below) will feed into other Emergency sub-items under this Item.

Background

[IOAC homepage](#) with links to terms of reference, meetings, reports etc

PHM Comment

Commendations

- organisation-wide capacity has proven to be of great value
- good that emergencies is a top priority (1/3)
- appreciates new division in WHE for intelligence and surveillance
- good works in combatting misinformation
- appreciates work of Procurement and Supply and Logistics Hub in Dubai
- progress is being made in PRSEAH (sexual exploitation and harassment)
- appreciates WHO's constant emphasis on need for equity, esp vaccines
- welcomes EB's consideration of proposed Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response ([EB150\(6\)](#))
- commends Member States, the Director-General, the Regional Directors, and the WHE Executive Director for their leadership and deep commitment
- congratulates healthcare workers across the world and
- thanks all WHO staff members for their tireless work and commitment, including in the face of intolerable cyber abuse and harassment throughout the pandemic.

Issues identified

- financial constraints (country level response particularly in jeopardy; CFE underfunded)
- staffing problems (859 vacant positions; lots of temporary staff)
- ever increasing workload (83 graded emergencies)
- unclear accountability at all three levels (tensions between WHE director and RDs; relations with functional divisions at HQ)
- pressure on country offices: lacking human and financial resources, esp in fragile situations
- risks of stress and burnout (worsened by toxicity on social media)
- need to streamline reporting and assessment processes (eg SPAR and JEEs)
- role of WHE and Science in managing R&D Blueprint unresolved
- “deeply concerned at the discrepancy between well-proven measures to control COVID-19 and the actions taken by decision-makers in many countries to discontinue these measures while transmission remains widespread”
- lessons from Covid need to be implemented by member states
- urges graded, rather than binary, approach to PHEICs
- serious issues in allocation of commodities, prices, approvals,
- ACT-A funding way below target
- “WHO must be equipped with the necessary authority and resources to coordinate pandemic prevention and response”

Recommendations

- roles, responsibilities and reporting lines among major offices and WHE
- converting Covid experience into generic arrangements for WHE
- human resources for normative functions plus surge capability
- proper funding
- See para 46 for specific recommendations regarding IHR revision and for INB re pandemic treaty
- WHE (preparedness) plan to integrate existing reporting structures into proposed Universal Health and Preparedness Review
- “the governance of the global health architecture be anchored in WHO through the establishment of an Executive Board standing committee on health emergency (pandemic) prevention, preparedness and response;”

Notes of discussion at WHA75