Independent Oversight and Advisory Committee
for the WHO Health Emergencies Programme

IOAC Mission Report to Malawi
5-8 March 2023

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ACKNOWLEDGEMENTS

The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme is grateful to the Government of the Republic of Malawi for hosting the visit of the IOAC delegation during 5-8 March 2023 and to the WHO Secretariat at Headquarters (HQ), the Regional Office for Africa (AFRO), and the WHO Country Office in Malawi for facilitating the field mission. A special thank you to the participants in Malawi for graciously accepting the invitation to meet with the IOAC delegation and for providing important insights into WHO's work on health emergencies in Malawi.

1. INTRODUCTION

The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC) conducted a field mission to Lilongwe, Malawi from 5-8 March 2023 to review the WHO response to the cholera outbreak as well as concurrent outbreaks and crises, including those driven by climate change. The delegation was composed of Professor Walid Ammar, Professor Christopher Baggoley and Dr Felicity Harvey with support from the WHO Secretariat across the three levels.

The methods of work included a desk review, and a series of interviews with WHO staff at the country office in Malawi, the Regional Office for Africa (AFRO) and Headquarters. While in Malawi, the IOAC met with national authorities, UN partners, nongovernmental organizations, and civil society representatives. The delegation benefitted from frank discussions and learned a tremendous amount from WHO and its partners.

Overall, the IOAC was impressed with the WHO's response to the multiple coinciding emergencies the country is facing but note some delays (in response to the cholera outbreak) to act due to a multitude of factors. Once WHO stepped up in the response, significant and immediate progress was witnessed that accelerated the control of the outbreak and reduced the number of cases and fatalities. This field mission demonstrated the fundamental key to a successful emergency response is to act as one Organization.

2. CONTEXT AND WHO PRESENCE IN MALAWI

Malawi is a landlocked country in Southeastern Africa sharing its borders with Mozambique, Zambia, and Tanzania. Approximately half the population live in poverty, and 73% of people live on less than USD $1.90 per day[1]. The economy is largely dependent on the agricultural sector, which accounts for over 90% of export earnings[2]. It has a complex government structure and multisectoral coordination process.

The country is vulnerable to the adverse effects of climate change and environmental shocks. The most common weather-related shocks that Malawi faces are floods, droughts, stormy rains, and hailstorms. In addition to natural disasters, the country is also vulnerable to epidemics, including cholera, typhoid, measles, polio, and COVID-19. In 2022 alone, the country responded to multiple emergencies including severe flooding in the aftermath of Tropical Storm Ana and Cyclone Gombe, a cholera outbreak and an outbreak of wild polio virus type 1.

Prior to the cholera outbreak declaration on 3 March 2022, the WCO in Malawi was comprised of 20 staff and only 3 for the WHE Programme. When the surge support was triggered in January 2023, the office size grew fivefold, to over 100 WHO staff under the leadership of WR Dr Neema Rusibamayila Kimambo who assumed the role on 1 June 2022. WHO and the Ministry of Health have a good working relationship in Malawi.

[1]Source: https://www.worldbank.org/en/news/feature/2022/11/17/escaping-poverty-in-malawi-requires-improved-agricultural-productivity-climate-resilience-and-structural-transformation
[2]Source:https://www.undp.org/sites/g/files/zskgke326/files/migration/mw/181ee9f8b39e35da6055193e3d43bbe00a96572e2c705cca2b396510e4e3bdc9.pdf

The IOAC is impressed with Malawi's high level of community engagement and participation in health programmes and strategies. At the community level, health services are provided by Health Surveillance Assistants (HSA) that provide both health promotion and preventative health services through door-to-door visits, village outreach and mobile clinics. Vast networks of community volunteers also help implement community-based approaches for public health interventions.

3. KEY FINDINGS AND OBSERVATIONS

During the IOAC mission from 5-8 March 2023, the WCO in Malawi briefed the delegation on four graded emergencies under the Emergency Response Framework with four Incident Management Support Teams (IMST) that were activated. These include the cholera outbreak (Grade 3), COVID-19 pandemic (Grade 3), Tropical Storm Ana (Grade 2), and polio (Grade 2). The IOAC was impressed at how WHO is performing in responding to multiple concurrent emergencies and has maintained a strong leadership position within the country. However, the delegation observed some challenges in the emergency response, including a delayed response to the cholera outbreak, the WHE Programme being overstretched and constant struggles in human resource capacities.

WHO's response to the cholera outbreak

On 3 March 2022, the Ministry of Health in Malawi declared a cholera outbreak that has since spread to all regions and districts in the country. From the onset of the outbreak until 6 March 2023, Malawi has reported a total of 51,568 cases, including 1,612 deaths, with an overall case fatality rate of 3.1%[3]. The outbreak is occurring concomitantly with other emergencies, including the COVID-19 pandemic, wild polio virus outbreak, and response to the flooding and displacement caused by Tropical Storm Ana (January 2022) and Cyclone Gombe (March 2022).

Following the cholera outbreak declaration and impact of Cyclone Gombe that affected 1 million people, the three levels of WHO conducted an assessment in the context of the cyclone response and classified the Malawi cholera risk as "high" on 8 April 2022. The national Incident Management System (IMS) was activated on 30 May 2022. By mid-August 2022, the dry season (which is traditionally a low transmission period), the cholera outbreak had spread to an additional five districts in the North. On 3 October 2022, the cholera risk was re-assessed as "very high" by WHO. At this time, the government was optimistic that vaccines would help control the outbreak, and with advocacy efforts, the outbreak was declared a "national public health emergency" on 5 December 2022. To coordinate a multisectoral response, the Presidential Task Force on Cholera was established on 16 December 2022.

The WHO then declared the cholera outbreak in Malawi as "grade 2" under the Emergency Response Framework on 19 December 2022. Surge capacity was prompted by the high fatality rate and began with the deployment of an Incident Manager from AFRO on 7 January 2023 and rapidly scaled up when the grading of the global cholera outbreak was changed to "grade 3", as part of the multi-region cholera event, on 26 January 2023[4]. The committee noted the scale up of surge capacity and funding was initiated before the declaration of the "grade 3", which caused a significant reduction in the

[3] Source: https://apps.who.int/iris/bitstream/handle//10665/366405/AFRO%20Cholera%20Bulletin.02_Final.pdf
[4] Source: https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON437

number of reported cases and the case fatality rate. The grading of a "grade 3" emergency made it easier to rapidly unlock additional resources, both human and financial support. Funding in the amount of USD $496K in December 2022 and USD $4.7M in January 2023 from the Contingency Fund for Emergencies (CFE) as well as an additional US $1.4M million in January 2023 from the African Public Health Emergency Fund (APHEF) proved to be instrumental. The IOAC recognizes the transparency and full collaboration of the government in Malawi throughout the cholera response and note that challenges of grading exist in other countries.

The IOAC believes this response should have been stepped up earlier and identifies various factors that contributed to delayed action in responding to the cholera outbreak. First, Malawi experienced a series of challenges while responding to concurrent crises in addition to cholera in 2022, including flooding, COVID-19 and a case of wild polio virus type 1 that overstretched national capacities. Second, the cholera outbreak was overshadowed as the Regional Office for Africa had to manage multiple high priority emergencies on the continent such as the Ebola outbreak in Uganda, crisis in Tigray, drought and food insecurity in the Greater Horn of Africa and more. Third, the complexity of the national government process to define and manage the cholera outbreak as a public health emergency or disaster. Fourth, a lack of essential capacity and resource in the country and the WCO in Malawi. Lastly, the internal power dynamics of WHO across the three levels of the Organization, namely issues with the Emergency Response Framework and delegation of authority, delayed an effective response.

As part of the extensive and rapid surge of national capacity in January 2023, in good part owing to a group of jobless graduates in nursing and medicine, 400 national staff were hired by the Ministry of Health supported by WHO funds. Maintaining this capacity requires further discussion. WHO also surged 61 international staff from the Regional Office for Africa, Headquarters and Global Outbreak Alert and Response Network (GOARN). Collectively, the surge capacity led by WHO has had a significant impact on the reduction of cases and the case fatality rate.

Due to the global shortage of the oral cholera vaccine, two reactive vaccination campaigns were conducted across 21 districts as of 9 February 2023. In total, 96.8% of the population residing in communities with high risk and burden of cholera were reached with oral cholera vaccine[5]. This has played an important role in the reduction of cholera cases, particularly in the south and lake districts in the north.

Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

The IOAC views the WCO in Malawi as a success story for PRSEAH. Before the country was hit with the cholera outbreak, a risk assessment and training of PRSEAH focal points was conducted, and a checklist and training module had already been developed. When the cholera outbreak began, a gender officer from the WCO was repurposed for PRSEAH in support of the response, which was fully embedded in the IMST structure.

Training have taken place in priority districts, service mapping has been done in communities, a national talk-free line for reporting is active, and a one-stop center that was initially for gender-based violence is being leveraged to implement a victim centered approach. More than 400 national staff

[5] Source: https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON435

have been trained on PRSEAH in collaboration with the Ministry of Health. **To maintain these impressive strides, the IOAC recommends continued investment in PRSEAH and to ensure PRSEAH is an integral part of risk communication and community engagement (RCCE).**

Risk Communication and Community Engagement

The IOAC observed that WHO is playing a key role in RCCE in the responses to cholera and COVID-19, with RCCE fully embedded in the IMST structures. The WCO has focused RCCE efforts on media to fight against the infodemic and misinformation, especially on social media platforms. Rumors, misinformation, and disinformation had a big impact on the rate of COVID-19 vaccination. People also felt that COVID-19 was not a disease of concern in Malawi. These rumors and misinformation extended to cholera.

When the cholera outbreak happened, the population was used to having cholera outbreaks during the rainy season, but not the dry season. Community engagement is key before and during emergencies. Trust is essential. The IOAC welcomes the community feedback mechanism that is used to track misinformation and locate where rumors are coming from to better inform interventions. The use of social media monitoring to identify information gaps and guide efforts is also welcomed. **The IOAC recommends that maintaining RCCE capacity during crisis and peace time should be a priority.**

WHO's response to the COVID-19 pandemic and other concurrent emergencies

Following Malawi's declaration of COVID-19 as a disaster on 20 March 2020, a Presidential Task Force on COVID-19 was established to lead a multisectoral response with representation from government ministers, civil society organizations and the private sector. WHO supported the Ministry of Health to co-chair the health cluster and provides strategic direction and guidance. Partners expressed appreciation for WHO's norms and standards and support on case management, scaling up human resource support, strengthening surveillance systems including laboratory confirmation, rolling out vaccination programs and tackling misinformation in communities.

The response was organized with the IMST around the response pillars and an Emergency Operating Centre was mostly virtual and led by the Public Health Institute of Malawi. WHO supported initiatives to ensure vaccine safety monitoring including national vaccine safety guidelines, training for more than 500 health workers, district adverse events following immunization (AEFI) investigation teams and orientation of medicines and safety committee on causality assessment of serious AEFI.

During the COVID-19 pandemic, many essential health services have been disrupted, including routine immunizations. WHO's work is underway to supporting the country in increasing the level of vaccination coverage. **The lessons learned from the pandemic must be translated into action to strengthen health systems and national capacity for pandemic prevention, preparedness, response and resilience.**

WHO is providing ongoing support to priority districts with significant disease burden to increase vaccination coverage and implementing opportunistic integration by handing out bed nets to people

getting vaccinated for COVID-19. However, the ample spread of COVID-19 misinformation and disinformation has damaged public trust and put this at risk.

In the first quarter of 2022, Malawi experienced Tropical Storm Ana and Cyclone Gombe that occurred on 28 January 2022 and 13 March 2022 respectively. The disaster affected more than 1 million people, displaced households, damaged infrastructure, caused injuries and 51 deaths. The WHO in collaboration with partners supported the Government of Malawi, led by the Department of Disasters Management Affairs (DoDMA) to respond, and conducted a risk assessment to understand the magnitude and impact of the flooding and guide the response. This included a multi-hazard emergency response plan, of which the risk for cholera was included.

On 17 February 2022, the health authorities in Malawi declared an outbreak of wild poliovirus type 1 after a case was detected in the capital city of Lilongwe, 30 years after the last case was reported in 1992. International surge support was deployed to support the district level response and concerted efforts have helped increase protection amongst children through vaccines in Malawi and nearby countries. No additional cases of wild poliovirus type 1 have been reported in Malawi, but eight cases were confirmed in neighbouring Mozambique, with the most recent reported in August 2022. **Given the risk to cross-border transmission, IOAC recommends that efforts should be made to synchronize polio campaigns with neighboring countries such as Mozambique, and to strengthen cross-border information and surveillance systems to better detect and respond to local outbreaks.**

During the mission, the IOAC observed areas of overlap between the activated IMSTs in country, and IOAC recommends that consideration should be given as to whether there could be benefit from one consolidated IMST structure or the integration of different teams providing key functions to the structure.

WHO leadership and partnership in Malawi

WHO is perceived as a reliable, competent, and trusted partner by the government, UN agencies and nongovernmental organizations in Malawi. UN agencies expressed their appreciation for WHO's work at country-level as the strong relationship and level of influence between WHO and the Ministry of Health has been used as a foundation to advance health responses, including the Presidential Task Force on Cholera. Partners are appreciative of WHO's leadership as an operational agency responding to health emergencies, particularly the response to the cholera outbreak.

WHO co-chairs with the government the health cluster which has been operating since 2015. It consists of approximately 200 members with representation across sectors, including international and national nongovernmental organizations, civil society organizations, the Christian Health Alliance in Malawi (CHAM), academic institutions and the private sector.

During the COVID-19 pandemic, WHO maintained a leading role in the UN country team in responding to the pandemic, providing technical support and advice on decision-making for UN agencies and partners. This is also true for the cholera response, where partners stated WHO's trusting relationship with the Ministry of Health, timely development of technical guidance, including standard operating procedures for cholera treatment centers, facilitated the speed of the country's response.

Information sharing between the Ministry of Health and WCO in Malawi is very good, especially on cholera. Members of the health cluster commend WHO for their leadership and expect the Organization could play an additional role to facilitate wider information sharing with in-country partners. Partners also noted the role WHO could play in cross border case identification and coordination, particularly through the Regional Office for Africa.

WHO Systems and Procedures to Support Emergency Operations, including the Emergency Response Framework, HR processes and financing

The IOAC observed that internal politics around the Emergency Response Framework has played a role, among other factors, in delaying the response to the cholera outbreak. Despite the lack of clarity in roles and responsibilities necessary for WHE to operate as a single programme across the 3 levels of WHO, the WHE Programme Executive Director was able to step in to agree on response actions in January 2023 thanks to good intention and sincere relationship with the Regional Director for Africa.

IOAC is pleased to note the Regional Emergency Director currently has dual reporting lines to both the Regional Director and the WHE Programme Executive Director. However, the delegation observed that making swift decisions and taking rapid actions can sometimes be difficult without sufficient authority for the RED and clear lines of reporting and accountability across the three levels of the Programme. The IOAC is concerned that the current management practice for the WHE Programme has begun to deviate from decision adopted by Member States in 2016 (A69/30). The committee believes the WHE Programme Executive Director must always be operationally accountable and have the authority to intervene under any circumstance, regardless of the grade of emergencies. **The IOAC reiterates the principle of one programme and a no-regrets policy and encourages the delegation of authority to be updated with increased authority to the WHE Programme Executive Director and Incident Manager for emergency management. In addition, the Emergency Response Framework and the delegation of authorities must be aligned.**

The standard delegation of authority to the WHO Representative has improved since 2016, but it is not suitable for major emergencies. That said, the current WHO Representative in Malawi seems empowered and was supported to scale up staff from approximately 20 to 500 to manage the cholera response. The delegation of authority to the Incident Manager has been diluted since 2016, notably the financial authority now lies with both the WHO Representative and Incident Manager, whereas approval by the WHO Representative was not required in the past. In the case of Malawi, the IOAC observed an effective working relationship between the WHO Representative and the Incident Manager that make the systems and procedures work at country-level.

The IOAC observed frustration from WCO staff members regarding the speed, complexity and constraint of the centralized human resource function and processes. The importance of the emergency standard operating procedures was acknowledged, but not always implemented to its fullest. **The IOAC recommends that human resource functions and streamlined business processes for emergencies be reinstated.**

The IOAC welcomes the intention to build regional office country emergency capacity through the development of a programme beginning with 15 countries, including Malawi. A roster and training

programme for candidate Incident Managers and deputy Incident Managers will build capacity for the future.

The IOAC welcomes the newly established WHO Emergency Hub in Nairobi and recognizes the efforts to build regional capacity for quicker mobilization of resources to populations in need. **The committee suggests that the regional hub should conform to WHO Headquarters' global standards for quality and transparency of supply processes.**

The swift mobilization of resources made a significant difference for timely deployments and response actions. The IOAC appreciates the inclusion of a resource mobilization officer in the WCO and the WHO Representative feeling empowered to fundraise in country. The delegation believes that a framework should guide rapid unlocking of resources based on predefined criteria at an earlier stage in the response, prior to a grade 3 grading, enabling earlier intervention to curb cases. The IOAC notes the lack of investment in preparedness, and a need to address donor preference for response funds.

4. CONCLUSION

The IOAC appreciates the hard work of the staff in the WHE Programme at all three levels, and all the healthcare staff in tackling the cholera and other outbreaks in Malawi throughout 2022 and the early part of 2023. During the mission, the delegation was impressed by the dedication and tireless work of the Regional Emergency Director for Africa, the WR and her team, and the Incident Manager in responding to the multiple concurrent crises.

WHO's response to the cholera outbreak in Malawi showed the potential of the WHE Programme and it provides valuable lessons for the Organization. Although, the IOAC believes that the response to cholera was delayed and significantly prolonged the outbreak, the WHO surge support in late January 2023 had an instrumental impact on reducing case numbers, decreasing deaths, and lowering the case fatality rate.

It is essential that avoidable delays are not repeated in other countries, including those adjacent to Malawi that are facing similar issues. When WHO acts as one Organization, with one workforce, one budget and one line of authority, health emergency management will be even more effective and save more lives.

Annex. IOAC visit programme in Malawi, 5-8 March 2023

Date	Agenda Item	Venue
Day 1 – Sunday 5 March 2023		
14:00	Arrival of delegation	Airport
16.00	Interview with AFRO RED	Hotel
18.00 – 20.00	IOAC Private Session	Hotel
Day 2 – Monday 6 March 2023		
08:00 – 09:00	Cholera daily IMS meeting	WHO Country Office (WCO)
09:00 – 10:00	Meeting with WHO Cholera IMS team • Overall briefing by WR • IM cholera & Team	WCO
10:00 – 10:30	Security briefing on the overall situation in Malawi	UNDSS
11:00 - 11:30	Meeting with WHO COVID-19/floods IMS team • Overall briefing by WR • IM COVID-19/floods	WCO
11:45 – 12:30	Meeting with Resident Coordinator a.i, and OCHA	Malawi UN Office
12.30 – 14.00	Meeting with the Secretary of Health, Co-Chair of the Presidential Task Force on COVID-19 & Cholera and Senior Ministry of Health Officials	Hotel
14:30 – 16:00	Briefings on: • IM Polio • CSU Team (HR, Admin, PMO, Finance, Procurement and Logistics)	WCO
16:00 – 17.00	Meeting with Civil Society Organizations	WCO
18.00 – 20.00	IOAC Private Session	Hotel
Day 3 – Tuesday 7 March 2023		
09:00 – 10:00	Meeting with the secretariat of the Presidential Task Force on COVID-19 and Cholera outbreak response (PTF)	Presidential Task Force's office
10.30 – 12:00	Meeting with the Department of Disaster Management Affairs (DoDMA)	DoDMA
12.30 – 14.00	IOAC Private Session	Hotel
14:00 – 15:00	Virtual & physical meetings with the Health Cluster (HC) Partners	Virtual
15:30 – 16:00	Update on PRSEAH	WCO
16:00 – 17:00	Update on Risk Communications and Community Engagement	WCO
18.00 – 20.00	IOAC Private Session	Hotel
Day 4 – Wednesday 8 March 2023		
8:30 -10.30	IOAC debriefing session and end of visit[6]	Hotel

[6] Following the IOAC visit to Malawi, the delegation held virtual interviews with the Regional Director for Africa, HQ colleagues in the IMS, and the WHO Representative in Malawi