Participants:
Ms Precious Matsoso (Chairperson), Prof Walid Ammar, Dr Geeta Rao Gupta, Dr Felicity Harvey, Mr Jeremy Konyndyk, Dr Hiroki Nakatani, Mr Elhadj As Sy

Summary of discussions
The Chair welcomed members, and Dr Margaret Chan, WHO Director-General thanked the Committee for its work since its establishment, as reflected in the EB report.
The agenda topics included briefing on the ongoing crises, agreement on key messages to the EB, discussion on IOAC work plan for 2017.

Briefing on major humanitarian crises
Dr Peter Salama, Executive Director WHE Programme updated the Committee on the situation in Syria, Iraq, Yemen, Nigeria and South Sudan.

In terms of WHO’s response in Syria, WHO played a key role in the medical evacuation in Aleppo and in referral systems. In December 2016 alone, WHO delivered more than 1 million medical treatments and responded through both cross-line and cross-border programmes.

WHO supported the medical evacuations from Aleppo from both its operational bases in southern Turkey (Gaziantep) and in Syria (Damascus & West Aleppo). Operations from Turkey were coordinated from the emergency operations centre in the WHO Gaziantep office. Furthermore, WHO is supporting the immunization programme for polio and measles and working closely with the Whole of Syria Health Cluster.

The WHO team in Syria supported 11 public hospital and 23 primary health centers in Aleppo as part of the ongoing work to strengthen primary health care delivery. About 15 000 medical consultations were provided by WHO-supported health care workers and more than 1000 referrals were made.

WHO is looking at Syria as a case study for fragile states on how to support the recovery of health systems in the longer term with a multiyear approach. The EXD noted that Syria also represents an important test case for a new business model at country level. This model was recommended by IOAC in relation to WR’s leadership and HQ’s fundraising activities for high-profile emergencies.

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1 Prior to the meeting, the two latest issues of the weekly senior leadership report were circulated. In addition to ‘EB140/7. WHO response in severe, large-scale emergencies’, which provides a comprehensive overview on the current crises
HQ facilitated a meeting with the Ministry of Foreign Affairs of Japan, which the Syria WHO representative (WR) attended in person. WHO’s Syria operations are still underfunded owing to the great need: US$46 million was funded in 2016 out of $155 million requested (30%).

WHO's work in Iraq has two pillars: (i) trauma care in the context of the Mosul military operation and its associated humanitarian consequences. In collaboration with the Ministry of Health, ICRC, MSF, Samaritan’s Purse and others, WHO has supported and coordinated the establishment of trauma stabilization points, field hospitals and a referral system to hospitals in Erbil and Dohuk. and (ii) a longer-term programme in support of primary health care through fixed and mobile teams. Despite the impressive progress, there are gaps and WHO is focusing its work on addressing the gaps in trauma systems.

The situation in Yemen has been deteriorating and further complicated by the ongoing cholera outbreak since September 2016. WHO is supporting the cholera outbreak response in terms of training, medical supply, establishment of cholera treatment centres, strengthening disease early warning system and close collaboration with the WASH sector. WHO has conducted an assessment of health facilities across the country and has developed a comprehensive programme to support health facilities. The Committee was briefed on a major new health and nutrition programme that WHO will be working on jointly with UNICEF, that is funded by the World Bank. WHO is further working on strengthening the Country Office capacity with the new WR and health cluster coordinator.

In Nigeria, further to the detection by WHO of a measles outbreak in the north-east, a 2-week mass vaccination campaign started in conflict-affected states on 13 January. WHO’s support to the humanitarian crisis includes support for mobile teams, support for community health workers, procurement and distribution of medicine and medical equipment, and strengthening of disease surveillance and response. WHO is also leading sector-wide coordination. The funding gap is one of the major constraints: WHO has received $7 million out of the total required funding of $37 million.

The Committee commended WHO for its work in humanitarian crises and noted that the response activities carried out in Syria and Iraq characterize WHO’s work well. Members added that both countries are good examples of capable and engaged WRs. In particular, the Committee congratulated the WR Syria on her excellent performance, enabling WHO to gain donor confidence and fundraise more than $40 million. The Committee advised that lessons from the WR Syria on both field operations and fundraising experience should be shared with other WRs working in challenging countries in a pragmatic way and also embedded in a formal WR training programme. The Committee recommended a consistent learning exercise and requested that WHO Secretariat identify a set of qualities and skills required to be a successful WR in countries with protracted crises.

The Committee recognised that significant progress has been made despite the constraints on implementation of programmes such as the security threat to staff, lack of field presence of partners with large-scale operations, lack of functioning government facilities, difficulty in accessing the affected communities and removal of medical supplies by governments or opposition parties, in addition to the funding gap. The Committee noted that the magnitude of the challenges in Syria, Iraq, Yemen, South Sudan and Nigeria are way over the current capacity present on the ground. Therefore, anticipating the need and building a partnership which can bring synergy is critical at this stage.
140th session of the Executive board, 23 January – 1 February 2017

The Secretariat briefed the Committee on the preliminary timetable and seating arrangement.

In terms of key messages to be delivered to the EB, the Committee agreed to (i) congratulate WHO for the considerable progress since the establishment of the Programme, in particular the leadership of the Director-General and EXD/WHE; (ii) provide advice as per recommendations outlined in the EB140/8;2 (iii) reiterate IOAC’s commitment to work over the next months to get a better understanding of how the Programme is being implemented at the field level; and (iv) call for Member States’ support.

Members also agreed to include WHO’s response to humanitarian crises and Syria as a good example for a new business model at country level in their presentation to the EB.

As part of the IOAC activities reaching out to key stakeholders, two members will conduct a series of interviews with the Regional Directors during the EB. Questions will be prepared and shared for members’ comment. The Director-General advised to take into account regional specificity when formulating questions.

IOAC workplan for 2017

The Committee reviewed a suggested list of deliverables and indicators for 2017. The Committee acknowledged the need to review the WHE’s work plan to finalize the IOAC’s deliverables for 2017 and select indicators in alignment with the WHE’s performance indicators.

Members reviewed the key activities and proposed dates for 2017 and confirmed the following.

1. Next face-to-face meeting would be held on 26–27 March in Amman to draft a report for the World Health Assembly. The Committee anticipated that more time would be required to complete the report and agreed to discuss further an extension of the deadline at the face-to-face meeting in Amman.

2. Two country visits are being planned in March: (i) field visits to Nigeria by two members have been confirmed for the week of 6 March, and (ii) field visits to Iraq just a few days before the face-to-face meeting so that outcomes can be reported to the Committee. Updates on preparations will be provided at the next teleconference in February.

End

2 http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_8-en.pdf
Fifth Meeting of the Independent Oversight and Advisory Committee for the WHO Health Emergencies programme

By Teleconference +41 22 791 8624

16 January 2017, 12:30 - 13:30 CET

1. Welcome and opening remarks — DG and Chair

2. Briefing on the ongoing crises — EXD/WHE

- Dr Peter Salama gives an overview on the current status in Syria and provides updates on other major crises

3. Agreement on key messages to the Executive Board

- WHO Secretariat will brief on the EB arrangements
- Members discuss and agreed on key message to be delivered to the EB

4. Discussion on IOAC deliverables and indicators for 2017

5. Agreement on dates for next meetings and field visits

6. Wrap up — Chair