

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

**Eleventh meeting by phone
Geneva, Switzerland**

**24 August 2017
13:00–14:00 CET**

Participants

Precious Matsoso (Chairperson), Geeta Rao Gupta, Felicity Harvey, Jeremy Konyndyk, Hiroki Nakatani, Peter Salama, Munjoo Park

Agenda item 1: Update by the WHO Health Emergencies Programme

The Chair opened the meeting and invited Dr Peter Salama, Executive Director of the WHO Health Emergencies Programme (WHE), to provide a briefing. Since WHE weekly senior leadership reports are shared with IOAC, members are informed about ongoing crises. Dr Salama provided a briefing with a focus on WHO's response to the cholera outbreak in Yemen and the progress of the Programme with regard to finance, the Joint External Evaluation (JEE) process and business processes.

Cholera outbreak in Yemen

While the total number of suspected cholera cases in Yemen reached 500 000 this year, the overall rate of new infections nationwide has declined since early July. Although the trend is promising, the disease is expected to continue spreading in view of the effect of the rainy season and deteriorating hygiene and sanitation conditions and disruptions to the water supply across the country. The IOAC noted the importance of documenting damage to the water, sanitation and hygiene infrastructure in Yemen; Dr Salama confirmed that such documentation will be led by UNICEF. Dr Salama informed the IOAC that the focus of WHO's response is to provide quality of service and that the national case fatality ratio has been reduced to 0.4%. The IOAC welcomed the news that part of the World Bank grant focused on health services has been reassigned to the cholera response.

The WHO Director-General visited Yemen on 24 July jointly with the Executive Directors of UNICEF and WFP and called on the international community to increase its support. The IOAC acknowledged the challenges at hand, including attacks on health care workers, the ceiling on the number of international staff imposed by the national authority and visa restrictions impeding access to the affected areas. There is a lack of senior staff who are willing to be deployed to Yemen for a longer period. Dr Salama noted that the partner rosters are still incomplete and it is difficult to match the needs of the field operations to the availability of qualified candidates. The Yemen crisis has reinforced the need for an institutionalized approach to strengthen the country office's capacity to make WHO more operational. Dr Salama noted that this would be the Director-General's priority.

With regard to staff security, the IOAC was briefed that the UNDSS has a strong team in Yemen and the WHO country office has its own security officers. Additionally, significant improvement has been made in terms of staff welfare and contracts. The IOAC recommended that longer investment should be made in security beyond the WHE programme.

Progress of the WHE

Dr Salama updated the IOAC that about 73% of the core budget for 2016–2017 has been funded and it is expected to reach up to 90% by the end of the biennium. Despite the increasing funding and new donors, the Contingency Fund for Emergencies is still facing replenishment challenges.

The IOAC was pleased that the new standard operating procedures (SOPs) with regard to delegation authority, emergency procurement and fast-track recruitment have been published. The members realized the importance of practical implementation and recommended the operationalization of the new SOPs.

Dr Salama reported that the organization-wide investment case exercise is ongoing and that the WHE's economic case would be harmonized. The IOAC recommended that higher priority should be given to the WHE investment case.

The IOAC recognized that 55 countries have already completed JEEs and 28 countries are in the process of completing them.

Agenda item 2: Pakistan visit, 6-8 September 2017

Prior to the teleconference, the members received the TOR for the Pakistan country visit, the draft visit programme, and a list of background documents.

Three members will conduct the Pakistan visit on 6–8 September in support of WHO staff from HQ, EMRO and WCO. The draft programme also includes a field trip to Peshawar, the capital of the province of Khyber Pakhtunkhwa.

The IOAC was briefed on the outcomes of the preparative teleconferences among the mission participants. The duration of the visit was shortened due to the Eid holidays and the programme was developed in consultation with the mission members to cover three components: Pakistan's experience with JEE and national action plans (NAPs), the polio situation and transition plan, and WHO's response to other emergencies. The Chair appreciated the preparations for the visit and noted that the regional perspective would also be an important component for review.

Given the limited time, members suggested that the focus of the Pakistan visit should be on the process of the JEE and the NAP development. Dr Salama added that there are different views on the JEE tools and processes and diverse approaches to developing NAPs. The upcoming field visits in Pakistan would be an opportunity to look into the matter.

The IOAC recommended inviting key partners for the polio review, in particular people who are in charge of the response and transition plan. It was noted that the country is focused on polio elimination and that transition planning is yet to be developed.

Agenda item 3: Next field visits

Following the IOAC's request to visit Uganda, the Health Minister provided an official reply indicating that the proposed dates for the visit (9–13 October 2017) would not be feasible due to preparations for the Global Health Security Agenda High-Level Ministerial Conference; the Minister suggested that the IOAC propose alternative dates. The Chair thanked the Minister and suggested the Uganda visit be postponed to early next year.

Since the availability of three members had already been secured for the period of 9–13 October, the IOAC recommended planning a field visit for that time and asked the Secretariat to consult with Mali on the possibility of hosting the visit. Mali has recently completed the JEE and is planning a simulation exercise. The country is facing a complex humanitarian crisis due to food insecurity and 5 years of conflict between the army, separatists groups and radical Islamist militias. Mali shares a border with Algeria, Burkina Faso, Cote d'Ivoire, Guinea, Mauritania, Niger and Senegal. The country successfully managed the Ebola outbreak in 2014.

The Chair proposed Tanzania as an alternative country. Tanzania completed the development of its NAP after the JEE and the individual acting as focal point was interviewed by the IOAC on the margins of the World Health Assembly in May 2017.

Other business

Further to the IOAC letter to the Director-General, the Chair reiterated her concerns about the IOAC membership vacancy and the travel policy for IOAC's field visits. The Secretariat confirmed that the Director-General reviewed the letter and an official reply will be provided in the coming days.

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