Operational Readiness
Regional Office and WCOs

Emergency Operations Unit (EMO)
WHE/SEARO
Annexure 1

**Guide Questions**

1. Did you implement the new IMS (of the new ERF) for responding to the emergency?

2. What were the challenges and advantages of re-purposing the office (implementing IMS)?

3. Did you implement vSHOC? How was the experience?

4. What were the challenges in the area of logistics – procurement and supply of various items – in responding to the emergency?

5. How did the surge of HR work in terms of deployment from SEARO, HQ and/or partners?

**Countries**

1. Nepal
2. DPR Korea
3. Sri Lanka
4. Indonesia
5. Myanmar

Qualitative feedback based on 5 key questions

Representative of WCO to share their feedback
Overview

• What is Operational Readiness
• WHO survey findings
• Readiness Framework and training
• WHO commitments and principles in emergencies
• Emergency response Framework
  – Risk assessment
  – Grading
  – Incident Management System
  – Performance indicators
• EOC and vSHOC
What is Operational Readiness?

– Outcome of planning, allocation of resources, training, exercising and organizing to build, sustain and improve operational response capabilities based on risk assessment

• Expected deliverables:
  – conducting risk assessments;
  – developing business continuity and contingency plans;
  – supporting implementation of actions to increase operational readiness;
  – conducting simulation exercises to test the readiness of WHO and partners
Five elements of readiness

- readiness focal point
- strategic risk analysis
  - to identify major health threats,
- contingency plans
  - to address and prepare for each of the major health threats identified by the risk analysis and
- business continuity plan
  - to address threats to the functionality of WHO offices
- early warning system
  - enabling risks and events alert, monitoring, and timely response.
Survey in 2016: 116/148 WHO country offices responded (response rate: 78%)

<table>
<thead>
<tr>
<th>Counts per region</th>
<th>Number of response</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRO</td>
<td>30</td>
<td>47</td>
<td>64%</td>
</tr>
<tr>
<td>EMRO</td>
<td>14</td>
<td>18</td>
<td>78%</td>
</tr>
<tr>
<td>EURO</td>
<td>25</td>
<td>30</td>
<td>83%</td>
</tr>
<tr>
<td>PAHO</td>
<td>27</td>
<td>27</td>
<td>100%</td>
</tr>
<tr>
<td>SEARO</td>
<td>6</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>WPRO</td>
<td>14</td>
<td>15</td>
<td>93%</td>
</tr>
</tbody>
</table>
Conclusions

• only **12 WHO Country Offices** (10.3%) report having all of the 5 pre-defined minimum readiness requirements

• **Strategic risk assessments were available in 41% WCOs** (SEAR 1/6)

• **Business continuity plans were available in 40% WCOs** (SEAR 5/6)

• **Contingency plans were present in 30% WCOs** (SEAR 2/6)

• **Early warning, alert and response systems were in place in 60% of the reporting countries.** (SEAR 2/6) (confusion between Contingency planning and Business Continuity Planning)
1. Strategy & collaboration
   To ensure a coherent and comprehensive approach

2. Strategic risk assessment & profiling
   To identify priority risks

3. Planning for response
   To develop and test response systems

4. Mitigating priority risks
   To take hazard-specific action and reduce risk

Monitoring OPR results and impact under WHE Output E.4.3
Core Commitments in Emergencies

• Undertake Rapid Risk Assessment and Situation Analysis
• Establish a clear management structure
• Early deployment of resources on a “No-Regrets” basis
• Promote and monitor the application of technical standards and best practices
• Evidence-based health sector response strategy
• Disease surveillance, early warning and response systems
• Provide up-to-date information
• Coordinate the health sector response
• Provide technical expertise to affected countries and stakeholders
Guiding principles

• Country focus
• Partnership
• Sensitivity towards
  – gender,
  – age
  – vulnerability
• Evidence & knowledge-based programmes
• Humanitarian principles
  – humanity, neutrality, impartiality and independence
• Protection
• Accountability
• Strengthening the link between humanitarian and development world
*SEMP: Strategic Emergency Management Plan

I. Prevention & Mitigation
   Reduce Risk

II. Preparedness
   Operational Readiness Coordinated Approach

III. Response
   Integrated Response in accordance with Strategic Priorities

IV. Recovery
   Restored / Continuity of Operations

Environmental Scan
Leadership Engagement
All-Hazards Risk Assessment
Training Exercise
Capability Improvement
Process Performance Assessment

*SEMP: Strategic Emergency Management Plan
Emergency Management Principles

- Comprehensive: all hazards, all phases, all stakeholders and all impacts
- Progressive: anticipate future disasters and take preventive and preparatory measures
- Risk-Driven: use sound risk management principles
  - hazard identification, risk & impact analysis
- Integrated: ensure unity of effort among all levels
- Collaborative: create and sustain relationships
- Coordinated: synchronize activities
- Flexible: create and apply innovative approaches
- Professional: value a science and knowledge based approach
ERF components

- Risk assessment
- Grading
- Incident Management System
- No regrets policy
- Emergency response
  - procedures
  - standards
Risk assessment and grading
Risk assessment steps

• Assemble the risk assessment team
• Formulate risk questions
• Undertake the risk assessment:
  – Hazard assessment
  – Exposure assessment
  – Context assessment
• Characterize the risk
• Determine capacities and vulnerabilities
• Determine the level of confidence in the risk assessment
Quantifying risk

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Minimal</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost certain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highly likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unlikely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very unlikely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Grading of emergencies

• Purpose and triggers
• Timing and responsibility
• Grading levels:
  – Ungraded, Grade 1, 2, 3
• Process
  – Scale, urgency, complexity, capacity, reputational risk
• Documentation and communication
• Review and removal of grade
• Grading of protracted emergencies
What is an IMS?

– Combination of facilities, equipment, personnel, procedures and communications
– Operating within WHE/WHO structure
– Designed to help in the management of resources during incidents
– Grading will trigger activation of IMS to manage the Organizational response
  • establishment of an in-country Incident Management Team (IMT).
<table>
<thead>
<tr>
<th>What IMS is</th>
<th>What IMS is not</th>
</tr>
</thead>
<tbody>
<tr>
<td>• An approach: systematic</td>
<td>• A Response Plan</td>
</tr>
<tr>
<td>• A set of concepts and principles</td>
<td>• Only an Organizational Chart</td>
</tr>
<tr>
<td>• Interoperability of ICT</td>
<td>• A communication plan</td>
</tr>
<tr>
<td>• Standard resource management procedure</td>
<td>• Only applicable to some emergency response personnel</td>
</tr>
<tr>
<td>• Scalable and flexible to be used for all emergencies</td>
<td>• Only used during large scale emergencies</td>
</tr>
</tbody>
</table>
Incident Management System: critical functions and sub functions

LEADERSHIP / INCIDENT MANAGEMENT

- Partner Coordination
  - Planning
  - Staff Health Wellbeing & Security
  - Communications / Public Information
  - External Relations
  - EOC Management
  - Health & Intersectoral Coordination
  - Liaison

- Information
  - Risk and Needs Assessment
  - Early warning and surveillance
  - Monitoring and evaluation
  - Information Products

- Health Operations and Technical Expertise
  - Prevention and Control Measures
  - Risk Communication & Community Engagement
  - Health Service Delivery
  - Technical Expertise, Science & Research
  - Training of Health Staff
  - TERN

- Operation Support and Logistics
  - Supply Chain Management
  - Field Support
  - Health Logistics

- Finance and Administration
  - Finance Budget/Grants Management
  - Procurement
  - Human Resource & Surge
  - Resource Mobilization
  - Project Management
IMS features

• Organizing structure
  – Clear lines of accountability & authority
  – Functional interoperability

• SOPs
  – Emergency grading & EOC activation
  – Deployment & accelerated release of funds
  – Partner engagement and coordination procedures

• Planning & response templates
  – Strategic response plan
  – Joint partner operational plan
  – WHO Incident Action Plan

• Information management
  – Health info, operational response info, contextual info
  – Documentation management & technical interoperability
A place
within which, in the context of an emergency, personnel responsible for planning, coordinating, organizing, acquiring and allocating resources and providing direction and control can focus these activities on responding to the emergency

A concept
embracing a range of emergency management facilities from an on-scene incident command post at an emergency site to a national emergency coordination centre
What is the WHO Emergency Portal (vSHOC)?

- The WHO Emergency Portal is based on both the commercial emergency management software WebEOC and Sharepoint.
- WebEOC was originally designed to mimic the whiteboards that used to be a prominent part of every EOC.
WebEOC or vSHOC contains a lot of information

<table>
<thead>
<tr>
<th>List of current incidents (emergencies), grades, grading history and supporting documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking performance of emergency response deliverables (who is responsible for which tasks, where)</td>
</tr>
<tr>
<td>WHO Emergency HR plan and deployments (also supports tracking partner deployments)</td>
</tr>
<tr>
<td>Emergency-related meeting schedules</td>
</tr>
<tr>
<td>Emergency specific documents</td>
</tr>
<tr>
<td>Incident specific contacts/Focal Points</td>
</tr>
</tbody>
</table>
# Operational Responsibilities and Organizational Accountabilities

<table>
<thead>
<tr>
<th>GRADE</th>
<th>FIELD OPERATIONS*</th>
<th>RESPONSIBILITIES</th>
<th>TECHNICAL &amp; OPERATIONAL SUPPORT</th>
<th>ACCOUNTABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 1</td>
<td>Incident Manager</td>
<td>RED</td>
<td>PAM and Director EMO (or delegates)</td>
<td>Regional Director</td>
</tr>
</tbody>
</table>
| Grade 2    | Incident Manager  | RED              | PAM and Director EMO (or delegates) | Executive Director /
|            |                   |                  |                                  | Regional Director      |
| Grade 3    | Incident Manager  | RED or Director EMO** | PAM and Director EMO (or delegates) | Executive Director      |
| Protracted 1| Emergency Manager | RED              | PAM and Director EMO (or delegates) | Executive Director /
|            |                   |                  |                                  | Regional Director      |
| Protracted 2| Emergency Manager | RED              | PAM and Director EMO (or delegates) | Executive Director /
|            |                   |                  |                                  | Regional Director      |
| Protracted 3| Emergency Manager | RED              | PAM and Director EMO (or delegates) | Executive Director      |

* The Incident Manager and the Emergency Manager will be supervised by the HWO/WR, unless alternate arrangements have been agreed by the Executive Director and the Regional Director.

**To be determined by Executive Director and Regional Director
Procedures & Standards

• Emergency Standard Operating Procedures (SOPs) provide clear, concrete guidance on managerial, operational, administrative and financial measures.

• General process standards, such as a joint partners response plan

• Emergency Event Specific and Intervention Standards, such as vaccination coverage and or proportion of births attended by skilled staff
SEARO’s IMST in response to Sri Lanka Floods/Landslides, May-June 2017

Emergency Coordinator
AM Pesigan
Marina

- EOC Mgmt
  - Vason
    - Tika
    - Sanjeev
- Planning
  - Nilesh
    - Marina

- Information
  - Sirenda
    - Tika
    - Moe
    - Chitra
- Health
  - Operations and Technical Expertise
    - Phil
      - Sirenda
      - Chitra
- Operations support and logistics
  - EMO
    - Health logistics
    - Procurement
      - Fahmi
      - Sunil
      - Mayank
- Finance and Administration
  - Fahmi
    - Finance, budget, HR
    - Fahmi
- Partner Coordination; Grant Mgmt:
  - Purvi
Example of IMS for Maldives Response to Influenza Outbreak

Incident Management at WCO:

- Incident Manager: WR (Dr Arvind Mathur)
- Technical coordination: Dr Sushil Dev Pant
- Health Operations and Prevention & Control: Thimna Latheef
- Information (HIM): Faiha Ibrahim
- Communication: Zaina Nazim
- Operational support and logistics: Mr Mago

Focal points at HQ:

- Tony Stewart – on overall technical and operational coordination
- Kaat Vandemael – GIP
- Nikki Shindo – Clinical management
- Jean Christophe Aze – logistics, including field support, and procurement, etc.
Leadership & Coordination

Leadership
• Incident management
• Staff health, wellbeing and security
• Communications
• External relations
• EOC Management

Partner coordination
– Health and inter-sectoral coordination
– Liaison

Incident Manager
• Serves as operational manager
• Supervises all functional area leads
• Ensures fulfilment of all critical IMS functions
• Responsible for delegating to other critical functions as they are established
• Retains direct responsibility for any functions that are not delegated

IMS Escalation
• Needs Based; scaled up or down to suit the changing requirements
• Selective activation/expansion of IMS Functions
<table>
<thead>
<tr>
<th>Planning</th>
<th>Health operations &amp; technical expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency specific plans with inputs from</td>
<td>• Prevention &amp; control measures</td>
</tr>
<tr>
<td>– Information</td>
<td>• Risk communication &amp; community engagement</td>
</tr>
<tr>
<td>– Health operations &amp; technical expertise</td>
<td>• Health service delivery</td>
</tr>
<tr>
<td>– Contributions from Govt, NGOs, private sector</td>
<td>• Technical expertise, science and research</td>
</tr>
<tr>
<td>1. WHO Action Plan</td>
<td>• Training of health staff</td>
</tr>
<tr>
<td>– what WHO will do, where and when</td>
<td></td>
</tr>
<tr>
<td>– basis of projects and donor proposals</td>
<td></td>
</tr>
<tr>
<td>2. Strategic Response Plan/Humanitarian Response Plan</td>
<td></td>
</tr>
<tr>
<td>3. Joint Partner Operational Plan</td>
<td></td>
</tr>
<tr>
<td>4. Initial recovery needs and plan</td>
<td></td>
</tr>
</tbody>
</table>
WHO Representative’s Role

- Facilitation of initial WHO response:
  - Activation of WHO contingency plan & BCP
  - Initial repurposing of WHO staff and assets
  - Placement of country office assets for response operations
- Staff security, safety, health and well-being (ultimate responsibility)
- Supervision and support of Incident Manager in his/her management of the response
- Main representation of WHO to Ministry of Health and other government ministries
- Representation of WHO on UNHCT as representative of both WHO and Cluster Lead Agency (may be delegated to Incident Manager)
- Donor relations for the response (shared with Incident Manager)
- External communications (shared with Incident Manager)
- Creation of separate OCR activity and HR work plans and budgets for response; close work plans end of the emergency
- Approval of expenditures, local procurements and cash advances as per SOPs
- Leadership and management of on-going WHO programmes, not related to the emergency

Incident Manager’s Role

- Strategic leadership and management of overall WHO response and subsequent phase-out plan
- Staff security, safety, health and well-being related to in-country deployments for the response
- Supervision of functional leads under the IMS
- Strategic guidance to Ministry of Health and to health sector/health cluster on response operations
- Tracking of progress towards meeting strategic and operational objectives; implementation of course corrections, as required
- Donor relations for the response (shared with HWO/WR)
- External communications (shared with HWO/WR)
- Representation of WHO on Health sector/Cluster forums
- Approval of expenditures, local procurements and cash advances as per SOPs
- Close collaboration and consultation with HWO/WR
### Emergency Sudden Onset

Elements will differ for outbreaks and slow onset.

<table>
<thead>
<tr>
<th>Onset event</th>
<th>Situation Analysis</th>
<th>Response Activities</th>
<th>Grading</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24-72 hours</td>
<td>24 hours</td>
<td>24 hours of GRADING</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>24 hours of SITUATION ANALYSIS</td>
</tr>
</tbody>
</table>

- **Conduct MIRA**
  - 14 days

- **Review operational requirements and grade**
  - 3 months

- **After 3 months of GRADING**

- **Remove of the grade unless:**
  - L3 IASC maintained
  - Extension of the grading (might become protracted)

- **After 6 months of GRADING**

**Appoint Incident Manager**

**Activate Emergency SOPs → request CFE**

**Establish in-country Incident Management Team**

**Deploy surge support**

**Appoint an Emergency Coordinator and Incident Management Team at regional/ headquarters level**
Performance indicators

1. Consultation rate for outpatient services
2. Vaccination coverage, e.g. for measles, diphtheria/pertussis/tetanus (DPT3)
3. Percentage of births attended by a skilled birth attendant
4. Coverage and timeliness of the Early Warning Alert and Response System (EWARS)
5. Case fatality ratio for outbreak-prone diseases
6. Coverage of health services by area and target population
7. Number and percentage of health facilities that are fully functional
8. Number and percentage of health facilities providing an essential package of health services
<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>
</tbody>
</table>
Steps to review Emergency Response Procedures and convert into tasks in vSHOC

Steps to review Emergency Response Procedures and convert into tasks in vSHOC

- Once you are login in the vSHOC, please select respective Incident
- Open Checklist module as referred below
- Select Timeframe [24 hours, 24-72 hours, 3-10 days, 10-30 days, 30-60 days]
- Click on functions and Deliverable according to progress or completion.

All the selected Checklist’s item will be initialized under Tasks module

- Open Task module from Menu to access tasks list
- Click edit button corresponding to the task according to action taken or to be taken by function by priority with description and start/end date.
- Save it to follow-up till its completion.
<table>
<thead>
<tr>
<th>Activities/ Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational Readiness</strong></td>
</tr>
<tr>
<td>EOC established at WCO</td>
</tr>
<tr>
<td>Annual Drill</td>
</tr>
<tr>
<td><strong>WCO Business Continuity Plan</strong></td>
</tr>
<tr>
<td>Contingency Plan</td>
</tr>
<tr>
<td>Lists of SOPs, emergency rosters</td>
</tr>
<tr>
<td><strong>Logistics</strong></td>
</tr>
<tr>
<td>-inventory</td>
</tr>
<tr>
<td>-Management system</td>
</tr>
<tr>
<td>-readiness: LTAs, customs, visa arrangements, etc</td>
</tr>
<tr>
<td><strong>Identify and train core and additional staff at WCO (TORs, PMDS, etc updated)</strong></td>
</tr>
<tr>
<td><strong>EOC in a box</strong></td>
</tr>
<tr>
<td><strong>Use/practice vSHOC regularly</strong></td>
</tr>
<tr>
<td><strong>Resource mobilization</strong></td>
</tr>
</tbody>
</table>
Annexure 1

Guide Questions

1. Did you implement the new IMS (or the new ERF) for responding to the emergency?

2. What were the challenges and advantages of re-purposing the office (implementing IMS)?

3. Did you implement vSHOC? How was the experience?

4. What were the challenges in the area of logistics – procurement and supply of various items – in responding to the emergency?

5. How did the surge of HR work in terms of deployment from SEARO, HQ and/or partners?

Countries
1. Nepal
2. DPR Korea
3. Sri Lanka
4. Indonesia
5. Myanmar

Representative of WCO to share their feedback

Qualitative feedback based on 5 key questions