

Report of the Twenty Ninth Meeting of the Independent Expert Oversight Advisory Committee (IEOAC) of the World Health Organization

(Brazzaville, Congo: 7-9 October 2019 and Kigali, Rwanda: 10-11 October 2019)

ACKNOWLEDGEMENTS

At the outset, the IEOAC team would like to give recognition to the courage and dedication of the individuals working for the WHO in a complex operational environment covering a large number of countries at different stages of development. We wish to express our sincere appreciation to the WHO Secretariat, the African Regional Office (AFRO), and the Rwanda Country Office for facilitating the visits to Brazzaville and Kigali, 7 to 11 October 2019.

ADMINISTRATIVE MATTERS

1. This was the third meeting of the IEOAC for the year 2019. The agenda for this meeting is attached as Annex 1 and the List of Participants as Annex 2.
2. In attendance: Dr Jeya Wilson (Chair), Leonardo Pereira, Christof Maetze and Chris Mihm. One of the members, Jayantilal Karia, could not travel to Africa to attend the meeting for medical reasons.
3. At the beginning of the meeting, the Chair confirmed a quorum with three members present and the fourth (Mr Pereira) joining in later, due to a delayed flight connection. All declarations of interest or updates were duly submitted. No conflicts of interest were recorded. The agenda for the 29th meeting, 7 -11 October 2019, was adopted.

INTRODUCTION

4. The Committee was welcomed to AFRO by the Regional Director (RD), joining by video conference from Pretoria; Director of Programme Management (DPM); Director of General Management Cluster (GMC) and other colleagues. The RD opened the session by thanking the Committee and emphasizing the importance of its visit to the region to gain a deeper understanding of the context in which the Region operates.
5. An overview was provided on the context of the region, the structure of WHO/AFRO, its priorities and major risks. The RD shared information about the implementation of transformation in the African Region which precedes the WHO-wide Transformation Agenda.

PROGRAM BUDGET 2018-19 AND HEADCOUNT

6. The Committee was given an overview by the WHO Secretariat on the current state of the Programme Budget 2018-19 with particular emphasis on AFRO as shown below:

Programme Budget Overview

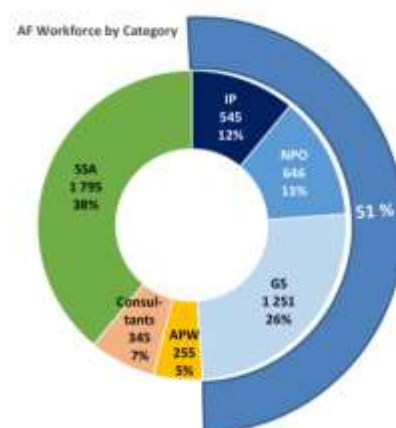
Office	Approved Budget	Allocated Budget	Award Budget	Expenditure	Projected Expenditure	Staff Count (FTE)	Staff +/-
HQ	1,631M	1,835M	81%	66%	79%	2,357	3%
AF	1,162M	1,782M	60%	70%	77%	2,449	-2%
EM	545M	1,545M	38%	66%	77%	1,237	8%
EU	262M	375M	60%	68%	78%	629	13%
SE	344M	404M	82%	70%	82%	710	5%
WP	286M	320M	82%	69%	79%	623	2%
Total	4,230M	6,261M	63%	68%	78%	8,005	3%

Source: WHO Secretariat Dashboard – 2nd October 2019 – excludes AMRO.

7. An overview was also given of the current state of the WHO and AFRO workforce. The Committee recommended that the term “non-staff” be changed.

Categories	WHO	AFR
International Professionals	3 028	545
National Professional Officers	1 255	646
General Service	3 693	1 251
WHO Staff	7 976	2 442
Special Service Agreements (SSA)	3 062	1 795
Consultancies (STC)	2 153	345
Agreements for Performance of Work (APW)	3 044	255
Non-Staff	8 259	2 395
Total Workforce	16 235	4 837

Source: HR Update Tables & GSM



The Committee noted the increase in female representation in Longer Term International Positions from 27% in 2015 to 33.1% in 2019. The Committee encourages AFRO to continue its active engagement for achieving an even better gender balance.

PLANNING FOR PROGRAMME BUDGET 2020-2021

8. The IEOAC was briefed on the GPW13 planning process, starting with the prioritization exercise, developing of the Strategic Results Notes employing the Theory of Change and formulation of the Country Support Plan which describes how the three levels of the Organization would support a country in achieving its triple billion targets.
9. The Committee feels that the alignment between the results and impact framework across the Country, Region and Headquarters levels is still work in progress.

TRANSFORMATION

10. The Committee notes that the AFRO Region has progressed ahead of the WHO-wide transformation agenda. The Committee recognizes some of the initiatives taken by AFRO in the transformation process, including the development of Key Performance Indicators (KPIs), management dashboards that link results to performance management and leadership training for senior management in the region.
11. The Committee understands and appreciates that the WHO-wide transformation agenda builds on the best practices and experience of the AFRO approach.
12. The Committee however recommends that there be an alignment and integration of priorities, results and KPIs across the three levels of the Organization.

DIRECT FINANCIAL COOPERATION (DFC) vs. DIRECT IMPLEMENTATION (DI)

13. The Committee was briefed on the issue of overdue DFC reports and the significant progress that the AFRO region has made in reducing these. However, WHO continues to rely on this mechanism to provide support to governments. As an alternative, WHO also uses Direct Implementation (DI) to support Ministries of Health in carrying out activities in the field, especially if there are issues in obtaining assurance and reporting on DFC activities. While there are benefits in using DI, the Committee notes with concern the increase in DIs which requires additional WHO capacity for implementation, monitoring and reporting. The Committee recommends that a root cause analysis of the problems posed by the current financing mechanisms be undertaken, and alternative implementation mechanisms be identified.

COMPLIANCE AND ENTERPRISE RISK MANAGEMENT

14. Access to sustainable funding is key to the WHO successfully achieving the targets of the transformation process. In order to have a competitive advantage in increasing access to funds from both Member States and donors, it is critical that the Organization continues to inculcate at all three levels a culture of enterprise risk management which is risk aware but not risk averse.
15. In this regard, the Committee believes that it is crucial that there is a high-level risk appetite statement for the WHO. It should articulate the risks that the Organization is willing to take in pursuit of its strategy and allows such risks to be identified and quantified in a structured way to permit strategic risk-taking.
16. Within the risk management process, the Committee encourages the WHO to continue the process of building a smart compliance system, that can be integrated into the enterprise risk management framework of WHO, across all levels without hampering its day-to-day business.
17. Furthermore, in the context of the African Region, as the singular global existential risk, climate change will affect Africa more directly and dramatically than some of the other parts of the world. AFRO should have dedicated planning efforts to consider what the specific climate change-related public health effects will be, how they are likely to evolve and how they will be managed.

AUDIT AND INVESTIGATIONS

Audit

18. The Director IOS provided the Committee with an update on the status of internal audits and investigations in 2019. Particular emphasis was placed on internal control and overall control effectiveness in the AFRO region. The Committee noted the increase in overall control effectiveness for the AFRO DAF (GMC) area from 51% in 2015 to 73% in 2018.

	AFRO DAF 2015	AFRO DAF 2018
Overall Control Effectiveness	51%	73%
Control Environment	63%	78%
Risk Assessment	0%	100%
HR	0%	100%
PO Goods	33%	46%
Contracts & APWs	60%	60%
Contracts SSAs	33%	100%
DFC	83%	75%
DI	50%	67%
elmprest	100%	91%
Awards	60%	70%
GSM/IT	33%	100%
Travel	50%	100%
Fixed Assets	25%	83%
Security	100%	67%
Vendor Management	0%	33%
Information and Communication	67%	100%
Monitoring	50%	33%

19. Despite these commendable achievements, the Committee is concerned about the decline in monitoring activities. More needs to be done to make internal control activities in the first line of defense an integral part of day-to-day activities in the AFRO region and the Committee encourages Senior Management to continue to place emphasis on this.

20. The Committee was briefed in detail on new emerging risks for the WHO:

- Communication to donors on preliminary findings - in the context of Yemen, donor requested reporting on findings to avoid negative impact on funding streams.
- WHE: operational support function.
- Establishment of adequate (i.e. minimum capacity) operational response since the beginning of the Ebola outbreak.
- Need to establish a stronger link between technical response planning and operational support plans.

21. The Committee strongly encourages Senior Management to ensure timely and comprehensive follow-up on these emerging risks. The Committee remains concerned about the results of the DRC WHE audit and progress in addressing recommendations, especially those that refer to systemic issues (for example, to minimize the high number of cash transactions, there is a need

to expand electronic solutions like bank payments and mobile payments). While the Committee acknowledges the urgency of technical response in emergencies, it recommends that clear procedures for operational support be put in place from the beginning of the emergency, to ensure compliance and satisfactory donor reporting.

22. The follow-up to the self-assessment of the audit function with external validation by KPMG undertaken earlier in 2019 is in progress. Out of a total of 17 recommendations, 6 have been closed, 10 are in progress and 1 is overdue. The overdue item is related to the issuance of the updated WHO organigram showing the independence of the IOS Director’s reporting line and the Committee urges Senior Management to ensure the urgent release of the long overdue WHO organigram. This issue has been raised a number of times before and the Committee would like to record its dissatisfaction with the delay.

Investigations

23. The Committee was briefed on investigations and did not note any particular areas of concern.

Allegation Group	2016	2017	2018	2019	Grand Total
Corruption	8	14	5	5	32
Failure to comply with Professional Standards	15	4	11	6	36
Fraud	32	30	55	32	149
Harassment	9	13	25	17	64
Other	5	6	27	20	58
Recruitment irregularity	5	10	8	10	33
Retaliation		1	4	2	7
Sexual Exploitation and Abuse		1	3	3	7
Sexual harassment	5	3	10	3	21
Grand Total	79	82	148	98	407

24. Furthermore, the Committee received an update on the ongoing project with EY Switzerland to benchmark the WHO investigations function and provide input into the development of a best-in-class function. The fieldwork of EY is still ongoing and results of the project will be available in November 2019. The Committee welcomes this project and will support implementation of recommendations once they are available. Using external benchmarks to identify gaps will substantially strengthen the investigation function at the WHO.

CONTRACT REVIEW COMMITTEE

25. The Committee was briefed on the process of review of contracts by the HQ and Regional Contract Review Committees. It was informed that there had been cases where funds are committed to be paid to third parties before the contracts have been properly approved. When these events occur, commitments to disburse are then based not on the existing approval process but become *fait accompli*. Although it seems that only a few of such cases involving large amounts occurred in the last 12 months, it is clear that there is a breach in the approval process. Independent of the amount, if such a window exists, it may eventually lead to a major

failure in the commitment process as a result of a weakness in the organization's internal controls.

26. It is imperative that those who bypass the current rules be held accountable for not complying with the rules and that the integrity of the accounts payables approval process is not compromised.

DATA MANAGEMENT AND INFORMATION TECHNOLOGY

27. The Committee was given a presentation on Health Information, Data Management and Health Information Technology for Universal Health Coverage. AFRO has initiatives underway to strengthen public health data collection and work with national statistical and vital records offices to fill in data gaps at the country and program levels. As in other areas, coordination and partnership with civil society and other organizations can play a vital role. While the Committee recognizes that efforts have been invested in this area by the Region and its countries, it believes that data collection systems should not be fragmented but need to be centralized and aligned across all offices within the Region and across all levels within the Organization.
28. The Region needs to be working closely with HQ to break the 'silos' and to develop a central repository for data so that there is a "single source of truth" for the Organization with country health data being incorporated into the global database. The GPW13 Results Framework update presented to the AFRO Regional Committee in August 2019, which was shared with the Committee by HQ, underscores the support to countries in the use of data, including the World Health Survey Plus Data Collection Platform to drive policies and impact, and deliver the triple billion targets.
29. The Committee was impressed with the use of IT tools for the Polio surveillance and reporting of cases and encourages the Region to consider replicating similar technological tools for data management in other areas of work.

EMERGENCIES AND EBOLA UPDATE

30. The Committee received a briefing on the Health Emergency Programme in AFRO and an update on the ongoing Ebola outbreak response in the Democratic Republic of Congo (DRC). The Committee appreciates the difficult environment in which the Programme operates in the Region and commends the work being done by the AFRO team in this area. However, the Committee was concerned about the significant gap in staffing of vacant positions (a gap of 49% in the Regional Office and 61% in countries) and would urge the management to consider ways to address this staffing gap.
31. Additionally, the Committee notes that as the WHO moves from emergency response to emergency preparedness, there is the risk of duplication or overlap with existing non-emergency programmes. These programmes aim at addressing issues around the national health systems which also include national preparedness issues. Therefore, the Organization needs to ensure that these efforts are synchronized across the preparedness programme and the other non-emergency programmes.
32. As part of the mission, the IEOAC also visited the WHO Rwanda Country Office. The Committee acknowledge the work of the Country Office, especially the support given to the Ministry of Health, Rwanda in its preparedness efforts against the Ebola outbreak in neighboring DRC.

33. In the WHO context, the term ‘preparedness’ means “working in a structured way in countries, to prepare for an emergency.” Furthermore, at present, WHO has two states of governance mechanisms – 1) under normal operations and 2) under emergency operations. However, the Committee considers Rwanda to be in a state of *interregnum*, where the Ebola emergency has not directly affected the country, but it remains vulnerable to the epidemic, thus requiring a specific set of actions as part of its preparedness efforts. These actions would require certain structures, mechanisms and resources in place that can address the issues faced by the country, and the Committee notes that these do not exist in the current two states of governance.

EVALUATION AND FENSA UPDATE

34. The DG Representative for Evaluation and Organizational Learning presented the proposed Evaluation Workplan for 2020-2021 and the evaluation of FENSA, and the Committee is satisfied with the same.
35. The Committee is of the view that the WHO needs to engage with the private sector, as and when appropriate, for the delivery of its strategy. It cautions that FENSA should not act as a constraint to such engagement but be an enabler, and that decisions are based on utilizing opportunity risk analyses to determine both risks and rewards.

DATES OF NEXT TWO IEOAC MEETINGS IN 2020:

36. The next meeting of the IEOAC is scheduled to be held from 30 March to 1 April 2020 in Geneva. The following meeting is scheduled for 29 June to 2 July 2020 to include a one-day induction for the two new members who will join the Committee starting May 2020.

SUMMARY OF DISCUSSIONS AND RECOMMENDATIONS

37. The Committee recommends that there be greater alignment between the results and impact framework and KPIs across the Country, Region and Headquarters levels. A locally sensitive and country centered approach, while appropriate, must be integrated with regional and global goals, targets and results frameworks. Furthermore, the KPIs should also be continuously examined to ensure that they contribute to the Triple Billion targets.
38. The Committee recommends that starting with a high-level enterprise-wide risk appetite statement, the WHO articulates a hierarchy of cascading risk appetite statements with measures and limits where appropriate.
39. The Committee recommends that within the risk management process, special attention be given to compliance risks, and it would like to reinforce the importance of compliance because of the dependence of WHO on voluntary contributions and on the goodwill of Member States and donors. Furthermore, the health effects of climate change need to be at the center of WHO’s Enterprise Risk Management considerations.
40. While the Committee notes a drastic reduction (98%) in the number of overdue DFC reports, it remains concerned about the DI mechanism. It therefore recommends that root cause analyses be undertaken and that a reset of the WHO’s financing mechanism be considered.
41. The Committee recommends a strong alignment and integration of data collection and data management efforts across the Organization with a single data repository for all three levels.

42. The Committee advises AFRO to explore partnerships with the national Supreme Audit Institutions in the Region’s countries to strengthen public accountability, pinpoint improvement opportunities and identify workable solutions to problems and capacity gaps.¹ The exemplary work done by the Audit Service of Sierra Leone in October 2014 on the Ebola response in that country suggests how mutually beneficial such partnerships could be.²
43. Based on the briefings received during the visit to Rwanda, with respect to the emergency preparedness efforts by the country office, the Committee urges WHO to consider the structures and mechanisms needed for a country in the *interregnum* between emergency and normal operations.
44. Furthermore, the Committee suggests that AFRO works with national health ministries to improve the capacity of public health systems that it is making full use of other UN system work that has been produced on standards and practices to improve public administration³.
45. Finally, AFRO may continue to seek out and leverage synergies among GPW13, the Triple Billion targets, Sustainable Development Goal 3 “Ensure healthy lives and promote well-being for all at all ages”, its regional and country health KPIs and other SDGs. AFRO can contribute to the mutual reinforcement among regional public health strategies and SDG 16.6 “Develop effective, accountable and transparent institutions at all levels” and SDG 16.7 “Ensure responsive, inclusive, participatory and representative decision-making at all levels”.

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¹ The African Organization of Supreme Audit Institutions (AFROSAI), consists of over 50 Supreme Audit Institutions (SAIs) that include Audit Courts, Auditors, Controllers-General and State Inspectorates. It is the African Regional Organization of International Organization of Supreme Audit Institutions (INTOSAI).

² Audit Service of Sierra Leone, Report on the Audit of the Management of Ebola Funds, May to October, 2014, (<https://reliefweb.int/sites/reliefweb.int/files/resources/assl-report-on-ebola-funds-management-may-oct-2014.pdf>)

³ See, for example, various World Public Sector Reports (<https://publicadministration.un.org/en/Research/World-Public-Sector-Reports>) and the work of the UN Committee of Experts of Public Administration on Principles of Effective Governance for Sustainable Development (<https://publicadministration.un.org/en/Intergovernmental-Support/CEPA/Principles-of-Effective-Governance>)