

**Independent Oversight and Advisory Committee
for the WHO Health Emergencies Programme
Draft Meeting Report**

**18th meeting by phone
Geneva, Switzerland**

**Monday 14 January 19
14:00–16:00 CET**

Agenda: please see Annex 1

Participants

IOAC: Felicity Harvey (Chairperson), Walid Ammar, Hiroyoshi Endo, Geeta Rao Gupta, Jeremy Konyndyk, Precious Matsoso

WHO Secretariat: Peter Salama (DDG/WHE), Bernhard Schwartlander (Chef de Cabinet), Munjoo Park (IOAC Secretary)

Summary of discussions

The IOAC reviewed the proposed agenda and agreed to focus on three items: (1) update on WHO's response to the Ebola outbreak since the last IOAC in-person meeting in Geneva on 19–20 November 2018, (2) discussion on key messages and recommendations in preparation for the IOAC session of the Executive Board (EB) meeting, 24 January–1 February 2019, under agenda item 5.2: public health preparedness and response, and (3) a request from the Global Preparedness Monitoring Board (GPMB) to contribute to its annual report, in particular to chapter 5 on the Ebola response.

Prior to the meeting, a package containing the latest epidemiological data from the Ebola outbreak and WHO's response in DRC and draft terms of reference of the IOAC for the GPMB report was circulated among the background papers.

At the beginning of the meeting, the Chair also reported back on her attendance at the STAG-IH meeting on 5 December. She outlined the importance of the IOAC's future work on the research & development blueprint and of country preparation work in fragile states. The IOAC agreed to review this area of work at the next in-person meeting.

Update on WHO's response to the Ebola outbreak in the DRC

As of 14 January 2019, a total of 658 cases of Ebola virus disease (609 confirmed and 49 probable cases), including a cumulative total of 402 deaths, had been reported from 17 health zones in the provinces of North Kivu and Ituri. The case fatality rate among confirmed cases is 58%.

DDG/WHE noted that WHO is regularly assessing the need to convene an emergency committee, which will review whether to declare the Ebola outbreak a Public Health Emergency of International Concern (PHEIC).

The IOAC was briefed that insecurity and political instability were high in December due to the presidential election. This disrupted critical Ebola response activities, including vaccinations,

contact tracing, and following up on alerts of potential new cases in Beni. Despite the security situation, WHO and partners are continuing to respond to the Ebola outbreak in North Kivu and Ituri provinces.

DDG/WHE noted that the decline in case incidence has continued in Beni after an intensification of field activities, illustrating the feasibility of an effective response even in the face of multiple challenges such as a large influx of people and deep insecurity.

He added that cases are still arising that have not been identified via the contact list, but suggested that given the pattern of the current outbreak in Beni, which is driven by health-care workers' infections, it would still be possible to control the outbreak. The IOAC congratulated WHO for shifting its strategy to focus on infection control and prevention.

The IOAC was briefed that more than 60 000 individuals have been vaccinated in the DRC since the start of the outbreak and thus far 237 people have been discharged from Ebola treatment centres and enrolled in a dedicated programme for monitoring and supporting survivors. DDG/WHE informed the IOAC of WHO's ongoing efforts in operational research using vaccines for pregnant women and of the shortage of Ebola vaccine.

The IOAC recognized that WHO has managed to scale up the response through surge capacity, deploying over 450 staff to North Kivu, but that staff are overstretched due to multiple crises. DDG/WHE noted that there is a very limited number of partners with operational and technical capacity on the ground and that all agencies are experiencing difficulty in finding experienced and qualified staff, including those with appropriate linguistic ability, who are willing to work for an extended period in a situation of deep insecurity.

With regard to Ebola readiness and preparedness in the neighbouring countries, the IOAC also noted that WHO is leading the efforts with solid funding from CERF, DFID and GAVI among others.

Key messages to be delivered to the EB

- IOAC commends WHO for leading major field operations amidst deep insecurity in DRC and for encouraging others to join the response.
- The tremendous efforts of WHO together with partners such as ALIMA, IMC, MSF, Red Cross, Samaritan's Pulse, UNICEF, and WFP should be called out at the EB.
- Lack of human resources for responding to emergencies is a common issue for all agencies operating on the ground – a situation that was also evident during the West Africa Ebola outbreak and has not been addressed since. Measures for capacity building and deployment of qualified individuals for longer-term periods should be explored together with partners.
- IHR core capacity building by countries is a sustainable investment and further efforts are required for preparedness work.
- The transformation agenda should support emergency responses as a priority and further improve the progress made by the WHE thus far.
- The GPW13 positions the WHE Programme as an organizational priority: this should be reflected in the programme budget through an increased proportion of WHO core flexible funding.

Request from the GPMB

The Chef de Cabinet (CdC) briefed the IOAC that the GPMB held its first meeting on 10 September 2018 and agreed to publish an annual report on the state of global preparedness in September, starting from 2019. The GPMB agreed on the structure of the first report, which is to have five

chapters, each of which will be written by suggested leading authors: 1. Preparedness (WHE), 2. Financing emergencies (World Bank), 3. R&D (Wellcome Trust), 4. Coordination (tbc), 5. Ebola response from 2014 to present (IOAC).

The IOAC has been invited to provide a deep dive into global response to the Ebola outbreaks in DRC in 2018–2019 and how it compares to the 2014–2015 Ebola outbreak in West Africa. The work would involve a desk review of progress made against global recommendations that emerged from the Ebola outbreak in West Africa, and field visits to the DRC for an ongoing response and stakeholder survey. The GPMB has requested presentation of an outline of the research by 15 March, circulation of a first draft by April and submission of the final draft by May 2019.

The IOAC acknowledged the importance of the GPMB report and the relevance of the request to the IOAC's current work. However, given the tight timeline and limited resources, particularly availability of members, the IOAC expressed concern about the risk of compromising the quality of the report. The CdC assured the IOAC that it would be provided with all the necessary resources to perform this additional work. Members also noted that the proposed terms of reference require an appropriate level of granularity and that scope of work needs to be agreed with the GPMB. The IOAC agreed to hold a follow-up call to discuss the terms of reference, explore options and define requisites prior to making an official commitment.

Other issues

- DDG/WHE briefed attendees about the EB agenda item on the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits.
- With regard to the anonymous emails containing allegations of discrimination, misconduct of individual staff and irregularity in recruitment, the CdC informed the IOAC that investigations are being undertaken by Internal Oversight Services.

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