

Note from the Secretariat

This is the statement made by the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme to the 72nd World Health Assembly at Committee A under agenda item 11.2. Public health emergencies: Preparedness and response.

When the annual report of the IOAC ¹ was presented at the Assembly, the Chair of the IOAC, Dr Felicity Harvey provided also a verbal report on the field mission in the Democratic Republic of the Congo, 26 April – 2 May 2019.

Prior to the publication of an official DRC mission report, the IOAC wishes to share some of key findings and recommendations from the mission.

¹ WHA document A72/6 Public health emergencies: preparedness and response: Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
https://www.who.int/about/who_reform/emergency-capacities/oversight-committee/A72-6-en.pdf?ua=1

Statement of the Independent Oversight and Advisory Committee to the 72nd World Health Assembly at Committee A under agenda item 11.2. Public health emergencies: Preparedness and response

1. On behalf of the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme, I am pleased to present the 6th report of the Committee to the governing bodies.
2. The report was written in March 2019 based on IOAC activities during the period of May 2018 to March 2019, including six regular meetings and a field mission in Uganda. Given the critical status of the ongoing Ebola outbreak in the Democratic Republic of the Congo (DRC), IOAC conducted a field mission in North Kivu from 24 April – 2 May 2019. IOAC consulted extensively with numerous individuals in Kinshasa, Goma and Butembo. The IOAC delegation also met with Dr Tedros and Dr Moeti, who were visiting Butembo to support their staff on the ground following the murder of Dr Richard Valéry Mouzoko Kiboung. IOAC is profoundly saddened by this tragic event, and extends its deepest condolences to Dr Mouzoko's family, in particular his wife and children, and also WHO colleagues.
3. In response to a request from the Director-General at the 144th session of the Executive Board, IOAC also undertook a review of the corporate cultural issues that could impact the performance of the Health Emergencies Programme. IOAC made a series of recommendations under three sections covering different fields: diversity; management and leadership; and grievance and redress. All the recommendations made with regard to the WHO Health Emergencies Programme are equally applicable to WHO itself. The IOAC welcomes the efforts already undertaken by the Director-General, and his senior management team, to improve the wellbeing and satisfaction of the staff, and to seek ways of driving diversity throughout the Organization. Those efforts should continue and be reinforced. A special report has been published on the IOAC website.
4. IOAC commends WHO's leadership and health emergency management. As at March 2019, WHO was responding to 160 ongoing events and a total of 33 graded crises, nine of which were graded level 3, including the current Ebola outbreak in the DRC, and Cyclone Idai and the flooding in Mozambique, Malawi and Zimbabwe. WHO has positioned itself well as both a technical and an operational organization responding to leading emergency responses to global health crises on the ground.
5. IOAC notes that the incident management system (IMS) has now been fully institutionalized for graded crises: in the course of 2018, the IMS was activated for 21 new graded events. IOAC observed improved coordination and internal communication, across all the three levels of the Organization, through the formalized IMS structure. Impressive progress has been noted in terms of the speed and scale of WHO's emergency response since the launch of the Health Emergencies Programme in July 2016.
6. The IOAC welcomes the new structure of WHO's Emergency Preparedness and Response pillar, with greater senior management capacity, and a stronger preparedness component. I would like to note IOAC's thanks to Dr Peter Salama for having brought the Health Emergencies Programme to this stage. IOAC is confident that Dr Salama's leadership on universal health coverage will enhance the important linkage between WHO's emergency work and health system strengthening.

7. The IOAC recognizes the ongoing efforts on the transformation agenda but cautions that the consolidation of the cross-cutting functions such as HR, finance and procurement must not dilute the distinctive functions and agile business processes required for health emergency programme operations. The transformation agenda must support and strengthen WHO's emergency response, as a priority.
8. IOAC acknowledges that WHO has managed the substantial surge in human resource capacity for multiple crises, and especially for Ebola in DRC, but heavy reliance on deployment from Headquarters, and the Regional Offices, reiterates the need for strengthening of WHO Country Offices. High priority should be given to increasing the HR capacity and staff trained in emergency response at the country level, especially in fragile states.
9. During the field visits to Uganda in October 2018, IOAC recognized WHO's proactive approach in supporting the neighbouring countries with their Ebola readiness and preparedness work. IOAC reiterates the need to build national capacity and recommends that WHO continue to work with Member States and partners to build International Health Regulations core capacities.
10. The scale of the ongoing Ebola outbreak in DRC currently remains well below that of the 2014–16 West Africa outbreak. However, the conflict and political dynamics in North Kivu make this response perhaps even more challenging. Findings from the field visits in DRC underlined the extraordinarily intricate and difficult challenges WHO is facing in performing public health functions in such an insecure setting. Armed attacks continue to terrorize the population in North Kivu. Intentional politicization of the Ebola outbreak has significantly undermined community trust. In addition, the response has been slow to adapt to community feedback. The outbreak is now worsening, and the response effort will need a significant shift and adaptation in strategy and operational posture in order to succeed. IOAC recommends that an updated, adapted strategy and an operational review of the response should be urgently implemented, in an inclusive and collaborative manner, to ensure that field activities are rapidly aligned around a community-centric approach, whose first priority is hearing community concerns, and rebuilding trust by responding to them.
11. Security is an absolute prerequisite to delivering lifesaving interventions in emergencies. Security risks derive both from organic community resistance and from current political tensions. Both must be mitigated on their own terms.
12. Community resistance can be helped through improved two-way dialogue, localization of response operations, and rebuilding of trust between the response and the affected communities. However, there is an aspect of the security threat in North Kivu which is beyond the influence of WHO, the Ministry of Health or any other actors in the response. IOAC recognizes that WHO has put in place enhanced measures to ensure the safety of staff on the ground, but the situation in North Kivu requires a more systematic approach and dedicated capacity for security management.
13. WHO cannot and should not have to fill these gaps on its own: UN security, including UNDSS, is urged to accelerate its support of the Ebola response.
14. Under current conditions, reliance on armed security is unavoidable in some locations. However, evidence from the field mission suggests that the involvement of the local security forces in the Ebola response can undermine community acceptance. All necessary security

measures and precautions must be available to protect response staff, but these measures must be not be used in such a way that could lead to backlash and mistrust and should be led by credible security analysis.

15. Security concerns linked to community resistance are driven in part by an Ebola control strategy that proved effective in Mbandaka and other epicentres in North Kivu but had unintended consequences in Butembo city and Katwa. During the field mission, the IOAC heard that the response did not adequately address community feedback as frustration grew and has proved slow to recognize its shortcomings and adapt. IOAC emphasizes that social science should be used across all pillars of the response to better shape the strategy, integrate community feedback, and adapt interventions. The most urgent priority at this point *must* be re-establishing community trust. An Ebola response runs first and foremost on that trust.

16. The IOAC emphasises that WHO has demonstrated impressive leadership-by-example in scaling up its Ebola response footprint, which now exceeds 700 international and 400 national staff. IOAC is concerned that this level of engagement and prioritization has not been reciprocated by all partner organizations and Member States, some of whom are understandably holding back due to security concerns. This has resulted in WHO having to step into roles outside its normal areas of expertise, such as security and financing. This mismatch between expertise and roles, and strained communication between some partners, the Ministry of Health and WHO, witnessed in the mission, has made adapting the strategy more difficult. IOAC is hopeful that these concerns may be addressed by newly empowered UN leadership and IOAC very much welcomes the Secretary-General's recent statement on Ebola which emphasizes his commitment to a collective UN-wide approach in close liaison with Congolese leaders both in Kinshasa and eastern DRC.

17. With regard to funding for the Ebola response, this is an area of concern. There is substantial mutual misunderstanding between WHO and donors on funding modalities and resource requirements, with little alignment around how funding flows should be prioritized and allocated going forward. These issues must be resolved urgently, as the response will imminently need a major influx of funding.

18. In conclusion, WHO reforms have enabled the organization to act quickly, deploy staff and other assets to the field rapidly, and enabled the organization to fulfil its mandate. IOAC commends WHO for the Ebola response in DRC and pays tribute to all those working around their clock to contain this outbreak, under Dr Mike Ryan and his senior team's leadership: it is unarguable that the situation would be far worse if not for WHO's early, robust and continuing intervention. IOAC is impressed by WHO's wholehearted engagement and commitment. IOAC also recognizes the strong ownership of the government, and its sincere commitment to containing the outbreak.

19. However, IOAC remains deeply concerned about the possibility of a marked increase in case numbers, and further geographical spread. The response needs to be reset. There are numerous areas where corrective action is urgently needed. Member States, WHO, the UN and all partners must work together to put an end to the Ebola outbreak. WHO cannot succeed without the assistance of, and collaboration with, its UN and wider partners, and without further financial support from Member States and donors.

End of the statement