World Health Organization

Mission Report of the Independent Oversight and Advisory Committee: Colombia

8-10 November 2016
BACKGROUND

During the second meeting of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC) on 4–5 July 2016, members suggested conducting country visits to assess WHO’s performance in the current crises and the implementation status of the new Programme. For the country visits in 2016, priority was given to countries currently affected by the outbreaks of yellow fever and Zika virus disease.

The terms of reference (ToR) for the country visits (Annex 1) were discussed at the third meeting of the IOAC and the country visits are expected to provide insight into:

♦ Progress with the implementation of the Reform Programme, including successes and challenges at country level;
♦ The effectiveness of WHO’s response at national and subnational levels in support of national health authorities;
♦ The link between the reform measures implemented thus far and the effectiveness of the response;
♦ WHO’s relations with different entities including government, UN bodies, non-governmental organizations (NGOs), implementing agencies and other partners at regional, national, subnational and local level;
♦ WHO’s country-specific coordination model including Cluster leadership; and
♦ How WHO’s working methods and the Programme’s oneness component contribute to intersectoral coordination at country level.

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To review WHO’s response to the outbreak of Zika virus disease, the IOAC chose Colombia which is the second country after Brazil to report an epidemic. The Colombia visit was supported by WHO Secretariat, and involved all three levels of the Organization. The preparation was led by the Pan American Health Organization/WHO Regional Office of the Americas (PAHO/AMRO) in liaison with Ms Munjoo Park, acting IOAC Secretary at HQ. PAHO/AMRO deployed Dr Maria Almiron, team lead from the PAHO Health Emergencies Department (PHE), to Colombia in advance of the visit in order to support the preparation, and Dr Sylvain Aldighieri, Deputy Director of the PHE department, joined the full programme of the IOAC visit.

The agenda of the IOAC visit (Annex 2) was developed by the PAHO/WHO Country Office (WCO) led by Dr Gina Watson, PAHO/WHO Representative to Colombia, with concurrence from the Colombia Ministry of Health and Social Protection.

PREPARATION

To review WHO’s response to the outbreak of Zika virus disease, the IOAC chose Colombia which is the second country after Brazil to report an epidemic. The Colombia visit was supported by WHO Secretariat, and involved all three levels of the Organization. The preparation was led by the Pan American Health Organization/WHO Regional Office of the Americas (PAHO/AMRO) in liaison with Ms Munjoo Park, acting IOAC Secretary at HQ. PAHO/AMRO deployed Dr Maria Almiron, team lead from the PAHO Health Emergencies Department (PHE), to Colombia in advance of the visit in order to support the preparation, and Dr Sylvain Aldighieri, Deputy Director of the PHE department, joined the full programme of the IOAC visit.

The agenda of the IOAC visit (Annex 2) was developed by the PAHO/WHO Country Office (WCO) led by Dr Gina Watson, PAHO/WHO Representative to Colombia, with concurrence from the Colombia Ministry of Health and Social Protection.

IOAC TEAM COMPOSITION AND REVIEW TEMPLATE

The Colombia visit was conducted by three IOAC members: Ms Precious Matsoso (Chair), Dr Felicity Harvey and Ms Geeta Rao Gupta, with support from WHO Secretariat at the HQ, PAHO/AMRO and WCO Colombia.

A review template for the Colombia visit was developed (Annex 3) with key elements outlined for the following three contexts:

- Common areas to review across emergencies and crises.
- Specific areas to review in relation to Zika response.
- Country-specific context and challenges.

“Colombia was well prepared for emergencies based on lessons learnt from the outbreak of Chikungunya.”
“Colombia has endemic cases of dengue, but also experienced large outbreaks of dengue between 2009—2010”.

ACTIVITIES CARRIED OUT

During the visit from 8 to 10 November, the IOAC team interviewed numerous representatives from the Ministry of Health and Social Protection at different levels, health authorities of Cundinamarca Department and the Girardot municipality, UNDP, UNICEF, UNFPA, Red Cross, Santa Fe Foundation, scientific societies and medical associations.

The visit started with an introduction by Dr Gina Watson and a briefing session with Dr Luis Fernando Correa Serna, Interim Vice-Minister of the Ministry of Health and Social Protection of Colombia.

The IOAC team also went on a field trip to one of the most affected areas and had the opportunity to meet with local communities and NGOs who have been actively engaged with the Zika response.

EPIDEMIOLOGICAL SITUATION IN COLOMBIA

The country has endemic cases of dengue, but also experienced large outbreaks of dengue between 2009 and 2010 and chikungunya in 2014-2015. The Ministry of Health and Social Protection said they were unprepared for the scale of the chikungunya outbreak and described how learning from that outbreak, and the early experience shared by Brazil of Zika, enabled them to respond quickly when their first cases of Zika were identified. About 39 million people out of a total population of 49.5 million in Colombia live in the risk areas for Zika, dengue, chikungunya and yellow fever. To date the circulation of Zika virus disease has been confirmed in 507 municipalities.

In October 2015, Colombia’s International Health Regulation National Focal Point (IHR NFP) informed PAHO/WHO of the detection of the first autochthonous vector-borne cases of Zika virus. Nine cases of Zika virus infection were preliminarily confirmed by the national reference laboratory at the Colombia National Institute of Health (NIH), and were re-tested and confirmed by the United States Centers for Disease Control and Prevention (CDC).

Between 9 August 2015 and 5 November 2016, the Government reported 105 247 cases, including more than 19 000 among pregnant women, of which 5884 cases were laboratory-confirmed. No deaths attributable to Zika were reported by the Colombia Ministry of Health and Social Protection.

The major outbreaks occurred between January and February 2016, with an average of 5438 cases per week and a peak of 6388 cases in the week of 1–7 February 2016. Colombia has been the second most affected country after Brazil.

As of 5 November, Colombia had reported 655 cases of neurological syndrome and Guillain-Barré syndrome in persons with a history of symptoms consistent with Zika virus disease. From 4 January 2016 to 5 November 2016, a total of 672 microcephaly cases were reported in Colombia: 58 cases were laboratory-confirmed for Zika virus infection, 225 cases were discarded and 389 remained under investigation.

There had been a steady decline in the number of cases since February 2016 and Colombia declared an end to the Zika epidemic on 25 July 2016 and that the epidemic has given way to an endemic phase of the disease. The IOAC team noted that it was the country’s decision and acknowledged that the public health measures remain in place after the declaration.
The Government of Colombia immediately allocated a national budget to respond to Zika, and the process was streamlined to provide funds from central level to the local municipalities directly responsible for implementation.

The Ministry of Health and Social Protection intensified epidemiological surveillance and promoted national guidelines to local health services. Since the beginning of the outbreak, all pregnant women with suspected and confirmed Zika virus disease were registered with surveillance systems and Colombia closely monitored the individual cases of pregnant women and newborn babies.

A total of ten circulars were issued with support from the Ministry of Health and Social Protection Department of Promotion and Prevention to provide guidance for health care providers.

During the visit to the NIH, the IOAC team noted that the country has a high level of competence and capacity in medical and scientific research. The NIH and the US CDC are currently collaborating on three studies to define the relationship between Zika infection, adverse events in foetuses and infants, and neurological complications.

“The process was streamlined to provide funds from central level to the local municipalities directly responsible for implementation.”
ROLE OF COUNTRY OFFICE, PAHO/AMRO AND HQ IN SUPPORT OF COLOMBIA’S ZIKA RESPONSE

The IOAC team recognized that the response was led by the Ministry of Health and Social Protection with strong support from PAHO/AMRO through the WCO Colombia. A close collaboration and trust among the PAHO/AMRO and the Ministry of Health and Social Protection was found.

In Colombia, PAHO/AMRO seems to be expected to monitor the epidemiological situations, provide technical support with guidelines and capacity building, set norms and standards at global level, and facilitate multi/bilateral country cooperation for better preparing and responding to the outbreak of Zika virus disease.

Based on the experience with the epidemic of dengue and chikungunya, the Ministry of Health and Social Protection focused its efforts on risk communication and community mobilization. A strategy to control hot spots was widely disseminated and implemented by 840 municipalities, and door-to-door surveys were carried out to sensitize the communities and engage them in elimination of mosquito breeding sites. The Ministry of Health and Social Protection arranged a series of press conferences, and the Country Office was an important ally to the national authorities accompanying the nationwide tour and advocating with subnational authorities and media in order to disseminate evidence-based information for effective interventions at all levels.

The Ministry of Health and Social Protection appreciated PAHO/WHO’s role as facilitator in exchanging experiences with other...

“A long-term plan to treat patients and support affected families is yet to be defined and the impact of Zika on the social security system in the country would need further investigation.”
WHO REFORM AT THE COUNTRY LEVEL

The WCO for Colombia is led by Dr Gina Watson, PAHO/WHO Representative (PWR) to Colombia, who has a staff of about 60 people covering the main health issues including emergency preparedness and disaster relief, health care systems, both communicable and non-communicable diseases, maternal and child care, sustainable development and health equity. Given the Colombian conflict over 50 years, the WCO has long experience of working with local NGOs and other UN agencies.

The WCO works closely with the Ministry of Health and Social Protection under the PWR’s leadership. The PWR reports to the PAHO/WHO Regional Director and has no direct contact with other countries in the Region or other WHO Regions. The IOAC team noted that PAHO/AMRO is fully in command of the PAHO/WHO Country Offices in the region and the WCO’s direct access to WHO HQ was described as seeming to be unnecessary. The IOAC team noted that this is because of the strong capacity of PAHO/AMRO but may not represent the situation of other regions.

The IOAC team reviewed the organigram of HQ, PAHO/AMRO and the WCO and recognized that the WHO’s reform on emergencies and outbreak has been reflected at all three levels. The PWR briefed the IOAC team that the reform reached the WCO only a few months ago and that the structure was realigned with PAHO/WHO only after the PAHO/WHO Regional Committee in September 2016. Thus, it would be too early to draw any conclusions about the extent to which the Programme has changed WHO’s working in the current outbreaks and emergencies. The observations from this trip could serve as a baseline for future assessment on what changes the reform has brought in the country.

From Colombia’s Zika response, the IOAC team appreciated the importance of risk assessment and community engagement and that these should be embedded at the institutional level as part of the WHO reform.

The senior officers of the Ministry of Health and Social Protection are fully aware of the WHO reform on emergencies and outbreaks and noted that IHR is an asset of WHO and needs to be strengthened. Regarding WHO’s reform in emergencies, the Ministry commented that the country is facing migration and inequity issues and further assistance would be required to address the health care system; currently...
ONENESS COMPONENT

GRADING PROCESS AND ZIKA INCIDENT MANAGEMENT SYSTEM

The incident management systems (IMS) with a one organization approach were applied for the Zika response for the first time under the new WHE.

The Zika outbreak was graded a level 2 emergency in consultation with PAHO/AMRO and the Director-General sent an official memo to all Regional Directors on 28 January 2016. The Zika IMS was established at the HQ and other five regions in January and harmonized with the IMS of PAHO/AMRO which was already set up in December 2015 after the declaration of the public health emergency of international concern (PHEIC) on 1 February 2016.

HQ set up a team of about 20 staff members from various departments and Mr Ian Clarke, Senior Emergency Officer, was appointed Global Incident Manager. The PAHO/AMRO IMS is led by Dr Sylvain Aldighieri, Deputy Director of PHE. When the IMS was activated in the WCO Colombia, the PWR assumed the Incident Manager’s role as she has vast experience in managing outbreaks and emergencies and close relations with the Ministry of Health and Social Protection, local NGOs and UN agencies present in the country.

The Zika IMS was proved successful in terms of coordination among HQ and ROs and was used as the main information flow and discussion channel. The IOAC team recognized that the impact of IMS had been effective. In the Zika IMS, the roles and responsibilities of HQ seemed to be better understood and greatly appreciated by ROs. The PAHO/AMRO Incident Manager commented that HQ’s leadership in setting up priorities among UN agencies’ principals through Deputy Secretary-General’s Zika coordination call, and providing assistance to partners to promote consistent messaging, was of paramount importance at the country level.

The IOAC team appreciated that significant efforts had been made to share information and engage with relevant staff members at all three levels regarding the WHE Programme and Zika incident management system. However, roles and responsibilities of each level of the Organization would need further clarification. The IOAC team noted that the expectations of the Country and Regional offices with regard to the role of HQ, in relation to preparations for the WHE implementation and timely information on the reform process, were not met. Better coordination taking into account the defined role of each level of the Organization is required. The PWR commented that HQ staff’s involvement or deployment to the country should be arranged in consultation with the Regional and country offices.

“The Zika IMS (incident management systems) was proved successful in coordinating HQ and ROs, and was used as the main information flow and discussion channel.”
PARTNERS’ COORDINATION IN THE ZIKA RESPONSE IN COLOMBIA

UNFPA’s role was primarily to inform communities of the possible link between Zika infection and neonatal malformations and to ensure that communities have access to contraception. It was noted that UNFPA has a small office in Colombia and its contribution was limited due to resource availability.

UNICEF’s contribution to the Zika response in Colombia was minimal. It had restricted itself to developing messages in school settings and working in a more limited way on vector control through their work on water and sanitation. The IOAC team was briefed by a UNICEF Representative that UNICEF was not engaged in providing support to families with children affected by microcephaly or other neurological disabilities caused by the Zika infection because there were very few cases of microcephaly.

In the context of the WHO reform, it might be useful to explore whether HQ or ROs should take on the role of mapping the range of services that need to be provided for a comprehensive response and encouraging partners to take responsibility for certain components that fall within the mandate of each partner, within a national plan developed and managed by the national government.

The IOAC team noted the importance of putting in place a monitoring and evaluation (M&E) process. Each player should assess the implementation and performance of the Zika response.

As for WHO, the IOAC team emphasized that the M&E system should be part of the WHE programme.

The Office of the UN Resident Coordinator told the team that there are different frameworks and mechanisms for partner coordination, and appreciated that the information on Zika was provided regularly by WHO and disseminated to other UN agencies.

The IOAC team recognized that PAHO/AMRO played a central role in the Government response and in coordinating relationships with other partners for the Zika response in Colombia.

The IOAC team acknowledged that for UN agency partners to work together there needed to be aligned incentives, so that they are not competing for funds for the response, and that this is a prerequisite for the operation to be successful.

UNFPA and UNICEF were financed by their regional offices and the Red Cross received some financial support from the Colombian Government, PAHO/AMRO and other donors such as USAID. WHO published the Zika response framework in collaboration with partners but each agency was responsible for their own activities and fundraising.

Multi-partner trust funds could be a good incentive. But, while the newly launched Multi-Partner Trust Fund (MPTF) for Colombia post-conflict has already mobilized $38 million, the Zika MPTF has received no funding so far.

Given the long history of conflicts in the country, numerous UN agencies, NGOs and other international organizations are operating in Colombia and the Government has considerable experience of working with and coordinating partners.

In March 2016, the Director of Cooperation and International Affairs at the Ministry convened a meeting with partners including PAHO/WHO, UNICEF, UNFPA, IMO, WB, IDP, the US government and the UK government to brief on the ongoing Zika response and mobilize additional resources. In the outbreak of Zika virus disease, PAHO/WHO was seen as the leading partner of the Government by the UN agencies and NGOs, providing a range of support from technical guidance on the disease to risk communication strategy.

Among others, the Red Cross, UNICEF and UNFPA supported the country’s response to the Zika outbreak and the IOAC team noted that they have a good working relationship with the WCO.

The Colombian Red Cross has a strong presence across the country with a large group of 30 000 trained volunteers who had a very clear understanding of the mandate for the response to Zika. They served as community educators using Government guidelines and WHO’s messaging on the nature of Zika infection and vector control across Colombia. They were guided by technical assistance and information from PAHO and enjoyed a good working relationship with the WCO.
SUMMARY OF FINDINGS AGAINST THE TOR OF COUNTRY VISITS

(1) Implementation of the Programme

The IOAC team recognized that PAHO/AMRO has adopted the WHO reform and aligned structures both at the regional and country level. Since the reform reached PAHO/AMRO only a few months ago, the IOAC team considers that it is premature to assess “oneness” and whether the Programme has changed WHO’s working in the current outbreaks and emergencies, and what other changes are planned.

(2) Effectiveness of WHO’s response to the outbreak of Zika virus disease

The IOAC recognizes that the effectiveness of WHO’s response at national and subnational levels in support of national health authorities contributes to the effectiveness of the health sector response. The IOAC team called attention to the fact that the WCO is well-staffed and closely working with the Ministry of Health and Social Protection under the strong leadership of the PWR. However, the WHE’s critical functions (leadership, coordination, information management, and technical health operations) were already in place before the reform reached the WCO.

(3) Link between the reform and the effectiveness of WHO’s response at the country level

The IOAC team acknowledges that the programme and its processes are still being built—having officially started on 1 July 2016. Therefore, it is premature to evaluate the link between the reform measures implemented thus far and the effectiveness of the WCO’s response.

(4) WHO’s relations with different entities

The IOAC team observed that the WCO has good working relations with local partners built on the Colombian context. For the Zika response, the partners’ coordination was led directly by the Government as it has long experience of working with UN bodies, NGOs, implementing agencies and other partners. PAHO/AMRO played the an important leadership role among partners and supported the Government to lead the effective response.

(5) Country-specific coordination model and its impact on the effectiveness of the response

Colombia has an active Health Cluster but its role and contributions to the effectiveness of the Zika response is unclear. The IOAC team noted that the Zika response was led by the Government with strong support from PAHO/AMRO and the WCO.

(6) Programme’s oneness component

The IMS was proved an effective working method to improve the Programme’s oneness component, but it is unclear whether this has contributed to intersectoral coordination at country level. Again the WCO adopted the reform only a few months ago.
CONCLUDING REMARKS

- The Colombian Government’s leadership in the planning and implementation, coupled with the strong in-country capacity in preparedness and response to dengue and chikungunya, contributed to the success of the Zika response.
- Colombia’s success in the control of Zika virus disease is attributable to the national capacities and leadership completed by a strong presence of the WCO and timely support by PAHO/AMRO rather than the WHO reform.
- Speaking the same language made it easier for PAHO/AMRO to build the inter-country cooperation and coordination in sharing lessons learnt.
- The WHO reform has only been implemented at the country level since September 2016 so it is premature to assess the impact of the Programme at this stage.
- The implementation status of the reform and its impact on WHO’s performance in outbreaks and emergencies may vary by Regional and Country Offices.
- The IMS was tested in the Zika outbreak and proved successful. Comparing the IMS for Zika with that for yellow fever or other outbreaks and emergencies may provide insights into the effectiveness of the IMS.
- The prompt disbursement of the contingency fund was instrumental in WHO’s response to Zika virus disease.
- HQ’s role in the Zika response in Colombia appeared limited, but gaps in research and development and clinical management of the neurological sequelae still need to be filled given that Zika has become an international issue.
- UN or partners’ coordination mechanisms already exist and pushing them to work together through a control and command mechanism may not be effective, or desirable. Incentives such as multi-partner trust funds and clear leadership should enhance coherent and effective collaboration.
- The experience of Zika shows that a high level of coordination among UN principals seems critical in terms of agreement on priorities and clarification on responsibilities among different agencies at the country level.
- Findings from this visit cannot be generalized to other regions. Regional specificity and country context should be taken into account.
- Further investigations and reviews are required for the IOAC to provide recommendations on the way forward to rapidly build up a performing emergency programme.
OTHER OBSERVATIONS

- The IOAC team expressed its gratitude for and satisfaction with the huge amount of work and preparations that had gone into the visit to Colombia and suggested that the Director-General sends a note of appreciation to the Minister of Health and Social Protection.

- The IOAC team also recognized the efforts made by the WHO Secretariat and acknowledged in preparation for the visit that advanced planning is of critical importance.

- Dates for future visits and meetings should be fixed in advance, taking into account both IOAC members’ availabilities and country situations.

- Providing that members’ availabilities are confirmed, flexibility in changing the country to visit at the last minute may be required.

- The IOAC team recommended defining the 2017 workplan and deliverables at the forthcoming meeting in December.

WHO and partners have set out the strategic response to Zika, which places a greater focus on preventing and managing medical complications caused by Zika virus infection.
## Mission to review the WHO's Zika response in Colombia
### Independent Oversight and Advisory Committee (IOAC)

8-10 November 2016
Colombia

### AGENDA

**Day 1: Tuesday 8 November 2016**

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<th>Participants</th>
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<tr>
<td>07:00 – 08:00</td>
<td>PAHO/WHO Bogota, Colombia</td>
<td>Working session with Dr. Gina Watson, PAHO/WHO Country Office Representative.</td>
<td>IOAC, PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff</td>
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<td><strong>Departure to the Colombia Ministry of Health and Social Protection</strong></td>
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<td>08:30 – 09:15</td>
<td>Colombia Ministry of Health and Social Protection</td>
<td>Working session with Colombia vice Minister of Health (a.i.) and Emergencies and Disaster Department.</td>
<td>IOAC, PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff, Colombia Ministry of Health and Social Protection professional staff.</td>
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Implementation of the national plan:  
- Prevention and Promotion of Health  
- Epidemiology and Demography  
- Provision of Health Services | IOAC, PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff, Colombia Ministry of Health and Social Protection professional staff. |
| 11:15 – 12:00 | Colombia Ministry of Health and Social Protection | **Risk Communication** | IOAC, PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff, Director of Risk Communication |
| 12:00 – 12:45 | Colombia Ministry of Health and Social Protection | **International Cooperation - MoH** | IOAC, PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff, Director of International Cooperation |
| 12:45 – 13:15 | Colombia Ministry of Health and Social Protection | Interview with Ex-Vice Minister of Health, Dr Fernando Ruiz | IOAC, PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff, Dr Fernando Ruiz. |
|            |                                               | **Departure to the National Institute of Health**                        |                                                                             |
| 14:00 – 17:00 | National Institute of Health (NIH), Bogota, Colombia | Working Lunch at the National Institute of Health  
- Presentation of national epidemiological situation | IOAC, PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff, NIH Director, NIH professional staff, Epidemiology and Demography |
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<tr>
<td>18.30 – 19.00</td>
<td>UN office, Bogota, Colombia</td>
<td>Departure to the United Nations: Resident Coordinator and UN Agencies (UNICEF, UNFPA, UNHCR) and PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff.</td>
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<td>20:00 – 21:00</td>
<td>Hotel Atton 93, Bogota, Colombia</td>
<td>Departure to Hotel Atton: Meeting with scientific societies and medical association (Colombia Neurological Association, National Gynecologist Association, Pediatric Association, Neonatology Association, Perinatology Association, Ophthalmologist Association, Geneticist Association, Neuropediatric Association) and PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff, Colombia Ministry of Health and Social Protection professional staff.</td>
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### Mission to review the WHO’s Zika response in Colombia
#### Independent Oversight and Advisory Committee (IOAC)

**8-10 November 2016**
**Colombia**

**AGENDA**

#### Day 2: Wednesday 9 November 2016

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<th>Participants</th>
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<tr>
<td>06:00 – 09:30</td>
<td>Departure from: Atton Hotel Bogota, Colombia</td>
<td>Departure to Girardot</td>
<td>IOAC, PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff, Colombia Ministry of Health and Social Protection professional staff.</td>
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| 09:30 – 10:30 | Girardot Governorate, Colombia | • Participant presentations and mission objectives.  
• Review of Zika epidemiological situation, and its complications, in Cundinamarca and Girardot. | IOAC, PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff, Colombia Ministry of Health and Social Protection professional staff.  
Cundinamarca Secretariat of Health and Girardot Secretariat of Health. |
| 10:30 – 13:00 | Girardot Governorate, Colombia | Outbreak response in Cundinamarca and Girardot:  
• Organigram  
• Timeline  
• Preparedness and response plan of Cundinamarca – IMS-VBD (in relation to the national plan)  
• Budget and financing  
• Information flows and dissemination of information  
• Monitoring and evaluation plan  
• Main achievements and challenges of the response. | IOAC, PAHO/WHO Regional Office and PAHO/WHO Colombia Country Office staff, Colombia Ministry of Health and Social Protection professional staff.  
Cundinamarca Secretariat of Health and Girardot Secretariat of Health. |
<p>| 13:00 – 14:00 | Tocarema Hotel, Girardot, Colombia | Lunch |  |</p>
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<th>Participants</th>
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<tr>
<td>14:00</td>
<td>Girardot Governorate, Colombia</td>
<td>Intersectoral coordination: interview with a response partner and member of the Girardot community.</td>
<td>Santa Fe Foundation, Representatives from the community Kennedy Institute, IOAC, PAHO/WHO Regional Office, PAHO/WHO Colombia Country Office staff, Colombia Ministry of Health and Social Protection professional staff.</td>
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<td>Visit to Kennedy Institute</td>
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<td>16:00</td>
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<td>Departure to Bogota</td>
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<tr>
<td>08:30 – 09:30</td>
<td>Colombia Ministry of Health and Social Protection, Bogota, Colombia</td>
<td>De-briefing with the Vice- Minister of Health and Social Protection authorities.</td>
<td>IOAC, Regional Office, PAHO/WHO Colombia Country Office staff, Colombia Ministry of Health and Social Protection professional staff.</td>
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<td>10:30 – 11:30</td>
<td>Transfer to the PAHO/WHO Bogota, Colombia</td>
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<td>11:30 – 13:00</td>
<td>PAHO/WHO Bogota, Colombia</td>
<td>De-briefing with Dr Gina Watson, PWR</td>
<td>IOAC, PAHO/WHO Regional Office, PAHO/WHO Colombia Country Office staff</td>
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<td>13:00 – 14:00</td>
<td>Lunch</td>
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<td>14:00 – 15:00</td>
<td>PAHO/WHO Bogota, Colombia</td>
<td>Interview with UNFPA</td>
<td>IOAC, PAHO/WHO Regional Office, PAHO/WHO Country Office staff</td>
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<td>15:00 – 16:00</td>
<td>Transfer to UNICEF</td>
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<td>16.00 – 17.00</td>
<td>UNICEF Bogota, Colombia</td>
<td>Interview with UNICEF</td>
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<td>17.00</td>
<td>Departure to Hotel Atton</td>
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