

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

**Ninth meeting by phone  
Geneva, Switzerland**

**12 June 2017  
14:00–15:00 CET**

**Agenda:** please see Annex

**Participants**

Ms Precious Matsoso (Chairperson), Prof Walid Ammar, Dr Geeta Rao Gupta, Dr Felicity Harvey, Mr Jeremy Konyndyk, Dr Hiroki Nakatani, Dr Peter Salama, Dr Isabelle Nuttall, Ms Munjoo Park

**Update by the WHE Programme**

The Chair opened the meeting and invited Dr Peter Salama, EXD/WHE, to provide a briefing on ongoing crises. Dr Salama highlighted the following crises.

**Ebola in the Democratic Republic of Congo (DRC):** There are currently a total of five confirmed and three probable cases, which are confined to Likati health zone. All contacts completed the follow-up monitoring period. The first 21-day count began on 22 May and so far no new cases have been reported. The second 21-day count (for a total of 42 days) will end on 2 July when the end of the outbreak could be declared. Lesson learnt exercise will start in July. Dr Salama recognized the government's strong leadership and ownership. The response team is coordinated by the Ministry of Health (MoH), and supported by WHO, Médecins Sans Frontières (MSF), the United Nations Children's Fund (UNICEF), the Alliance For International Medical Action (ALIMA), the International Federation of Red Cross and Red Crescent Societies (IFRC), the World Food Programme (WFP), the United Nations Humanitarian Air Service (UNHAS) and other partners. WHO continues to provide direct technical and operational support to the remote part of the country, and is collaborating closely with partners to maintain a rapid and effective response to this outbreak. Given the deteriorating situation on the border, preparedness of the Central African Republic (CAR) and cross-border activities have been strengthened in collaboration with IOM, UNHCR and UNICEF. Despite WHO's work in DRC having been well recognized, donors' responses have been slow as no funding has arrived.

**Famine in Ethiopia and Somalia:** Dr Salama informed the IOAC of two famine-related grade-3 crises in addition to Northern Nigeria, South Sudan and Yemen. Ethiopia has scaled up its response and Somalia is repurposing staff and resources to respond in all parts of the country.

**Cholera outbreak in Ethiopia and Sudan:** There have been constraints on country reporting as the cholera outbreak in both countries are yet to be officially declared. Dr Salama is currently in discussion with the Ministers of Health and the relevant Regional Directors.

**Yemen conflict:** WHO is working to strengthen the capacity of the WHO country office in Yemen to ensure the Office is fit for purpose in long term. The number of suspected cholera cases in Yemen continues to rise and WHO is working with partners to respond to this latest outbreak.

IOAC appreciates that with multiple grade 3 crises ongoing, the real challenge is to balance support for countries and strengthening of WHO country offices with additional financing. Members noted the importance of proactive communication but also acknowledged WHO's constraints in case countries decide to lead communication.

Members were also briefed on the G20 discussions, including IHR compliance and the successful G20 simulation exercise with Ministers of Health from the G20 countries.

### **Debriefing on the 70<sup>th</sup> World Health Assembly (WHA)**

The Chair thanked members for the Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme ([A70/8](#)) and congratulated Dr Peter Salama on the progress of the Programme.

The deliberations over agenda item 12 on preparedness, surveillance and response lasted for three days, and more than 80 statements were made. Some member states also expressed their anxiety about the future of IOAC. The IOAC report was well received by the WHA and its recommendations were welcomed by member states.

In the margins of the WHA, IOAC conducted interviews with some member states, non-governmental organizations (NGOs) and WHO staff.

The summary notes were shared prior to the teleconference.

### **Next meetings**

A meeting with the Director-General elect, Dr Tedros Adhanom Ghebreyesus, has been proposed for 5 July, followed by a face-to-face meeting of IOAC at the WHO Headquarters in Geneva.

The IOAC meeting on 5–6 July will serve as a time to discuss key areas of work to define the 2017 workplan from July to December.

Members emphasized the importance of the polio transition plan and Joint External Evaluations (JEE) and agreed to look into these matters. There is consensus among members on conducting field visits to the countries that have completed the JEEs. Field visits could be also considered for the countries that are undertaking the JEE process or those that are developing national plans. Members noted that such visits could be combined with a review of WHO's response in the grade 3 countries. Dr Salama anticipated political sensitivity to IOAC visits in these countries. This will be discussed at the forthcoming meeting.

Members will review the progress on a basis of evidence and data provided by the Secretariat against the indicators of the IOAC monitoring framework.

A member met with MSF colleagues in Washington D.C. on a non-IOAC topic, but MSF took the opportunity to convey concerns about the WHE programme. The member noted that the feedback

from MSF field colleagues had been more positive and encouraged MSF to share their concerns on specific issues with IOAC in a formal way. The Secretariat will set up a follow up meeting between IOAC with MSF on the occasion of the IOAC face-to-face meeting in July.

Concerns were raised by a member over the recent appointment of an IOAC member as Deputy Executive Director of the WHE Programme given the oversight role of the Committee. Members agreed to include this issue as an agenda item for the forthcoming July meeting. It was also suggested that the Chair should engage with the current Director-General who had announced the appointment to express the member's concern over the appointment and its implications, and the Director-General elect who will take office in July.

#### **Other business**

The latest version of the draft report of the Global Health Crises Task Force was circulated prior to the teleconference. A member of the Task Force updated IOAC on the status of the discussion regarding the future of the Task Force. Members were briefed that the Task Force has not come to a decision yet, but there is consensus that a new model must not duplicate IOAC's work.

**End**