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

Third meeting of the Committee
Geneva, Switzerland
1 September 2016
12h30–14h00 CET

Agenda: See annex 1

List of participants: See annex 2

Summary of discussions

Welcome and opening remarks

The Chair opened the meeting and the Director-General thanked the Committee for providing advice on the WHO Health Emergencies Programme. The Director-General confirmed that all meeting reports of the Independent Oversight and Advisory Committee (IOAC) are made public. The Chair asked members to provide comments on the report of the previous meeting.

Referring to the second meeting report, a member commented that funding shortages can be resolved only when WHO is able to demonstrate its capacity and gain donors' confidence. The Chair commented that it is “a chicken and egg situation” as funding is prerequisite for WHO to be able to respond to outbreaks and emergencies. Given that the current financial constraints will limit the Programme's ability to perform, WHO will have to identify critical areas of the Programme that will help it deliver and show results. A member questioned the focus of the IOAC's role in providing advice on fundraising. Members reiterated that fundraising is not the responsibility of the IOAC, but provision of advice to the Director-General on challenges, including funding aspects, is within its mandate. The Committee agreed to keep a balance between oversight and advice on funding. The Committee acknowledged that the funding gap is one of the most serious challenges, because this will adversely affect the work of the new WHO Programme. A member offered to draft a paper for the Committee to facilitate further discussion on the role of the IOAC and addressing the funding gap.

It was noted that participation in the Committee is in a personal capacity and does not represent members’ affiliations. The Chair emphasised that the Committee has a mandate for both oversight capacity and an advisory role. The Committee agreed to have further discussion at the next in-person meeting in November 2016.

Briefing on the current situation

The Chair congratulated Dr Peter Salama on his appointment as Executive Director of the WHO Health Emergencies Programme (EXD/WHE) and invited him to provide a briefing. EXD/WHE briefed the Committee on WHO’s current response to the three major crises(1), progress on implementation of the Programme, and challenges.

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1 Yellow Fever: http://www.who.int/emergencies/yellow-fever/situation-reports/26-august-2016/en/
The Committee was informed that the yellow fever mass vaccination campaigns in Angola and Democratic Republic of Congo (DRC) resulted in more than 34 million people being vaccinated. EXD/WHE reviewed the outcome of the Second Emergency Committee, which was that the yellow fever outbreak in Angola and DRC does not constitute a Public Health Emergency of International Concern but warrants continued action and international support. EXD/WHE noted that the yellow fever outbreak underscored overarching public health problems in countries and the fragile nature of vaccine security. WHO is working closely with the International Coordination Group (GAVI and partners including UNICEF, Médecins Sans Frontières, the International Federation of Red Cross and Red Crescent Societies and manufacturers) to address vaccine security issues.

The Committee was updated on the epidemiology of Zika virus infection, microcephaly and Guillain-Barré syndrome. EXD/WHE said that Zika virus disease has raised issues of country preparedness for dealing with long-term consequences and highlighted the importance of WHO’s coordination of the research agenda.

On 19 August 2016, the Director-General of WHO declared the humanitarian crisis in Nigeria a WHO Grade 3 emergency for the first time since the establishment of the Programme. As per the new WHO Protocols for Risk Assessment, Grading of Emergencies and Incident Management, the Director-General has directed the full activation of the WHO Incident Management System.

With respect to WHO reform, EXD/WHE confirmed that the implementation of the Programme is on track as per the rollout plan, which was presented to the Committee at its second meeting on 4–5 July. He told the Committee that the realignment process has been completed to fill posts at different levels of the Organization and noted the importance of change management. EXD/WHE summarized the five top priorities as: (i) increase capacity; (ii) prepare a standard package for service delivery with a bottom-up approach; (iii) enhance standing partnerships and support the Global Health Cluster; (iv) roll out Joint External Evaluation; and (v) mobilize resources. The Committee acknowledged that there are competing demands from multiple emergencies and WHO should reform while performing.

Members appreciated that WHO should build donors’ trust but that the Programme cannot be operational without funding. Given that the Director-General has already allocated $80 million, members asked what could be achieved with additional funding and what might be the appropriate capacity of the Programme in order to gain donors’ confidence. It was noted that country visits would be useful for finding answers to these questions.

Members commended WHO for the progress made so far and emphasized that WHO should advocate early successes in a more proactive way. The Committee reiterated that funding gaps should be addressed by WHO and referred to the recommendations provided in the second meeting on 4–5 July. They requested that WHO work on an economic analysis and business case for investment in the Health Emergencies Programme by public-sector and private-sector donors. The Chair requested that the Committee be provided with a report on the status of all emergencies work and the link to the WHO reform. Members reiterated that the Committee must not be seen as an advocate for WHO but as maintaining an oversight role while providing advice to WHO.

**Briefing on the Alliance**

As per the Committee’s request, a representative of the Alliance was invited to provide a briefing to Members. The Alliance had shared a background document in advance. The Alliance informed the Committee that the


terms of reference of the Alliance and the Advisory Group are under development and that these groups will continue an open and transparent dialogue to seize the momentum. The Alliance added that country assessment is a starting point for building capacity and that systematic cooperation would be required.

The Deputy Director-General recognized that the Alliance is useful in terms of creating the awareness of IHR core capacities. The Committee commented that the Alliance can be beneficial for countries and that considerable work has been done. A member emphasized the need for community engagement in building IHR core capacity and providing early detection and local response to public health events.

Given that the Joint External Evaluation is a voluntary process, members expressed concern about engagement of countries that might be reluctant to share internal challenges. The Committee asked for further clarifications on the role of the Alliance and how it will work with the Health Emergencies Programme. Members reiterated that the implementation of IHR should happen under WHO’s leadership and that the Alliance needs to be fully aligned with WHO. The Committee requested clarification on how the Alliance can be joined up with WHO to ensure a single line of command from the Director-General of WHO.

The Committee agreed to discuss further during its next in-person meeting in November and look at the work done in countries through Joint External Evaluation.

**Global Health Crises Task Force**

The Committee was told that the first meeting of the Global Health Crises Task Force took place on 23 August 2016 and a face-to-face meeting is planned for November. It was noted that the Task Force would be interested in the IOAC’s view of WHE’s performance and WHO’s progress in implementing the recommendations of the UN Secretary General’s high-level panel. The Task Force will meet quarterly and Dr Harvey will continue to be the liaison person with the IOAC through her dual membership.

**Terms of reference for country visits**

Members commented that country visits should include a review of WHO’s relations with other entities and recommended a review of a broader set of relations with ministries, non-governmental organizations, UN agencies and other partners at country level, particularly regarding how WHO’s involvement in operational response has been managed in terms of partnership with implementing agencies. A distinction can be made between UN organizations that are responsible for management and those that provide operational response. It would be also useful to review WHO’s relations with humanitarian-specific agencies versus non-humanitarian entities with a focus on health programmes or human development.

Given that visits are short, members recommended focusing on operational aspects such as functionality of the Programme at three levels, information management, core services including procurement and human resources, and relations with ministries and partners at country level. The Committee recommended that terms of reference should include components to review what has changed because of the reform programme and what is planned to change in order to identify the link between the reform and the response. In terms of methodology for interviews, members noted that it is also important to collect information “off-the-record”. The Committee requested to have background information including timelines of events and decision-making in advance.

The Secretariat confirmed that a visit to DRC will take place from 26 to 28 September and preparations are underway. A Colombia visit for the end of October has been proposed to the national authorities, pending confirmation.
The Committee agreed on the need for visits to protracted emergencies and suggested conducting a country visit for early 2017.

Decisions and action points

a. The Committee will maintain a good balance between oversight and advisory roles.

b. WHO Secretariat will circulate a revised draft Terms of Reference for the Committee’s final review and prepare a set of background documents and key information to be shared prior to the DRC visit.

c. The Secretariat will follow up on the planned visit to Colombia and inform the Committee.

d. The Committee decided to put the Alliance on the agenda of its second in-person meeting on 7–8 November 2016.

e. Jeremy Konyndyk will draft a paper for the Committee to discuss the role of the IOAC in advising WHO on funding. This will be further discussed at the next in-person meeting on 7–8 November.

f. WHO Health Emergencies Programme will provide a report on WHO’s activities in emergencies and protracted crises including Syria, Ethiopia and South Sudan. The report should include information and budget with an indication of the main gaps.

g. The Committee will consider a country visit in protracted crises and WHO Secretariat will make arrangements.
Annex 1. Agenda

Third Meeting of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme

1 September 2016, 12:30–14:00 CET
By Teleconference +41227918624

1. Welcome and opening remarks (10 minutes) — DG and Chair

2. Briefing on the current situation (15 minutes) — Dr Peter Salama
   - Executive Director of WHO Health Emergencies Programme gives an overview on the current status/progress on the Programme

3. Briefing on the Alliance (15 minutes) — Dr Paivi Sillanaukee
   - A representative of the Alliance provides a briefing on the Alliance for Country Assessments for Global Health Security and IHR Implementation including the terms of reference (TOR)

4. Briefing on Global Health Crises Task Force (10 minutes) — Dr Felicity Harvey

5. Preparation for country visits (30 minutes)
   - Members discuss rationale/objective, expected outcomes and framework for the country visits drawing on proposed TOR, which will be circulated by the Secretariat prior to the meeting.

6. Wrap up and next steps (10 minutes) — Chair
Annex 2: List of participants

IOAC Members

Precious Matsoso (Chairperson), Director-General of Health, South Africa
Walid Ammar, Director-General of Health, Lebanon
Geeta Rao Gupta, Deputy Executive Director, UNICEF
Felicity Harvey, Director General for Public and International Health, UK
Jeremy Konyndyk, Director, Office of US Foreign Disaster Assistance, USAID
Hiroki Nakatani, Professor for Global Initiatives, Keio University, Japan
Michael Ryan, Senior Advisor, Global Polio Eradication Initiative, National Emergency Operations Centre, Islamabad, Pakistan
Elhadj As Sy, Secretary-General, International Federation of Red Cross and Red Crescent Societies*

* Mr Elhadj As Sy was unable to join the third meeting by phone but provided written comments

Invited guest
Paivi Sillanaukee, Permanent Secretary, Ministry of Social Affairs and Health, Finland

WHO Secretariat
Margaret Chan, Director-General
Anarfi Asamoa-Baah, Deputy Director-General
Peter Salama, Executive Director, WHO Health Emergencies Programme
Peter Graaff, Director, Emergencies Programme
Guenael Rodier, Director, Global Alert and Response
Isabelle Nuttall, Director, Office of the Director-General