

WHO

Guidance for contingency planning

World Health Organization



“Everyone deserves the chance to survive. I think of this every time I see another disaster. There are probably people dying who don’t have to.”

Dr James Hubbard

FOREWORD

The goal of the WHO Health Emergencies Programme is to help countries and to coordinate international action to prevent, prepare for, detect, rapidly respond to, and recover from outbreaks and emergencies in order to reduce the mortality and morbidity of affected populations.

This includes WHO’s own capacity to manage risks and respond to emergencies in a timely, predictable and effective manner. Headquarters, regional and country offices all need to plan, well ahead of a crisis, for the appropriate resources, systems, policies, procedures and capacities to undertake effective risk mitigation and response operations in support of, and in collaboration with, ministries of health and other partners.

Understanding the risk that threatens people’s health, planning to mitigate the impact, and preparing to respond can significantly save lives and preserve health and well-being. Thus all WHO offices need to undertake, along with governments, other UN agencies and partners, or alone if needed, regular strategic risk analysis and monitoring, and related contingency planning.

In this contingency planning guidance, a set of actions to prepare for emergencies from all hazards and to help minimize their impact, is proposed. These actions include the development, implementation, simulation, monitoring and regular update of risks-based contingency plans.

This guidance is based on a common organizational approach and procedures for risks management and emergency response across all hazards and at every level of the Organization. It encompasses WHO’s responsibilities under the International Health Regulations¹ (2005) and other international treaties, as the United Nations’ lead agency for health and the health cluster, and as a member of the United Nations or humanitarian country teams. The guidance has therefore been developed in line with the WHO corporate risk management framework and the WHO readiness checklist, as well as the Inter-Agency Emergency Response Preparedness Framework and its Contingency Plan Guidance².

¹http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf

²<https://www.humanitarianresponse.info/en/programme-cycle/space/emergency-response-preparedness-guidance-and-templates>

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This document was elaborated in partnership with all WHO regional offices and some country offices who provided precious and valuable inputs based on their experience and expertise. The current guidance and template build on previous guidance and templates from WHO offices in headquarters, the regions and countries, and is an attempt to align with the new policies and standard operating procedures promoted by the WHO Health Emergencies Programme and WHA Resolution A69/30 of May 2016. We are deeply grateful to and would like to thank all those who contributed to the elaboration of this document.

1. Introduction

Contingency planning is part of a cycle in which the identification and regular monitoring of risks, vulnerabilities and capacities informs the planning and implementation of measures to mitigate the risks and prepare to respond.

- Risk mitigation includes all actions to reduce the severity, probability of occurrence of, or exposure to, a given hazard and therefore lessen its impact.
- Preparedness refers to all actions to increase knowledge and capacity to anticipate, respond to and recover from the impact of one or more events.
- Readiness is the outcome of preparedness actions – it refers to the outcome of planning, allocation of resources, training, exercising and organizing to build, sustain and improve operational capabilities based on risk assessments.

All WHO offices need to have available a strategic analysis of the hazards which threaten the health of the populations they serve. This analysis is used to identify the major health threats for which contingency plans (CPs) need to be developed and implemented. The aim of contingency planning is to mitigate the potential health consequences of these threats and to be ready to respond should the threats cause an emergency. In countries, the analysis of risks and subsequent contingency planning is usually initiated by the government or the UN Inter-Agency Standing Committee country team, and is jointly performed with all sectors and partners³. It should cover all hazards; WHO and the ministry of health need to ensure that all health related issues are effectively included and all health partners are involved.

WHO and the ministry of health also need to ensure that specific health sector CPs are available for all major health threats. Each CP should clearly define the roles, responsibilities, planned actions and support that each partner committed to prepare for and provide in case of an emergency.

As part of this process, WHO needs to perform an independent analysis of the plan's comprehensiveness and quality. Any gaps identified need to be addressed by government/partners.

Finally, WHO must develop its own set of time-bound actions to be accomplished in order to address the threats. The implementation of these actions can be organized and monitored through an action plan.

³ see: Emergency response and preparedness (ERP). Risk analysis and monitoring, minimum preparedness, advanced preparedness and contingency planning. Inter-Agency Standing Committee; July 2015 (available at <https://www.humanitarianresponse.info/en/programme-cycle/space/emergency-response-preparedness-guidance-and-templates>)

Purpose

WHO offices at country, regional and headquarters levels must take all possible measures to mitigate risks and have in place the appropriate resources, systems, policies, procedures and capacities in order to prepare for and respond to emergencies whenever and wherever they occur.

Contingency planning is the framework that enables each WHO office to:

- prepare for threats and reduce their potential public health consequences
- identify needs and outline related actions
- plan the implementation of these actions
- identify resources and the time needed for implementation
- monitor progress in implementation.

This guidance note is to be used to direct the planning of mitigation and preparedness actions to address specific health threats; the note can be adapted to the context and needs of each WHO office.

Scope

Contingency plans need to be developed for each major threat identified in the risks analysis. All plans must be regularly updated based on the evolving risks and environment.

Accountability⁴

As a member of the UN system, and lead in the health sector, WHO needs to be involved in contingency planning exercises and ensure the inclusion of all necessary health issues and partners. Quality, comprehensiveness, efficiency, timeliness and effective implementation and monitoring of plans are also essential.

The head of each WHO office is responsible for ensuring that:

- health is appropriately integrated in all multisectoral contingency planning;
- high quality, health sector specific CPs are developed and implemented;
- the WHO action plans developed and implemented:
 - set out the roles and responsibilities to which WHO is committed as part of the UN, and as lead in the health sector;
 - prepare WHO to respond to emergencies as per the Emergency Response Framework;
- plans are regularly tested, updated, monitored, and maintained;

⁴ Accountability is defined in WHO's Accountability Framework as the obligation of every member of the Organization to be answerable for his/her actions and decisions, and to accept responsibility for them.
http://intranet-pdrive.who.int/public-drives/PubDept/DGO-CRE%20-%20Compliance%2C%20Risk%20Management%20and%20Ethics%20Office/CMP/reference/accountability_framework.pdf

- the resources necessary to implement the action plans are identified and mobilized;
- the office contingency plans are formally handed over to his/her successor.

2. Guidance

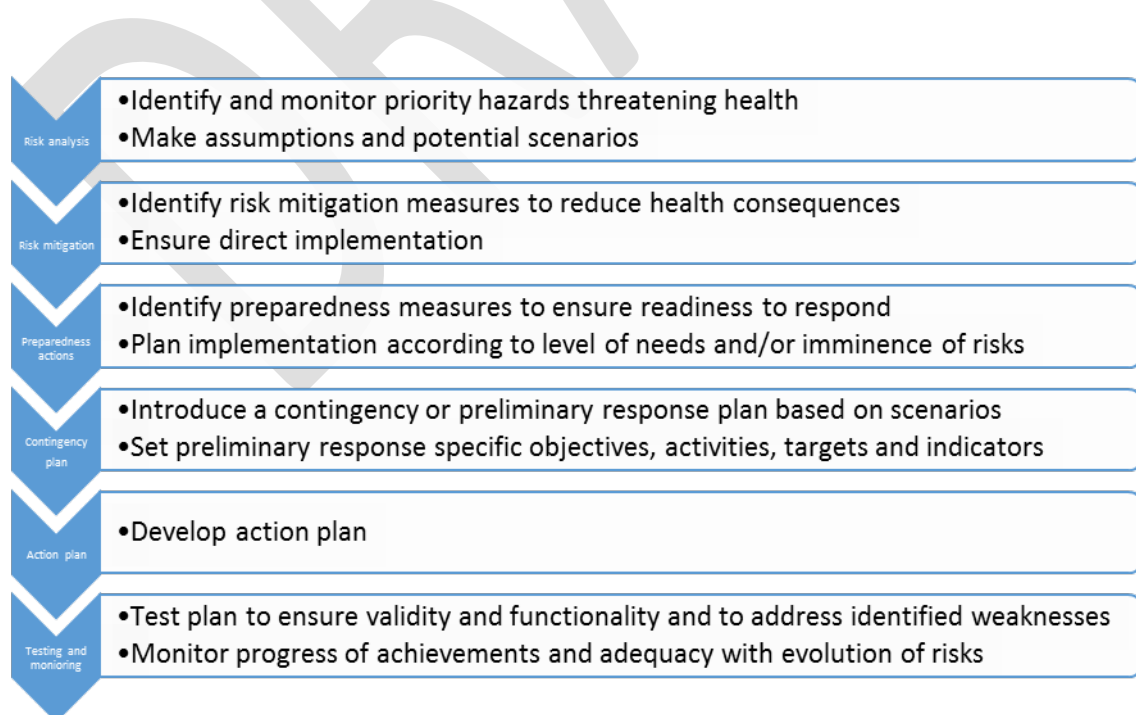
Key principles of contingency planning

While each emergency is different in nature and context, there are many similarities, such that common emergency management practices and policies can be built into the health system to create resilience. Thus, although a separate CP should be developed for each type of threat, much of WHO contingency planning is generic and applicable to all types of emergencies.

The key principles to bear in mind are that contingency planning should be:

- practical
- simple and easy to do
- realistic and feasible
- needs based and efficient, ensuring fair use of resources
- process driven for effective operationalization
- regularly tested through exercises
- monitored and updated.

Hazard based contingency planning flow chart



Developing scenarios and assumptions: what could happen?

The planning process is initiated by a strategic risk assessment⁵. The purpose of this assessment is to identify and rank the risks and their geographical locations, and define those hazards and scenarios for which contingency planning is required. Each priority hazard needs its own contingency plan based on flexible and realistic scenarios. Scenario development provides a basis for planning and generates consensus on the nature of the potential crisis and the response to be provided.

Most contingency planning takes place at multisectoral or interagency level to ensure coordination and maximize synergy of the preparedness and response actions and the use of resources. WHO and the health sector need to be part of these efforts to ensure that health issues are included in the plans.

The specific health risks posed by each hazard should be considered. In this document, floods are used as an example hazard. This hazard:

- carries specific health risks, such as trauma or water-borne diseases, that need to be addressed by the health sector; and
- requires different approaches in urban settings and remote villages.

An example of a flood scenario is:

Hazard	Floods
Early warning mechanisms	Rainfall forecast, high risks areas mapping
Scenario	Number of people affected Number of people drowned/killed Number of people injured (50–100) Number of inaccessible or damaged hospitals and health facilities (2 of the 3 hospitals not accessible by road) Number of houses destroyed or damaged (10 000–20 000) Electricity cuts: highly likely Lack of or limited access likely Contaminated fresh water sources (5 out of 10) Crops destroyed
Health needs and risks	Trauma care (short term) Lack of access to essential services Watery diarrhoea including cholera Malnutrition (longer term unless already present, and depending on the harvest calendar)
Assumptions	Security problems do not hamper access Boats are available for transport Pre-positioned stocks are not affected by flooding

⁵ An approach for the integrated and strategic risks assessment of public health threats. Draft version. Geneva: World Health Organization; October 2016

Mitigation strategy: how can health risks linked to the hazard be reduced?

Once the risks to health have been identified, the next step is to ascertain which measures are already in place, and which can be taken, to prevent or mitigate the impact of the risks. These measures should be put in place or strengthened as soon as the risks have been identified.

Relevant actions to be taken in all areas and countries need to be identified in order to prevent and/or control public health risks. Such actions include: vaccination; enhanced surveillance and early warning, alert and response systems; vector control; infection control (including personal protection); enhanced sanitation and hygiene; increased provision of water and/or nutrients; prepositioning of drugs and medical supplies, etc.

Continuing with the example of floods, mitigation measures for this hazard include:

Identified health risks	Mitigation measures
Trauma	<ul style="list-style-type: none">- Public risk communication to promote personal safe behaviours- Training in mass casualty management
Lack of access to essential services	<ul style="list-style-type: none">- Identify flood prone areas and evaluate the health infrastructures- Strengthen community based first aid- Identify back-up for referral systems
Risk for watery diarrhoea including cholera	<ul style="list-style-type: none">- Improve water and sanitation in high risk areas- Assess opportunities for cholera vaccination campaign in high risk areas- Develop and implement risk communication campaign
Malnutrition	<ul style="list-style-type: none">- Map vulnerabilities and determine follow-up actions accordingly- Develop community based preventive interventions

Preparing to respond: how can health needs of affected populations be addressed?

Once mitigation strategies are in place, potential response needs have to be determined; this will allow WHO to identify and plan for related preparedness actions and for the response itself.

Health sector preparedness

Actions need to be developed, coordinated and planned with the ministry of health and all health sector partners. If a national contingency plan already exists for the hazard or scenario in question, it should provide a summary in which the respective roles and responsibilities of each stakeholder are outlined.

Specific timelines for preparedness actions are important to ensure that most of the response elements are in place at the time of the event/emergency. An example of a preparedness timeline for a seasonal epidemic disease such as meningococcal meningitis is provided in annex 1, which lists the main risk monitoring and preparedness actions advisable ahead of the outbreak season and their suggested sequence.

As well as for seasonal outbreaks, it is important to formulate preparedness timelines for other foreseeable or seasonal events such as mass gatherings, droughts and floods.

To continue with the floods example, preparedness actions are outlined here:

Health risk	Needs	Planned response	Preparedness action
Trauma	<ul style="list-style-type: none"> - Trauma care and mass casualty management systems (MCM) - Referral of injured to hospitals - Provision of materials and drugs 	<ul style="list-style-type: none"> - Rapid activation of reliable, predictable and quality MCM systems, including referral to secondary and tertiary health care as per agreed protocols - Continuous drugs and supplies chain management based on regular needs assessments 	<ul style="list-style-type: none"> - Develop a rapid alert system with key actors of MCM, from community-based first-aid actors to referral hospitals to emergency medical teams - Train and exercise MCM actors, procedures and systems - Prepare memorandum of understanding with transport companies; predict boat requirements - Pre-position trauma kits - Evaluate warehouse and supply chain capacity
Lack of access to essential health care	<ul style="list-style-type: none"> - Alternative access - Rapidly re-establish access to essential health care 	<ul style="list-style-type: none"> - Mapping of areas and/or affected populations without access to health care - Information sharing with partners, coordination for increased/priority coverage of health operations - Targeted mobilization of mobile clinics, field hospitals etc., as per needs 	<ul style="list-style-type: none"> - Prepare inventory of current capacities of field hospitals and/or mobile clinics, including staff, activities, drugs and supplies - Identify response gaps as per scenarios, and potential partners to fill gaps (e.g. emergency medical teams, Red Cross) - Identify potential obstacles to access (geographic, political, socio-cultural) and

			needed actions to address these obstacles (negotiations and advocacy, special transport such as helicopters, etc.)
Outbreaks of diarrhoeal diseases	<ul style="list-style-type: none"> - Ensure rapid detection, confirmation and alert - Provide materials to test for and treat cholera - Ensure treatment capacity 	<ul style="list-style-type: none"> - Activate early warning alert and response systems (EWARS) in hot spots - Deploy rapid response teams for rapid investigation and early response - Provide case management at rehydration and treatment centres adapted to required infection control standards 	<ul style="list-style-type: none"> - Ensure availability and adapted coverage of EWARS, provide refresher training - Order rapid tests and cholera kits - Identify possible placement of future rehydration or cholera treatment centres - Prepare for water testing and treating
Malnutrition	<ul style="list-style-type: none"> - Prevention of risks by food/cash distribution - Screening and referral - Case management at community and health facility levels 	<ul style="list-style-type: none"> - Coordination with livelihood and nutrition cluster - Regular screening in hot spots and EWAR - Initiate community based management of malnutrition and referral to appropriate health facilities for severe cases and/or medical complications 	<ul style="list-style-type: none"> - Select sentinel sites for malnutrition screening - Identify potential health facilities to establish therapeutic feeding centres - Pre-position kits for the management of severe acute malnourished children with medical complications

Developing a response plan

With the response needs identified above, a preliminary response plan is developed with the objectives⁶ of:

- fostering common understanding among all partners of the anticipated scope of the emergency, the possible health and health related needs, and the nature and scope of the planned operational response;

⁶ Adapted from: Emergency response and preparedness (ERP). Risk analysis and monitoring, minimum preparedness, advanced preparedness and contingency planning. Inter-Agency Standing Committee; July 2015 (available at: <https://www.humanitarianresponse.info/en/programme-cycle/space/emergency-response-preparedness-guidance-and-templates>)

- clearly explaining WHO and the health sector/cluster response strategy to address the needs of the affected population in the first weeks of an emergency;
- reflecting specific challenges/gaps in the potential response in order to communicate anticipated funding requirements;
- supporting the timely drafting of a resource mobilization document, e.g. a flash appeal, in the event of an emergency.

This preliminary response plan sets out the initial response strategy and operational plan for meeting critical humanitarian needs during the first three to four weeks of an emergency. The plan should therefore use the same format as a response plan and state the preliminary response objectives, activities, targets and indicators.

The response can be activated as soon as the event/emergency has been graded⁷. To continue with the example of floods:

Activity	Target population	Indicator	Responsible actors	Estimated cost
First strategic objective: The immediate wounds and trauma of the people affected by the flood are addressed				
Second strategic objective: All affected people have access to an essential package of health services				

WHO specific responsibilities

In addition to the overall health sector contingency plan, WHO has additional responsibilities to ensure it is prepared to respond and deliver on the specific functions it has committed to perform during an emergency, as per the Emergency Response Framework⁸. The WHO contingency plan therefore needs to include the preparedness and response actions to be implemented in order to achieve these goals.

Continuing with the example of floods:

Responsibility	Response needs	Preparedness action
Coordination	<ul style="list-style-type: none"> • A collective and synergic health sector response which covers all needs and all affected people 	<ul style="list-style-type: none"> • Define coordination mechanisms and architecture with host government, ministry of health, UN agencies, other sectors and

⁷ As per: Emergency Response Framework. Second edition. Geneva: World Health Organization; 2017 (in press)

⁸ Emergency Response Framework. Second edition. Geneva: World Health Organization; 2017 (in press)

	<ul style="list-style-type: none"> • Synergy and complementarity with other sectors e.g. water sanitation and hygiene, nutrition, logistics • Harmonious decision-making with ministry of health and other decision-makers 	<p>health partners</p> <ul style="list-style-type: none"> • Ensure procedures are in place for requesting and coordinating international assistance (emergency medical teams(EMT), Global Outbreak Alert and Response Network (GOARN), standby partners)
Information and planning	<ul style="list-style-type: none"> • Updated epidemiological profile of the affected or exposed population • Understanding of health system modus operandi • Updated data on partners' activities and coverage (4Ws – who, what, where and when) • Joint risks and needs assessments • Identification of triggers for activation of the response • Response plan 	<ul style="list-style-type: none"> • Ensure availability and good understanding of: <ul style="list-style-type: none"> – baseline data – triggers of activation of response, including EOC.. – needs assesment methodologies and tools – data collection tools for 4Ws, Health Resources Availability Mapping System (HeRAMS), EWARS – response plan templates and procedures
Health operations and expertise	<ul style="list-style-type: none"> • Technical guidances on mass casualty management (MCM), case management of waterborne diseases, and malnutrition. • Early warning, alert and response systems (EWARS) and rapid response teams (RRTs) • Risk communication campaign • Delivery of basic package of health services in areas with issues of access 	<ul style="list-style-type: none"> • Procure all needed guidelines • Training on EWARS, case management, MCM, infection prevention and control (IPC), etc. • Identify/clarify essential package of health services to deliver in areas with no or limited access • Prepare risk communication messages • Pre-identify possible communications channels
Logistics	<ul style="list-style-type: none"> • Uninterrupted supply chain • Communications facilities, transport, housing and accomodation for sub-offices and surge team 	<ul style="list-style-type: none"> • List warehouse capacity and transportation modalities • Ensure catalogues and lists of pre-positioned supplies available • Obtain waivers for customs or visas • Pre-identify accommodation for surge teams
Finance and administration	<ul style="list-style-type: none"> • Availability or rapid access to contingency funds • Availability of budget lines 	<ul style="list-style-type: none"> • Ensure emergency standard operating procedures (E SOPs) are known and understood

	<ul style="list-style-type: none"> that can be repurposed • Development of donor appeals • Development of proposals and grants management • Human resources management 	<ul style="list-style-type: none"> • Make proposal and reporting templates available • Ensure grant management procedures are known • Identify and contact potential donors • Ensure visa and work permit procedures are in place
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Action plan: how will WHO fulfill its responsibilities?

The ultimate but most important planning step is to determine the means and resources by which WHO will implement its mitigation and preparedness actions according to the agreed schedule.

A standard logical framework format can be used to develop the details, timing and budget requirements of the different elements of each plan.

Continuing with the floods example:

Objectives	WHO activity	Pri ori ty	Start date	End date	Resources need- ed	Responsible WHO staff	Estimated cost in USD
Risk mitigation					-	-	
	Map flood-prone areas	2	Jan 2017		- Geographical information system - Consultant	- Public health officer	5000
	Evaluate safe hospitals	3	Mar 2017		- Consultant	- Public health officer	5000
	etc.				-	-	
Preparedness actions							
	Pre-position trauma kits	1	Oct 2016	Dec 2016	- Funding - Warehouse - Logistics supply system	- Emergency coordinator - Logistics officer	12 000
	Train health care workers on cholera diagnostics	1	Nov 2016	Dec 2016	- Trainer - Funding - Training room - Training material	- Public health officer	6000
	etc.						

Monitoring: how have the risks evolved?

As risks are dynamic and evolve continuously, there is a need to keep monitoring them, and adjust plans and actions accordingly.

WHO staff should:

- re-evaluate the risks and priorities, and revise the assumptions, adequacy of mitigation and preparedness activities, and the implementation schedule, as necessary;
- regularly compare the actual and planned implementation;
- diagnose delays and identify remedial actions.

Testing: how can readiness be improved?

Regular review is a crucial element in assessing an office's readiness to respond. In order to be effective and reliable, the contingency plan needs to be constantly improved through testing to ensure that emergency management capabilities are consistent with the plans, procedures and policy.

Exercises are therefore an integral part of contingency planning. Selection, planning and costing of exercises are well explained in section 3 of the WHO exercise manual and the related exercise planning tool⁹. The head of office ensures the contingency plan is tested before approval; he/she also ensures the contingency plan is well maintained and enhanced through yearly updates, reviews and exercises.

Exercises enable:

- validation of the adequacy of emergency plans, systems and procedures;
- familiarization of all stakeholders with the plan, procedures and systems;
- assessment and enhancement of functionality;
- identification of gaps or weaknesses, and subsequently of remedies for these deficiencies;
- maintenance and updating of the continuity plan.

The head of office ensures the continuity plan is tested before approval.

3. Template WHO office contingency plan

⁹ the WHO Exercise Manual, July 2016, and Exercise Planning Tool, November 2016, will soon be available on line

Introduction

Results of risk assessment related to hazard

Please provide a short description of:

- the hazard and its characteristics (seasonality, transmission/amplification, scale, etc.)
- impact and likelihood of the hazard.

Situation analysis

Please provide a short overview of:

- the demographic and health profile of the country and the affected population
- health system structure and services provision at national and sub-national levels
- recent disasters/emergencies with public health impact.

Scenarios and assumptions

- Description of specific contingency plan scenario(s)
- Description of early warning systems
- Description of health needs and risks linked to the hazard
- Description of planning assumptions.

Mitigation strategy

List all mitigation measures for the identified health risks linked to the hazard:

Identified health risks	Mitigation measures

WHO preparedness strategy

List **all** preparedness actions WHO has to deliver and which are linked to the identified response needs:

Health risk	Response needs	Preparedness action

Preliminary response plan

From the identified response needs, define the key strategic objectives of the response and list the related main activities that will need to be implemented in the first weeks of the emergency in order to reach these objectives. Clearly identify the population targetted (based on assumptions) and the indicators, enabling monitoring of progress and/or achievements. If already identified, responsible actors can be listed for each activity. Estimating preliminary funding needs for the response avoids difficult discussions at the time of the response and developing the appeal.

Activity	Target population	Indicator	Responsible actors	Estimated cost
First strategic objective				
Second strategic objective				

WHO action plan

List all mitigation and preparedness actions that will be implemented by WHO and define the means and resources (human, logistics, financial) needed to implement these activities according to an agreed schedule.

Objectives	WHO Activity	Pri- ority	Start	In place	Resources needed	Responsible WHO staff	Estimated cost in USD
Risk mitigation							
Preparedness actions							

Testing and maintaining the contingency plan

Test calendar

Date	Objective of test	Type of exercise	Responsible staff

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4. References

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5. Annexes

Preparedness timelines

Preparedness timelines and matrices can be developed for predictable events such as important mass gatherings or seasonal epidemics of communicable diseases.

The example below is a preparedness timeline for meningococcal meningitis, in which the main risk monitoring and preparedness actions advisable ahead of the outbreak season are listed in a suggested sequence.

Estimate antibiotics needs according to risk, procure and preposition	Preparedness																		
Identify hospital structures to care for increased number of cases	Preparedness																		
Establish rapid investigation teams and protocols	Preparedness																		
Prepare community awareness and information plan	Preparedness																		
Inform population on meningitis during the season: risk of meningitis cases, symptoms, importance of seeking prompt care/treatment, evolution of epidemic, etc.	Preparedness																		
Conduct evaluation of meningitis epidemic season and response – identify challenges and lessons learned to integrate in next preparedness plan	Preparedness																		

¹⁰The timing is only proposed as an example. Preparedness timing needs to be defined in relation to scale (expected number of people affected , speed of transmission, urban versus rural...), capacity (strong health system, partners...), complexity (issues of access, multiple emergencies, etc..) and local epidemiology of the disease.

DRAFT