Emergency Response Framework

- **Public Health Event**: Any event that may have negative consequences for human health. The term includes events that have not yet lead to disease in humans but have the potential to cause human disease through exposure to infected or contaminated food, water, animals, manufactured products or environments.

- **Emergency**: A situation impacting the lives and well-being of a large number of people or a very large percentage of a population and requiring substantial multi-sectoral assistance. For a WHO response, there must be clear health consequences.

Both public health events and emergencies can be acute or slow onset.

The ERF is complemented by WHO’s emergency standard operating procedures (SOPs), and is consistent both with technical documents (e.g. WHO guidance on risk assessment) and with interagency emergency protocols and commitments, (e.g. the Transformative Agenda protocols of the Interagency Standing Committee). Many elements are therefore aligned with similar internal guidance of partner agencies.
WHO’s critical functions for emergency response

When responding to an emergency, WHO has clearly defined functions that reflect its responsibilities under the IHR and the IASC’s cluster approach, as well as the expectations of the Member States and partners. These response functions are operationalized through the Incident Management System (IMS). The IMS is based on recognized best practices of emergency management and is increasingly used by emergency management systems globally, including within the health sector.

WHO’s critical functions for emergency response under the IMS are:
Notification chain and timeline for communication of risk assessments

Risk Assessment Team → HWO/WR RED Director HIM Director EMO

Regional Director → WHE Executive Director

WHO Director-General

UN Secretary-General, Emergency Relief Coordinator
Emergencies: situation analysis

In natural disasters, acute conflicts and other acute emergencies with obvious health impact or risks from the outset, WHO and partners support governments in undertaking a rapid situation analysis to determine the nature and scale of the emergency, its health consequences and risks, the gaps in available response and coordination capacities, and the need for an operational response by the Organization. This initial situation analysis is usually based on a review of secondary data and conducted within 24–72 hours of onset, as per the IASC’s Humanitarian Programme Cycle, together with partners.

If an operational response is required, WHO immediately repurposes the country office, activates the emergency contingency plan and business continuity plan, initiates response activities and proceeds to grading within a maximum of 24 hours of the situation analysis. For slow onset emergencies, e.g. due to drought, conflict, there may be a longer, context-specific interval before grading.

An interagency Multi-sector Initial Rapid Assessment (MIRA) is then completed, usually within 14 days for sudden onset emergencies, although this may take longer for slower onset emergencies. WHO leads the health component of the MIRA. More detailed health sector needs assessments are also usually conducted thereafter. Based on the context, these may include Health Resource Availability Mapping System assessments (HeRAMS), mortality surveys, or nutrition surveys.
Activation of Standard Operating Procedures

For some natural hazards (e.g. cyclones, drought) and societal hazards (e.g. civil unrest), an early warning may be issued by relevant authorities to alert of an impending emergency. In such instances, WHO may deploy staff, supplies and equipment to support in-country readiness and early action.

As for public health events, WHO’s Emergency SOPs can be activated in these circumstances, and a request made for CFE funds up to a maximum of US$ 50,000. Any additional WHO actions or expenditures require grading.

Criteria for assessing needs

WHO considers the following criteria to assess the scale and significance of health consequences related to the emergency and the associated needs of the affected population:

- **Impact**
  - Scope and scale
  - Numbers of people affected, disaggregated by sex and age wherever possible
  - Size of geographic area affected
  - Underlying causative factors and drivers of the emergency.
  - Ongoing hazards and associated risks to health
  - Primary and secondary effects, e.g. forced displacement of refugees complicated by outbreak, earthquake complicated by fire
  - Conditions of the affected population
  - Extent and type of health consequences and risks
  - Vulnerabilities and vulnerable groups, e.g. women, children, older people, disabled, ethnic and minority groups
  - Functionality of national health system
  - Physical damage to health facilities and other vital infrastructure
  - Disruption of health service delivery, including cessation of programmes
• Operational environment
  - Response Capacity
  - National and local capacities and response, including in emergency management, and in health and other related sectors
  - International capacities and response – both in-country and available for mobilization
  - WHO capacities and response
  - Coordination capacity
  - Access and gaps
  - Physical, political and security access to the affected area
  - Coverage and gaps of essential health services and other related services
  - Overall strategic humanitarian priorities
  - Context and/or conflict analysis

**Recommendations regarding situation analysis**

Similar to risk assessments, recommendations are made following the situation analysis regarding appropriate follow-up actions, which may include advice to:

• Discard the event since it does not present a public health risk requiring WHO action

• Implement monitoring, mitigation and preparedness/readiness measures since some emergencies will not require an immediate operational response by WHO, but necessitate on-going monitoring and active preparedness and readiness measures. These include slower onset emergencies, such as drought, food insecurity, and evolving political and civil crises. Such emergencies are considered as ungraded or pre-grading. The RED is responsible for ensuring that such events are documented in the EMS

• Refer the emergency for grading. Grading is required for all emergencies requiring an operational response by WHO
# Operational Responsibilities and Organizational Accountabilities for Emergencies

<table>
<thead>
<tr>
<th>Grade</th>
<th>Responsibilities</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Field Operations</td>
<td>Operational Oversight</td>
</tr>
<tr>
<td>Grade 1</td>
<td>Incident Manager</td>
<td>RED</td>
</tr>
<tr>
<td>Grade 2</td>
<td>Incident Manager</td>
<td>RED</td>
</tr>
<tr>
<td>Grade 3</td>
<td>Incident Manager</td>
<td>RED and Director EMO</td>
</tr>
<tr>
<td>Protracted 1</td>
<td>Emergency Manager</td>
<td>RED</td>
</tr>
<tr>
<td>Protracted 2</td>
<td>Emergency Manager</td>
<td>RED</td>
</tr>
<tr>
<td>Protracted 3</td>
<td>Emergency Manager</td>
<td>RED and Director EMO</td>
</tr>
</tbody>
</table>
## Team arrangements for in-country operations and regional and headquarters support

<table>
<thead>
<tr>
<th>Office</th>
<th>Grade 3</th>
<th>Grade 2</th>
<th>Grade 1</th>
<th>Protracted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country Office</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Lead</td>
<td>Incident Manager</td>
<td>Incident Manager</td>
<td>Incident Manager</td>
<td>Emergency Manager</td>
</tr>
<tr>
<td>Operations Team</td>
<td>IMT</td>
<td>IMT</td>
<td>IMT</td>
<td>Emergency Manager</td>
</tr>
<tr>
<td><strong>Regional Office</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Lead</td>
<td>Emergency Coordinator</td>
<td>Emergency Coordinator</td>
<td>Emergency Coordinator</td>
<td>Emergency Coordinator</td>
</tr>
<tr>
<td>Support team</td>
<td>IMST</td>
<td>IMST</td>
<td>IMST</td>
<td>IMST</td>
</tr>
<tr>
<td><strong>Headquarters</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Lead</td>
<td>Emergency Coordinator</td>
<td>Emergency Coordinator</td>
<td>Emergency Coordinator</td>
<td>Emergency Officer (for protracted grades 2 and 3)</td>
</tr>
<tr>
<td>Support team</td>
<td>IMST</td>
<td>IMST</td>
<td>IMST</td>
<td>Regional Support Team (for protracted grades 2 and 3)</td>
</tr>
</tbody>
</table>
SEARO’S Incident Management System organizational structure: critical functions and sub functions
World Health Emergencies Programme, SEARO

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Mona Sharma
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Mobile: 9910576668
# WHO Performance Standards for Emergency Response

<table>
<thead>
<tr>
<th>Performance Standard</th>
<th>IMS Critical Function</th>
<th>Primary Responsibility</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS 1: Ensure safety and security of all staff; activate cascade of calls with all WHO personnel, their dependents, and visitors to ensure their safety and whereabouts, and liaise with UN Department of Safety and Security (UNDSS) locally</td>
<td>Leadership</td>
<td>Country Office</td>
<td>24 hours</td>
</tr>
<tr>
<td>PS 2: Activate country Incident Management Team (IMT) and assign critical functions by repurposing WCO; locate as close to the emergency as possible</td>
<td>Leadership</td>
<td>Country Office</td>
<td>24 hours</td>
</tr>
<tr>
<td>PS 3: Activate rosters; initiate surge</td>
<td>Finance and Administration</td>
<td>Regional and Headquarters Offices</td>
<td>24 hours</td>
</tr>
<tr>
<td>PS 4: Convene first health sector/Health Cluster meeting</td>
<td>Partner Coordination</td>
<td>Country Office</td>
<td>24 - 72 hours</td>
</tr>
<tr>
<td>PS 5: Issue initial response strategy, objectives and action plan</td>
<td>Leadership; Information &amp; Planning</td>
<td>Country Office</td>
<td>24 - 72 hours</td>
</tr>
<tr>
<td>PS 6: Issue initial internal situation report (sitrep)</td>
<td>Leadership; Information &amp; Planning</td>
<td>Country Office</td>
<td>24 - 72 hours</td>
</tr>
<tr>
<td>PS 7: Review CFE request and clear, as appropriate</td>
<td>Leadership</td>
<td>Headquarters</td>
<td>24 - 72 hours</td>
</tr>
<tr>
<td>PS 8: Issue global donor alert</td>
<td>Leadership</td>
<td>Headquarters</td>
<td>24 - 72 hours</td>
</tr>
<tr>
<td>PS 9: Issue initial health sector/Health Cluster bulletin</td>
<td>Partner Coordination</td>
<td>Country Office</td>
<td>3 - 10 days</td>
</tr>
<tr>
<td>PS 10: Establish/strengthen EWARS</td>
<td>Information and Planning; Health Operations</td>
<td>Country Office</td>
<td>3 - 10 days</td>
</tr>
<tr>
<td>Performance Standard</td>
<td>IMS Critical Function</td>
<td>Primary Responsibility</td>
<td>Timeline</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>PS 11: Agree with Ministry of Health and partners on priority interventions related to: risk communications, community engagement, disease control measures, health services and health staff training</td>
<td>Health Operations</td>
<td>Country Office</td>
<td>3 - 10 days</td>
</tr>
<tr>
<td>PS 12: Establish monitoring framework for response, including key performance indicators (KPIs)</td>
<td>Information &amp; Planning</td>
<td>Country Office</td>
<td>10 - 30 days</td>
</tr>
<tr>
<td>PS 13: Finalize and issue the strategic response plan (SRP) and joint operations plan</td>
<td>Leadership; Information &amp; Planning</td>
<td>Country Office; Headquarters (for multi-country / multi-regional emergency)</td>
<td>10 - 30 days</td>
</tr>
<tr>
<td>PS 14: Develop Operations Support and Logistics and procurement plan</td>
<td>Operations Support and Logistics; Finance and Administration</td>
<td>Country Office</td>
<td>10 - 30 days</td>
</tr>
<tr>
<td>PS 15: Develop WHO emergency human resource and activity work plans, and associated budgets</td>
<td>Finance and Administration</td>
<td>Country Office</td>
<td>10 - 30 days</td>
</tr>
<tr>
<td>PS 16: Fill priority coordination gaps at a sub-national level</td>
<td>Partner Coordination; Finance and Administration</td>
<td>Country, Regional and Headquarters Offices</td>
<td>30 - 60 days</td>
</tr>
<tr>
<td>PS 17: Report at least monthly against key performance indicators</td>
<td>Information and Planning</td>
<td>Country Office</td>
<td>30 - 60 days</td>
</tr>
</tbody>
</table>
## Classification of Hazards

<table>
<thead>
<tr>
<th>Generic Groups 1</th>
<th>1. Natural</th>
<th>2. Human-Induced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups</td>
<td>1.1 Geological</td>
<td>1.2 Hydro-Meteorological</td>
</tr>
<tr>
<td>Subgroups</td>
<td>1.2.1 Hydrological</td>
<td>1.2.2 Meteorological</td>
</tr>
<tr>
<td>Main Types</td>
<td>Earthquake (G1):</td>
<td>Storm (M1):</td>
</tr>
<tr>
<td></td>
<td>Tsunami Mass movement (G2)</td>
<td>Tropical Storm</td>
</tr>
<tr>
<td></td>
<td>Liquefaction (G3)</td>
<td>Convective Storm [e.g. storm/surge, tornado, wind, rain, winter storm/blizzard, Derecho, lightning, thunderstorm, hail, sand/dust, storm]</td>
</tr>
<tr>
<td></td>
<td>Ash Fall Lahar Pyroclastic Flow Lava Flow</td>
<td>Heatwave</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cold wave</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe winter condition [e.g. snow/ice, frost/freeze]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fog (M3)</td>
</tr>
</tbody>
</table>

### 1.2.1 Hydrological
- Flood (H1):
  - Riverine flood
  - Flash flood
  - Coastal flood
  - Ice jam flood
  - Landslide (H2):
    - Avalanche [snow, mudflow, debris, rockfall]
  - Wave action (H3):
    - Rogue wave
    - Seiche

### 1.2.2 Meteorological
- Storm (M1):
  - Extra-tropical Storm
  - Tropical Storm
  - Convective Storm [e.g. storm/surge, tornado, wind, rain, winter storm/blizzard, Derecho, lightning, thunderstorm, hail, sand/dust, storm]
- Drought (C1):
  - Land Fire [e.g. Brush, bush, pasture]
  - Forest Fire

### 1.2.3 Climatological
- Extreme temperature (M2):
  - Heatwave
  - Cold wave
  - Severe winter condition [e.g. snow/ice, frost/freeze]
- Fog (M3)

### 1.3 Biological
- Emerging diseases (B1)
- Epidemics and pandemics (B2)
- Insect Infestation (B3):
  - Grasshopper
  - Locusts
  - Ludwig瘟疫 Outbreak

### 1.4 Extraterrestrial
- Emerging diseases (B1)
- Epidemics and pandemics (B2)
- Insect Infestation (B3):
  - Grasshopper
  - Locusts
  - Ludwig瘟疫 Outbreak

### 2.1 Technological
- Impact (E1):
  - Airburst
  - Space Weather (E2):
  - Energetic Particles
  - Geomagnetic Storms
  - Shockwave

### 2.2 Societal
- Industrial hazards (T1):
  - Chemical spill, Gas leak, Collapse, Explosion, Fire, Radiation
  - Structural collapse (T2):
    - Building collapse, Dams/bridge failures
  - Transportation (T3):
    - Air, Road, Rail, Water Explosions/Fire
  - Air pollution (T6):
    - Haze

### 2.3 Human-Induced
- Chemical, Biological, Radiological, Nuclear, and Explosive Weapons (CBRNE) (S4)
- Conventional weapons
- Unconventional weapons
- Financial crisis (S5):
  - Hyperinflation
  - Currency crisis

### 2.4 Conventional weapons
- Unconventional weapons
- Financial crisis (S5):
  - Hyperinflation
  - Currency crisis

### 2.5 Financial crisis (S5):
- Hyperinflation
- Currency crisis
Emergency Fast Onset

- Appoint Incident Manager
- Activate Emergency SOPs - request CFE
- Establish in-country Incident Management Team
- Deploy surge support

**Onset Event**
- 24-72 Hours
- 24-72 Hours of ONSET
- 24 Hours
- 24 Hours of Situation Analysis
- 24 Hours of Grading
- 14 Days
- 14 days of ONSET

**Response Activities**
- Grading

**Conduct MIRA**
- 14 Days

**Review operational requirements and grade**
- 3 Months
- After 3 months of Grading

**After 6 months of Grading**

**Elements will differ for outbreaks and slow onset**

Removal of the grade unless:
- L3 IASC maintained
- Extension of the grading (might become protracted)
## Emergency Grading Template

### Agenda

- Situation analysis – summary
- Risk assessment – summary (attach risk assessment template as appropriate)
- Assessment of grading criteria
- Names and contacts of key staff
- Immediate WHO and health sector objectives/priorities:

### Agreed Next Steps

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
<th>Person responsible</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surge of staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFE application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispatch of supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach to partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timeline for performance standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For public health events: does this emergency warrant referral to the Emergency Committee for consideration of a PHEIC?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date and time of next teleconference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Main aspects of planning readiness

- Implementation of the action plan
- Development of action plan based on outcome of Readiness Checklist
- Analysis of the capacities of the WCO
- Risk Assessment with respect to country & WCO hazards & exposures
- Capacity assessment with respective country
- Monitoring, testing (exercising), review and update
- Analysis of the core functions of the WCO

Risk Assessment with respect to country & WCO hazards & exposures

Implementation of the action plan

Development of action plan based on outcome of Readiness Checklist

Analysis of the capacities of the WCO

Capacity assessment with respective country

Monitoring, testing (exercising), review and update

Analysis of the core functions of the WCO
Outline of WHO guide to Business Continuity Plan (BCP)

1. Current Situation
   - Short description of WHO office specificities
   - Results of risk assessment

2. Safety of staff, premises & assets
   - Use evaluation of risk management measures currently in place to plan the actions needed

3. Critical Operations
   - List of all operations as per criticality in three groups with needed staff, assets, location & budget

4. Response to the emergency
   - Populate the IMS, perform risk & needs assessment
   - Prepare EOC, identify gaps in staffing

5. Activation and Deactivation of BCP
   - List triggers that will activate & deactivate BCP
   - SOPs in place for activation & deactivation

6. Exercising & maintenance of BCP
   - Exercise and maintain BCP, update regularly
   - Keep a record of changes in BCP

7. Action plan
   - List actions needed to address insufficient capacities to execute BCP in structured fashion
**Risk assessment matrix - BCP**

**Risk Matrix**

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Probability (likelihood) (0–5)</th>
<th>Impact (0–5)</th>
<th>Consequences</th>
<th>Necessary risk management measures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff (S) Premises (P) Assets (A) Operations (O)</td>
<td>Staff</td>
<td>Premises Flooding Sandbags</td>
<td>Assets Destruction Alternative warehouse</td>
</tr>
<tr>
<td></td>
<td>Floods 3 1 3 3 2</td>
<td>Staff</td>
<td>Drowning</td>
<td>Premises Flooding Sandbags</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assets</td>
<td>Destruction Alternative warehouse</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operations</td>
<td>Reduced access Pre-position boats</td>
<td></td>
</tr>
</tbody>
</table>

**Risk Scores**

<table>
<thead>
<tr>
<th>Probability</th>
<th>Very low</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Very high</th>
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<td>6   8   10</td>
<td>12  15</td>
<td>16  20</td>
<td>1  2   3   4   5</td>
</tr>
<tr>
<td></td>
<td>1   1   2   3   4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Impact**

- Low
- Medium
- High
- Very high

**Criticality**

- Low
- Moderate
- Significant
- Severe
Activating and deactivating the business continuity plan

Phase I
Activation

Phase II
Operations

Phase III
Return to normal operations

Phase IV
After action review

WR will activate and deactivate BCP

Triggers for activation and deactivation should be based on the risk assessment and possible scenarios
Outline of WHO guide to Contingency Planning (CP)

1. Introduction
   - Results of risk assessment related to hazard
   - Situation analysis

2. Scenarios and assumptions
   - Description of specific CP scenario(s), early warning system, health needs & risk linked

3. Mitigation strategy
   - List all mitigation measures for identified health risks linked to the hazard

4. WHO preparedness strategy
   - List all preparedness actions WHO has to deliver & which are linked to the identified response needs

5. Preliminary response plan
   - Define key strategic objectives of response, list related main activities-implemented in 1st week

6. WHO action plan
   - List all mitigation and preparedness actions and define the means and resources

7. Testing & maintaining CP
   - Maintain record of all testing with objectives & type of exercise and responsible staff
Hazard based contingency planning flow chart

**Risk Analysis**
- Identify & monitor priority hazards threatening health
- Make assumptions and potential scenarios

**Risk Mitigation**
- Identify risk mitigation measures to reduce health consequences
- Ensure direct implementation

**Preparedness action**
- Identify prepared measures to ensure readiness to respond
- Plan implementation according to levels of need and/or imminence of risks

**Contingency Plan**
- Introduce contingency or preliminary response plan based on scenarios
- Set preliminary response specific objectives, activities, targets and indicators

**Action Plan**
- Develop action plan

**Testing & Monitoring**
- Test Plan to ensure validity & functionality and to address identified weaknesses
- Monitor progress of achievements & adequacy with evolution of risks