



World Health  
Organization

# STANDBY

PARTNERSHIPS



Photo: WHO/Marco Kokic

# Foreword

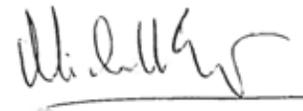
Emergencies are complex, rapidly changing environments where the World Health Organization (WHO) works with partners to save lives and prevent illness, disability and the spread of disease. Extra personnel must be in place quickly to support WHO's emergency work. Existing staff remain WHO's most important resource when responding to an emergency. However emergencies can be a challenging time to identify the right staff and negotiate contracts.

That's where Standby Partnerships can be critical. Through Standby Partners, WHO can rapidly access and deploy highly skilled personnel to support the emergency work of WHO and the Health Cluster. Because Standby Partnerships

have been agreed in advance, there is very little administrative burden on WHO in deploying Standby Personnel.

Standby Partners are increasingly a central element of WHO's emergency risk management system and a strong complement to WHO's other surge mechanisms. Standby Personnel have been critical in supporting WHO's response operations to emergencies such as Typhoon Haiyan in the Philippines, the Syrian regional crisis, the crisis in South Sudan and the Ebola disease outbreak in West Africa. WHO's Standby Partner deployments continue to grow, from 11 in 2013, to a total of 80 deployments as of mid 2015.

I encourage you to become familiar with WHO's Standby Partnerships. Being prepared through arrangements like Standby Partnerships means that as an emergency unfolds, WHO can move quickly to lead and strengthen a response focused on saving and protecting lives by accessing additional resources.



Michelle Gayer  
Director a.i.  
Emergency Risk Management and  
Humanitarian Response, WHO  
November 2015

# About this brochure

The following information on WHO's Standby Partnerships is important for WHO offices seeking to access surge human resources for WHO's emergency work through Standby Partners.

The guide explains the purpose and benefits of WHO's Standby Partnerships. It further outlines the skills available from Standby Partner deployment rosters, the steps involved in accessing those personnel, and the roles and responsibilities of WHO, its Standby Partners and the deployed Standby Personnel throughout the entire deployment process.

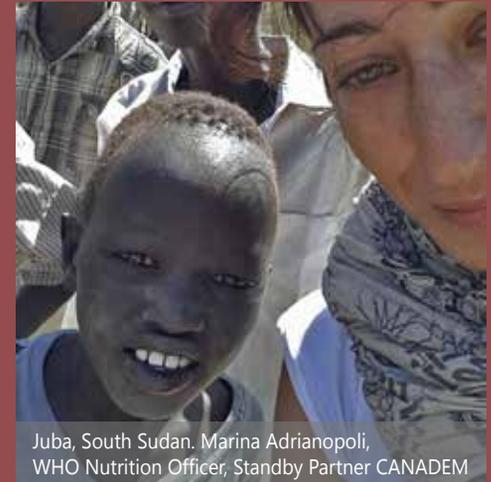
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Juba, South Sudan. Marina Adrianopoli,  
WHO Nutrition Officer, Standby Partner CANADEM

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Cover photo: WHO/Nyka Alexander

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WHO rapidly mobilizes qualified and experienced professionals to respond to the health consequences of acute and protracted emergencies, and disease outbreaks. WHO achieves this through drawing upon the deployment rosters of internal and external personnel, and the capacity of partner organisations.

Photo: WHO/Fred Urlep

# About

## STANDBY PARTNERSHIPS

WHO's Standby Partnerships are managed by WHO Headquarters. Standby Partners play a key role in strengthening the capacity of WHO and the broader health sector during all aspects of emergencies.

WHO holds Standby Partnership Agreements with external partners who provide short-term surge support to WHO's emergency work. These partners maintain deployment rosters of pre-screened and trained candidates who can be rapidly deployed to provide operational support to WHO and the Health Cluster.

Standby Personnel are not WHO consultants. WHO signs a Standby Partnership Agreement directly with the Standby Partner organisation which has a contractual relationship with the individuals that serve as Standby Personnel. The Standby Partner covers the core costs of a deployment and manages most administrative requirements, including contract, salary, per diem, insurance and travel to the duty station. This allows WHO to rapidly and flexibly deliver surge capacity.



Juba, South Sudan.  
Amirkambiz Hamedanizadeh, WHO Public Health Officer,  
Standby Partner Norwegian Refugee Council.

## WHO'S STANDBY PARTNERS

Standby Partners are organisations with strong networks of deployable technical professionals. Partner organisations are selected on the basis of their proven capacity to:

- ✓ source Standby Personnel with skills that match WHO and Health Cluster needs in emergency work;
- ✓ quickly deploy Standby Personnel to the field;
- ✓ provide Standby Personnel with appropriate financial compensation and insurance coverage; and
- ✓ work within the terms of WHO's Standby Partnership Agreement.

For more information on WHO's Standby Partners, please contact [surge@who.int](mailto:surge@who.int)

## BENEFITS OF STANDBY PARTNERS

WHO invests in strong relationships with its Standby Partners to help ensure that the right personnel can be quickly deployed to support WHO's emergency operations.

Some of the key benefits for WHO of Standby Partnerships include:

- ✓ enables the rapid deployment of skilled surge personnel to support WHO and the Health Cluster;
- ✓ fills immediate human resource gaps while alternative staffing solutions are put in place;
- ✓ relieves the administrative workload of WHO offices coping with emergencies;
- ✓ sources profiles which may not be readily available among WHO personnel;
- ✓ complements WHO's other surge mechanisms, providing a low cost option;
- ✓ builds strong operational relationships with Partners and the governments that support them;
- ✓ enables access to a strong, reliable and scalable system for emergency response.

“

RedR Australia sent us some great deployees. They were dedicated, talented and really hard working. WHO sent out the RedR deployees as training coordinators to the three countries most-affected by Ebola and to the UN Mission for Ebola Emergency Response (UNMEER).

“

**Dr Gaya Gamhewage,**  
Department of Communications,  
WHO HQ





Accra, Ghana.  
Luis Ramirez, UNMEER Training Coordinator;  
Anna-Marie Schopp, WHO Training Coordinator,  
Standby Partner RedR Australia;  
Roberto Colombo, WHO IM Officer,  
Standby Partner iMMAP;  
Sutapa Howlader, WHO Training Officer,  
Standby Partner RedR Australia.

# Skills available

## THROUGH STANDBY PARTNERS

WHO's Standby Partners maintain rosters of skilled humanitarian and technical professionals. Partners propose candidates from these rosters in response to specific deployment requests made by WHO.

Standby Partner rosters comprise a broad range of capacities including, but not limited to, the following emergency functions:

- Capacity building
- Data management and analysis
- Disaster risk reduction
- Emergency medical team coordination
- Epidemiology
- Geographic information systems (GIS)
- Grant management
- Health Cluster coordination
- Information management (IM)
- Information technology
- Logistics
- Media and communications
- Project management
- Public health
- Reporting
- Resource mobilisation
- Risk communications and community engagement
- Risk management
- Security
- Telecommunications
- Training
- Water and sanitation

# Accessing

## STANDBY PERSONNEL

Standby Partnership Agreements give WHO ready access to personnel to support emergency and humanitarian work. Standby Personnel are not a substitute for WHO's regular staffing arrangements, they are a resource for temporarily strengthening WHO's emergency capacity.

A WHO office could request access to Standby Partner support in the following circumstances:

- √ the WHO office is confronted with an urgent and unforeseen need for additional human resources capacity during an emergency;
- √ WHO is unable to meet additional staffing requirements within given time constraints and funding availability;
- √ WHO requires the services of Standby Personnel in an emergency for a limited period of time (usually three to six months);
- √ the surge request is for advisory or/and technical operational work only, and is not for positions that involve making financial transactions, representing WHO or supervising staff.



Freetown, Sierra Leone.  
Johan Gonzalez, WHO GIS Officer, Standby Partner iMMAP  
Steve Sesay, UNMEER, GIS Officer

# Requesting

## STANDBY PARTNER SUPPORT

### HOW TO REQUEST

Once a surge deployment need has been identified, a WHO office can request Standby Partner support by sending the required documentation to the WHO Surge Focal Point in headquarters. This includes an official "Request for Surge Support Form" (request form) and Terms of Reference (ToRs) for the assignment. The WHO Surge Focal Point will review all requests and advise whether the Standby Partner or another WHO surge mechanism is most appropriate for meeting the WHO office's need.

The request form and ToRs are essential to ensure that all requirements of the deployment are known from the outset of the request. This enables the most appropriate identification of suitable Standby Personnel, and increases the overall speed of the deployment.

### REQUEST FORM

The request form includes the details required for deployment such as:

- √ a justification which clearly indicates why the additional function is required and how it will support the emergency;
- √ equivalent professional level of the role;
- √ duty station;
- √ start date and duration of the assignment;
- √ supervisor's details;
- √ language skills required;
- √ visa and medical requirements.

### TERMS OF REFERENCE

ToRs for the deployment are defined by the requesting WHO office. Generic ToRs are available to the requesting WHO office and should be used to facilitate rapid deployments. The supervisor and Standby Personnel discuss and agree on the specific deliverables/activities at the duty station.

For any deployment forms, documents or information, please contact [surge@who.int](mailto:surge@who.int)

“

Strengthening the WHO response capacity through Standby Partner deployments has certainly substantially boosted the WHO response capacity, both in natural disasters and in conflicts.

The response to the Typhoon Haiyan disaster affecting the Philippines saw a massive deployment of experts from Standby Partners, which enabled a more effective WHO role in leading the health cluster, not only at the national, but also at subnational levels, translating into effective coordination and health information management at the local level.

Standby Partner support was essential in strengthening the health information management function of the Health Cluster, following the 51 days war in Gaza 2014. A deployment from the Norwegian Refugee Council translated into additional analytical capacity to identify response and recovery priorities. And a deployment of a communications officer through RedR Australia resulted in a strengthened WHO capacity to provide enhanced visibility for health challenges and health sector response and recovery needs through web postings, articles and various communication and media products.

”

**Dr Gerald Rockenschaub,**  
WHO Head of Country Office oPt and former  
Regional Advisor for Emergencies - EURO





Geneva, WHO Headquarters.  
Strategic Health Operations Centre during Typhoon  
Haiyan response in the Philippines.

# Identifying

## STANDBY PARTNER CANDIDATES

A strong vetting process identifies qualified candidates with the required skill set and experience.

### **STEP 1:** DEPLOYMENT REQUEST

WHO Surge Focal Point shares a deployment request from the requesting WHO Office with Standby Partners for both their and their donor's consideration. Partners identify suitable candidates from their rosters, and nominate these candidates by sharing CVs and availability timeframes with the WHO Surge Focal Point (ideally within 72 hours).

### **STEP 2:** REVIEWING NOMINATIONS

WHO Surge Focal Point vets the nominations and shares the most suitable profiles with the requesting WHO office for their consideration.

### **STEP 3:** RANKING CANDIDATES

The requesting WHO office provides feedback/approval (ideally within 48 hours). The WHO office should identify a preferred candidate and rank the remaining candidates, indicating if any are unacceptable. This saves time if a preferred candidate is no longer available.

### **STEP 4:** DEPLOYMENT DECISION

WHO Surge Focal Point informs the Standby Partner of the WHO decision to deploy or not to deploy the nominated candidates.

# Pre-deployment

## THE DEPLOYMENT PROCESS

### STANDBY PARTNER

Once a Standby Personnel has been selected, the Standby Partner provides the WHO Surge Focal Point with:

- √ electronic copy of valid national passport;
- √ valid certificates of the United Nations Department of Safety and Security (UNDSS) mandatory field security training courses (Basic and Advanced);
- √ WHO Declaration of Interests form signed by the Standby Personnel;
- √ Standby Partner Agreement Undertaking signed by the Standby Personnel;
- √ Certificate of Good Health issued within the last six months by a certified physician stating that the individual is fit to travel and carry out the assignment, has received the required vaccinations, and has been provided with any prophylactic medicines required for the country/countries to which he/she is to travel;
- √ United Nations Certificate (UNC) application form;
- √ two colour passport photos or high quality digital format photos for processing the UNC.

The Standby Partner arranges:

- √ deployment contract and salary;
- √ per diem for the duration of the deployment, including duty travel and Rest and Recuperation (R&R);
- √ insurance for health, accident, medical evacuation, third-party liability, and war and other extraordinary risks;
- √ required pre-deployment training and briefing;
- √ travel itinerary and travel arrangements to and from the duty station (or closest possible point of entry);
- √ visa application (if required).



Monrovia, Liberia.  
Hassan Srour, WHO Logistics Officer,  
Standby Partner Norwegian Refugee Council  
Photo: WHO/Roar Sorensen

Roles and responsibilities between WHO and Standby Partners are pre-agreed to ensure personnel are deployed to the field quickly and safely.

## WHO RESPONSIBILITIES

### The WHO Surge Focal Point:

- ✓ arranges the UNC for the Standby Personnel prior to departure;
- ✓ sends the requesting WHO office the confirmed flight itinerary;
- ✓ ensures the Standby Personnel receives any country specific administrative information provided by the WHO requesting office.

### The requesting WHO office arranges:

- ✓ any support required for the visa application (i.e. Letter of Invitation);
- ✓ security clearance through the UNDSS Travel Request Information Processing (TRIP) system;
- ✓ airport pick-up;
- ✓ initial hotel or guest house accommodation.

# On arrival

## THE DEPLOYMENT PROCESS

Once the Standby Personnel has arrived at the duty station, the requesting WHO office ensures that he/she is provided with:

- √ UN badge, access to work facilities such as office space, desk and telephone, and any other equipment required to perform their ToRs;
- √ operational briefing about the emergency;
- √ security briefing, any required security materials and training (and is included in the office security plan, including for evacuation);
- √ time to discuss the ToR and to agree on planned key outputs for the Performance Evaluation Report (PER).

The PER must be completed at the end of the deployment by both the Standby Personnel and their in-country supervisor. It is an important tool in order to receive feedback on the performance of the Standby Personnel and to evaluate the key outputs and results achieved during the deployment.



# During the deployment

## THE DEPLOYMENT PROCESS



Manila, Philippines.  
Tim Hayden, WHO Public Health Officer,  
Standby Partner RedR Australia

### SUPPORT

During the deployment, the requesting WHO office:

- √ arranges and pays for any required post-arrival and in-country transport (travel from the closest port of entry to the duty station, duty travel beyond the designated duty station, transport to the office each day if necessary, and R&R), and the issuing of security clearances;
- √ ensures the Standby Personnel is fully integrated into the office and team/department in which they will work;
- √ provides appropriate supervision and guidance throughout the deployment;
- √ ensures the Standby Personnel has access to the required facilities and operational support so that they can effectively deliver on their ToRs and PER outputs.



“

As part of the ongoing health response to the Syria crisis, Joe Swan was deployed by Standby Partner organisation RedR Australia to work with WHO's Emergency Support Team (EmST) in Amman, Jordan. Joe's role as communications officer was to bring more public attention to WHO's work in Syria and neighbouring countries (Egypt, Iraq, Jordan, Lebanon and Turkey) in order to generate positive public and health partner engagement and donor support for WHO's work in improving the health of affected populations.

"The surge deployment was a great experience," reflected Joe, on his six month assignment which commenced in April 2014. "Being in a regional role, I was very lucky to be involved in an array of projects. One day I would be working on a web article on disease surveillance in Egypt, the next – a photo essay on medicine deliveries to support refugee communities in Turkey," he said.

In addition to activities such as developing donor snapshot documents, coordinating social media campaigns, promoting and running awareness

raising activities, and developing a regional online photo library, Joe undertook a number of support missions in the Kurdistan Region of Iraq (KRI) where he produced country health situation reports, media releases, stories from the field, and media briefing points.

"Having Joe on-hand to support communication initiatives, whether in Jordan, Iraq or elsewhere in the region, has been very helpful to our operations," said Dr Nada Al Ward, EmST coordinator. "Standby Partner support has enabled WHO to build up the EmST quickly and to contribute to the delivery of some of the critical functions of WHO during emergency response," she said.

"I'm grateful to both RedR Australia and WHO for the deployment opportunity," Joe said. "The work was meaningful, the support definitely needed, and I really feel as if I was able to make an impact during my six months on assignment," he said.

”

**Joe Swan,**  
RedR Australia Standby Personnel

Amman, Jordan.  
Joseph Swan,  
WHO Communications Officer,  
Standby Partner RedR Australia

# During the deployment

## THE DEPLOYMENT PROCESS

### SECURITY

Standby Personnel are entitled to the same security provisions as WHO staff including security coverage under the United Nations security framework. Standby Personnel complete UNDSS field security training courses prior to deployment and must adhere to all WHO and UN security regulations and procedures.

Standby Personnel must receive the same security considerations for personal protection and housing security as WHO staff, including access to appropriate security materials and equipment.

### EXTENSION REQUESTS

If Standby Personnel agree, the requesting WHO office can send an "Extension Request for Surge Support" form to the WHO Surge Focal Point to extend the deployment period. The extension request form requires details on the reasons for extending the deployment and any updates to the ToRs, supervisor or duty station.

The WHO Surge Focal Point discusses the extension request with the Standby Partner for their approval and informs the requesting WHO office of the outcome. If confirmed, the Standby Partner will extend the deployee contract and amend the travel itinerary.

# Completing the deployment

## THE DEPLOYMENT PROCESS

### REQUESTING WHO OFFICE

At the end of a deployment:

- √ ensures the Standby Personnel completes the WHO End of Mission Technical Report and prepares hand-over notes, which must be cleared by the WHO in-country supervisor, and provides a copy to the WHO Surge Focal Point;
- √ ensures the Standby Personnel and their supervisor complete the PER and provide a copy to the WHO Surge Focal Point;
- √ arranges any required exit interviews/meetings.

### WHO SURGE FOCAL POINT

Arranges a debrief with the Standby Personnel either via phone/Skype/face to face, and will share this feedback with the requesting WHO office and the global and regional WHO Focal Points for this emergency.

### STANDBY PARTNER

At the end of the deployment the Standby Partner carries out an evaluation of each deployment through a systematic internal debriefing of the Standby Personnel, and provides a copy of the evaluation to the WHO Surge Focal Point.

# Advice

## FOR SUCCESSFUL DEPLOYMENTS

Keeping in mind the following advice will help ensure Standby Personnel can make a valuable contribution to support the emergency work of WHO and the Health Cluster:

- √ Standby Personnel should be considered an integral part of WHO's emergency operations – they are an important asset to the operational capacity of WHO and the Health Cluster.
- √ Standby Personnel should be provided with the same facilities and operational support that would be provided to WHO staff.
- √ When Standby Personnel arrive in-country, the supervisor should discuss their TORs and refine these as necessary to ensure Standby Personnel clearly understand what is expected of them during the deployment.
- √ Supervision and clear task-setting will help Standby Personnel to effectively deliver on their TORs.
- √ Standby Personnel are provided to WHO from other organisations. They may not be fully aware of WHO's culture or procedures, so it is essential that the receiving WHO office takes this into consideration and assists the Standby Personnel as required.
- √ Debriefing with outgoing personnel is a valuable part of the deployment and will help ensure that Standby Partnership deployments continue to be productive in the future.
- √ The terms, conditions and responsibilities of WHO for Standby Personnel deployments differ to those of consultants. General conditions of Standby Personnel deployments are outlined in the next section.

# General conditions

## OF STANDBY PARTNER DEPLOYMENTS

<b>Contractual relationship</b>	No contractual link directly between Standby Personnel and WHO. Standby Personnel have a formal contract with the Standby Partner only.
<b>Relationship to WHO</b>	Standby Personnel must agree in writing (signed Standby Partner Agreement Undertaking form) to perform their assignments in compliance with WHO's instructions, and to exercise the utmost discretion in matters related to their assignment.
<b>Role of Standby Personnel</b>	Either advisory or technical operational roles (under the supervision of a WHO staff member). Standby Personnel cannot undertake supervisory roles or officially represent WHO.
<b>Length of deployment</b>	Usually between three and six months. Extensions beyond this period require the prior approval of WHO's Human Resource Department.
<b>Salary and per diem</b>	Arranged and paid for by Standby Partner.
<b>Travel to duty station</b>	Arranged and paid for by Standby Partner.
<b>UN Certificate</b>	Provided by the UN at request of WHO.
<b>Arrival in-country</b>	Receiving WHO office arranges airport pick-up and initial accommodation, and provides required office space and equipment.

**In-country duty travel**

Travel arranged and paid for by WHO, per diem is paid by the Standby Partner.

**Rest and recuperation**

According to WHO's policy in force at the duty station. Travel arranged and paid for by WHO, per diem is paid by the Standby Partner.

**Insurance**

Health, accident, medical evacuation, third-party liability insurance (covering war-risk and other extraordinary risks) provided by Standby Partner.

**Repatriation and evacuation, including medical evacuation**

Arranged and paid for by Standby Partner with assistance from WHO when needed.

**Security arrangements**

Standby Personnel are covered by the UN security framework. They are required to complete the UN mandatory field security training courses before deployment, as well as confirm they will abide by WHO and UN security policies and directives.



## More information

For further information on WHO's Standby Partnerships, please contact [surge@who.int](mailto:surge@who.int)  
or go to [http://www.who.int/hac/standby\\_partnerships/en/](http://www.who.int/hac/standby_partnerships/en/)



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