

IASC PARTNERS MEETING ON ZIKA AND UNUSUAL CLUSTERS OF MICROCEPHALY CASES AND GUILLAIN-BARRÉ CASES

Draft Summary Record and Action Points

04 FEBRUARY 2016

HOST: IASC SECRETARIAT, OCHA, WHO.

VENUE: WHO HQ, SHOC ROOM

PARTICIPATING AGENCIES:

IN GENEVA:

Brazilian Permanent Representation to the UN, IASC Secretariat, IFRC, OCHA, Save the Children international, UNFPA, UNDP, UNICEF, UNHCR, WFP, WHO.

IN NEW-YORK:

Executive Office of the Secretary General, IFRC, OCHA, UNDP, UNICEF, UNOCC.

CALLING-IN:

Americanis, ECHO Dakar, FAO, French Red Cross, Global Protection Cluster, IMC, InterAction, IOM HQ, IOM Regional Office Costa Rica, Save the Children US, WaterAid, World Bank.

OPENING:

WHO explained the declaration by WHO Director General of the Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (IHR), following the advice of the IHR emergency committee (IHR EC). The IHR EC is an advisory body formed by very high level independent health experts. Zika in itself is not a PHEIC but the trigger to the declaration are the clusters of microcephallis and Guillain Barré syndromes and the suspected but unproven yet link to the Zika disease as well as the sudden spread of the disease in several countries.

The PHEIC declaration enables a global mobilisation of Member States and partners to be able to control the spread, and will foster the appropriate international efforts to do research and establish the linkages or not between Zika and micro-cephallis and/or Guillain Barré syndrome. The declaration will entail an activation period of 3 months, after which a review will take place. During these 3 months and probably for a 6 months period, which WHO will undertake coordination role and will need support from all partners.

An incident management structure was put in place at WHO HQ to ensure cross-organisational response management, led by Ian Clarke, and supported by thematic leads Scott Pendergast for strategic planning and Pat Drury for partners and networks coordination. The IASC partners' coordination will be supported by Guillaume Simonian within the partners and networks coordination pillar of the Zika incident management structure.

In parallel WHO has also put in place incident management structures in its PAHO region (the Americas), AFRO (Africa), SEARO (South East Asia), and EURO (Europe).

Since the PHEIC declaration on Monday 1st February WHO will do all efforts to be inclusive of all partners in the definition of the global response strategy. The very initial draft was shared for comments by partners together with a template for 4Ws (Who does What Where When).

Comments will be welcome until CoB 5th February, for integration and feedback over the week-end, and finalisation of the initial strategy on Monday 8th February. A Member States briefing will be called

by WHO on Wednesday 10th February in Geneva. The objective is to have this initial strategy as soon as possible with the recognition that this will most likely evolve during the first month of the emergency as the situation and needs become clearer. The logic of the strategic planning is the same as per the IASC Humanitarian Programme Cycle and with many elements borrowed from IASC strategic planning guidance, but with explicit differences in scope and with WHO as coordinating agent, as the response focus is different than a usual humanitarian conflict or natural disaster emergency.

The pillars of the response and the management structure were presented in details (cf presentations attached) and partners were encouraged to highlight their current and potential contributions and comments to the strategy, which is designed for an initial 6 months.

QUESTIONS / COMMENTS

UNICEF (Sikander Khan):

- UNICEF field colleagues are working closely with UN, NGOs, and National on the ground and work together with WHO PAHO colleagues. UNICEF remarks that the slides presented separate UN / INGOs / National partners and recommends to take these actors together as a community of support to affected Member States in preparedness and response.
- UNICEF would like to understand better the coordination and reporting lines between headquarters' level coordination structures and national actors and how the decision-making process will work in practice between Geneva, New York, Washington DC.
- UNICEF plans to work on controlling the spread, mitigating the impact, reaching the most vulnerable, influence the markets for rapid development of products and vaccines.
- WHO is the lead in health and global health cluster lead and UNICEF will be expecting coordination of the crisis by WHO, using systems similar to humanitarian crises.

UNFPA (Wilma Doedens):

- UNFPA works with national authorities on reproductive health and care, and strives to ensure promotion of the basic rights of all couples to decide freely on the structure of the households through contraception and family planning. UNFPA will work on supporting this emergency.
- UNFPA would need clarity for public messaging on the risk period for pregnant women, and on the risk of sexual transmission of the disease.

World Bank- Patrick Lumumba Osewe:

- The current focus is on response, but preparedness is also important especially for high risk countries;
- Other sectors other than health need to be engaged;
- Work needs to be done with Ministries of Finance to ensure that there is sufficient domestic budget allocation for preparedness and response.

UNDP (Doug Webb):

- This is critical to ensure proper linking to the UN Country Teams (UNCT) in the countries affected and at risk and to identify the communication channels to UN Resident Coordinators (UNRC) and UNCTs.
- WHO, UNDP and OCHA need to clarify the strategy for that purpose.

OCHA (Merete Johansson):

- We need to clarify if a CERF grant would be relevant for this emergency and if so for which countries.

- OCHA is committed to support WHO in global coordination through the adapted mechanisms. An IM officer will be embedded in the Incident Management Structure of WHO.
- OCHA is doing daily reporting to the UNOCC and will report on Zika, using the WHO messaging.

IASC Global Health Cluster (Linda Doull):

- It is unlikely that this crisis will trigger the activation of humanitarian health clusters in countries affected but the principles of partnership in humanitarian clusters and in the IASC need to be applied for coherence, transparency, and predictability.

IASC Secretariat (Astrid Van Genderen Sort and Christelle Loupforest):

- The IASC Secretariat is here to support WHO. In the lead-up to the World Humanitarian Summit in May (111 days from now), we shall as a collective strive for concrete collective objectives to reach and be able to demonstrate success in Istanbul.

ECHO Dakar (Ian Van-Engelem):

- Most of the response takes place in Brazil now, we are looking at good practices.

WFP (Brian Lander):

- WFP encourages to work on 2 channels of communication: with close partners for operational issues, and more largely to the full IASC communities to keep the full community informed and engaged.

Save the Children International (Aurélie Lamazière):

- This is good that WHO is calling for this engagement so early on in the emergency. Save the Children would want to be involved in support to the Ministries of Health, in social mobilisation, in vector control, and in communications.
- The role of INGOs should also be clarified further when the 4Ws will be out.
- Are there implications with the Summer Olympics to be organised in Brazil?

Permanent Representation of Brazil (Pedro Luiz Dalcero):

- Brazil is taking a very active role and indeed good practices emerge from Brazil. The contagion is now reaching a plateau, and national mobilization has been activated to the highest possible level with over half a million individuals engaged on vector control (300.000 community health workers and 220.000 armed forces).
- A Decree was also taken to allow entry into buildings to perform vector control functions.
- The Olympic games will take place in winter in Brazil and this is not a time when high mosquito breeding happens. Also WHO was clear on calling no travel restrictions.

WHO :

- WHO clarified that the pillars of work in the strategy can be seen as similar to the IASC clusters but driven by different types of activities which are relevant to this specific emergency. Within those pillars (or others that partners think we really need to add), partners are very welcome to express interest in supporting. This is not a HRP but it looks at inter-operability and predictability, similarly to an HRP process.
- This work will start with the 4Ws and all partners are very much encouraged to provide feedback so that WHO can work further at segmenting activities through the strategy. A global SitRep will be done weekly, the first one coming on Friday 5 February.

- In terms of the questions from UNFPA, these questions are still unanswered at the moment, and an objective of the PHEIC is that in the next couple of months science will respond to these questions.
- The question from UNICEF and UNDP on field coordination to UNCTs, HCTs, DMTs /Disaster Management Teams) and messaging needs further clarification between WHO (health lead agency), OCHA (mandated for humanitarian coordination) and UNDP (UNDP Administrator is also UNDG Chair). WHO doesn't want to create new structures but rather to use the existing: only the messaging channels to the field need to be clarified as well as reporting mechanisms from the field to HQ.
- In WHO Regions have the mandate for activities oversight and HQ will ensure coherence globally and strategically.
- WHO and OCHA also need to work an agreement as to which of the IASC HPC deliverables and timelines shall be used for this emergency (and to future health emergencies looking forward) and how WHO will coordinate this with OCHA's support.
- This emergency will work as a test case for future work on health emergencies to bring together outbreak and humanitarian communities together. This is a multi-countries / multi-regions emergency which make things complicated but we aim at setting solid systems to be used in this emergency and other such emergencies.
- WHO confirms the message from Brazil: WHO has not recommended travel restriction at this stage, including for the Olympics.

FOLLOW-UP ACTIONS

1. Partners to send feedback on strategy and 4Ws to Scott Pendergat (pendergasts@who.int) and Guillaume Simonian (simoniang@who.int) by COB 5 Feb 2016.
2. Agencies to provide names of focal points for Zika to Guillaume Simonian (simoniang@who.int) by COB 9 Feb 2016
3. WHO will inform designed focal points in agencies on the details Member States Meeting (Wednesday 10th February).
4. Regular meetings will continue to be organised with IASC partners (schedule and frequency of meetings to be discussed between WHO, OCHA, IASC Secretariat)

Prepared by WHO (5 February 2016)