

## **INTER-AGENCY STANDING COMMITTEE**

### **SUMMARY RECORD AND ACTION POINTS**

New York, 4 February 2020

#### **Introduction**

Mr. Mark Lowcock, the Emergency Relief Coordinator, opened the meeting and noted that he had called IASC Principals together to hear from the WHO on the latest update on the 2019 Novel Coronavirus.

#### **Update on the 2019 Novel Coronavirus(2019-nCoV) - World Health Organization**

Dr. Mike Ryan, Executive Director, Health Emergencies Programme of the WHO, provided a brief update on the 2019-nCoV, noting that globally 20,629 laboratory confirmed cases and 426 deaths have been reported. 20,471 confirmed cases were in China from 31 provincial level administrative units, including Hong Kong SAR (15), Macao SAR (8), and Taipei Municipality (10). Of this, 2,788 were severe cases with 425 deaths (414 in Hubei Province, 2 in Heilongjiang, Henan, Chongqing and; and 1 each in Hainan, Hebei, Beijing, Shanghai, Sichuan). 23,214 suspected cases reported from Chinese provinces, regions and cities and 171,329 /221,015 contacts were under follow-up. Of the cases in China; 78% (13522/17238) were in Hubei Wuhan, and of the deaths 97% (414/425) were in Hubei.

Dr. Ryan expressed that outside China, 158 cases from 23 countries were reported as follows: Japan (20), Thailand (19), Singapore (18), Republic of Korea (16), Australia (12), Germany (12), USA (11), Viet Nam (9), Malaysia (8), France (6), United Arab Emirates (5), Canada (4), India (3), Philippines (2), Italy (2), Russian Federation (2), United Kingdom (2), Cambodia (1), Nepal (1), Sri Lanka (1), Finland (1), Spain (1), Sweden (1). 23 cases did not have travel history to China, namely - Viet Nam (2), Japan (3), Germany (10), USA (2), Thailand (1), France (1), Spain (1), South Korea (2), Malaysia (1) but are close contacts of confirmed case of 2019-nCoV or Chinese tourists of Wuhan. 1 death was reported in the Philippines and another death was reported in Hong Kong.

Dr. Ryan added that 52 countries from all continents had reported 46,922 alerts with the outbreak doubling every week and every case generating 2.5 new cases. The overall risk at the national level is very high while it is high at the regional and global level. With regard to the potential impact to human health, the severity and transmission of the outbreak is not fully understood yet. As of 29 January, there continues to be ongoing human-to-human transmission with confirmed cases identified in 31 provincial level administrative areas (10 with >100 cases) with the majority of cases exported outside China have been epidemiologically linked to Wuhan. Human-to-human transmission is also documented in other countries with the source of outbreak remaining unknown. More disaggregated data is needed to better understand the epidemiology.

WHO continues to develop and provide technical guidance to all countries including surveillance recommendations and case definitions, laboratory testing for suspected human

cases, clinical management of severe acute respiratory infection, infection prevention and control, protection of health care workers, prevention of transmission in health care settings, risk communication and community engagement, and advice on the use of masks in the community, during home care and in health care settings. Dr. Ryan highlighted recommendations from the WHO Emergency Committee, including that there should be no reason for measures that unnecessarily interfere with international travel and trade. WHO continues to work closely with Member States to ensure that their policies with respect to the outbreak are evidence-based and consistent.

Dr. Ryan noted that WHO is working with partners to ensure support to countries with weaker health systems, to accelerate the development of vaccines, therapeutics and diagnostics, to combat the spread of rumours and misinformation, to review preparedness plans, identify gaps and evaluate the resources needed to identify, isolate and care for cases, and prevent transmission. He added that countries are asked to share data, knowledge and experience with WHO and the world given the need to work together in a spirit of solidarity and cooperation.

Regarding coordination, Mr. Ryan informed that WHO will request the activation of the UN Crisis Management Policy but not the IASC Humanitarian System-Wide Scale-Up Activation Protocol for the Control of Infectious Disease Events at this point. The response at this point requires the UN to ensure focused global coordination through a small Crisis Management Team as laid-out in the UN crisis management policy. But at this stage countries affected have high capacity and therefore there is no requirement for country-level scale-up of humanitarian capacities in any country. If this becomes required, the IASC protocol will then be recommended for activation.

WHO also briefed the IASC on the 2019-nCoV Strategic Preparedness and Response Plan (SPRP) aimed at supporting countries to prepare and respond, and to mitigate the impact of the outbreak in all countries. The plan includes (a) the need to rapidly establish international coordination to deliver strategic, technical, and operational support through existing mechanisms and partnerships; (b) the need to scale up country preparedness and response operations, including strengthening readiness to rapidly identify, diagnose and treat cases; identification and follow-up of contacts when feasible (with priority given to high-risk settings such as healthcare facilities); infection prevention and control in healthcare settings; implementation of health measures for travelers; and awareness raising in the population through risk communication and community engagement; and (c) accelerating priority research and innovation to support a clear and transparent global process to set research and innovation priorities to fast track and scale-up research, development, and the equitable availability of candidate therapeutics, vaccines, and diagnostics. This will build a common platform for standardized processes, protocols and tools, to facilitate multidisciplinary and collaborative research integrated with the response.

The response requirement period is three months, from 1 February 2020 to 30 April 2020. Total estimated resource requirements are approximately US \$675.6 million which will be adjusted as the situation evolves. Detailed operational plans will be developed with global, regional, and country level implementation partners consistent with the overall strategic framework and based on actual needs, gaps, and implementation capacity. The estimated resource requirements are for planning purposes, detailed operational plans will be developed with global, regional, and country level implementation partners. Measures required to mitigate the social and economic consequences of 2019-nCoV are outside the scope of these resource requirements. Accelerating priority research and innovation does not include the

costs associated with the actual development, manufacturing, testing, and licensing of research and development products. At this stage, the resource requirement does not include the costs associated with the actual development, manufacturing, testing, and licensing of research and development products including therapeutics, diagnostics, and vaccines.

In the ensuing discussion, participants noted their readiness to work with WHO and countries to support preparedness and response to the outbreak. The World Bank highlighted its readiness to support countries to react very quickly, including in mobilizing the necessary resources required. On social and economic impact of the outbreak, the World Bank noted that it had begun to look at the impact that this crisis may have on economies and what it means for financing needs. UNICEF is working in close coordination with WHO and others focusing on risk communication for personal protection and how to address misinformation and rumours. UNICEF is also working with others to cover gaps on how the disease affects children and women; and the secondary impacts, including supporting health systems, responding to school closures and other impacts of the crisis. FAO noted that it continues to monitor the situation with regard to animal-human interface, investigations of potential zoonotic origin and is coordinating closely with partners. FAO urged that it was important to support preparatory needs and it is essential to monitor any potential spread through animals where early detection is a priority. IOM noted that it had been approached to assist nationals' evacuations, which IOM has not facilitated owing to lack of clear guidance from the WHO or its Emergency Committee. IOM sought clarifications from WHO in this regard, including working together on joint messaging for evacuations. On the SPRP, IOM expressed that migrants and other nationals should be taken into account in the advocacy and risk messaging approaches of the strategic plan. SCHR queried whether faith-based communities were being engaged on the technical guidance from WHO, including on personal hygiene.

IFRC noted that national societies were well placed to work with Member States in the affected countries. In this regard, it had allocated funds from its disaster relief fund to support countries and it had launched an appeal to support preparedness. With regard to China, the national society was receiving wide support from communities, however financial support for preparedness was required for other countries. IFRC would follow-up bilaterally with OCHA on support to colleagues in DPRK. OHCHR expressed its concern about rising behaviour and claims related to stigmatisation, noting that it was important to adopt the response to the outbreak from the lens of human rights given the need for access to information, and the need to pay special attention to vulnerable groups. OHCHR reminded that response measures should be legal but also proportionate. Accountability at the national level was key. UNDP reiterated its readiness to support partners, including on procurement issues.

Dr. Ryan thanked IASC members for their readiness and close coordination. He expressed that the issue of travel restrictions continued to feature prominently at the WHO, particularly the increased use of restrictions and stigmatisation. WHO provided an overview of the International Health Regulations (2005) – IHR (2005), noting that it was a legally binding instrument signed by 196 State Parties and imposing reporting and operational requirements on the State Parties but that through the Public Health Emergency of International Concern (PHEIC) declaration WHO can only provide advice and has no power of enforcement on State Parties. WHO can only call upon the international health regulations to advise and encourage countries. In response to questions by Principals, WHO also informed that State Parties are bound by the IHR (2005) treaty to report within 24h to WHO any additional measure taken beyond those recommended in the PHEIC declaration and that WHO informs all State Parties of these measures within 48h. This is the only pressure levy WHO has on these State Parties.

On supplies and equipment, it was important to balance risk communication with cultural sensitivities, particularly given that protecting oneself does not require masks or personal protection equipment. There were many other things that one could do, including washing hands. On engaging faith-based communities, Dr. Ryan noted that the importance of engaging such communities particularly in helping to pass on risk communications. He encouraged more engagement with civil society and faith-based organizations to reassure the public. On response planning, Dr. Ryan noted that several concerns had been raised including on stigmatisation, racial profiling and other unacceptable behaviours. He urged the need for members to speak loudly against this and pay special attention to vulnerable groups when supporting national response planning. With regard to evacuations, Dr. Ryan noted that this was a challenging task, however the WHO was urging countries to provide a public health rationale that was legal, justifiable, proportionate and short-lived. WHO reiterated that the IHR (2005) were legally binding but with no binding enforcement mechanism by WHO. WHO emphasized the need to work together, including on adequate capacities to monitor the health of evacuees. Participants were informed that there would be a briefing of all Resident Coordinators on 6 February and a UN Senior Management Group meeting on 5 February.

In conclusion, WHO reminded that it will continue to monitor the outbreak, work closely with all stakeholders, and support countries to better prepare and respond. WHO does not believe that the activation of the IASC Humanitarian System-Wide Scale-Up Activation Protocol for the Control of Infectious Disease Events is required at this juncture: large country-level humanitarian coordination and response scale-up is not required yet but the situation in countries with weak health systems must be continuously monitored and it may be needed later. WHO reiterated that it will call for the activation of the United Nations Crisis Management Policy at the UN Senior Management Group meeting and it will continue to monitor and update IASC members continuously.

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### **List of participants:**

1. Mr. Mark Lowcock, Emergency Relief Coordinator, OCHA
2. Mr. Qu Dongyu, Director-General, FAO
3. Ms. Henrietta Fore, Executive Director, UNICEF
4. Mr. Jagan Chapagain, Secretary-General, IFRC
5. Dr. Mike Ryan, Executive Director, WHO Health Emergencies Programme
6. Dr. Soce Fall, WHO Assistant Director-General for Emergency Response
7. Dr. Bruce Aylward, Senior Adviser to the Director General, WHO
8. Dr. Scott Pendergast, Director Strategic Planning, WHO
9. Mr. Axel van Trotsenburg, Managing Director for Operations, WB
10. Ms. Annette Dixon, Vice President for HNP, WB (+1)
11. Mr. Amir Abdulla participate, Deputy Executive Director WFP
12. Ms. Marieke Van Weerden, Global Head of Staff Safety and Security, Catholic Relief Services
13. Mr. Gareth Price-Jones, Executive Secretary, Steering Committee for Humanitarian Response
14. Mr. Raouf Mazou, Assistant High Commissioner for Operations, UNHCR
15. Mr. Anoop Sukumaran, Chair ICVA Board
16. Mr. Jeremy Wellard, ICVA Representative in Asia
17. Ms. Tristan Burnet, Head of Preparedness & Response Division, Department of Operations and Emergencies, IOM

18. Ms. Shoko Arakaki, Director, Humanitarian Office, UNFPA
19. Ms. Maimunnah Mohd Sharif, Executive Director, UN-Habitat
20. Ms. Asako Okai, Director, Crisis Bureau, UNDP
21. Mr. Carlos Navarro Colorado, Principal Adviser, UNICEF (+1)
22. Mr. Raouf Mazou, Assistant High Commissioner for Operations, UNHCR
23. Ms. Marian Schilperoord, Deputy Director a.i. in the Division of Resilience and Solutions, UNHCR
24. Ms. Ilze Brands Kehris, Assistant Secretary-General, OHCHR (+1)
25. Mr Sam Worthington, President and CEO of InterAction