



World Health  
Organization

W

H

Response

Risk assessment

**Business Continuity Plan**

Emergencies Staff security Readiness

health

**Contingency Plans**

S

Staff safety

Premises

Planning

floods

O

Mitigation

Health Emergencies

Assets

U

BCP

Hazard

Earthquake

Action plan

CP

Critical Operations

t

h-East Asia Regional and Country Offices

Emergency Readiness Training II

12-14 December 2017, New Delhi

World Health Organization 2017

Some rights reserved. This work is available under the Creative Commons Attribution-Non-Commercial-Share Alike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO); <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>.

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization. Suggested citation WHO South-East Asia Regional and Country Offices Emergency Readiness Training. New Delhi: World Health Organization;2017. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>. Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

This publication contains the report of the WHO South-East Asia Regional and Country Offices Emergency Readiness Training and does not necessarily represent the decisions or policies of WHO.

Printed in India in English

# WHO SOUTH-EAST ASIA REGIONAL AND COUNTRY OFFICES EMERGENCY READINESS TRAINING II

12-14 December 2017, New Delhi



This page is intentionally blank



# Contents

- Executive Summary ..... 6
- Background..... 6
- Methodology and implementation ..... 7
  - Curriculum development ..... 7
  - Evaluation..... 8
- Summary of events ..... 8
  - Day 1..... 8
    - Session 1 Recap and Readiness Checklist..... 9
    - Session 2: Business Continuity Plan (BCP)..... 10
    - Session 3 Group work- Business Continuity Plan..... 10
    - End of day 1..... 10
  - Day 2..... 11
    - Session 4 Contingency Planning ..... 11
    - Session 5 Group work: Exercise for CP ..... 11
  - Day 3..... 12
    - Session 6 Simulation Exercise ..... 12
    - Final remarks ..... 13
- Recommendations ..... 13
  - Methodology..... 13
    - Training content development and delivery ..... 13
    - Training activities..... 14
    - BCP and CP guidance ..... 14
    - Table top Exercise ..... 14
  - Regional and Country Office actions..... 14
    - Administrative issues..... 14
- Conclusion..... 15
- Annex 1 Provisional Programme ..... 16
- Annex 2 List of participants ..... 20
- Annex 3 Participant feedback ..... 23
  - Day 1..... 23
  - Day 2..... 26
  - Day 3..... 29



## Executive Summary

The 2016 baseline study on operational readiness conducted by WHE showed that only 12 of the 116 WHO Country Offices responding met pre-defined minimum requirements for readiness to respond to public health emergencies. These minimum requirements include having both a business continuity plan and contingency plans in place for priority hazards. Sensitization and training is also required across country offices to convey to staff that responding to emergencies is the work of the entire office and the entire organization. This training includes emergency management processes like the incident management system, and organization wide tools like the Emergency Portal.

During the three-day training held in New Delhi from 12-14 December 2017, WHE representatives from country offices participated in active training sessions to draft business continuity and contingency plans for their offices. These activities culminated in a table top exercise designed to identify existing strengths and areas for further development before the April 2018 deadline for completing the plans. Priority action areas for countries include the further development and testing of business continuity and contingency plans through exercises or evaluation following actual events.

## Background

The WHO Health Emergencies Programme defines readiness refers to the capacity of WHO to respond to emergencies and disasters in a timely and effective manner. It is based on a common corporate approach and procedures for responding to such events for all hazards and at the various levels of the Organization. All offices of WHO need to ensure that before emergencies and disasters occur, they have the appropriate resources, systems, policies, procedures and capacities in place to ensure that they can undertake predictable and effective operations in support of Ministries of Health and health partners and as part of the UN country teams.

Though WHO has made progress in improving emergency readiness, including the readiness of Member States and partners, there is much work to be done. A 2016 baseline study showed that just 12 WHO country offices globally had all of the minimum requirements in place. That's 12 out of a total 116 country offices, or around 10.3%. Notably absent are Business Continuity Plans (BCP), Contingency Plans (CP) and basic staff training in emergency response. This trend is also seen in the South-East Asia region, where an increase in the scale and severity of public health emergencies and disasters has increased in recent years. As part of the emergency reform and the establishment of the new WHO Health Emergency Programme, the WHO Regional Office for South-East Asia (SEARO) has designated strengthening capacity in the region to respond to emergencies from all hazards as a flagship priority.

The Health Emergencies Programme (WHE) developed and conducted the second in a series of practical training events from 12-14 December 2017 at the Regional Office in New Delhi. This second training focused on establishing a baseline understanding of business continuity and contingency plans and catalysing development of a business continuity plan for country



offices and contingency plans for priority hazards. The training was conducted by WHO internal experts supported by external consultants.

## Methodology and implementation

As with the first workshop, a mixture of active learning methods was employed to keep participants engaged during the intensive three-day training. These methods included practical exercises in developing components of business continuity and contingency plans, discussions, and question and answer sessions. Activities were based on the priority hazards and working environment of each individual country office, with exercises progressively building to an initial draft of both a business continuity plan and a contingency plan for one priority hazard. A simulation on day three allowed the participants to demonstrate their understanding of the material covered during the training and to assess strengths and opportunities for improvement and identify next steps for completion of the BCP and CPs.

A web page<sup>1</sup> was set up for the training, with links to guidance documents and the report of the prior training. Participants were asked to complete the planning checklist for WCO Readiness<sup>2</sup> and review the draft Guidance for business continuity planning<sup>3</sup> and the draft Guidance for contingency planning<sup>4</sup> as pre-training activities. A SharePoint site<sup>5</sup> was also established with folders for each country to store their BCPs and CPs while in development, as well as to access the training presentations. This site will remain active for the participants to continue development of their plans.

## Curriculum development

The curriculum was developed through a series of discussions with the Programme Area Manager Emergency Operations (EMO) and EMO team at SEARO and finalised through valuable inputs from Regional Emergency Director (RED) and course facilitators. The design focused on two core elements of emergency readiness planning – Business Continuity Plan (BCP) and Contingency Plan (CP) apart from reviewing the status of readiness of WHO Country Offices.

Except for the simulation exercise on day three, all materials, presentations and exercises were designed and delivered by SEARO and Headquarters colleagues with support from the facilitator and technical consultant. The facilitator engaged with all colleagues who were part of the training team to identify learning objectives for his or her session, plan and develop the presentation and activities, and manage the allocated time effectively. This highly interactive and outcome-based training format is a departure from the traditional didactic method of trainings being composed of a series of presentations followed by plenary discussion. The planned training output was a draft BCP and CP from each participating WHO Country Office.

---

<sup>1</sup> [http://www.searo.who.int/entity/emergencies/Regionalreadinesstraining\\_2017/en/](http://www.searo.who.int/entity/emergencies/Regionalreadinesstraining_2017/en/)

<sup>2</sup> <http://www.searo.who.int/entity/emergencies/checklistforwebsite.pdf?ua=1>

<sup>3</sup> [http://www.searo.who.int/entity/emergencies/document\\_bcpforwebsite.pdf?ua=1](http://www.searo.who.int/entity/emergencies/document_bcpforwebsite.pdf?ua=1)

<sup>4</sup> <http://www.searo.who.int/entity/emergencies/cpforwebsite.pdf?ua=1>

<sup>5</sup> [http://extranet.searo.who.int/emo/readiness\\_workshop2/](http://extranet.searo.who.int/emo/readiness_workshop2/)

The templates for readiness checklist, BCP and CP were circulated to participants who were asked to complete the checklist and review the templates as pre-training activities and asked to be prepared with various data and information critical for creating the draft plans during the training session with direct support from facilitators.

## Evaluation

Evaluation of the training itself and participant satisfaction was conducted on a per session basis via an online survey to allow participants to express their level of satisfaction with the content and presentation of the material and express how useful the material would be in their work. The results of these survey are in an annex to this document.

## Summary of events

### Day 1

Dr Roderico Ofrin called the meeting to order and welcomed the participants and thanked them for taking the time to come to the training, especially with the emergencies currently unfolding in the region. He then introduced the new DPM Dr Pem Namgyal to present the opening remarks.

Dr Namgyal expressed the regrets that the Regional Director (RD) could not attend and read her opening remarks in her absence. The RDs remarks stressed the need for improving readiness in the region, especially in light of the increasing frequency and scale of public health emergencies and disasters. While the impact of these events on WHO operations cannot always be fully predicted, BCPs, which mitigate the impact of an emergency on WHO staff, premises, assets, and programmes, and CPs, which plan for expected elements of a response to an event, can improve WHO's capacity to maintain and restore critical operations and deliver life-saving interventions.

Dr Ofrin then introduced the training continuum by providing a summary of the topics and tools to be discussed in the training. Each of the topics and tools were explained in the context of their contribution to readiness and response.

Dr Arturo Pesigan introduced the facilitators and presenters for the training and then provided an overview of the training objectives (full presentation in Annex 3):

- Assess the status of readiness of WCOs in the region
- Review progress and learning since the previous training
- Develop 80% of a BCP
- Develop 90% of a CP.

He reminded participants that the BCP and CPs should be completed by the next readiness training in April 2018, so they can be submitted to the RD.

Dr Pesigan led the participants to introduce themselves.

Following the group photo and coffee break, the training sessions began.



## Session 1 Recap and Readiness Checklist

Dr Nilesh Buddh reviewed the key points of the first training workshop. The topics included (full presentation in Annex 4):

- What is Operational Readiness
- WHO survey findings
- Readiness Framework and training
- WHO commitments and principles in emergencies
- Emergency response Framework
- EOC and vSHOC

Nepal country office participants shared their experiences in implementing preparedness and response measures as related recent flood response. The emergency was graded as level 1, and the IMS was implemented. They noted that although the emergency was only a grade 1, there were already staffing, procurement and supply challenges and support was needed from the regional office. The procurement of kits was highlighted as a specific issue. The mandatory 31 day “contract break” for temporary appointments was a significant HR issue, with key staff unable to contribute to the response due to HR regulations.

The WR and other staff from the Democratic People’s Republic of Korea presented on their readiness work since the first training. While there has not been an emergency response, it has been a turbulent period since the first training. The HQ Security focal point visited the office and insisted on implementing IMS, with the structure ready to be activated at any time. Plans for IMS and repurposing need to account for the office R&R policy, so each function in IMS has been delegated to two people in the event of staff being out of country. The office also is challenged by a very small international team, inability to mobilize national staff, potential for serious banking channel disruption, and serious logistics challenges, including UN sanctions on potentially dual purposed goods.

Sri Lanka country office participants presented on their experience with recent flood, landslide and associated dengue outbreak response in the country. During these events, IMS was activated, all functions were identified, and the office was repurposed. Updated to vSHOC were made after after the event. The group noted that an area for improvement was information management. Sri Lanka also noted challenges in procurement, although they work mainly through local suppliers coordinated through the MoH, but international procurement was supported by the regional office. A specific challenge was two emergencies as the same time.

The situation of two concurrent and related events, such as floods and a dengue outbreak raised the question of what to do when there is an “emergency within an emergency”. Drs Ofrin and Pesigan discussed incidents where this has happened and is currently happening, with the response being that the policy is to grade each event separately. As one emergency may have a longer duration or different impact and response need from another, events are assessed separately.

Dr Pesigan then again took the floor to present a more detailed picture on WCO readiness in the region. He reviewed the results of responses to the readiness checklist and noted that self-assessment results will be used for a baseline (full presentation in Annex 5).



Following the presentation, the floor was opened for comments and questions. It was noted that while planning needs were highest in countries with high risks or unusual circumstances, however resources for readiness are not allocated proportionally to these challenges. Participants also noted that some questions in the checklist do not have a quantitative measure, for example visibility items.

## **Session 2: Business Continuity Plan (BCP)**

Dr Pesigan began the session with a presentation noting that business continuity planning is one of the core elements of the UN Organizational Resilience Management System and is part of compliance in internal audit procedures. He cited examples of WCOs which experienced issues with their normal premises and explained the need for BCPs to guarantee the safety of staff, premises and assets, maintain programmes and operations, and ensure WHO is able to deliver a swift and effective emergency response (full presentation in Annex 6).

Dr Anne Anca of the Emergencies programme at HQ then presented the BCP framework and guidance. She also stressed that BCPs are a necessary tool to ensure that we can continue to deliver critical services during an emergency. She reviewed the objectives of a BCP and how to assess risks to office functionality. She noted that critical functions will be partially event dependent, based on the response elements needed and the situational context (full presentation in Annex 7).

## **Session 3 Group work- Business Continuity Plan**

For the remainder of the day, participants worked with moderators (see Annexure 1 of Annex 1) to develop draft BCPs section by section through the following activities, with countries delivering a summary of their initial findings in plenary:

- Developing a risk assessment matrix for BCP
- Identifying risk management measures for safety and security of staff, premises, assets and operations
- Defining critical operations and functions
- Identifying necessary elements for response to emergency
- Outlining WCO processes for activation and deactivation of BCP and developing an action plan.

Participants requested additional time to further develop their BCP action plans, which the facilitators agreed to arrange following the recap of Day 1 and questions the next day.

## **End of day 1**

Time was allocated at the end of the day for questions, and time to complete the online feedback survey (results in Annex 11). Comments from participants largely focused on the cross-cutting nature of business continuity planning and the need for a high level of involvement from administrative officers and other staff across the WCO.

## Day 2

Dr Sourabh Sinha reviewed the activities of the previous day and the results of the feedback survey. Participants were satisfied with the content and activities of the previous day but expressed a need for more time for the activities and better time management. Comments on the previous day's work included expressing the challenges when attempting to create a plan considering all risks and concerns about the costs and necessary expertise to develop robust and flexible plans. The development of BCPs was noted as being further complicated by the need to integrate with UN Country Team BCPs, and offices that are in shared premises (either UN or MoH) will not be able to control for all elements of the plan. Participants agreed that an additional challenge was involving the entire office in the development and implementation of the BCP and it was not just a job for WHE.

The work on BCPs, and consideration of contingency planning needs led to questions about stock management and procurement. Dr Ofrin reminded participants that locations are currently being examined to serve as a logistics depot for the area, with Malaysia being a possibility. He stressed that we must be careful about what is stored in WCOs to avoid an unnecessary burden of stock management and disposal on the offices. The issues surrounding stockpiling and procurement are understood to be a major issue for WHE but is also an issue for other areas, such as diagnostics.

Participants then spent more time finishing up the action plan segment of their work on WCO BCPs. All work done by participants on their BCPs was saved to their respective country folders on the SharePoint. They are expected to continue working on the plans, aiming at finalizing the BCP and CPs for the next training in April 2018. By keeping them in the SharePoint, WHE in the RO can monitor and support the process, ensuring all countries are on track to meeting the deadline.

### Session 4 Contingency Planning

Dr Pesigan provided a brief overview of what contingency planning is, and why it is necessary (full presentation in Annex 8). He then gave the floor to Dr Anicia for a presentation on the CP framework and guidelines.

Dr Anicia noted that CPs will need to work in a multi-sector, multi-agency world and many of the same challenges faced integrating BCP with partners will apply to this process as well. She stressed that role of WHO in non-health hazards is to make sure that WHO and health issues are included, meaning that WHO needs to engage with the UN team to be part of the IASC contingency plan.

### Session 5 Group work: Exercise for CP

The country participants worked for the rest of the day on building a contingency plan in stages, with draft CPs being created and modified in the country folders on the SharePoint as their work progressed:

- Stage I: Situational analysis and risk assessment
- Stage II: Scenarios and assumptions
- Stage III: Mitigation strategy
- Stage IV: WHO preparedness strategy

- Stage V: Preliminary response plan and WHO action plan.

Countries then broke up into groups of 2-3 countries each to present their preliminary drafts and discuss.

The link for the online feedback survey was provided during this final session, with the facilitators reminding participants that completing the survey was much appreciated feedback.

## Day 3

Dr Sourabh Sinha again reviewed the activities of the previous day and the results of the feedback survey. Participants were more satisfied with time management than on the first day, but still wished for more time for activities. Comments from participants on the previous day's work continued to reflect the level of complexity in developing both BCPs and CPs, including challenges in obtaining and verifying data necessary for proper risk assessments. Ms Tamara Curtin Niemi then launched the table top exercise.

### Session 6 Simulation Exercise

Ms Curtin Niemi presented guidance for participating in the simulation (full presentation in Annex 10). Each country was assigned a scenario, which was saved to their SharePoint country folder, and a series of questions to use to explore how the BCP and CP drafted during the previous two days would apply to the situation. Each country was provided with the same set of questions, but the scenarios were specific to both the country and the hazard selected for CP development the previous day.

Participants were satisfied with the content and activities of the previous day but expressed a need for more time for the activities and better time management. Comments on the previous day's work included expressing the challenges when attempting to create a plan considering all risks and concerns about the costs and necessary expertise to develop robust and flexible plans. The development of BCPs was noted as being further complicated by the need to integrate with UN Country Team BCPs, and offices that are in shared premises (either UN or MoH) will not be able to control for all elements of the plan. Participants agreed that an additional challenge was involving the entire office in the development and implementation of the BCP and it was not just a job for WHE.

Country office responses to applying BCP and CPs to their given simulation scenario showed significant strengths in the draft plans and an understanding of the purposes and interactions of the two plans. All countries displayed a strong understanding of the need for information, and the fragility of access to that information in the event of an emergency. Countries were also aware of the areas in which they would need support, including a priority for IT, administrative and information management support in addition to health technical areas. Countries also considered that reduced staff would be available for various reasons, both related to HR rules, R&R situations, and staff who would be impacted themselves by the event.

Areas where support from outside the WCO would be needed were consistent among participants. Support in IT, administration (including GSM, HR and purchasing), logistics, and

communications. Additional HR needs noted include drivers and security, indicating a need to rapidly deploy security to the field in an emergency and to solidify local recruiting procedures for staff such as drivers. Discussions in the previous two days were consistent with the needs expressed during the simulation, with a strong emphasis on procurement and logistics. The absence of both an on-staff logistician a logistics depot in the region are a concern of all countries and a challenge to effective planning.

Following feedback from the simulation, Drs Pesigan and Ofrin opened the floor for questions and comments. During this time participants noted that risk communication was a challenge in countries, and very hard to practice and prepare in advance. It is possible, however, to pre-identify the process for development, clearance and dissemination of messages, which can be very complex, especially in the case of zoonotic outbreaks or complex emergencies and disasters in which more than one technical agency is involved. Participants again stressed challenges in procurement and stockpiling, Participants were also provided with an update on the EMT processes.

## Final remarks

Dr Pem Namgyal then delivered the closing remarks for the training. He acknowledged that while many countries have some form of BCP, it is important to get plans into the WHO template, and to keep the plans updated. He stressed the role that BCP and CPs play as core elements of readiness and are priority items to complete. Both the BCP and CPs for country offices are expected to be completed by the next training in April 2018. He noted that the SEARO would offer support in finalizing these plans, including review and support in finalizing the draft, collaboration and support in conducting exercises and drills for testing the draft BCPs, and support to facilitate discussion on administrative aspects as well as on communication plans.

Drs Namgyal and Ofrin then presented participants with certificates of attendance and the group photo before closing the training.

## Recommendations

### Methodology

#### Training content development and delivery

For this second readiness training, RED again capitalized on WHO internal experience and understanding to create a dynamic training programme by SEARO, for SEARO. The relevance and regional focus of activities and discussions was appreciated by participants. However, the transition from in-depth PowerPoint-based briefings to a more interactive form of knowledge development and transfer remains a challenge for health technical professionals at all levels of the organization. A return to a more scripted session approach could improve time management for future workshops through identifying time management issues prior to the workshop.

The material involved in this training is a departure from the traditional concept of emergency preparedness and was a new area of practice for many participants. Self-paced

training on the BCP and CP guides, mandatory for attendance and counting towards staff development goals, would be helpful to ensure that a minimum baseline could be expected prior to beginning the training. The participants also noted that a significant amount of the work in the plan is the work of the administrative officer, and not emergencies. The organizational policy is now that emergencies are everyone's work, however the reality appears to be disconnected from this policy. Participation of administrative officers in future trainings in other regions would reinforce the corporate message.

## **Training activities**

The drafting of BCP and CPs was very participant centred but could be enhanced by providing additional materials. Quick reference guides or checklists to guide the plan development by segment could further support countries in their work. Time management was a persistent challenge, and especially for the BCP drafting, participants noted that more time would be helpful. The time for completion of activities, however, must be balanced against the tasks to be accomplished in the limited time feasible to have a significant number of country office staff away from their duty station.

## **BCP and CP guidance**

Many participants noted challenges in identifying responsible persons for elements and actions in their plans, as well as in tracking the development and implementation of those elements. Finding a way to integrate the traditional project management concept of RACI could facilitate managing this complexity. In project management methodology, RACI stands for Responsible, Accountable, Consulted, and Informed. Identifying the necessary stakeholders under this classification could not only facilitate tracking but ease the development process by bringing in stakeholders who need to be consulted (such as the WR) prior to the finalization of the plan.

## **Table top Exercise**

The country groups responded to the questions posed in such depth that it was not possible for them to present all their findings in the time allotted. In addition to revisiting the feedback mechanism, the number and depth of the questions should be examined as well as the directions for participation. An attempt was made in the simulation directions for participation to feedback in plenary on three areas; strengths in the BCP and CP, areas for further development, and outside support needed, however these directions were not followed by the country groups. A balance needs to be achieved between the number of questions to explore, the time to feedback, and the time available for the simulation. As with any exercise, the objectives should be reviewed prior to development and conduct of the exercise.

## **Regional and Country Office actions**

### **Administrative issues**

Multiple comments were made during the training, repeating a theme from the first training that there is a perception in country offices that preparing for and responding to emergencies is the work of the emergencies group and not that of the entire office. The message from the top of the organization down needs to be that not only is WHE at all three



levels of WHO a single team, but that in an emergency the entire country office, local and international, fixed term and short term, general and professional staff, are expected to support a response as needed. This can be reinforced in communications from leadership, but also through involving a broader group in the development of BCPs and CPs.

The continued absence of a logistician on staff in the region presents challenges in participating in organization-wide decisions regarding stockpiling, emergency supply chain, and supporting country offices, readiness efforts in identifying and building logistics capacity and pre-positioning and management of materials. The absence of a logistician may also contribute to a perception that logistics is not a critical consideration in response planning.

## Conclusion

The overall response to the training program was positive and the highly interactive format was appreciated by participants, although more time for explanation, discussion and practice of the new concepts introduced was desired. The progressive activities built logically to the final exercise applying the BCP and CPs drafted the first two days, and determination of next steps. A clear need emerged to communicate across the organization that responding to emergencies is part of everyone's job, regardless of grade or contract status, highlighted by the need for administrative officers to work with WHE in development of the BCP. Support from the SEARO in the continued development and validation through exercise or evaluation following and event of BCP and CPs is needed.

# Annex 1 Provisional Programme



**World Health  
Organization**

Regional Office for South-East Asia

**WHO South-East Asia Regional and Country Offices Emergency Readiness  
Training  
12 - 14 December 2017, SEARO Conference Hall**

## PROVISIONAL PROGRAMME

Day 1: Tuesday, 12 December 2017		
08:00-08:30	<b>Registration</b>	
08:30-09:00	<b>Introductory Session</b>	
	Welcome	Dr Roderico Ofrin <b>Regional Emergency Director</b>
	Opening Remarks	Dr Poonam Khetrpal Singh <b>Regional Director /WHO SEARO</b>
	Introduction to the training continuum	Dr Roderico Ofrin
	Training objectives Introduction of training facilitators and participants Administrative announcements	Dr Arturo Pesigan <b>Programme Area Manager Emergency Operations</b>
	Group photograph	
09:00-09:15	<b>Tea/Coffee</b>	
09:15-11:00	<b>Session 1: Recap and Readiness Checklist</b>	
09:15-09:45	Highlights of 1 <sup>st</sup> Emergency Readiness training	Dr Nilesh Buddha
09:45-10:30	Feedback of 1 <sup>st</sup> Emergency Readiness training <i>Sharing of feedback by DPR Korea, Indonesia, Myanmar, Nepal and Sri Lanka</i>	WCO participants
10:30-11:00	Status of regional WCOs readiness Where are we?	Dr Arturo Pesigan
11:00-12:30	<b>Session 2: Business Continuity Plan (BCP)</b>	
11:00-11:10	Overview of Business Continuity Plan (BCP)	Dr Arturo Pesigan
11:10-11:20	BCP framework and guidelines	Dr Anne Ancia
11:20-11:30	Open Forum – Q & A	Dr Arturo Pesigan & Dr. Anne Ancia
13:30-17:30	<b>Session 3: Group work – Business Continuity Planning</b>	
11:30-12:15	Stage I: Risk Assessment Matrix for BCP	Refer to annexure 1



**World Health  
Organization**



12:15-12:30	<i>Presentation of Risk Assessment: <b>Bhutan &amp; DPR Korea</b></i>	Moderator: Dr Anne Ancia
<b>12:30-13:30</b>	<b>Lunch</b>	
13:30-14:20	Stage II: Risk Management Measures for safety & security of staff, premises, assets & operations	Refer to annexure 1
14:20-14:25	<i>Presentation of Risk Management Measures for safety &amp; security of staff, premises, assets &amp; operations: <b>India</b></i>	Moderator: Dr Anne Ancia
14:25 -15:10	Stage III: Critical operations & Functions	Refer to annexure 1
15:10-15:15	<i>Presentation of critical operations &amp; functions: <b>Indonesia</b></i>	Moderator: Dr Anne Ancia
<b>15:15 - 15:30</b>	<b>Tea/Coffee</b>	
15:30-16:20	Stage IV: Response to emergency	Refer to annexure 1
16:20-16:30	<i>Presentation of Response to Emergency: <b>Nepal &amp; Sri Lanka</b></i>	Moderator: Dr Anne Ancia
16:30-17:15	Stage V: Activation & Deactivation of BCP with Action Plan	Refer to annexure 1
17:15-17:30	<i>Presentation of Activation &amp; Deactivation of BCP with Action Plan: <b>Timor Leste &amp; Myanmar</b></i>	Moderator: Dr Anne Ancia
<b>Day 2: Wednesday, 13 December 2017</b>		
08:30-08:40	Recap of Day 1	Dr Sourabh Sinha
08:40-09:00	WCO Action Plan for BCP	
09:00-09:40	Open forum: Q & A	Moderator: Dr Anne Ancia
<b>09:40-10:55</b>	<b>Session 4: Contingency Planning (CP)</b>	
09:40-10:00	Overview of Contingency Planning (CP)	Dr Arturo Pesigan
10:00-10:55	CP framework and guidelines	Dr Anne Ancia
<b>10:55 -11:10</b>	<b>Tea/Coffee</b>	
<b>11:10-16:30</b>	<b>Session 5: Group work exercise for CP</b> (each country to choose any one hazard)	
11:10-11:15	CP Framework on situational analysis & risk assessment	Dr Anne Ancia
11:15-11:45	Stage I: Situational analysis & risk assessment	Refer to annexure 1
11:45-11:55	CP Framework on scenarios & assumption	Dr Anne Ancia
11:55-12:30	Stage II: Scenarios & assumptions	Refer to annexure 1
<b>12:30-13:15</b>	<b>Lunch</b>	
13:15-13:20	CP Framework on mitigation strategy	Dr Anne Ancia
13:20-13:50	Stage III: Mitigation strategy	Refer to annexure 1
13:50-14:00	CP Framework on WHO preparedness and action plan	Dr Anne Ancia
14:00-14:30	Stage IV: WHO preparedness strategy	Refer to annexure 1
14:30-14:40	CP Framework on Preliminary response plan & WHO action plan	Dr Anne Ancia
14:40-15:15	Stage V: Preliminary response plan & WHO action plan	Refer to annexure 1
<b>15:15-15:30</b>	<b>Tea/Coffee</b>	



15:30-16:30	Group discussion on CP – 3 break out rooms Sri Lanka room Conference hall SHOC room	Dr Anne Anicia Dr Arturo Pesigan Ms Tamara Curtin Niemi
<b>Day 3: Thursday, 14 December 2017</b>		
08:30-08:45	Recap of Day 2	Dr Sourabh Sinha
<b>08:45-13:45</b>	<b>Session 6: Simulation Exercise</b>	
08:45-08:50	Introduction: Agenda, orientation to exercise, explanation of feedback mechanism	Ms Tamara Curtin Niemi
08:50-09:00	Distribution of scenarios and questions	Ms Tamara Curtin Niemi
09:00-10:30	Activity: Countries work on the scenario material	Ms Tamara Curtin Niemi
<b>10:30-10:45</b>	<b>Tea/Coffee</b>	
10:45-12:30	Simulation Exercise on readiness planning & mitigation	Ms Tamara Curtin Niemi
<b>12:30-13:30</b>	<b>Lunch</b>	
13:30-13:45	Plenary Feedback session for simulation exercise	Ms Tamara Curtin Niemi
<b>13:45-15:00</b>	<b>Session 7: Next steps and evaluation of the course</b>	
13:45-14:45	Discussion on next steps	Ms Tamara Curtin Niemi Dr Arturo Pesigan
14:45-15:15	Completion of Evaluation	Ms Tamara Curtin Niemi Dr Sourabh Kumar Sinha
<b>15:00-15:15</b>	<b>Closing Session</b>	
15:00-15:15	Final remarks	Dr Pem Namgyal Director, Programme Management Dr Roderico Ofrin
<b>15:15-15:30</b>	<b>Tea/Coffee</b>	
15:30-16:30	Business meeting with RED and WHE <ul style="list-style-type: none"> <li>• Roles and Responsibilities of WHE focal points</li> <li>• Communication protocols</li> <li>• Activities 2018</li> <li>• Follow-up/discussion</li> </ul> <i>Venue: SHOC Room – ground floor</i>	



S. No.	Name of the WCO	Session	Moderator	SEARO Team (Technical & Administrative support)
1	Bhutan	Session 3 and 5	Dr. Vason Pinyowiwat	Ms Purvi Paliwal Mr Amit Singh
2	DPR Korea	Session 3 and 5	Dr. Anne Ancia ( Dr. Arturo Pesigan)	Dr Moe Ko Oo Mr Sunil Bhambri
3	India	Session 3 and 5	Ms Tamara Curtin Niemi (Dr. Vason P)	Dr Manish Kakkar Ms Raman Nayar
4	Indonesia	Session 3 and 5	Dr. Arturo Pesigan	Dr Philip Gould Mr Mayank Bansal
5	Myanmar	Session 3 and 5	Dr. Nilesh Buddh	Dr Miftahul Fahmi Sembiring
6	Nepal	Session 3 and 5	Dr. Arturo Pesigan	Mr. Sanjeev Kashyap Mr. Virendra Sharma
7	Sri Lanka	Session 3 and 5	Dr. Sourabh Kumar Sinha	Mr. Kuldeep Sharma
8	Timor Leste	Session 3 and 5	Dr. Anil Bholra	Mr. Pankaj Saxena
9	Bangladesh		Not able to join	
10	Maldives		Not able to join	
11	Thailand		Not able to join	



## Annex 2 List of participants

### WHO South-East Asia Regional and Country Offices Emergency Readiness Training – II

12–14 December 2017, WHO-SEARO, New Delhi, India

#### LIST OF PARTICIPANTS

##### **WHO - Country Offices (SEAR)**

###### **Bhutan**

1. Mr Ugyen Wangchuk  
National Professional Officer Email:  
[wangchuku@who.int](mailto:wangchuku@who.int)

###### **DPR Korea**

2. Dr Thushara Eraj Indranath Fernando  
WHO Representative  
Email: [fernandot@who.int](mailto:fernandot@who.int)
3. Dr Pushpa Wijesinghe  
Medical Officer  
Email: [wijesinghep@who.int](mailto:wijesinghep@who.int)
4. Dr Atul Dahal  
Medical Officer  
Email: [dahala@who.int](mailto:dahala@who.int)

###### **India**

5. Dr Ritu Singh Chauhan  
National Professional Officer International Health  
Regulations  
Email: [chauhanr@who.int](mailto:chauhanr@who.int)
6. Dr Danish Ahmed  
Technical Officer - Immunization  
Email: [ahmedd@who.int](mailto:ahmedd@who.int)

###### **Indonesia**

7. Dr Rim Kwang Il  
Technical Officer (Avian Influenza)  
Email: [rimk@who.int](mailto:rimk@who.int)
8. Mr Gde Yulian Yogadhita  
National Professional Officer Emergency  
Operations Email: [yogadhitag@who.int](mailto:yogadhitag@who.int)
9. Dr Endang Widuri Wulandari  
National Professional Officer Email:  
[wulandarie@who.int](mailto:wulandarie@who.int)

###### **Myanmar**

10. Dr Allison Gocotano  
Technical Officer – Emergency Operations  
Email: [gocotanoa@who.int](mailto:gocotanoa@who.int)
11. Dr Win Htike  
National Professional Office-Malaria Unit  
Email: [htikew@who.int](mailto:htikew@who.int)

###### **Nepal**

12. Dr Hyon Chol Pak  
Technical Officer  
Email: [hpak@who.int](mailto:hpak@who.int)
13. Dr Damodar Adhikari  
National Professional Officer  
Email: [adhikarid@who.int](mailto:adhikarid@who.int)
14. Mr Murray Leon Singer  
Administrative Officer  
Email: [singerm@who.int](mailto:singerm@who.int)
15. Mr Sunil Aryal  
Team Assistant  
Email: [aryalsu@who.int](mailto:aryalsu@who.int)

###### **Sri Lanka**

16. Dr Sugandhika Padmini Perera  
National Professional Officer  
Email: [pereras@who.int](mailto:pereras@who.int)
17. Mr Ranjan Suriyabandara  
Disanayakalage Programme Assistant  
Email: [suriyabandarad@who.int](mailto:suriyabandarad@who.int)

###### **Timor-Leste**

18. Dr Dongbao Yu  
Medical Officer-Epidemiologist  
Email: [yud@who.int](mailto:yud@who.int)
19. Dr Luis dos Reis  
Focal point for ERM &NPO – Planning &  
Management  
Email: [reisl@who.int](mailto:reisl@who.int)
20. Mr Tito de Aquino  
Programme Associate  
Environment Health and Emergency Risk  
Management  
Email: [deaquinot@who.int](mailto:deaquinot@who.int)

##### **Training facilitators**

21. Ms Tamara Curtin Niemi  
Independent Consultant  
Email: [curtinniemi@gmail.com](mailto:curtinniemi@gmail.com)



22. Dr Sourabh Sinha  
Consultant – Emergency Operations WHO Health  
Emergencies Programme  
Email: [sourabh.sinha@phfi.org](mailto:sourabh.sinha@phfi.org)

#### **WHO-HQ**

23. Dr Anne Ancia  
Technical Officer Country Health Emergency  
Preparedness and International Health  
Regulations (CPI)  
Email: [anciaa@who.int](mailto:anciaa@who.int)

#### **WHO-Regional Office (SEARO)**

24. Dr Pem Namgyal  
Director Programme Management  
Email: [namgyalpe@who.int](mailto:namgyalpe@who.int)

25. Dr Roderico Ofrin  
Regional Emergency Director (RED)  
WHO Health Emergencies Programme  
Email: [ofrin@who.int](mailto:ofrin@who.int)

26. Dr Arturo Pesigan  
Programme Area Manager Emergency  
Operations (EMO)  
WHO Health Emergencies Programme Email:  
[pesigana@who.int](mailto:pesigana@who.int)

27. Dr Nilesh Buddh  
Health Emergency Officer  
Emergency Operations  
WHO Health Emergencies Programme  
Email: [buddhan@who.int](mailto:buddhan@who.int)

28. Dr Vason Pinyowiwat  
Health Emergency Officer Emergency Operations  
WHO Health Emergencies Programme  
Email: [pinyowiwatv@who.int](mailto:pinyowiwatv@who.int)

29. Dr Gyanendra Gongal  
Technical Officer  
Country Health Emergency Preparedness and  
International Health Regulations (CPI)  
WHO Health Emergencies Programme  
Email: [gongalg@who.int](mailto:gongalg@who.int)

30. Dr Miftahul Fahmi Sembiring  
Project Management Officer and  
Ag. Programme Area Manager  
Management and Administration  
WHO Health Emergencies Programme  
Email: [sembiringm@who.int](mailto:sembiringm@who.int)

31. Ms Purvi Paliwal Technical Officer  
Grant Renewal  
Management and Administration  
WHO Health Emergencies Programme  
Email: [paliwalp@who.int](mailto:paliwalp@who.int)

32. Dr Moe Ko Oo  
Data Management, Analytics and Products  
Health Emergency Information and Risk  
Assessment Unit (HIM)  
WHO Health Emergencies Programme  
Email: [moo@who.int](mailto:moo@who.int)

33. Dr Anil Bhola  
Consultant – Emergency Operations  
WHO Health Emergencies Programme  
Email: [anil.bhola03@gmail.com](mailto:anil.bhola03@gmail.com)

34. Mr Sunil Bhambri  
National Professional Officer  
WHO Health Emergencies Programme  
Email: [bhambris@who.int](mailto:bhambris@who.int)

35. Mr Pankaj Saxena  
Executive Associate  
WHO Health Emergencies Programme  
Email: [saxenap@who.int](mailto:saxenap@who.int)

36. Ms Marina Benjamin  
Associate  
Emergency Operations  
WHO Health Emergencies Programme Email:  
[maybelm@who.int](mailto:maybelm@who.int)

37. Mr Sanjeev Kashyap  
Associate  
Emergency Operations  
WHO Health Emergencies Programme  
Email: [kashyaps@who.int](mailto:kashyaps@who.int)

38. Ms Mona Sharma  
Executive Assistant  
Emergency Operations  
WHO Health Emergencies Programme  
Email: [sharmam@who.int](mailto:sharmam@who.int)

39. Mr Mayank Bansal  
Executive Assistant  
Country Health Emergency Preparedness and  
International Health Regulations (CPI)  
WHO Health Emergencies Programme  
Email: [bansalm@who.int](mailto:bansalm@who.int)

40. Mr Kuldeep Sharma  
Executive Assistant  
Health Emergency Information and Risk  
Assessment Unit (HIM)  
WHO Health Emergencies Programme  
Email: [sharmak@who.int](mailto:sharmak@who.int)

41. Mr Kamal Sahdev Office Assistant  
Management and Administration  
WHO Health Emergencies Programme  
Email: [sahdevk@who.int](mailto:sahdevk@who.int)

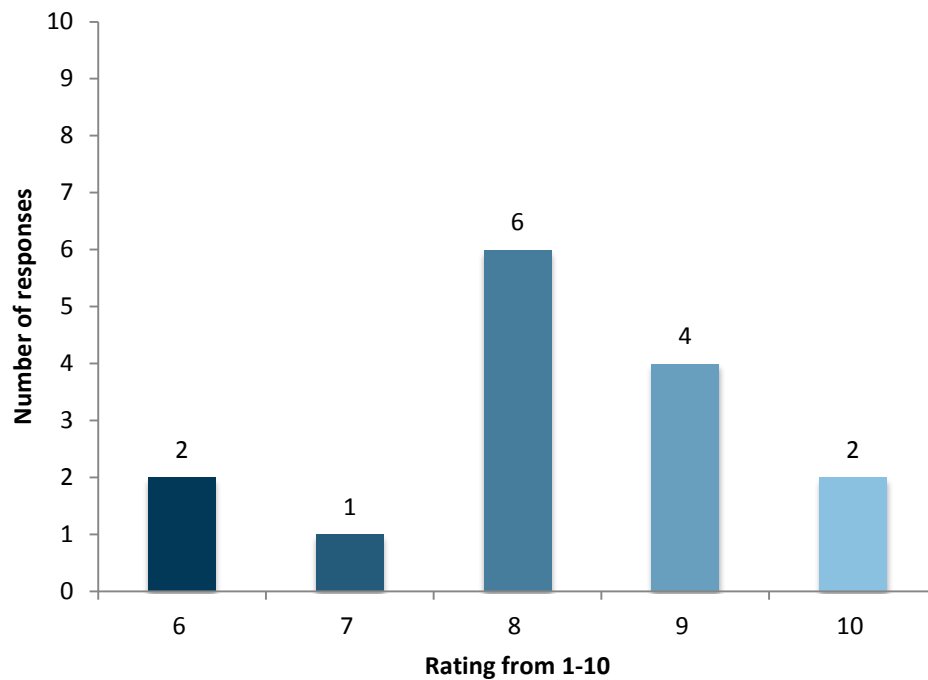
42. Mr Amit Singh  
Executive Assistant (Security)  
Department of Administration and Finance  
Email: singhami@who.int
  
43. Mr Virender Sharma  
Infrastructure Technology Associate  
Department of Administration and Finance  
Email: sharmavi@who.int



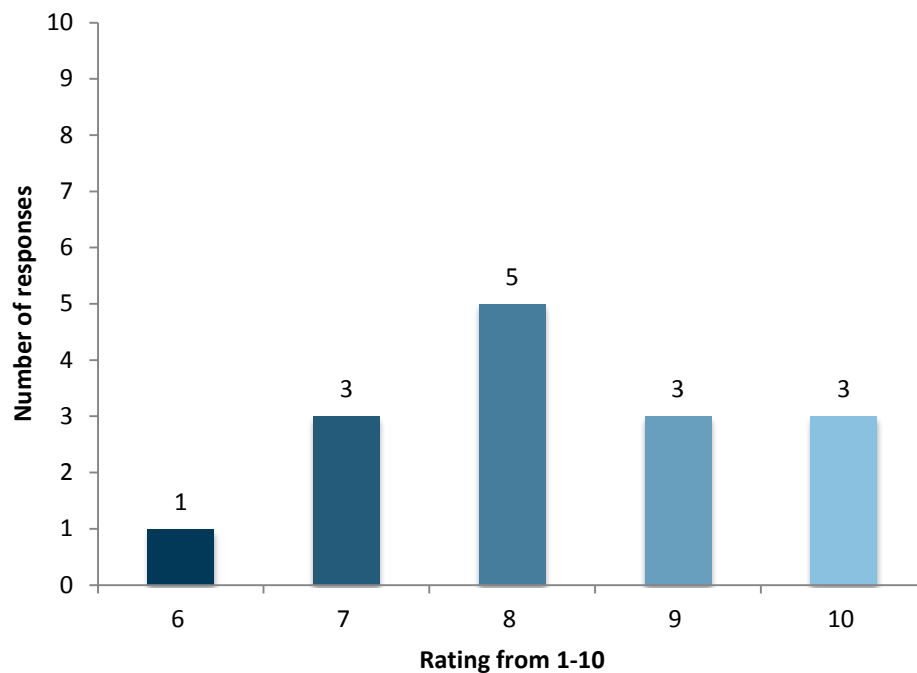
# Annex 3 Participant feedback

## Day 1

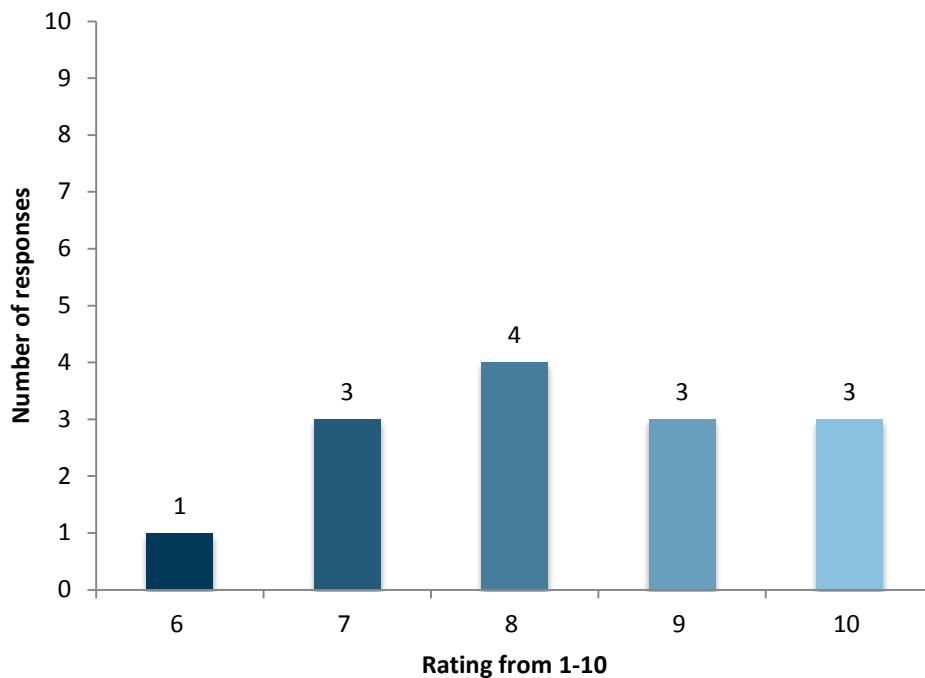
Recap and readiness checklist Overall did the session meet your expectations?



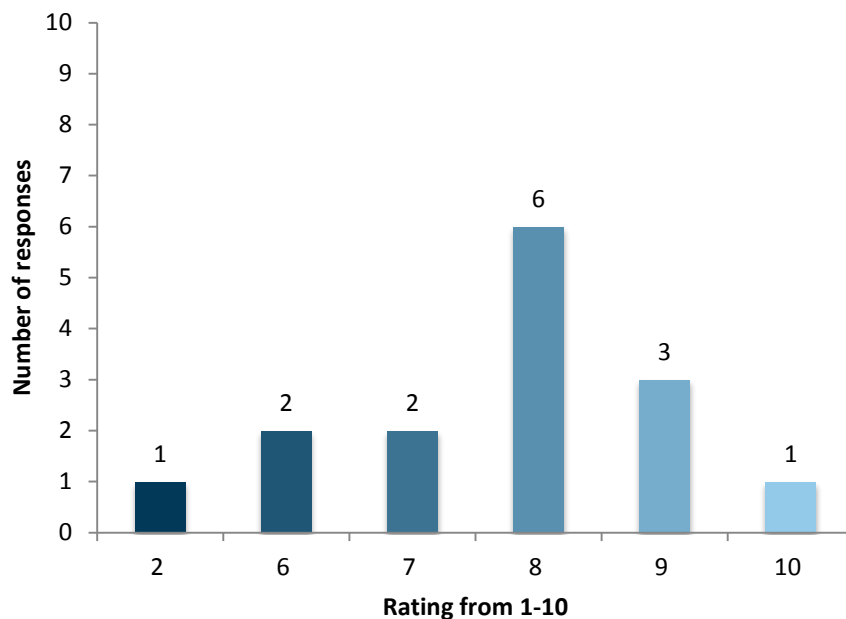
How would you rate the appropriateness of the materials used in the recap and readiness checklist session?



### Business continuity planning Overall, did the session meet your expectations?



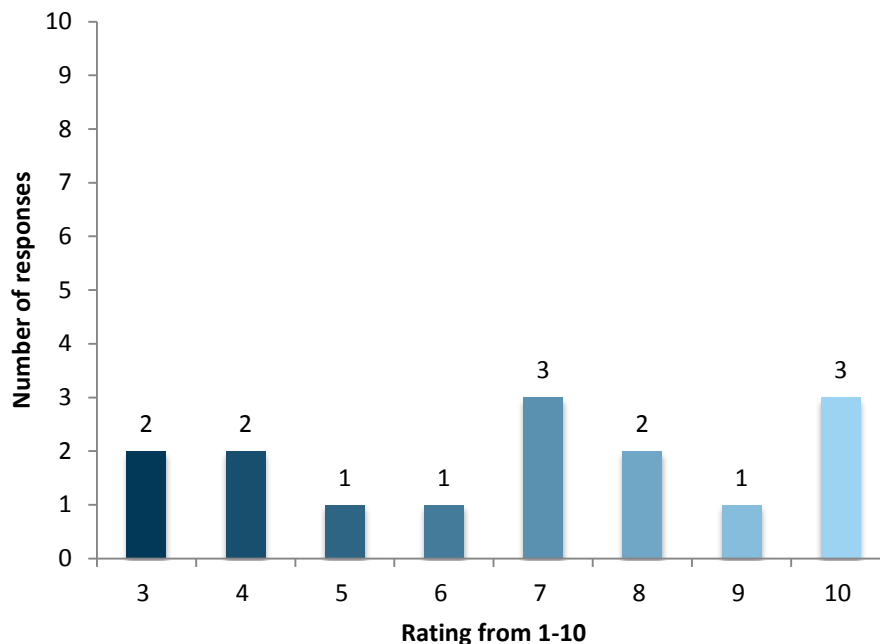
### How would you rate the appropriateness of the materials and activities used in the session?



### Was sufficient time allocated for the working groups?







### Do you have any feedback on the preparedness checklist?

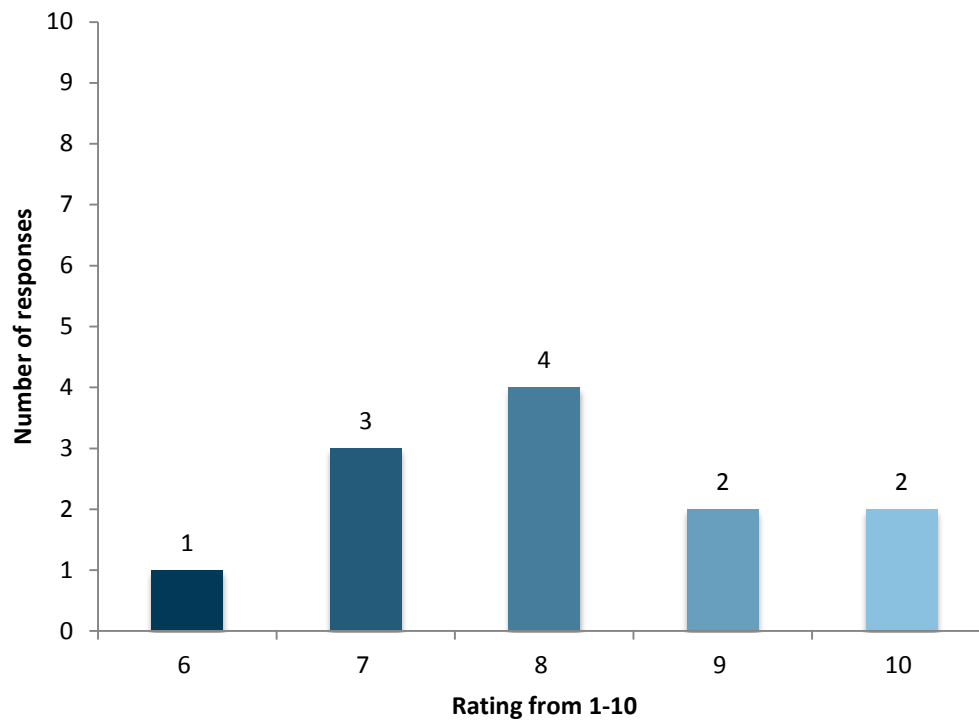
- Some items are difficult to rate
- Today sessions is very helpful and participative.
- We need to coordinate with other unit in country office to answer
- Consideration should be given to a public information strategy to ensure visibility of our work.

### Do you have any feedback or suggestions for improvement on the BCP guidance documents?

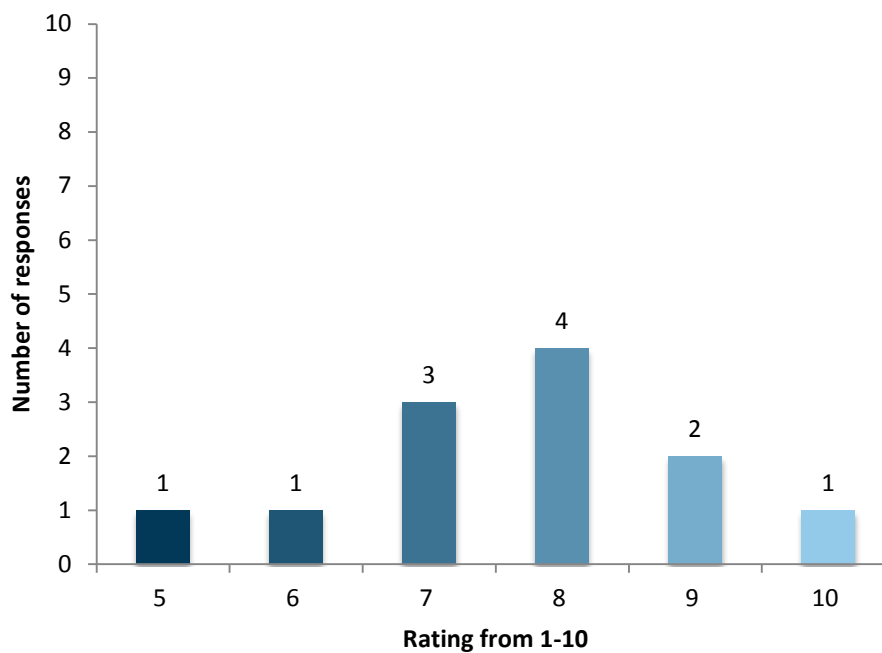
- BCP should be specific and country base hazards associated.
- Need assistance further on country specific plan development
- Very much happy as we have our BCP, just need to copy and paste and adjust with the new template, please also advocate and encourage WRs and AOs to put BCP development and table top exercise as part of all-staff-workshop (retreat) in each country office
- No, they are comprehensive.
- It would be useful to have some concrete examples and guidance from facilitators on specifics, rather than just broad ideas.

## Day 2

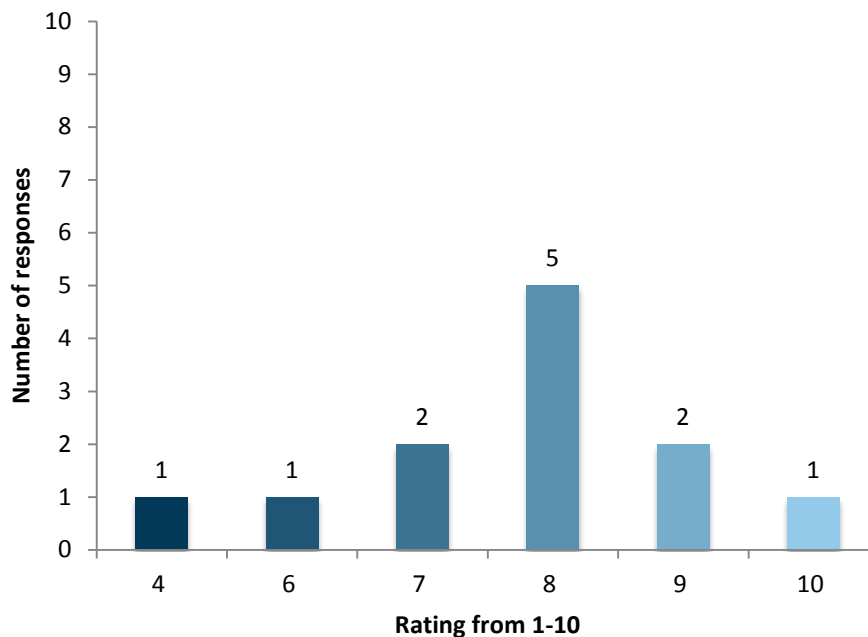
Recap and action plan Overall did the session meet your expectations?



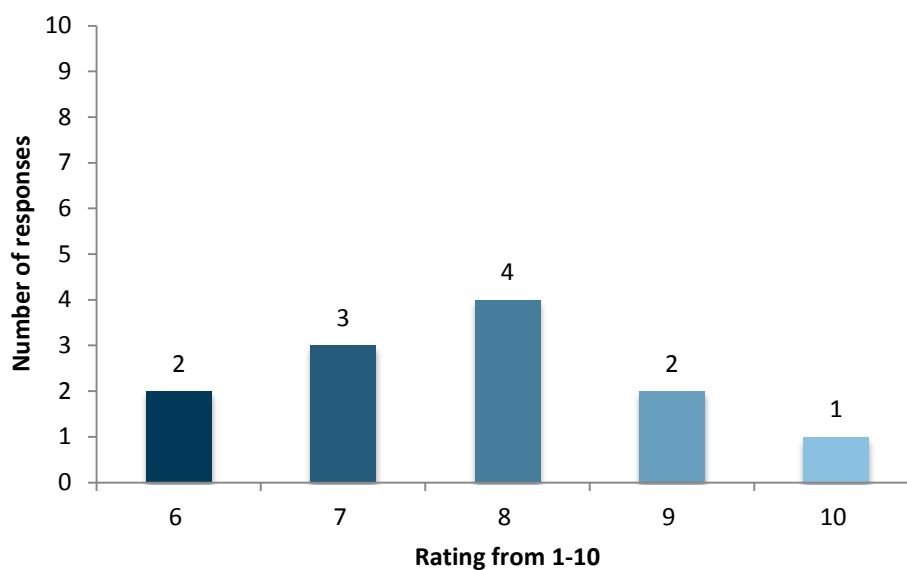
How would you rate the appropriateness of the materials used in the recap and action plan session?



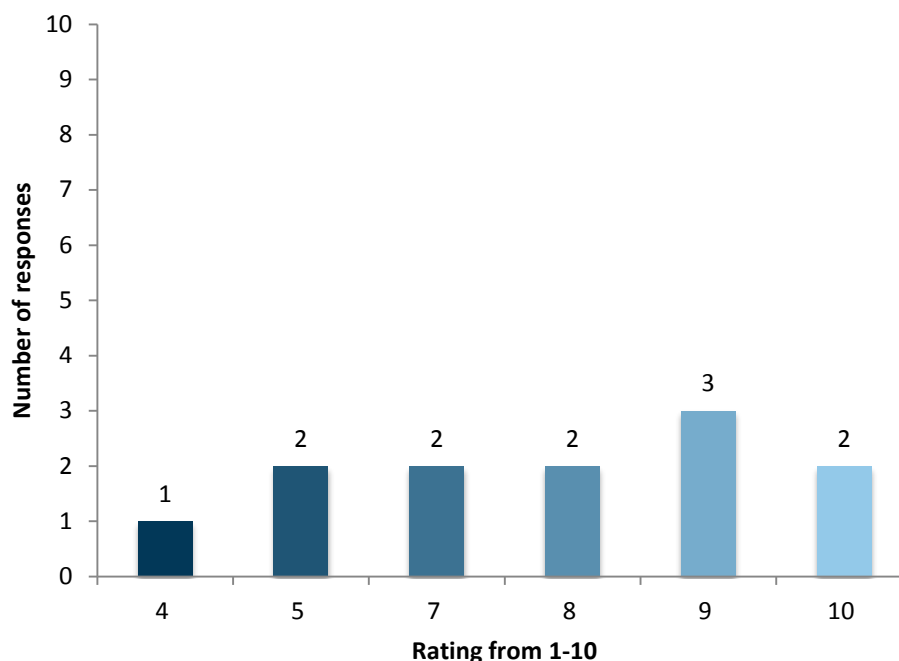
### Contingency Planning Overall, did the session meet your expectations?



### How would you rate the appropriateness of the materials and activities used in the session?



## Was sufficient time allocated for the working groups?



## Do you have any feedback on the readiness checklist?

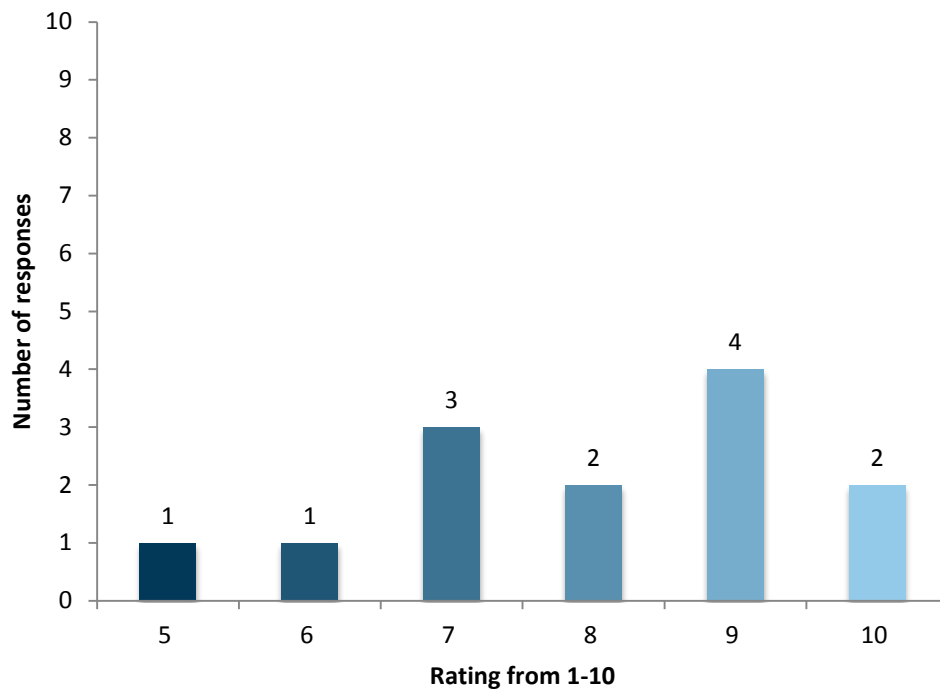
- Time management is improved compare yesterday. OK
- Seems to be good.
- Need to include requirements for risk communications and public information.
- I suggest if you could define and present the difference between BC and BCP would be helpful
- Yes. It's useful but also very exhaustive, everything not possible to achieve in some country offices
- Consider including all core WHO functions in emergency such as communication components, etc

## Do you have any feedback or suggestions for improvement on the CP guidance documents?

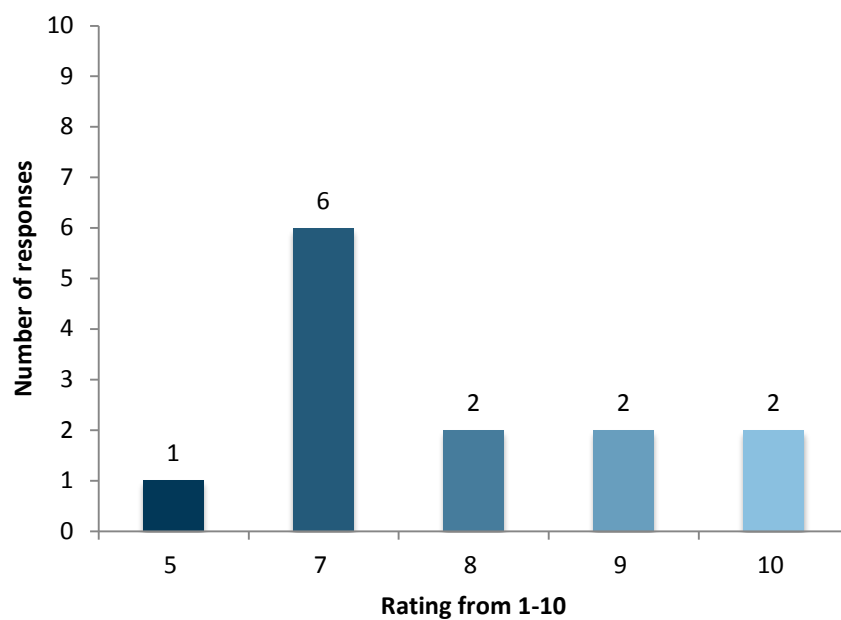
- Response
- Can we adopt this into sub national level?
- The CP guidance documents are comprehensive.
- Mitigation part is confusing, and it is beyond WHO. So better to focus on preparedness and response
- Hazard sheets can be made available
- Simple but tactful to the need

## Day 3

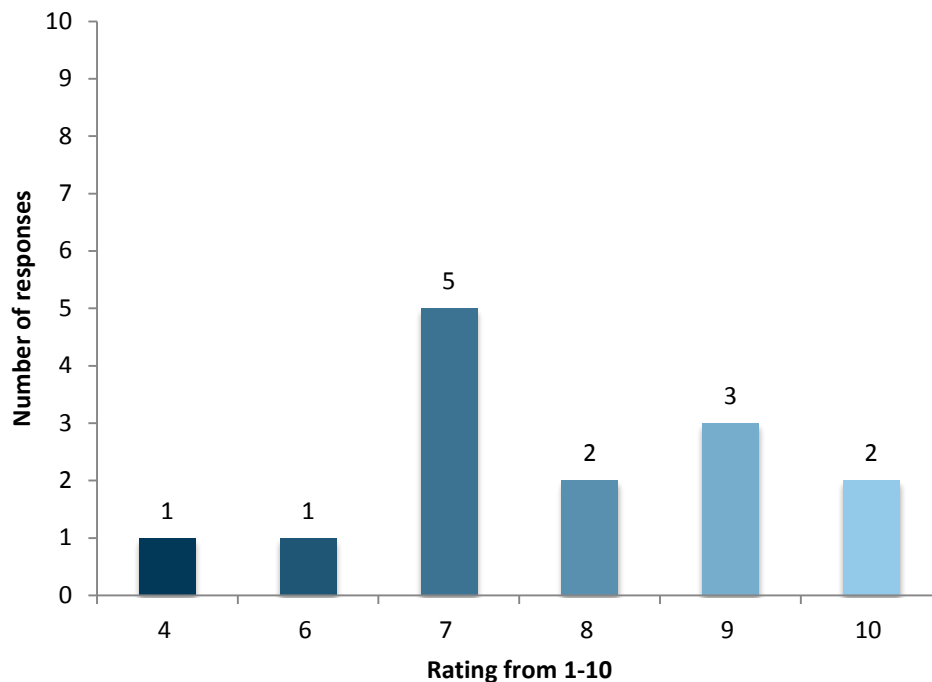
Recap of day 2 Overall did the session meet your expectations?



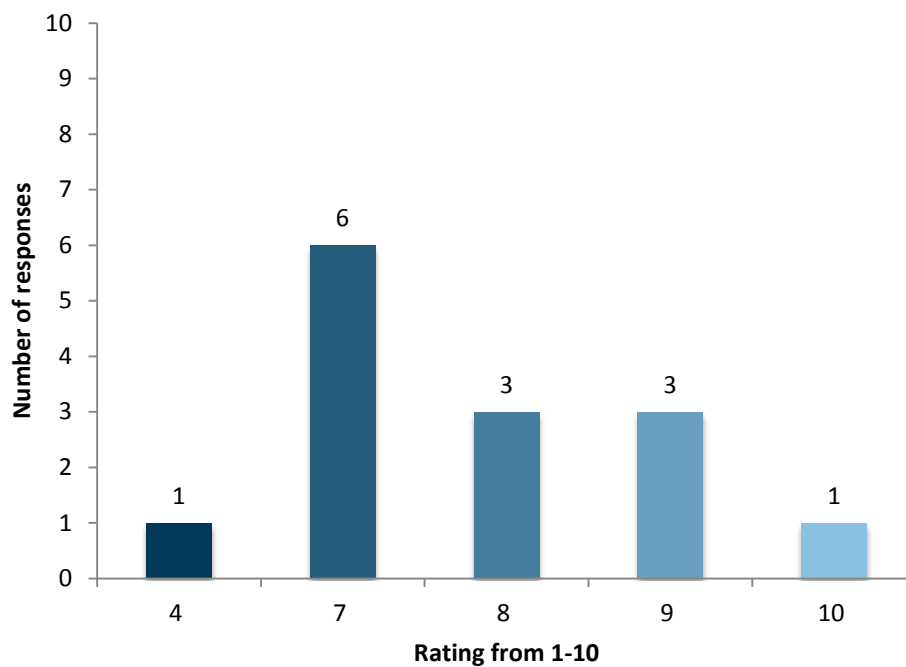
How would you rate the appropriateness of the materials used in the recap session?



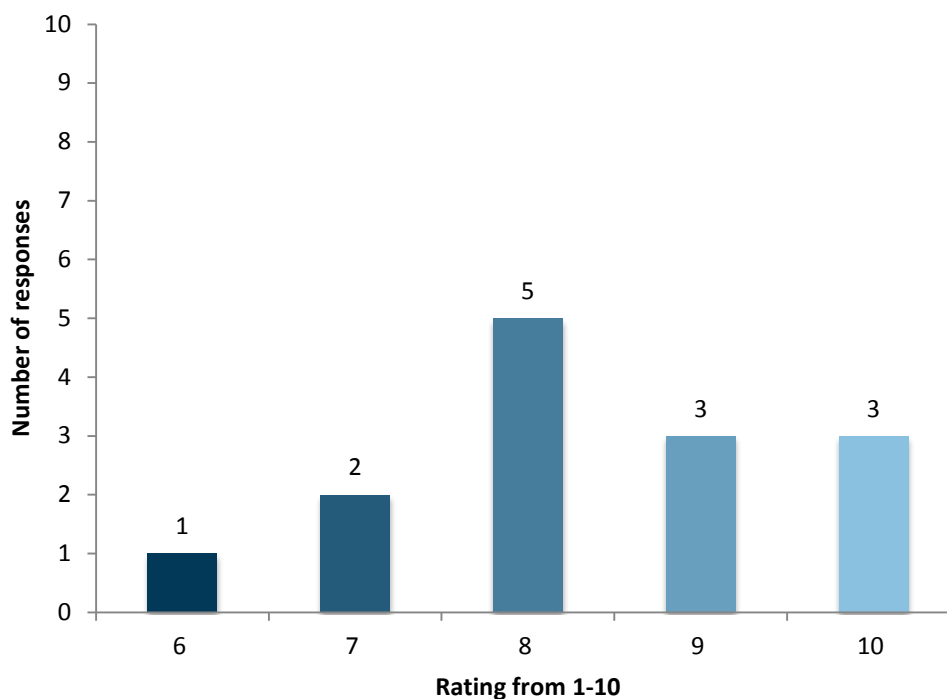
### Simulation Exercise Overall, did the session meet your expectations?



### How would you rate the appropriateness of the materials and activities used in the session?



## Was sufficient time allocated to work on the simulation?



## Do you have any feedback on the readiness checklist?

- when will the next readiness training??
- better to cover all areas of WHO's work not only WHE
- The training is very helpful and it has a lot of discussion come different countries experiences.

## Do you have any feedback or suggestions for improvement on the CP guidance documents?

- Need to be more detailed and less confusion between BCP and CP
- it is comprehensive
- Please send us all document and photos to WCO.

## Do you have any feedback or suggestions for improvement on the BCP guidance documents?

- IMS implementation and advocacy to WR/AO and also to mainstream it in staff retreat
- let's make it more concise
- BCP should be comprehensive but concise as much as possible.
- We will continue work to finalize the BCP & CP.

## Any additional comments on any area of the training?

- Some of the sessions needed more time in the group work
- From my personal point of view, this training has better arrangement than the previous one. Thanks Roderico and other support staff. Special thanks to Ms. Mona and Ms. Marina for arranging all the logistics for this training.
- Conduct simulation using injects and role play, involving how to coordinate CO with SEAR or other country office to response to disaster
- More real simulation and physical exercise, also the usage of video
- excellent exercise with WHE colleagues from the region
- Presentation had to be confined to the 3 areas suggested instead of going for detail CP. Having it in the share point would have helped those who wanted to have access







**World Health  
Organization**

HEALTH  
**EMERGENCIES**  
programme