

## Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

Ad hoc Teleconference on the Ebola outbreak in the Democratic Republic of Congo 10 May 2018, 17:00-17:45 CET

## **Participants**

IOAC: Dr Felicity Harvey, Dr Geeta Rao Gupta, Mr Jeremy Konyndyk, Dr Hiroki Nakatani WHO Secretariat: Dr Mike Ryan, Dr Pierre Formenty, Ms Munjoo Park

## **Background**

The WHE Programme contacted the IOAC on 8 May 2018 when WHO received preliminary confirmation of two Ebola cases in Democratic Republic of the Congo (DRC). The IOAC was briefed that, following a risk assessment across the three levels, the event was graded a Level 2 emergency (Grade 2: "High risk" at national, "Moderate risk" at regional and "Low risk" at global level).

Upon the IOAC's request, an ad hoc meeting was set up at which Dr Mike Ryan, Assistant Director-General of the WHE Programme, provided the IOAC with an update on the current situation and a detailed briefing on WHO's response. Since this call, IOAC has been provided daily updates. <a href="http://www.who.int/csr/don/archive/disease/ebola/en/">http://www.who.int/csr/don/archive/disease/ebola/en/</a>

## Summary of the discussions

Over the last four decades, the DRC has experienced eight Ebola outbreaks. This is the fourth time that an Ebola outbreak has been reported in the province of Equateur but the first time from the Bikoro health zone.

Dr Ryan added that the situation is worse that it appeared on 7 May. Information is currently limited and investigations are ongoing to assess the full extent of the outbreak. More specimens are being collected for testing.

Dr Ryan informed the IOAC that the WHE Programme activated a full Incident Management System (IMS) at global and regional levels, released contingency funds, contacted key partners, notified the UN Secretary-General and sent a team to the field site immediately after the confirmation of two cases.

WHO is working closely with the Government of the DRC to rapidly scale up its operations and mobilize health partners. Dr Ryan specified that the objective is to rapidly contain the spread of the ongoing epidemic in the local area over the next 8–12 weeks, with an assumed number of cases of between 20 and 60, implying between 2000 and 6000 contacts. WHO has also alerted neighboring countries.

WHO has provided technical and operations support to the Ministry of Health (MOH) and partners in the activation of a multi-partner multi-agency Emergency Operations Centre to coordinate the response at all levels and a treatment centre for the management of cases in Bikoro. WHO will

also be determining supply needs such as for personal protective equipment.

The WHE Programme also contacted the Permanent Mission of the DRC to seek support for issuing visas for international deployment of staff and importing medical supplies. In terms of drug importation issues, WHO arranged a high-level meeting with the relevant national authority to ensure a timely supply. The MOH has confirmed its commitment to facilitating the operations. The IOAC is reassured that a protocol is in place and that administrative preparation is under way.

An Incident Management System (IMS) was set up within 24 hours of the outbreak being announced and WHO has already deployed more than 50 experts including a senior vaccination facilitation team from Guinea over the last few days. Dr Ryan noted that the current WHO Representative (WR) is an expert in Ebola and fully supports the establishment of the IMS. The WR played a key role in convincing the Government to collaborate with international partners.

The IOAC noted that WHO is itself working closely with partners: the WFP for logistic issues, Médecins Sans Frontières for clinical management, and the International Federation of the Red Cross and Red Crescent (IFRC) and UNICEF for community engagement, among others.

Dr Ryan emphasized that WFP has been providing invaluable support for WHO to access the affected areas and that WFP's work should be recognized.

The IOAC enquired about funeral practices and the current work around social mobilization. Dr Ryan noted that WHO is investigating in collaboration with IFRC and UNICEF. A joint team of anthropologists from IFRC, MSF, UNICEF and WHO has been deployed. The IOAC recommended a coherent strategy for community engagement.

The IOAC also recommended actively engaging with NGOs who are present in the areas to make best use of their local knowledges and capacities to respond. A joint response plan is being developed under WHO's leadership and will be circulated in the coming days. WHO Secretariat is committed to sharing an advanced copy.

The IOAC was briefed that WHO is considering the use of Ebola vaccine and experimental antiviral drugs (ZMapp, Remdesevier) under compassionate use protocols, which will be a major logistical effort in this remote location. WHO will need to bring in laboratory equipment for follow-up and discuss with the pharmaceutical manufacturers (Gilead and Mappbio) over compassionate use. Dr Ryan anticipated that if the outbreak gets bigger it would be worthwhile considering a switch from compassionate use to a randomised clinical trial.

Regarding funding, US\$1 million have been mobilized from the WHO Contingency Fund for Emergencies. Dr Ryan recognized that the Wellcome Trust is providing £2 million for the critical research needed to support the operational response which is now underway in the country.

Dr Ryan reported that the Central Emergency Response Fund Secretariat was briefed yesterday and would welcome a proposal. The IOAC acknowledged that WHO is stepping up to raise funds and preparing a multi-agency operational plan. WHO is encouraged to reach out to donors via various channels such as the upcoming World Health Assembly. Dr Ryan informed the IOAC that a press conference would be held on 11 May and that a briefing for the Permanent Mission on the Ebola outbreak is planned for 15 May; he invited the IOAC to listen in.

Dr Ryan commented that at this stage the biggest challenges are logistical, as access to the affected areas is extremely difficult due to the heavy rain. WHO is encouraged to prepare a contingency plan for logistics in case the outbreak spreads.

The IOAC acknowledged that the WHE Programme is responding to multiple crises and praised

WHO for its immediate response to the Ebola outbreak in the DRC. The IOAC commended that a no regrets policy has been applied and that remarkable progress has been made compared to the Ebola outbreak in 2014–15.
The WHO Secretariat is committed to providing continued updates and will seek the IOAC's guidance as appropriate.
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