**IASC health simulation task team meeting**

**Date:** 4 May 2017

**Participants**: John Long, UN Ops and Crisis Centre, Ian Clarke, Heather and Maya (UNICEF), Phyllis Wang (EOSG), Tony Craig (WFP), Doug (UNDP), Theresa (IOM), Casey (IMC), Panu (IFRC), ahmed and Rosanna (FAO), Mark Shapiro, Nicolas Easeler (WHO), Tanja and Joe (IASC sec), Sean (EDG sec), Pat (WHO)

Mark will do the technical design for WHO

Hoping to diversify the group through other NGOs joining the task team.

Important inter-agency nature of this exercise, WHO led. Task Team meant to lead and steer this exercise.

Timing deemed most realistic for September in light of multiple other commitments. Sense of importance of the exercise notwithstanding. Should be an opportunity to test procedures and processes, to identify gaps at country and international level.

Significant support for the exercise to take place, from HQ and field level. Queries about level of national preparedness to respond to a health crisis (including from a finance perspective). Importance of one health approach and community engagement, significance of gender engagement (UN Women, World Bank and UIE should perhaps get invited to this Task Team).

Health Ministers exercise taking place in May (possibly in cooperation with EOSG). Followed by World Health Assembly, which includes election of new Director General. Incoming WHO DG should be part of this exercise. Possibility of IASC Principals meeting in September. The IASC simulation should use the momentum from G20 exercise.

* Are the different exercises ‘talking to each other’. (Ian: discussions with World Bank have taken place, yes exercise linked via Ian Clarke – objective of cascading events which is now slightly delayed.
* Same materials used for G20 could be used (availability of videos etc.). World Bank using those materials to follow up through Finance Ministers’ exercise.
* Link to country levels.

Need to map out SOPs in terms of steps and who does what:

1. WHO detection and reporting
2. Internal rapid investigation and confirmation (WHO) – 24-70 hours
3. If WHO risk assessment notes a public health risk of international concern, report to ERC
4. Internal grading. If graded as 2 or 3 or posting an internal public health risk, report to ERC and Secretary –General
5. WHO activates response system and deployment of technical teams.
Simultaneously, OCHA assessment of humanitarian impact.
ERC and WHO DG contact national government, discuss activation of L3
EDG convene and recommend or deny activation of protocols
Meeting of IASC Principals in an ad hoc meeting. Deciding upon EDG recommendations and other responses.

On previous occasions, the preliminary exercise was followed up by full blown deployment exercise. Suggestion to refrain to table top exercise (WHO). Agencies could use this to exercise internally specific parts (e.g. WHO could exercise on reporting, grading, internal activation, etc.). Focus on supporting the collective, but as well using it as an opportunity to support internal processes with own resources.

UNDP: Each agency while preparing internal mechanisms might lead to annexing individual steps, also working with UNDG, these could be annexed.

IOM: What will be expected from the EDG. Must Task Team members approach individual EDGs. (What is the role of this team: role playing, information sharing)

Tom EOSG: how does the exercise fit into internal procedures? It’s the first time the EOSG participates. How do the individual agencies/strands communicate with each other?

Phyllis (EXOSG): We question whether the processes specified in SOPs are in place. There have been two incidents in 2017 where a grade 2 health emergency was sent to the SG/ERC. No idea whether an assessment from the ERC or EDG took place or whether any discussions took place. Had discussion with UNOCC on information flow. In April we clarified a list of people to be informed when WHO sends information on grade 2 emergency. (Ian: there were 12 grade 2 or 3 emergencies)

Heather: how does exercise transmit through organisations? How is this different from another emergency or L3 activation? Must lay this out more clearly.

IMC: We are not yet prepared for a new health emergency, we are prepared for Ebola.

FAO: Where can our upper senior management come in? Outline is clear. IASC decision of L3 activation most significant.

Ocha: Outline is fine. We had notification happening, but in many cases a declaration as to the public health issue lags behind, which has an impact on the humanitarian assessment. Health outbreaks are different from a disaster, in as such as it does not lead to a humanitarian response immediately. From a humanitarian perspective we have not yet sufficiently defined what a health related humanitarian response would be.

Sean EDG: Communication would not necessarily trigger a full activation, as was the case in the two highlighted by the EoSG earlier. These were in the capacity of WHO and national governments to respond. Declaration of grade 2 or 3 does not necessarily deem an activation necessary. Outline of exercise is fine. Notifying national authorities raised important points about IASC engagement and WHO role. How are clusters engaged/working differently in a health scenario? There might be a need for complementary thinking and guidance on adaptation for humanitarian response.

Heather: We have been thinking about role of clusters, as UNICEF is a relevant cluster lead. Once activated, stakeholders need to know what to do. We are considering developing technical guidelines for our clusters. Must we also look at the political implications, and how different governments get involved/what national procedures are in place.

Tony: We must be clear what is triggered at the moment of an extreme scenario of global epidemic, in which case many normal mechanisms are blown apart. SOPs were designed around a more minor epidemic.

Ian: One objective of the exercise is to validate the content of the protocols and to inform on key aspect. Yes, there are grading’s of 2 (and 3) but important too are the thresholds (multiple countries, rates of mobility/mortality/infectiousness). Brazil Yellow Fever and Zika did not have humanitarian consequences necessitating L3 activation. Does WHO really have to inform on every grade 2, as grading also depends on WHO capacity to response not just on global impact. WHO is meant to come up with SOPs, protocols on aspects of this exercise. Critical that OIE is brought in (FAO should reach out to them). Yes to World Bank: Ian will reach out to Mukesh and Patrick. Need to discuss with more agencies, such as MSF which should be here. CDC just sent an email they would be willing to be involved. UN Women? Need to agree on this.

**Action Point**: Ian will share material of previous Principals exercise. Should help to contextualize next steps.

Ian work with mark to come up with a first draft of the exercise scope and scale for discussion and thoughts on type of scenario underpinning the exercise. Within a week. Then one week for review. Then meeting to agree on time line, key deliverables and who will do what. Need to look into how the threshold influences agency response, such as is it the number of countries affected, the infectiousness, morbidity, mortality etc.

Mark: we have four months to build it and a lot of work. Must be clear about scope and objectives. Are we comfortable using a fake rather than a real country?