Ebola Response:

The Director General of WHO provided an overview of the current situation and challenges surrounding the Ebola response and stated that coordinated international support can help to control the situation. Several factors compound the current outbreak including poverty; very weak health systems; denial by the governments; rumours; violence against health care workers; fear; cross-border movements; and unsafe burial practices. There are also secondary effects, with those with other illnesses not seeking health care and the impact on trade, agriculture, and business, which could result in social unrest.

In line with the recommendations of the International Health Regulations Emergency Committee (IHREC), a strong, well-coordinated response is required to stop transmission between affected countries and to prevent any further spread of Ebola to countries that are not affected. To this end, the presidents of the affected countries have been encouraged to mobilize all available assets; the World Bank will soon make available $200 million to strengthen health systems in the countries; a regional hub in Conakry has been strengthened; and country teams have been mobilized. WHO is asking other governments to provide medical teams and assistance. Capacity is urgently required. A recommendation was made by WFP to formally activate the Logistics Cluster to support the broader system response.

With respect to risks to UN and other staff in affected countries, the risks are low. Communication and information from authoritative sources, especially on prevention, needs to be provided to all staff, including peacekeeping staff. The UN travel advisory needs to be revisited in light of the IHREC’s recommendations. There was recognition that any reduction or movement of staff needs to be treated carefully, given the potential for misinterpretation by stakeholders, including Member States and the press. Evacuation possibilities to third countries for infected staff need to be explored further.

Clear messaging and social mobilization activities are essential to ensure sensitisation. Resident Coordinators need to work with Humanitarian Country Teams, not just UN Country Teams to ensure broader coordination with development actors, including NGO partners. The appointment of David Nabarro as Senior UN System Coordinator for Ebola was welcomed and he was called upon to bring together all development and humanitarian actors, particularly those outside the UN, which have experience working with Health Ministries and other local institutions.
**Action Points:**

The IASC Principals agreed to:

1. **Endorse the EDG recommendations on Ebola for further discussion with WHO.** *Action by:* WHO with the Senior UN System Coordinator for Ebola and IASC organizations, by 15 August 2014.
2. **Ensure consistent messaging in advocacy, when raising public awareness and in communicating with staff.** *Action by:* WHO to share two-pager with clear messages on Ebola with IASC organizations for their use. [done]
3. **Support WHO in mobilising resources required from governments.** *Action by:* The ERC and smaller group of IASC Principals in support of the WHO Director General’s efforts. Immediately.
4. **Ensure links between humanitarian and development partners by coordinating through Humanitarian Country Teams and under the coordination of the Senior UN System Coordinator for Ebola.** *Action by:* IASC organizations and development partners, immediately.

**Iraq:**

After receiving updates on the political and security developments, the discussion on Iraq focused on the request to declare an L3 and to appoint a Deputy Humanitarian Coordinator. In addition, there was a discussion of the need for scale up of delivery to those trapped in the mountains who may be evacuated over the next 24 to 48 hours. Concerns around slow disbursement of the Saudi funds to NGO implementing partners were also raised.

Several agencies have already declared internal L3s. While many were supportive of a system-wide L3 declaration, concerns were also expressed by IASC members. Objectively, the situation met the criteria of an L3 yet the impact of a declaration was unclear in the face of the current protection crisis with a difficult security and operating environment. Declaring an L3 was seen by some as a way to strengthen a whole-of-Iraq approach. Others expressed the view that much could be done to scale up in Iraq, using L3 mechanisms without declaring an L3. Having four L3s could call into question the credibility of the declaration, particularly with the response in the Central African Republic lagging. All members agreed on the need for straightforward, not complex coordination structures to facilitate enhanced delivery and operational effectiveness. National NGO capacity should not be overridden.

There was broad support for the appointment of a Deputy Humanitarian Coordinator, perhaps with a protection background.

On the disbursement of the Saudi funds, some agencies noted that had have already committed some funding to implementing partners and would ensure that disbursements to NGO partners are not held up. On the issue of requesting matching funds, agencies agreed to follow up on this to ensure there had not been any miscommunication with NGO partners.

The ERC shared the concerns around credibility and the expectations that arise when an L3 is declared in a situation where humanitarian action is limited due to insecurity, lack of access and the ability of humanitarian organisation to provide protection is limited. Given the links between the crises in Syria and Iraq and the activities of IS, an L3 should be declared but with the clear understanding that an L3 declaration would have limited impact in some aspects of the crisis. A straightforward coordination mechanism that ensured a regional approach was
required. Declaring an L3 would also support coordination and interaction with donors to address gaps in the response.

**Action Points:**

The IASC Principals agreed to:

5. **Activate an L3 in Iraq linked to the Syria L3, with an emphasis on a whole of Iraq approach, and with the full knowledge of the limitations of what humanitarians can achieve. Action by:** IASC organizations, immediately.
6. **Agree to appoint a Deputy HC in Iraq and suggest candidates. Action by:** IASC organizations, immediately.
7. **Undertake a quick review of coordination mechanisms in the region to ensure that coordination is kept as straightforward as possible. Action by:** Emergency Directors by 20 August 2014.
8. **Review the L3s to date to assess what has been achieved, identify learning for the future, and consider areas where the protocols may need to be refined. Action by:** IASC EDG for the consideration of Principals at their December meeting, by 20 November 2014.
9. **Revisit the meaning of protection in the particular humanitarian context of Iraq. Action by:** ERC and IASC Principals, by end of October 2014

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