

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

**Tenth meeting
Geneva, Switzerland**

**5–6 July 2017
WHO/HQ, Salle F**

Agenda: please see Annex 1

Participants: please see Annex 2

Summary of discussions

The agenda items included a meeting with the Director-General, a briefing by EXD/WHE on the current crises and progress, compliance with humanitarian principles for field operations, IOAC's oversight role and conflict of interest, and the IOAC workplan for the second half of 2017. Members were welcomed by the Director-General and they outlined the IOAC's key areas of work including Finance, HR, Partnership, Business Processes, and International Health Regulations and Joint External Evaluations (IHR/JEE). The Director-General thanked members for their support and recommended strengthening IOAC's function. He also emphasised that the WHE programme is a priority of the Organization and not a stand-alone programme.

Briefing on current crises and progress

WHO declared the end of the outbreak of Ebola virus disease in Democratic Republic of Congo on 2 July and IOAC members recognized WHO's rapid response in collaboration with partners on the ground. EXD/WHE briefed members that enhanced surveillance would continue and that a lessons learnt exercise would be carried out. Members were briefed that there was no need to conduct a vaccination campaign.

Nigeria is managing several concurrent public health emergencies, including a humanitarian crisis, a Lassa fever outbreak, a large meningitis outbreak and, recently, yellow fever after a decade without any such outbreaks in the country.

WHO is responding to cholera outbreaks in Somalia, South Sudan and Yemen. These outbreaks have been exacerbated by conflict and famine. With disruption of water and sanitation facilities in Yemen there has been a sudden increase in reported cases over the last months, totalling 39 377 cases and 204 deaths for the period 27 April–24 June 2017.

While appreciating that HQ has taken a hands-on approach to managing the current cholera outbreaks in EMRO, members recommended strengthening a global cholera programme.

EXD/WHE provided a comprehensive update on the progress since the last WHA in May 2017 against the IOAC monitoring framework and indicators. Following the IOAC's recommendations on business

processes, new standard operating procedures (SOPs) have been developed in consultation with managers at three levels, in particular SOPs on delegation of authority and fast-track recruitment. Members noted that the recruitment processes for long-term staff and short-term staff could be differentiated.

Measures to improve security and staff health and wellbeing are yet to be introduced and IOAC will look into them during the forthcoming field visits. Given that the overall HR policy and entitlement is not fully adequate in emergency settings, IOAC recommended that WHO develop its own ad-hoc incentives and appropriate leave policies specifically for staff working in emergencies. IOAC reiterated the importance of engaging with all the relevant offices in the development of new SOPs and of embedding them into the existing system.

In terms of finance, 71% of core budget for 2016–17 has been funded to date and US\$154 million out of the appeals budget target of \$584 million has been received for humanitarian acute and protracted emergency response plans. EXD/WHE also briefed IOAC on fundraising efforts and current opportunities. Members welcomed progress but expressed concern over the funding gap, in particular replenishment of the Contingency Fund for Emergencies (CFE). Given the urgency, members agreed to issue a recommendation for the Director-General's consideration. In consultation with ADG/GMG, IOAC considered the possibility of allocating \$30 million per biennium as baseline to keep the CFE functional and alive. ADG/GMG also briefed members on the use of direct financial contributions (DFCs) and IOAC proposed a redirection of the DFC budget to reinforce and incentivise national action plans following the JEEs. IOAC recommended discussing the funding gap issues with Members States at the Financing Dialogue meeting, advocating the reasons for funding the WHE Programme by presenting compelling economic investment cases, and strengthening resource mobilization capacity.

EXD/WHE briefed IOAC on the polio transition strategy to reorient, train and shift current polio workers into a Public Health Emergency Management team on the basis of country-by-country assessment. IOAC welcomed the approach and reiterated that the polio transition would pose significant risk to emergency preparedness and the response capacity of WHE priority countries.

Members agreed that the WHE should provide an update on the table of IOAC monitoring framework twice a year to avoid generating extra workload for WHE staff. The IOAC Secretariat will produce a tracking sheet with a list of the specific recommendations issued in the previous reports and will monitor progress.

Compliance with humanitarian principles

IOAC commended WHO's response in Iraq but appreciated that this could set a precedent for WHO providing a last resort and that expectations should be managed. Further to the concerns raised by Médecins Sans Frontières (MSF) about WHO's field operations in Mosul (Iraq), IOAC invited MSF's Internal Medical Secretary for an interview. It was clarified that the recent article written by a MSF staff member on WHO's engagement with humanitarian principles did not represent an institutional position.

Members were also told that positive signs of change have been noticed by MSF in terms of WHO reaching out to partners in the field and engaging conversations, but that information sharing could be further improved.

IOAC is generally satisfied with WHO's compliance with humanitarian principles during its Mosul operations and will continue monitoring to ensure compliance with humanitarian principles.

IOAC's oversight role and conflict of interest

Concerns were raised about the recent appointment of two IOAC members to the WHO staff and as an Executive Board member, respectively. IOAC sought clarity from the Secretariat, including the Office of the Legal Counsel, on the two specific cases and members appreciated that the appointments were made in compliance with WHO's rules. To uphold IOAC's independence and eliminate any risk of potential conflict of interest, members further discussed guiding principles with extra safeguards and internal processes to be implemented.

With regard to the vacancy that has arisen, IOAC recommended filling it with an expert who has substantial field, operational, humanitarian crisis and infectious disease experience. Ideally a new member should join the Committee on the forthcoming field visits and meetings.

IOAC also reviewed the terms and conditions for temporary advisers and agreed to make a formal request to the Director-General with respect to entitlement to travel business class, insurance coverage, reimbursement of expenses related to field visits and Secretariat support.

IOAC field visits and next meetings

IOAC is planning to conduct two or three field visits by a team of two or three members during 4–8 September and 9–13 October 2017 with a focus on JEEs and has identified countries who have completed them and are currently graded for ongoing emergencies. The terms of reference for country visits will be updated accordingly. The Secretariat will follow up with the respective Regional Offices and Country Offices to examine feasibility to accommodate IOAC visits for the proposed period.

IOAC suggested meeting in Brazzaville on 13–14 November 2017 to draft a report to the 142nd session of the Executive Board (22–27 January 2018). Given that AFRO is one of the WHE priority regions where major emergencies are ongoing, members advised inviting the Regional Director and selected WRs in the region to the IOAC meeting. The participation of the Executive Director of the WHE programme and the Regional Emergency Director is also recommended.

Teleconferences shall be arranged between field visits, possibly at the end of August, September or October.

End



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Annex 1. Agenda

**Tenth meeting of IOAC
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Salle F, WHO HQ**

Day 1 5 July	11.00-12.00 Meeting with the Director-General • 11.00-11.30 Chair • 11.30-12.00 Members 12.00-13.00 Working lunch in Salle F 13.00-14.00 Agenda item 1. Briefing by EXD/WHE • Update on major crises • Progress against the monitoring framework • Q&A 14.00-15.00 Agenda item 2. IOAC workplan • IOAC workplan July-Dec 2017: priorities and key areas • Country visits and terms of reference 15.00-16.00 Agenda item 3. Interview with MSF by phone • Reform of WHO's work in emergencies • Field performance 16.00-18.00 IOAC private session
Day 2 6 July	09.00-12.00 IOAC private session • 10.00-11.00 Agenda item 4. IOAC's oversight role • Any other business 12.00-12.30 Wrap up



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Annex 2. List of participants

**Tenth meeting of IOAC
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IOAC

Ms Precious Matsoso (Chair)

Dr Hiroki Nakatani *

Ms Geeta Rao Gupta

Dr Felicity Harvey

Mr Jeremy Konynnydyk

Mr Elhadj As Sy *

Professor Walid Ammar *

* unable to attend in person but shall join selected items by phone

WHO Secretariat**

Dr Tedros Adhanom Ghebreyesus, Director-General

Dr Anarfi Asamoah-Baah, Deputy Director-General

Dr Ian Smith, Executive Director, Office of the Director-General

Dr Peter Salama, Executive-Director, WHE Programme

Dr Richard Brennan, Director, Emergency Operations, WHE Programme

Dr Isabelle Nuttall, Director, Office of the Director-General

Ms Munjoo Park, Technical Officer, IOAC Secretariat

** will join relevant sessions

Special invitee for the agenda item 3

Dr Mercedes Tatay, Médecins Sans Frontières, International Medical Secretary