WHO South-East Asia Regional and Country Offices Emergency Readiness Training
3-5 July 2017, New Delhi
WHO SOUTH-EAST ASIA REGIONAL AND COUNTRY OFFICES EMERGENCY READINESS TRAINING
3-6 July 2017, New Delhi
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Executive Summary

The 2016 baseline study on operational readiness conducted by WHE showed that only 12 of the 116 WHO Country Offices responding met pre-defined minimum requirements for readiness to respond to public health emergencies. There is much work to be done in the South-East Asia Region to meet readiness requirements including the development of business continuity plans and contingency plans for high priority hazards. Sensitization and training is also required across country offices to convey to staff that responding to emergencies is the work of the entire office and the entire organization. This training includes emergency management processes like the incident management system, and organization wide tools like the Emergency Portal.

During the three-day training held in New Delhi from 3-5 July 2017, WHE representatives from country offices participated in active training sessions covering all the areas of responsibility under the ERF, were introduced to the new Emergency Portal, and engaged in a tabletop exercise designed to identify existing strengths and priority areas for improvement in 2017 and for the 2018-2019 workplan. Priority action areas for countries include the development and testing of business continuity and contingency plans, training on the incident management system, and the expansion of operational partnerships.

Background

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

The 2016 baseline study on operational readiness showed among the 116 WHO Country Offices that responded, only 12 had the pre-defined minimum readiness requirements in place. Within the context of the South-East Asia region, the survey showed that there is a lot of work to be done to ensure regional readiness to respond to emergencies. Not all offices have business continuity plans and/or contingency plans for the highest priority hazards. In many offices staff have not had training and exercises have not been conducted with relevant partners. As part of the emergency reform and the establishment of the new WHO Health Emergency Programme, the WHO Regional Office for South-East Asia (SEARO) has designated strengthening capacity in the region to respond to emergencies from all hazards as a flagship priority.

The Health Emergencies Programme (WHE) developed and conducted the first in a series of practical training events from 3-5 July 2017 at the Regional Office in New Delhi. The first such training conducted in the organization, it focused on establishing a baseline understanding of country responsibilities under the Emergency Response Framework 2nd Edition and identification of critical steps needed for readiness in the country offices. The overarching message of the training was that the offices making up the region are a team and that the training resulted in greater opportunities and understanding for them to collaborate and work together. The training was conducted by WHO internal experts supported by an experienced facilitator and a technical consultant.
Methodology and implementation

A mixture of active learning methods were employed to keep participants engaged during the intensive three-day training. These methods included individual and group work, practical exercises in applying the topics presented, discussions, and question and answer sessions. Whenever possible, activities were scenario based, drawing upon recent experiences from countries in the region. A simulation on day three allowed the participants to demonstrate their understanding of the material covered during the training and to assess strengths and opportunities for improvement in country office plans and procedures, and prioritize next steps for increasing readiness.

Curriculum development

The curriculum was developed through a series of discussions with the Regional Emergency Director (RED) and Programme Area Manager Emergency Operations (EMO). The design focused on integrating the Emergency Response Framework, Emergency Operation Centre implementation and the use of vSHOC (soon to be renamed as the Emergency Portal), and using vSHOC in a practical way, showing the interconnected nature of preparedness and response activities.

With the exception of the simulation exercise on day three, all materials, presentations and exercises were designed and delivered by SEARO and Headquarters colleagues with support from the facilitator and technical consultant. The facilitator engaged with all colleagues who were part of the training team to identify learning objectives for his or her session, plan and develop the presentation and activities, and manage the allocated time effectively. This highly interactive training format is a departure from the traditional didactic method of trainings being composed of a series of presentations followed by plenary discussion.

The facilitator provided handouts on how to plan a training session produced specifically for the colleagues making up the Training Team. Each colleague was also asked to fill in a 'Training Template' which was designed to support the effective planning of a session by mapping out the components of the session against the time allotted. After the sessions, these templates were updated by the facilitator to reflect the actual implementation and to create an accurate training script. These scripts are in an annex to this document.

Evaluation

Assessments of participant understanding of the material were built in to each session where possible and feasible. These activities ranged from light hearted quizzes to activities building on scenarios based on recent incidents in the region. The use of actual events in activities, supported by the country staff involved in the response allowed a level of realism and practicality a hypothetical scenario would not be able to give. These sessions also allowed an opportunity to showcase the successful work carried out in the region.

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

Day 1
Dr Roderico Ofrin called the meeting to order and welcomed the participants. He then introduced DPM Dr Arun Thapa to present the opening remarks.

Dr Thapa expressed the regrets that the RD could not attend. Dr Thapa noted that only 12 WHO offices globally reported full readiness in the recent readiness survey. Not all offices have the required plans, nor do they participate or conduct themselves emergency exercises. Dr Thapa noted that the area of public health emergencies is in transition, including the evolution of various international agreements and frameworks, as well as the creation of WHE in 2015. He stressed the need for readiness in the region given the vulnerability of the region to natural disasters and outbreaks.

Dr Ofrin then introduced the training continuum by providing a summary of the topics and tools to be discussed in the training. Each of the topics and tools were explained in the context of their contribution to readiness and response. He emphasized the need for the necessary plans and tools to be in place before an event so that responses can be more effective and efficient. He also described the training approach, with each module and activity being connected to the others. This continuum reflects the need for all members of WHE to understand the entire array of functions.

Dr Arturo Pesigan then provided an overview of the training objectives. WHE acting as one team for a reliable, predictable response was again stressed.

Dr Pesigan then introduced the facilitators and presenters from outside of SEARO and Dr Ofrin led the participants to introduce themselves.

Annie Natarajan was then introduced to present the training scope and house rules. She stressed that the training has been developed entirely by SEARO for SEARO. She stressed that this was not to be a briefing, but an active training programme.

Dr Pesigan then took the floor for administrative announcements, including the completion of the upgrade of the WHE SharePoint and the WHE intranet presence.

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

Session 1 Briefing on Emergency Readiness
Dr Ofrin (RED) provided an overview of the structure and functions of WHE at the different levels of the organization. He also discussed the readiness survey results both globally and within the region. Throughout his session, Dr Ofrin posed questions to the participants, making the session more of a discussion than a traditional briefing. Questions raised included budget and staffing issues, as well as training. Dr Ofrin stressed that as one department across the three levels of the organization, everyone was part of one team, however with regional variations in hazards, funding and staffing levels, a level of adaptability and creativity would be required for regions and countries to accomplish the activities of the program.
Session 2 Emergency Response Framework

Dr Arturo Pesigan (EMO) provided an overview of the ERF, pointing out the specific areas of responsibility, which would be covered in further detail in sessions during the day.

Dr Philip Gould then provided participants with a comprehensive presentation on Rapid Risk Assessment in relation to the ERF. Participants then focused on completing risk assessment exercise based on the recent outbreak of H1N1 in the Maldives. Colleagues from The Maldives then responded to the participants assessments and detailed how they had assessed the scenario.

Dr Pesigan gave a brief presentation on the next step following a rapid risk assessment: grading an emergency. Participants then continues with the Maldives scenario and completed a grading exercise based on their own risk assessments. Two countries were chosen at random to present their results in plenary, followed by colleagues from the Maldives sharing their experiences.

A significant topic of discussion regarding the grading process is the criteria for each of the grades. Many participants were under the assumption that an event in which the country received support of any kind from the regional office, another region, or headquarters would automatically be graded at level 2 or 3. Drs Ofrin and Pesigan stressed that the grading process is more fluid than that, especially for grading level 1 and 2. Given the variation in country size, country office size, and hazards and capacities within the region, flexibility is needed in thinking of grading and that the grade be more oriented towards the amount of support needed, not the origin.

Dr Nilesh Buddh (EMO) then took the floor to deliver an explanation of the incident management system (IMS) as implemented at HQ and within the region. Following an overview of the functions of IMS and responsibilities for leadership, planning, and health technical expertise, colleagues were asked to reflect on how to activate IMS in their country office for a grade 2 emergency. Two countries that had not yet presented in plenary were selected at random to discuss their results.

During the presentation and discussion of activating the EMS, multiple countries noted challenges in activating an EMS either due to a limited number of staff in WHE, or limited numbers of fixed term staff. Dr Ofrin stressed to the participants that in an emergency, response is the work of the entire country office, not just fixed term staff, P staff, or WHE staff. When considering implementation of an IMS, repurposing of the office is a critical activity in order to staff the IMS. Some discussion followed on how this could best be communicated to CO staff and how to approach training staff for any repurposing, especially if supporting emergencies is not in TORs.

Mr Tika Ram of Health Emergency information and risk assessments (HIM) then delivered a session on the basic minimum information requirements during an emergency. He stressed that much of the critical information needed in an emergency should be identified as part of readiness work and not left for when an
event actually occurs. He then asked the participants to work in their country groups to complete a survey on data availability and information management within each country office. Responses to this survey are in annex to this document.

Ms Shamila Sharma, a communications officer from Public Information and Advocacy delivered on overview of risk communications, what it is, and what is needed to deliver effective risk communication. She presented an example of good risk communications in an emergency and facilitated a discussion of what made the communication effective.

To close the sessions for the first day, Dr Miftahul Fahmi Sembiring, Mr Sunil Bhambri and Ms Purvi Paliwal of Emergency operations management and administration and external relations (MGA) led a session focused on operations support and logistics and administration and finance. They acknowledged that logistics and administration and finance is a challenging area for many staff, and detailed certain procedures such as setting up awards, SEARHEF, CERF, and CFE funding. The session ended with a quiz activity.

Discussions following the session confirmed that purchasing, fundraising and finance management is a challenging area for many staff involved in emergencies. A possible cause for this was noted as the areas in which the matter is managed are not accessible by most in GSM. The presenters also discussed issues with reporting, and documentation being a weakness in the region. When staff are responding to an emergency, they are encouraged to take pictures and gather other documentation which is very helpful in communicating to donors how funds were spent.

Day 2

Session 3 vSHOC and the ERF

Mr Jered Markoff of Emergency Management and Support at headquarters, Dr Vason Pinyowiwat (EMO), and Mr Sanjeev Kashyap (EMO) led the morning session, discussing elements of the virtual Strategic Health Operations Centre (vSHOC, soon to be re-named as the Emergency Portal), a web-based tool for emergency operations management support. The key elements of the session included an overview of the key components of both a real and virtual emergency operations centre, a review of what kind of information is available in vSHOC and how it can be shared with operational partners, and what kinds of features country offices would find useful in the portal.

Discussion on the portal included concerns about bandwidth and usability. Many participants noted that it seemed they would need a dedicated person to manage the input into the system, adding additional functions to already limited staff numbers. The system needs to be better integrated into everyday use in the opinion of many participants.

Ms Tamara Curtin Niemi, an external consultant, then led the participants through an exercise in which participants were grouped according to IMS function and provided a scenario based on consequences of the ongoing drought
situation in Timor-Leste. The groups were asked to update the ERF compliance section for their area of the IMS in vSHOC and then to prepare for an IMS meeting by identifying actions that would have been taken since learning of the event, tasks for the next 24 hours, and resources needed to accomplish these tasks. An IMS meeting was then held, chaired by WR Timor-Leste.

Day 3

Session 4

Ms Curtin Niemi led the session in which all elements of the previous sessions were then brought together in an exercise. Participants were provided with a flood scenario and asked to consider the event as if it were occurring in their own country. The participants were asked to work in their country groups to identify priority actions to be taken by the country office in the first 24 hours of the event, specifically taking the capabilities and capacities of the country office into account and identifying resources and support that would be needed.

Countries then presented their findings in a “World Café” format where colleagues rotated in groups for 10 minutes, speaking to one presenting colleague. Presenters changed after several rounds. A plenary feedback on the exercise was then moderated by Ms Niemi.

Country groups were then asked to complete a survey on next steps to be taken to increase readiness in their country office. The questions included:

- Priority actions to increase readiness during the rest of 2017
- Activities to be added to the 2018-2019 work plan
- Existing operational partnerships and how they contribute to readiness
- Potential new operational partnerships
- Tools, training, templates, etc., that are needed to support these actions.

The results are in annex to this document.

Dr Ofrin then thanked the participants and training team for their participation and welcomed Dr Arun Thapa back to the workshop. Dr Thapa congratulated all attending and stressed the importance of the training and the future planning needed to increase and maintain capacity for response to emergencies in the region. Dr Thapa handed out certificates of participation to attendees, and closed the training.
Recommendations

Methodology

Training content development
RED capitalized on in house experience and understanding to create a dynamic training programme by SEARO, for SEARO. The transition from in-depth PowerPoint-based briefings to a more interactive form of delivery was challenging to many members of the training team in terms of identifying clearly focused learning objectives and managing the limited time allocated. Feedback from the training team indicated that further training and coaching on dynamic presentation skills would be appreciated.

Good training practice shows that giving colleagues opportunities (for example in internal meetings) to present and practice these skills leads to more consistent high-quality training for larger formats. One way of giving these opportunities would be to have a short section of departmental or other internal meetings given over to a colleague presenting on an aspect of their work. This would then build further capacity to the in-house training team.

vSHOC/Emergency Portal presentation
As there is not currently widespread use of the Emergency portal in country offices within the region, for this initial workshop, there were few options available other than a broad introduction to the portal. This was not, however, the most dynamic approach. The detachment of the session focusing on the portal from the rest of the sessions integrating concepts of country response to public health emergencies should be addressed in future sessions. Each of the topics in the ERF can have an emergency portal component, and integrating the use of the portal into activities would convey that the portal is an application that is a standard part of the WHE toolbox and not an additional layer of tasks.

Integration of the vSHOC/Emergency Portal into other activities would also improve the pace and flow of the training, as a didactic session in the middle of two days of very hands-on activities slowed the pace down considerably.

Table top Exercise
The feedback mechanism for the table top exercise findings should be evaluated for future events. In this first training, the group sizes (only 2-3 participants per country), did not allow for an effective rotating feedback methodology, leaving participants feeling cheated at not being able to observe the results of all groups.

While a plenary feedback would have allowed all participants to view the results of all the country groups, the feedback method is far less interactive than interacting with smaller groups.

Regional and Country Office actions

Administrative issues
Multiple comments were made during the training that there is a perception in country offices that responding to emergencies is the work of the emergencies group and not that of the entire office. The message from the top of the organization down needs to be that not only is WHE at all three levels of WHO
a single team, but that in an emergency all the technical areas of the country office are expected to support a response as needed. This can be reinforced in communications from leadership, but also through the development of guides and checklists for repurposing of country offices, to provide tangible indicators that an emergency suspends “business as usual”.

Administration and finance colleagues noted challenges in providing reports and documentation to donors following an event. Management needs to stress the emergency management cycle includes recovery, the cycle at WHO includes closing awards and accounting for how funds were spent. Responding to requests for reports and documentation should be as integral part of emergency response work as deploying to the field. Including colleagues from administration and finance in trip reports and in debriefs should be standard practice.

The continuing lack of a logisticians in the region presents challenges in participating in organization-wide decisions regarding stockpiling, emergency supply chain, and supporting country office readiness efforts in identifying and building logistics capacity and pre-positioning and management of materials.

Training and Best Practices
Many participants indicated a need for training within the country office on nearly all aspects of emergency operations. Self-paced training is in the pipeline from headquarters, however the regional office may want to consider region specific training or templates on certain elements such as the development of business continuity plans and contingency plans.

Giving as many staff as possible experience in emergencies was also noted as a vital training activity to increase response capacity. This can be within country for large country offices with a field presence, or inter-country during an event. SEARO is already practicing this, and should continue and expand the practice to the extent possible.

Many members of the training team indicated that they believe they would benefit from additional training on developing and delivering presentations. The WHO iLearn portal offers several online courses that are available at any time, including Preparing and structuring an oral presentation, beginner and advanced skills in Microsoft PowerPoint, and WHO communication essentials. This would be enhanced and more effective with some small group or one to one coaching, particularly in relation to delivering active training sessions rather than standard presentations.

Making use of either the intranet or SharePoint as a facility to share best practices was also suggested by multiple participants. This type of shared space was also suggested as a way to share business continuity or contingency plans and other documents.

vSHOC/Emergency Portal
Countries expressed an interest in the Emergency Portal, but expressed concerns about bandwidth, especially considering challenges met even connecting on the regional office network. An offline option was previously available but is not currently working with the current version. Once this option is restored, the Emergency Portal may become more attractive to countries.

A training program is being developed for the emergency portal, and either headquarters or SEARO should consider having that training material converted to self-paced eLearning which could either be run from the
iLearn system or on a standalone basis from a USB stick or CD which could be sent to country offices. Offering a series of one-time WebEx sessions is not an effective platform for scaling use of the portal to include country offices. An online training option would allow for both staff turnover and surge.

Countries also suggested creating a preparedness event which the country could use on a regular basis, or a practice event to be used for training. While there are data management issues to consider for both, the options should be explored so that countries could have a no to low risk environment in which they could practice using the Emergency Portal.

**ERF responsibilities**

The new revision of the ERF has only recently been made available online and printed copies were created especially for the training. While there were limited training sessions for the first edition of the ERF, if the framework is to become the organizational standard for response, there must be broad based training on all the areas of responsibility, including interactive exercises. As with other topics, training is in the pipeline from headquarters, and RED should be informed when it becomes available. However, even with training from headquarters, regional specific context may be needed. RED should evaluate training needs against risk and availability of materials.

**Conclusion**

The overall response to the training program was positive and the highly interactive format was appreciated by participants. The progressive activities built logically to the final exercise and determination of next steps. A clear need emerged to communicate across the organization that responding to emergencies is part of everyone’s job, regardless of grade or contract status. To ensure that support across country offices is possible in an emergency, training on organizational emergency management structures and tools is needed. Participants also expressed a desire to gain more experience in emergencies by supporting other countries in the region. While further work is needed, the desire and enthusiasm to build capacity in WHO Country Offices to respond to emergencies is present, but must be supported with training and guidance from the Regional Office as well as Headquarters.
# Annex 1 Provisional Programme

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

3-5 July 2017, SEARO Conference Hall

## PROVISIONAL PROGRAMME

### Day 1: Monday, 3 July 2017

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<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>08:15-08:30</td>
<td>Registration</td>
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<tr>
<td>08:30-09:00</td>
<td>Introductory Session</td>
<td>Dr Arun B Thapa, Director, Programme Management (Dr Thapa read RD’s opening remarks for the training on her behalf)</td>
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<tr>
<td></td>
<td>Opening remarks</td>
<td>Dr. Roderico Ofrin, Regional Emergency Director</td>
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<tr>
<td></td>
<td>Introduction to the training continuum</td>
<td>Dr. Arturo Pesigan, Programme Area Manager, Emergency Operations</td>
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<td>Training objectives</td>
<td>Ms. Annie Natarajan, Training consultant</td>
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<td>Introduction of training facilitators and participants</td>
<td>Dr Arturo Pesigan</td>
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<td>Overview of training methodology, scope and house rules</td>
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<td>Administrative announcements</td>
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<td>Group photograph</td>
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<td>09:00-09:15</td>
<td>Tea/Coffee</td>
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<tr>
<td>09:15-10:50</td>
<td>Session 1: Briefing on Emergency Readiness</td>
<td>Dr Roderico Ofrin</td>
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<td>WHO Health Emergencies Programme (WHE) Survey</td>
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<td>Scope of WCO readiness</td>
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<td>Readiness checklist</td>
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<td>Components/products needed</td>
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<td>Time</td>
<td>Session 2: Emergency Response Framework (Contd.)</td>
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<td>10:50-11:00</td>
<td>Overview Features Outline</td>
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<td>11:00-11:50</td>
<td>Risk assessment</td>
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<td>11:50-12:40</td>
<td>Grading of acute events and emergencies</td>
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<td>12:40-13:30</td>
<td>Lunch</td>
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<td>13:30-13:55</td>
<td>Incident Management System (IMS)</td>
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<td>IMS Structure</td>
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<td>Six Core Functions</td>
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<td>Leadership and Partner Coordination (with overview on EOC/SHOC)</td>
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<td>Planning Health Operations and Technical Expertise</td>
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<td>13:55-14:15</td>
<td>Information management</td>
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<td>14:15-14:35</td>
<td>Risk communication</td>
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<td>14:35-14:50</td>
<td>Tea/Coffee</td>
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<td>14:50-16:20</td>
<td>Operations support and logistics</td>
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<td>16:20-16:50</td>
<td>Finance and administration</td>
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<td>Resource mobilization</td>
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<td>16:50-17:00</td>
<td>Wrap-up</td>
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Dr Arturo Pesigan
Dr Philip Gould
Programme Area Manager Infectious Hazard Management (IHM)
Dr Arturo Pesigan
Dr Nilesh Buddha
Health Emergency Officer Emergency Operations
Mr. Tika Ram Sedai
Data Management Officer
Ms. Shamila Sharma
Communications Officer and Ag. Public Information and Advocacy
Dr Miftahul Fahmi Sembiring
Ms. Purvi Paliwal
Technical Officer Grants Management
Ms. Tamara Curtin Niemi
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<th>Session/Activity</th>
<th>Presenter/Participants</th>
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<tbody>
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<td>08:30-08:45</td>
<td>Recap of Day 1</td>
<td>Ms. Tamara Curtin Niemi Training Consultant</td>
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<td>08:45-12:30</td>
<td><strong>Session 3: Emergency Operations Centre (EOC)</strong></td>
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<td>Introduction: Share learning outcomes.</td>
<td>Mr. Jered Markoff Technical Officer Emergency Operations (WHO/HQ)</td>
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<td>09:20-09:50</td>
<td>Briefing on Emergency Portal</td>
<td>Dr Vason Pinyowiwat Health Emergency Officer</td>
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<td>09:50-10:30</td>
<td>Access to v SHOC through WIMS or ADS credentials, overview of home page and incidents / RRA / grading page</td>
<td>Mr. Jered Markoff</td>
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<td>10:30-10:50</td>
<td>Tea/Coffee</td>
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<td>10:50-12:05</td>
<td>Demonstration of other features in vSHOC</td>
<td>Mr. Jered Markoff Mr. Sanjeev Kashyap Executive Associate – SHOC/SEARO</td>
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<td>12:05-12:30</td>
<td>Initial feedback from Country Offices and discussions</td>
<td>Ms. Tamara Curtin Niemi</td>
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<td>12:30-13:30</td>
<td>Lunch</td>
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<tr>
<td>13:30-14:00</td>
<td><strong>Session 3: Emergency Operations Centre; vSHOC (Contd.)</strong></td>
<td></td>
</tr>
<tr>
<td>13:30-14:00</td>
<td>Hands on exercise: simulated IMS meeting, enter tasks into the Emergency Portal</td>
<td>Ms. Tamara Curtin Niemi Mr. Jered Markoff</td>
</tr>
<tr>
<td>14:00-14:30</td>
<td>Mock IMS</td>
<td></td>
</tr>
<tr>
<td>14:30-15:00</td>
<td>Hands on exercise: developing a simple strategic response plan and entering activities related to this plan into the Emergency Portal</td>
<td>Ms. Tamara Curtin Niemi Mr. Jered Markoff</td>
</tr>
<tr>
<td>15:00-15:30</td>
<td>Tea/Coffee</td>
<td></td>
</tr>
<tr>
<td>15:30-16:00</td>
<td><strong>Session 3: Emergency Operations Centre; vSHOC (Contd.)</strong></td>
<td></td>
</tr>
<tr>
<td>15:30-16:00</td>
<td>Short hands on exercise: uploading incident-specific files to embedded SharePoint pages</td>
<td>Mr. Sanjeev Kashyap Mr. Jered Markoff</td>
</tr>
<tr>
<td>16:00-17:00</td>
<td>Feedback from Country Offices and discussions</td>
<td>Ms. Tamara Curtin Niemi Dr Vason Pinyowiwat Mr. Jered Markoff Mr. Sanjeev Kashyap</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Participants/Speakers</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>08:30–08:45</td>
<td>Recap of Day 2</td>
<td></td>
</tr>
<tr>
<td>08:45–09:45</td>
<td><strong>Session 4: Integration of Emergency Operations</strong></td>
<td>Ms Tamara Curtin Niemi, Ms Annie Natarajan</td>
</tr>
<tr>
<td>08:45–09:15</td>
<td>Orientation to the exercise, including World Cafe reporting format</td>
<td>Ms Tamara Curtin Niemi, Ms Annie Natarajan</td>
</tr>
<tr>
<td>09:15–09:45</td>
<td>Presentation of the scenario and questions for action</td>
<td>Ms. Tamara Curtin Niemi</td>
</tr>
<tr>
<td>09:45–10:00</td>
<td>Tea/Coffee</td>
<td></td>
</tr>
<tr>
<td>10:00–11:15</td>
<td>Participants work towards developing responses to the scenario</td>
<td>Participants work in country groups. RO staff work as a unit.</td>
</tr>
<tr>
<td>11:15–12:15</td>
<td>World Cafe reporting</td>
<td>All participants</td>
</tr>
<tr>
<td>12:15–13:15</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13:15–13:35</td>
<td>Exercise de-brief</td>
<td>Ms. Tamara Curtin Niemi</td>
</tr>
<tr>
<td>13:35–14:15</td>
<td>Discussion on next steps</td>
<td>Ms. Tamara Curtin Niemi</td>
</tr>
<tr>
<td>14:15–14:30</td>
<td>Completion of evaluation</td>
<td>Ms. Tamara Curtin Niemi</td>
</tr>
<tr>
<td><strong>14:30–14:45</strong></td>
<td><strong>Closing Session</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Final remarks</td>
<td>Dr Arun Thapa, Director, Programme Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Roderico Ofrin</td>
</tr>
<tr>
<td>14:45–15:00</td>
<td>Tea/Coffee</td>
<td></td>
</tr>
<tr>
<td>15:00 – 16:00</td>
<td>Business meeting with RED and WHE Follow-up/discussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Venue: Conference Hall and SHOC Room – ground floor</em></td>
<td></td>
</tr>
</tbody>
</table>
### List of Participants

**Annex 2 List of participants**

**WHO South-East Asia Regional and Country Offices**  
Emergency Readiness Training  
3–5 July 2017, WHO-SEARO, New Delhi, India

**LIST OF PARTICIPANTS**  
(as of 3 July 2017)

### Bangladesh (via VC)

1. Dr Muhammad Zahidur Rahim *(Cancelled)*  
   National Professional Officer  
   Email: rahimm@who.int
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 Information, Communication and Technology  
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Annex 3 Training Session Tips

TIPS FOR PLANNING YOUR TRAINING SESSION

Introduction
I am very much aware that colleagues who are presenting sessions at the training are also busy with their ‘day’ jobs. With that in mind I have put together this brief guide of training tips to help you plan your session.

Session planning template
Please fill this in and return to me by the 20th June to allow me to collate all the sessions materials by the 25th June. Attach your PowerPoint (if using) I am available at any time within reason to discuss or help you plan your session. The session planning template is designed to help you make your session as active as possible and as an aide memoir for everything from key phrases you might want to use, equipment you need and so on.

The Intro section should be thought of as a warm up, how are you going to engage colleagues in your session topic? Ideally they will have completed this e learning module prior to arriving in Delhi https://openwho.org/courses/incident-management-system, This section should be anything from 5 minutes to a third of the time allocated to you. You should also share the sessions learning objectives with colleagues directly, clearly sign posting to them the expectations. Keep in mind they will participate in a simulation using the first two days of the training on the third day.

The Process section is for you to breakdown the what and how you are covering your session topic and its learning objectives. Don’t lecture or worse read from a PowerPoint!
This section should give colleagues the information they need to apply the learning objectives in the plenary section.

The Practice and activity section will allow colleagues to practice their understanding of the learning objectives. This could be in the form of a quiz, a presentation (don’t forget to make a note that they’ll need to be given paper and post its etc.) or a think, pair, share exercise. In many ways, this will be the most important part of your Session as they’ll practice the skills they’ll be using in the simulation on day 3.

The Reflection: what went well/ Even better if section is for you to fill in post your session to help you develop your training skills. I will brief you in person on using this on the first day of training.

Tips for planning
1. This is an introductory training session, bringing colleagues together to work and train as a team. Don’t try to cover too much at once.
2. Keep the question ‘How does this relate to the Learning Objectives of my session’ in mind whilst planning.
3. Power points should be simple and clear. Keep them brief, ideally no more than six sentence length bullet points, with diagrams as large and as clear as possible. Learning Objectives should be either the first slide before your Intro, or immediately after depending on your intro style.
4. Time is of the essence, some of you only have 20-30 minutes, keep in mind your learning objectives, not diving in too deep (or wide) and that ultimately the facilitators will give you a 10 and 5-minute signal as to how much time you have left. There are no opportunities to run sessions over time.
5. When planning it can be helpful to when dividing your time to work backwards from your practice and activity section.

6. Be brave, experiment with different learning methodologies, step away from the PowerPoint and lecture notes and get your colleagues to be active learners in this process.

7. I am available at any time to help you. Please do reach out if there is anything I can do.

8. Please return completed Session planning templates and any other relevant documents by 20th June 11pm IST
Annex 4 Training Session Template

WHO SEAR Emergency Readiness Training
Session Planning Template

Speaker(s):

Session Title/Topic reference ERF:

Learning Outcomes

At the end of the session the participants will be able to:

- 
- 

Resources/Equipment/materials:

Handouts:

<table>
<thead>
<tr>
<th>Time</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intro</td>
<td></td>
</tr>
<tr>
<td>Process</td>
<td></td>
</tr>
<tr>
<td>Activity and Practice</td>
<td></td>
</tr>
</tbody>
</table>

Reflection: What went well/Even better if
Annex 5 Training Scripts

Script 1 ERF/Emergency Readiness

Speaker(s): Dr Roderico Ofrin
Session Title/Topic reference ERF: Emergency Readiness

Learning Outcomes

At the end of the session the participants will be able to:

- Describe functions of the WHE Department of SEARO
- Identify key elements of WHO office readiness
- Describe purpose and value of readiness checklist
- Describe essential readiness activities of WCO

Resources/Equipment/materials

- projector for powerpoint presentation

Handouts

- Readiness checklist for WCO
- Powerpoint presentation

References

- Readiness checklist for HQ, RO, WCO
- Survey on readiness

Timing table on the next page.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>5min</td>
<td>Intro</td>
<td>Outline of presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHE and readiness</td>
</tr>
<tr>
<td>50</td>
<td>Process</td>
<td>PowerPoint presentation:</td>
</tr>
<tr>
<td>min</td>
<td></td>
<td>Review of the functions of WHE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- structure, functions, activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- relate this to readiness for response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHO readiness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- different levels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- WCO checklist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- components/products needed</td>
</tr>
<tr>
<td>20min</td>
<td>Activity</td>
<td>Q&amp;A on the presentation</td>
</tr>
<tr>
<td></td>
<td>and Practice</td>
<td></td>
</tr>
</tbody>
</table>
Session 2 ERF

Speaker(s): Art Pesigan
Session Title/Topic reference ERF:

Learning Outcomes

At the end of the session the participants will be able to:

- Outline the steps for grading acute events and emergencies
- Participate in a scenario and grade an emergency
- Receive a briefing on the main features of the ERF

Resources/Equipment/materials
- projector

Handouts
- definition of grading levels
- ERF 2
- Grading Template
- Grading document for MAV Emergency Grade I
- Guide for the exercise
- Laminated sheets on ERF

References
- ERF 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Intro</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>Brief delegates on the ERF&lt;br&gt;Take any questions for clarification</td>
<td></td>
</tr>
<tr>
<td>50 minutes</td>
<td>Process</td>
<td>Please refer to template 2a Philip Gould presentation on Rapid Risk Assessment, this concludes with delegates attempting a RRA using the Maldives Scenario</td>
</tr>
<tr>
<td>20 minutes</td>
<td></td>
<td>PPT on Grading an emergency, referring to the RRA just done on the scenario</td>
</tr>
<tr>
<td>Time</td>
<td>Activity and Practice</td>
<td>Prompts/Key Phrases</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>30 minutes</td>
<td>Exercise:</td>
<td>Scenario: after risk assessment was conducted on the influenza cases in the Maldives, the WCO and SEARO will call a meeting to grade that emergency. People will work in country groups, assisted by a SEARO colleague, Maldives colleagues will act as a float answering any questions. 2 groups will feed back their thought process and how they came to the grade they give. Maldives colleagues will talk through how the emergency was actually graded. If time take question and answers.</td>
</tr>
</tbody>
</table>
Session 2a ERF/Risk Assessment

Speaker(s): Phil Gould

Session Title/topic ERF: Risk Assessment

Learning Outcomes

At the end of the session the participants will be able to:

- Participants will be familiar with the process of risk assessment
- Complete a Scenario based on the Maldives H1N1 outbreak

Resources/Equipment/materials
PPT

Handouts
Maldives Scenario

<table>
<thead>
<tr>
<th>Time</th>
<th>Intro</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>5min</td>
<td>Refer to Dr Arts ERF briefing, Run through of the different sort of Risk assessment</td>
<td>DVA, HIM, RRA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Process</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>25min</td>
<td>Presentation</td>
<td>Emphasis that Risk Assessments should not be one off activities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity and Practice</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>10min</td>
<td>Q&amp;A maximum of 4</td>
<td></td>
</tr>
<tr>
<td>15 min</td>
<td>Hand over to Art</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participants to attempt a risk assessment based on the Maldives Scenario</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This will then become the basis of Dr Arts session which</td>
<td></td>
</tr>
</tbody>
</table>
Script 3 ERF Incident Management System

Speaker(s): Nilesh & Vason

Session Title/Topic reference ERF:
- Incident Management System
- Leadership and coordination
- Planning
- Health operations & technical expertise

Learning Outcomes

At the end of the session the participants will be able to:

- Identify the functions of IMS
- Describe responsibilities for leadership and partner coordination
- Describe responsibilities for planning
- Describe responsibilities for health operations and technical expertise

Resources/Equipment/materials

- ERF document (will be provided in the folder of participants)
- WHO HQ’s Training Course on IMS (https://openwho.org/courses/incident-management-system)
- Power-point presentation
- Flip chart paper and markers

Handouts/References

<table>
<thead>
<tr>
<th>Time</th>
<th>Intro</th>
<th>Process</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Intro</td>
<td>What is IMS and different functions under it</td>
<td>What is the first thing that comes in your mind when we say: Command &amp; Control, IMS, Leadership, Coordination, etc. (asking quick questions when a new topic/term is introduced)</td>
</tr>
</tbody>
</table>
| 15 minutes| Process| Describing key aspects of IMS and selected functions:  
- Leadership and coordination  
- Planning  
- Health operations & technical expertise | Power-point presentation in an interactive style |
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity and Practice</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>Scenario:</td>
<td>Grade 2 emergency in your country – activate your IMS</td>
</tr>
</tbody>
</table>
Script 4 ERF Information Management

Speaker(s): Tika Ram Sedai  
Session Title/Topic reference: Information management: EWARS during Emergency Response

ERF:

Learning Outcomes

At the end of the session the participants will be able to:
- By the end of this session, the participant will be familiar with the minimum requirement of standards for data management during emergency (e.g. EWARS, Daily/Weekly Situation reports)
- Country offices will contribute to a survey on where they are on data collection and systems used

Resources/Equipment/materials
Link to survey

Handouts

<table>
<thead>
<tr>
<th>Time</th>
<th>Intro</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>5min</td>
<td></td>
<td>By the end of this session, the participant will be familiar with the minimum requirement of standards for data management during emergency (e.g. EWARS, Daily/Weekly Situation reports)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Country offices will contribute to a survey on where they are on data collection and systems used</td>
</tr>
</tbody>
</table>

Information is the most valuable commodity during emergencies or disasters.

During an emergency, timely and transparent production and dissemination of information generates trust and credibility.

Information in emergency or disaster situations comes from many sources.

During emergency existing national public health surveillance systems may be underperforming, disrupted or non-existent.

One of the most immediate responses is to establish an early warning system to detect and react rapidly to suspected disease outbreaks.

Collection of essential, minimal data on selected diseases and the timely reporting, rapid analysis of trends is a critical function.

Documentation is important: SOPs Info Management, who does what, who analyze, who produce reports and who approves for dissemination. Who informs whom; when; and with what information?
<table>
<thead>
<tr>
<th>Time</th>
<th>Process</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Power point presentation questions &amp; answer)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Activity and Practice</td>
<td>Survey led by Tamara on what data they have and where they keep it.</td>
</tr>
</tbody>
</table>
Script 5 Risk Communication

Speaker(s): Sharmila Sharma
Session Title/Topic reference ERF: Risk Communication
Learning Outcomes

At the end of the session the participants will be able to:

- What is risk communication
- What is needed to be able to do risk communication

Resources/Equipment/materials: Will share links

Handouts - none

<table>
<thead>
<tr>
<th>Time</th>
<th>Intro</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td>What is risk communication – question asked to the participants. After 5 minutes of discussion, or may be earlier, depending on the responses, will end the intro with one slide which says what is risk com.</td>
</tr>
</tbody>
</table>

| Time | Process | |
|------|---------| |
| 10   |         | Mostly all participants have done risk communication trainings in the past. Hence, the plan is to make this interactive, (as its post lunch) throw a questions, ask for answers and then once I have most of the answers, show a slide which says it all. My 20-minute session will be divided into 4 parts –
1 - What is risk communication (5 minutes)
2 - What are the channels of communication that you use for risk communication – list them out (3 minute)
3 – a hypothetical situation when a country has demonstrated good risk communication response, ask participants to list out what preparation went into it. (7 minutes)
4 – sum up with what we need to put in place for risk communication. (5 minutes) |
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity and Practice</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Dice with prompts such as ‘ready’ delegates explain in relation to the scenario.</td>
<td></td>
</tr>
</tbody>
</table>
Session Title/Topic reference ERF: OSL/FIN/ADM

Speaker and topic:
Dr Miftahul Fahmi Sembiring – OSL, OCR work plan and project management
Ms. Purvi Paliwal – Resource mobilization
Mr. Sunil Kumar Bhambri – OSL

Learning Outcomes

At the end of the session the participants will be able to:

- Communicate through proper channel and subject with RO-MGA team
- Articulate the basic supplies required for immediate emergency response
- Initiate, expedite and manage the supply chain management processes including procurements
- Initiate proposal for mobilization of Contingency fund for emergencies (CFE), CERF, SEARHEF and another emergency funding
- Manage well their WHE work plans both activities and HR including OCR work plans and its reporting

Resources/Equipment/materials

- Power points
- Flip chart
- GSM (internet connection for demo in raising RPE and explaining cat and non-cat item)

Handouts

- List of essential items
- Award end to end
- Project management cycle
- End to end procurement process

Timing table is on the next page.
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
</table>
| 5    | Intro    | • The presentation will be started with introduction of the SEARO WHE MGA Team to the participants and their role and responsibilities. The intention of this is to enable participant to communicate properly with the MGA personnel and the relevant topic.  
• The presenter will walk the participants through the objective of the presentation and the content of the slides and community charter during the presentation. |
| 20   | Process  | The presenter will deliver the topic as interactive as possible. Interactive in the sense that the participant will be involved in the topic throughout the presentation. The mechanism for this for instance, on the topic of OSL, the presenter will ask any of the participant who can explain what is OSL. Afterward the presenter will walk the participant through the slide on what is OSL.  
Presenter will also give a demo on how to raise an RPE in the system and walk them through the catalogue item in Global System Management. |
| 10   | Activity and Practice | At the end of the presentation, presenter and the team will deliver a quiz. This is intended to gauge the participants understanding/receptions on the delivered topics. The MGA team will facilitate the quiz. |
|      |          | Greetings  
Introduce  
Self-introduction including role and responsibilities  
Objective  
PowerPoint overview  
Community charter  
OSL  
Supply chain  
Procurement  
Storage management  
Resource mobilization  
CFE, CERF, SEARHEF  
OCR  
GSM  
Work plan  
Project management  
Quiz  
Chocolate |
Script 6a Resource Mobilization

Session Title/Topic reference ERF: OSL/FIN/ADM

Speaker and topic:
Dr Miftahul Fahmi Sembiring – OSL, OCR work plan and project management
Ms. Purvi Paliwal – Resource mobilization
Mr. Sunil Kumar Bhambri – OSL

Learning Outcomes

At the end of the session the participants will be able to:

- Awareness on the key components of the resource mobilization process
- Equipped to tap into the Internal WHO fundraising mechanisms, including SEARHEF and CFE
- Initiate proposal for External Fundraising, including CERF
- Develop template for a resource mobilization plan

Resources/Equipment/materials

- Power points

Handouts

- Useful links

The timing table is on the next page.
| Time | Intro | The presentation will be started with introduction of the key components of the resource mobilization process. The presenter will walk the participants through the available WHO internal fundraising mechanisms, in the immediate aftermath of a health emergency. The presenter will give an overview of External Fundraising mechanisms that countries may tap into to mobilize resources for emergency response, along with basic criteria/guidelines for these funds. The presenter will share a proposed template for Resource Mobilization, which countries could customize based on needs. | Positioning Donor engagement Implementation Reporting and Evaluation SEARHEF CFE WHO Stockpiles CERF Country-Based Pooled funds Multi-Country Trust Funds Country Donors Talking points UNCT/HC/RC Develop concept notes/proposals Donor missions |
| 10 | Process | The presenter will deliver the topic as interactive as possible. Interactive in the sense that the participant will be involved in the topic throughout the presentation. | Resource mobilization CFE, CERF, SEARHEF OCR |
| 10 | Activity and Practice | At the end of the presentation, presenter and the team will deliver a quiz. This is intended to gauge the participants understanding/receptions on the delivered topics. The MGA team will facilitate the quiz. | Quiz Chocolate |
Script 7 vSHOC/Emergency Portal

Speaker(s): Jered Markoff, Dr Vason Pinyowiwat Tamara Curtin Niemi Sanjeev Kashap
Session Title/Topic reference ERF:vSHOC

Learning Outcomes

At the end of the session the participants will be able to:

- Understand the Key components of EOC
- Discover what the WHO Emergency Portal (vSHOC) is
- Know what information is available and should be entered in the Emergency Portal
- Practise logging in to the Emergency Portal and entering some information
- Participate in a simulation using the Emergency Portal during an IMS meeting and partner activity planning
- Country office representatives provide feedback on what looks useful and what the CO needs are

Resources/Equipment/materials

Power point on EOC
vSHOC presentations
Scenario presentation
Colleagues to bring laptops

Handouts
Scenario hand out

References

The timing table is on the next page.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0845-920am</td>
<td>Intro</td>
<td>Share Learning outcomes EOC presentation Dr Vason</td>
</tr>
<tr>
<td>920am-950am</td>
<td></td>
<td>Introduction to the Emergency Portal Jered Markoff</td>
</tr>
<tr>
<td>0950-1030am</td>
<td>Process</td>
<td>Access to vSHOC through WIMS or ADS credentials overview of homepage and incidents/RRA/grading page Jered Markoff</td>
</tr>
<tr>
<td>1030-1050</td>
<td></td>
<td>Coffee break</td>
</tr>
<tr>
<td>1050-1130</td>
<td></td>
<td>Demonstration of other features of vSHOC Jered Markoff/Sanjeev Kashap</td>
</tr>
<tr>
<td>1130-1200</td>
<td></td>
<td>Initial feedback from Country Offices and discussions Tamara Curtin Niemi. Set up for afternoons scenario</td>
</tr>
<tr>
<td>1200-130pm</td>
<td></td>
<td>Lunch</td>
</tr>
<tr>
<td>1330-1415</td>
<td>Activity and Practice</td>
<td>Simulation Exercise Scenario given, update ERF compliance in vSHOC List the tasks they would have accomplished since learning of the event Tasks planned for next 24 hours What resources needed in 24 hours and what needed longer term. Tamara Niemi</td>
</tr>
<tr>
<td>1415-1500</td>
<td></td>
<td>Mock IMS</td>
</tr>
<tr>
<td>1500-1530</td>
<td></td>
<td>Coffee break</td>
</tr>
<tr>
<td>1530-</td>
<td></td>
<td>Sanjeev Intro to SharePoint and incident</td>
</tr>
<tr>
<td>Time</td>
<td>Prompts/Key Phrases</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1600</td>
<td>management structure in the share point</td>
<td></td>
</tr>
<tr>
<td>1600-1630</td>
<td>Wrap up by Sanjeev on any burning questions</td>
<td></td>
</tr>
</tbody>
</table>
Script 8 Tabletop Exercise

Speaker(s): Tamara Curtin Niemi (Annie assisting)
Session Title/Topic reference: Tabletop Exercise

Learning Outcomes

At the end of the session the participants will be able to:

- Assess capacity and capabilities to respond during the initial phase of an emergency in place in their respective country offices.
- Identify needs from country offices for support from the regional office in the context of the emergency scenario in the exercise.
- Examine the varying needs of the countries in the region against the SHOC activation levels and other SOPs in the regional office.
- Identify opportunities for inter-country support.

Resources/Equipment/materials: Projector, flip chart paper (10), markers, pens,

Handouts: TTXScenarioQuestions.doc (1 each per participant), TTXEvaluationPages.doc (70 copies. One for each participating country for each person observing. OBSERVERS: Art, Roderico, Bardan, Phil, Tamara, Nilesh, and Fahmi)

<table>
<thead>
<tr>
<th>Time</th>
<th>Intro</th>
<th>Process</th>
<th>Prompts/Key Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0845-0915</td>
<td>Agenda, orientation to exercise, explanation of feedback mechanism.</td>
<td>Presentation of scenario and questions.</td>
<td>ERF, IMS, Emergency Management, exercise, preparedness</td>
</tr>
<tr>
<td>0915-0945</td>
<td>Process</td>
<td>ERF, Flood, Emergency, Response</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity and Practice</td>
<td>Prompts/Key Phrases</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1015-1100</td>
<td></td>
<td>Participants work in their country groups to answer targeted questions about their specific country office in the context of the scenario.</td>
<td></td>
</tr>
<tr>
<td>1100-1215</td>
<td></td>
<td>Feedback is then provided in a World Café format,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plenary feedback on the exercise</td>
<td></td>
</tr>
<tr>
<td>1315-1335</td>
<td></td>
<td>Art and Roderico discuss next steps, next steps survey including concrete actions to be completed.</td>
<td></td>
</tr>
<tr>
<td>1335-1415</td>
<td></td>
<td>Day 3 Evaluation and handoff to RED for closing.</td>
<td></td>
</tr>
<tr>
<td>1415-1430</td>
<td></td>
<td>7 minutes per group, presenters rotate after 5 rounds.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Either DPRK or Bhutan present to plenary at the beginning of the feedback session, with the remaining presenting at the end.</td>
<td></td>
</tr>
</tbody>
</table>
# Annex 6 Readiness Information/Data Availability Survey

Please indicate if an EOC is present at the national level. Check all that apply.

<table>
<thead>
<tr>
<th>EOC Location</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health</td>
<td>66.7%</td>
<td>6</td>
</tr>
<tr>
<td>National Disaster Management Agency (or equivalent)</td>
<td>77.8%</td>
<td>7</td>
</tr>
<tr>
<td>Other - Please specify</td>
<td>33.3%</td>
<td>3</td>
</tr>
</tbody>
</table>

**Other - Please specify**

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional EOCs &amp; HEOCs</td>
<td>1</td>
</tr>
<tr>
<td>Tri Forces</td>
<td>1</td>
</tr>
</tbody>
</table>
Are standard case/outbreak investigation and data collection forms available, either through the EOC or MoH?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>88.9%</td>
<td>8</td>
</tr>
<tr>
<td>Not sure</td>
<td>11.1%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>9</td>
</tr>
</tbody>
</table>
Is an early warning and surveillance system (EWARS) established in the MoH and functional?

Yes, 100

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100.0%</td>
<td>9</td>
</tr>
</tbody>
</table>

Do you have emergency health information management staff/capacity in the EOC or responsible agency?

Yes 56%

No 44%

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>55.6%</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>44.4%</td>
<td>4</td>
</tr>
</tbody>
</table>
Do you have the latest information readily available either from the EOC or national epidemiology/emergency health unit?

<table>
<thead>
<tr>
<th>Information product</th>
<th>Available</th>
<th>National Level</th>
<th>Provincial Level</th>
<th>District Level</th>
<th>Sub district Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/2017 population estimates</td>
<td>Yes= 8</td>
<td>Yes= 8</td>
<td>Yes= 7</td>
<td>Yes= 8</td>
<td>Yes= 7</td>
</tr>
<tr>
<td></td>
<td>No= 0</td>
<td>No= 0</td>
<td>No= 0</td>
<td>No= 0</td>
<td>No= 1</td>
</tr>
<tr>
<td></td>
<td>Not sure=1</td>
<td>Not sure=1</td>
<td>Not sure=1</td>
<td>Not sure=1</td>
<td>Not sure=1</td>
</tr>
<tr>
<td>List of health facilities</td>
<td>Yes=9</td>
<td>Yes=9</td>
<td>Yes=8</td>
<td>Yes=9</td>
<td>Yes=9</td>
</tr>
<tr>
<td>Place codes or standard names of locations</td>
<td>Yes= 6</td>
<td>Yes= 7</td>
<td>Yes= 6</td>
<td>Yes= 7</td>
<td>Yes= 6</td>
</tr>
<tr>
<td></td>
<td>No= 1</td>
<td>No= 0</td>
<td>No= 0</td>
<td>No= 0</td>
<td>No= 2</td>
</tr>
<tr>
<td></td>
<td>Not sure=1</td>
<td>Not sure=1</td>
<td>Not sure=1</td>
<td>Not sure=1</td>
<td>Not sure=2</td>
</tr>
<tr>
<td>Latest GIS shape file (e.g., administrative boundaries)</td>
<td>Yes= 4</td>
<td>Yes= 4</td>
<td>Yes= 3</td>
<td>Yes= 4</td>
<td>Yes= 3</td>
</tr>
<tr>
<td></td>
<td>No= 1</td>
<td>No= 0</td>
<td>No= 1</td>
<td>No= 0</td>
<td>No= 0</td>
</tr>
<tr>
<td></td>
<td>Not sure=4</td>
<td>Not sure=5</td>
<td>Not sure=4</td>
<td>Not sure=5</td>
<td>Not sure=6</td>
</tr>
<tr>
<td>CFR for outbreak-prone diseases (e.g., cholera)</td>
<td>Yes= 4</td>
<td>Yes= 5</td>
<td>Yes= 3</td>
<td>Yes= 4</td>
<td>Yes= 2</td>
</tr>
<tr>
<td></td>
<td>No= 2</td>
<td>No= 1</td>
<td>No= 2</td>
<td>No= 2</td>
<td>No= 3</td>
</tr>
<tr>
<td></td>
<td>Not sure=3</td>
<td>Not sure=3</td>
<td>Not sure=3</td>
<td>Not sure=3</td>
<td>Not sure=4</td>
</tr>
<tr>
<td>Health statistics/service coverage data</td>
<td>Yes= 9</td>
<td>Yes= 9</td>
<td>Yes= 7</td>
<td>Yes= 7</td>
<td>Yes= 5</td>
</tr>
<tr>
<td></td>
<td>No= 0</td>
<td>No= 0</td>
<td>No= 0</td>
<td>No= 0</td>
<td>No= 1</td>
</tr>
<tr>
<td></td>
<td>Not sure=0</td>
<td>Not sure=0</td>
<td>Not sure=1</td>
<td>Not sure=2</td>
<td>Not sure=3</td>
</tr>
</tbody>
</table>
### How often are these information products updated?

<table>
<thead>
<tr>
<th>Information product</th>
<th>National Level</th>
<th>Provincial Level</th>
<th>District Level</th>
<th>Sub district Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/2017 population estimates</td>
<td>Every 12 months= 8 Not sure=1</td>
<td>Every 12 months= 7 Not sure=1</td>
<td>Every 12 months= 8 Not sure=1</td>
<td>Every 12 months= 7 Not sure=2</td>
</tr>
<tr>
<td>List of health facilities</td>
<td>Every 12 months= 7 Not sure=2</td>
<td>Every 12 months= 6 Not sure=1</td>
<td>Every 12 months= 7 Not sure=2</td>
<td>Every 12 months= 7 Not sure=2</td>
</tr>
<tr>
<td>Place codes or standard names of locations</td>
<td>Every 12 months= 2 Not sure=7</td>
<td>Every 12 months= 1 Not sure=7</td>
<td>Every 12 months= 2 Not sure=7</td>
<td>Every 12 months= 1 Not sure=8</td>
</tr>
<tr>
<td>Latest GIS shape file (e.g., administrative boundaries)</td>
<td>Every 12 months= 1 Not sure=8</td>
<td>Every 12 months= 2 Not sure=6</td>
<td>Every 12 months= 1 Not sure=8</td>
<td>Every 12 months= 1 Not sure=8</td>
</tr>
<tr>
<td>CFR for outbreak-prone diseases (e.g., cholera)</td>
<td>Monthly= 1 Every 12 months= 1 Not sure=7</td>
<td>Monthly= 1 Every 12 months= 1 Not sure=6</td>
<td>Monthly= 1 Every 12 months= 0 Not sure=8</td>
<td>Monthly= 1 Every 12 months= 0 Not sure=8</td>
</tr>
<tr>
<td>Health statistics/service coverage data</td>
<td>Yes= 9 No= 0 Not sure=0</td>
<td>Yes= 7 No= 0 Not sure=1</td>
<td>Yes= 7 No= 0 Not sure=2</td>
<td>Yes= 5 No= 1 Not sure=3</td>
</tr>
</tbody>
</table>
Annex 7 Participant Feedback

Day 1

Briefing on emergency readiness

Overall, did the session meet your expectations?

Will the material in the session be useful in your work in emergencies?
How would you rate the appropriateness of the materials and activities used in this session?

- Very appropriate: 29%
- Appropriate: 71%

How would you rate the quality of the presentation and facilitation of this session?

- 9: 42%
- 10: 4%
- 7: 8%
- 5: 4%
- 8: 8%
- 42%
- 10: 4%
Did the session meet your expectations?

- 9 (25%)
- 8 (33%)
- 6 (13%)
- 7 (8%)
- 5 (17%)

Will the material in the session be useful in your work in emergencies?

- 9 (25%)
- 8 (29%)
- 6 (13%)
- 7 (4%)
- 5 (8%)
How would you rate the appropriateness of materials and activities for this session?

- Appropriate: 71%
- Very appropriate: 25%
- Neither appropriate or inappropriate: 4%

How would you rate the quality of the presentation and facilitation of this session?

- 8: 59%
- 9: 25%
- 10: 4%
- 7: 4%
- 6: 4%
- 4: 4%
Grading of acute events and emergencies

Overall did this session meet your expectations?

- 10: 22%
- 9: 22%
- 8: 30%
- 7: 17%
- 5: 9%

Will the material in the session be useful in your work in emergencies?

- 10: 26%
- 9: 26%
- 8: 26%
- 7: 18%
- 5: 4%
How would you rate the appropriateness of the materials and activities used in the session?

- Appropriate: 74%
- Very appropriate: 22%
- Neither appropriate or inappropriate: 4%

How would you rate the presentation and facilitation of this session?

- 5: 9% (4 people)
- 7: 18% (7 people)
- 8: 52% (8 people)
- 9: 17% (9 people)
- 10: 4% (5 people)
Incident management system structure, six core functions

Overall, did the session meet your expectations?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>10</td>
<td>4%</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>8%</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>21%</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>25%</td>
</tr>
</tbody>
</table>

Will the material in the session be useful in your work in emergencies?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>17%</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>21%</td>
</tr>
<tr>
<td>9</td>
<td>8</td>
<td>33%</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>25%</td>
</tr>
</tbody>
</table>
How would you rate the appropriateness of the materials and activities used in the session?

- Very appropriate: 25%
- Appropriate: 75%

How would you rate the quality of the presentation and facilitation of this session?

- 7: 4%
- 8: 35%
- 9: 22%
- 10: 39%
Overall, did the session meet your expectations?

Will the material in the session be useful in your work in emergencies?
How would you rate the appropriateness of the materials and activities used in the session?

- Appropriate: 88%
- Very appropriate: 8%
- Neither appropriate or inappropriate: 4%

How would you rate the quality of the presentation and facilitation of this session?

- 9: 26%
- 8: 39%
- 7: 4%
- 5: 31%
<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall did the session meet your expectations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>8%</td>
</tr>
<tr>
<td>Will the material in the session be useful in your work in emergencies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>21%</td>
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How would you rate the appropriateness of the materials and activities used in the session:

- Appropriate: 84%
- Very appropriate: 8%
- Neither appropriate or inappropriate: 8%

How would you rate the quality of the presentation and facilitation of the session?

- 8: 44%
- 7: 22%
- 6: 4%
- 5: 4%
Operations support and logistics

Overall did the session meet your expectations?

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Will the material in the session be useful in your work in emergencies?

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</table>
How would you rate the appropriateness of the materials and activities used in the session?

- Appropriate: 75%
- Very appropriate: 21%
- Neither appropriate or inappropriate: 4%

How would you rate the quality of the presentation and facilitation of this session?

- 8: 46%
- 9: 29%
- 7: 13%
- 4: 8%
- 10: 7%
Finance and Administration

Overall did the session meet your expectations?

Will the material in the session be useful in your work in emergencies?
How would you rate the appropriateness of the materials and activities used in the session?

- Appropriate: 67%
- Very appropriate: 25%
- Inappropriate: 4%
- Neither appropriate or inappropriate: 4%

How would you rate the quality of the presentation and facilitation of this session?

- 8: 44%
- 9: 25%
- 10: 25%
- 7: 9%
- 6: 4%
- 2: 4%
- 10: 4%
Day 2

vSHOC/Emergency Portal

Overall, did the session meet your expectations?

- 7: 7 (38%)
- 8: 5 (5%)
- 9: 7 (38%)
- 10: 5 (5%)

Will the material in the session be useful to your work in emergencies?

- 7: 10 (15%)
- 8: 8 (30%)
- 9: 9 (10%)
- 10: 7 (45%)
How would you rate the appropriateness of the materials and activities used in the session?

- Very appropriate: 24%
- Appropriate: 67%
- Very inappropriate: 9%

How would you rate the quality of the presentation and facilitation of the session?

- 8: 43%
- 7: 14%
- 6: 14%
- 9: 10%
- 10: 5%
VSHOC/EMERGENCY PORTAL COMMENTS/SUGGESTIONS

Linkages: EOC inventory to procurement lists, IMT management tools and data, Generation of typology of responses / actions in a specific incident based on the task lists

Use of the learning / mechanisms/ SOPs etc. for assistance to MoH to develop similar EOC management tools

Not only create an incident for "preparedness" for country offices to get them to upload legacy data to be used for emergencies and get familiar with the vSHOC but also create an "exercise incident" to ensure that each office does a simulation / TTX of emergency preparedness at least once a year in which the vSHOC is used.

Checklist, and SharePoint links

Country information/Profile filter

Information management, creating folders for information on various incidents

Partner coordination

Offline option for when there is no internet.

Assign focal point at country level.
Day 3

Table top exercise

Overall, did the session meet your expectations?

Will the material in the session be useful to your work in emergencies?
How would you rate the appropriateness of the materials and activities used in this session?

- Appropriate: 81%
- Very appropriate: 6%
- Inappropriate: 7%
- Neither appropriate or inappropriate: 6%

How would you rate the quality of the presentation and facilitation of this session?

- 7: 25%
- 8: 44%
- 9: 13%
ADDITIONAL COMMENTS

Another round of training by end of the year for remaining WCO-WHE Team staff who could not attend this training.

Include in the above training key non-WHE team WCO staff whose engagement is critical for preparedness and response.

Follow up training at country level for all WCO staff; HC partners and even key MoH emergency personnel to be led by the WHE team staff with support from SEARO-WHE team members

Share best practices from countries.

Scenarios were interesting. Need more of hands on experience in field. This training can be far more useful if we are given a chance to actually visit and assess a hazard (event)

A few suggestions - The focal points should be considered over and above the roster Train at least 1-2 CO staff (IT teams) for vSHOC Risk Communication training will be helpful.

Training package for fled staff.

SUGGESTIONS FOR VSHOC PREPAREDNESS EVENT FEATURES

Stakeholders analysis and mapping which can form the basis of the 4W matrix

Linkages between legacy databases and how to port critical info from these databases for use in incident management to avoid use of non-standard data and duplication in data collection efforts.

Linkages between HIS, especially surveillance and HMIS and IMS.

How to generate outputs from the narrative type documents in the IMS to summarize actions, generate consolidated narrative reports and identify major themes, memes and lessons - would qualitative / text based data analysis tools work, if so, how?
Annex 8 Next Steps

Bhutan
What activities should you carry out during the rest of 2017 to increase the readiness level of your office to respond in emergencies. As resources are scarce, please list the activities in order of priority.

- Orientation or training of WCO staffs on emergency, assign clear roles and responsibilities based on ERF.

What activities will be added to your 2018-2019 Work plan?

- Develop contingency plans and business continuity plans for WCO.

Please list your existing operational partnerships and how the partnership can contribute to readiness.

- Department of Disaster Management, Ministry of Health, UN Agencies, SNV (WASH), District Administrations

What new operational partnerships may be developed to improve readiness?

- SOPs for emergencies, MoU or letter of understanding (LoU) among partners for emergency preparedness.

Please list any additional tools, templates or training which could support your office in readiness for response.

- Training, emergency related materials (guidelines, SoPs), sharing of experiences, lessons learnt, sharing of best practices in the region.
Democratic People’s Republic of North Korea

What activities should you carry out during the rest of 2017 to increase the readiness level of your office to respond in emergencies. As resources are scarce, please list the activities in order of priority.

- Identify gaps in responding to emergencies, prioritising and fulfilling them
- Stockpiling required medicines, other supplies and logistics and ensuring availability in the early phase of an emergency
- Ensuring all avenues open for access to delivery of logistics and supplies
- Time to time going through the key activities that need to be fulfilled by the WHO staff

What activities will be added to your 2018-2019 Work plan?

- Organizing preparedness and response to outbreaks under (1) VPD, (2) IHR, (3) PIP areas
- Developing IHR capacity in the country (attempt to conduct JEE and at least develop one POE of ground and air crossing to the expected levels
- Improving the diagnostic capacity of pathogens and water quality assessment
- Training MOPH staff on preparedness and response
- Ensure availability of 12 capable preparedness and response teams based on all hazard approach
- Please list your existing operational partnerships and how the partnership can contribute to readiness.

Please list your existing operational partnerships and how the partnership can contribute to readiness.

- With the UNCT team
- With other agencies via the inter agency meetings
- Improvement
  - Try to develop bilateral corporations with external agencies to respond to humanitarian needs with a coverage expanding more than at the moment
  - Further improve operational capacity with UNICEF/UNFPA to reach a wider coverage and capacity building of the government health staff with UNICEF and UNFPA/UNPASOPS for emergencies

What new operational partnerships may be developed to improve readiness?

- Agreements with the ministry to move away from passive facility based surveillance with addition of more event based surveillance for event detection and EWARS in emergencies

Please list any additional tools, templates or training which could support your office in readiness for response.

- A specific tool to assess the health priorities during emergencies
- A series of modules in print form to use for training locals given that internet facility is not used by the country
- Any mobile apps for sharing key information to public given that in DPRK mobile use is widespread now and push message strategy is used by sectors like immunization/vaccination
India

What activities should you carry out during the rest of 2017 to increase the readiness level of your office to respond in emergencies. As resources are scarce, please list the activities in order of priority.

- Hire consultant for preparation of the BCP plan for CO. Visit to field level for hands on training on hazard assessment.
- Review all high impact threats
- Conduct a risk matrix of staff, premises, assets and operations.
- Conduct a risk scoring of the probability and impact
- Review SOP of staff of all staff contracts and dependants
- Review SOP of all communication protocols
- Assign the security focal point and backups
- Blueprint of the assembly points and evacuation points, distances and approaches
- Ensure the security training completed for all staffs

Security:
- Review security plans

Premises:
- Address and GIS coordinates.
- SOP for relocations

Assets:
- IT Warehouse inventory
- Critical records
- Bank documents
- Confidential records
- SOP for Asset protection and recovery
- Staff roster and back ups

What activities will be added to your 2018-2019 Work plan?

- Prepare a BCP for CO and six regional offices within the country with staff oriented on the plans
- Prepare contingency plan for national level
- Provide an opportunity for WCO India staff to gain field level experience in disasters.
- Provide opportunity to WCO India staff for field level experience in disasters
- Liaison with MoH and partners
- Partners meetings
- One day workshop for advocacy/EOC setup
Please list your existing operational partnerships and how the partnership can contribute to readiness.

- Partnerships with ICRC, UNICEF, UNDSS, NDMA and MoH will help in contributing to readiness
  Training of health sector staff (state level nominees along with counterparts from partner agencies to have a readiness review at national/ zonal level)
- MoH: Public Health outbreaks
- NDMA: Readiness
- UNCT: Coordination and monitoring
- Red Cross: Space, Trainings, First aid
- NDRF: Readiness

What new operational partnerships may be developed to improve readiness?

- Need to establish a national operations team, (NDMA/MoH/NIDM/IRC/ WHO/UNICEF/UNDP/ UNDSS) to regularly meet and update on progress related to preparedness and response planning.
- To jointly undertake gap assessment in vulnerable states and recommend doable plan to MoH/NDMA
- State disaster management authorities University medical schools - Human resources

Please list any additional tools, templates or training which could support your office in readiness for response.

- BCP and CP plans of a country that has recently prepared plans e.g. Nepal
- Readiness assessment checklists/ tools/
- Training package for WHO field staff with focus on initial event assessment grading, communication
- WHO BCP plan 2017 draft templates
Indonesia

What activities should you carry out during the rest of 2017 to increase the readiness level of your office to respond in emergencies. As resources are scarce, please list the activities in order of priority.

- Risk communication training and strategy development
- ITC-DRR TOF EMT Alignment
- Review of readiness status based on readiness checklist - develop action plan for improving readiness based on the result
- Orientation of emergency readiness requirement for other staff in WCO
- Establish EOC as per ERF requirement

What activities to increase readiness will be added to your 2018-2019 work plan?

- SOPs for risk communication for CO and MOH
- Compiling contingency plans and facilitating contingency plan development in national and/or sub-national level
- Advocacy to government for synchronizing WHO response emergency with government emergency response plan
- Update of BCP as per new ERF
- Development of WCO contingency plan in line with ERF
- Capacity strengthening of WCO staff on specific areas as per role and responsibility

Please list your existing operational partnerships and how the partnership can contribute to readiness.

- MOH public information unit and health promotion unit,
- UN Information Center
- UN Communication Group
- UNCT/HCT and national health cluster, this relationship can contribute to readiness through
- UN Contingency Plan Working group and national health cluster contingency plan development
- National health cluster coordination
- FETP network

What new operational partnerships may be developed to improve readiness?

- State disaster management authorities University medical schools - Human resources
- National EMT pre-deployment agreements
- GOARN
- WHO CC network for emergencies

Please list any additional tools, templates or training which could support your office in readiness for response.

- ITS-DRR Training
- BCP update
Maldives

What activities should you carry out during the rest of 2017 to increase the readiness level of your office to respond in emergencies. As resources are scarce, please list the activities in order of priority.

- Setting up of the EOC
- Conduct the Rapid Response Training in islands and atolls
- Orienting and training the WCO team during the retreat on Emergency Preparedness
- Reviewing and Editing the PIP
- Strengthen the Risk Communication
- Sharing and Familiarization of the country team with some of the training material.
- Planning and Positioning of IEH Kits

What activities to increase readiness will be added to your 2018-2019 work plan?

- Finalize the National Health Systems Emergency Readiness Framework
- HS ERF for the Maldives
- Strengthen the IHR capacities (including PoE by conducting drills)
- Develop Health Sector Response and Operational plan.
- Support preparedness activities of MOH including trainings.
- Ensure response SOPs and guidelines for health facilities are in place to respond to emergencies.

Please list your existing operational partnerships and how the partnership can contribute to readiness.

- NDMC
- Maldives Red Crescent
- UNICEF
- UNFPA
- Society for Higher Education (SHE)
- Maldives National Defence Force
- IGM and ADK Hospitals

What new operational partnerships may be developed to improve readiness?

- Rapid Response Team and Emergency Medical Team training and development

Please list any additional tools, templates or training which could support your office in readiness for response.

- Training: vSHOC training
- Training to fill up the Rapid Risk Assessment Forms
- IEH kits distribution
Myanmar

What activities should you carry out during the rest of 2017 to increase the readiness level of your office to respond in emergencies. As resources are scarce, please list the activities in order of priority.

- Orientation of WHE to all staff - and encourage staff to do Open WHO IMS training
- Develop a draft BCP for WCO
- Practice on vSHOC data entry (create a practice incident event for WCO-MMR)
- Identify and prepare the IMT essential staff

What activities to increase readiness will be added to your 2018-2019 work plan?

- Develop WCO CP for priority hazards
- Conceptualize conversion of WCO conference room to EOC

Please list your existing operational partnerships and how the partnership can contribute to readiness.

**Non-government:**
UNCT, SMT, OMT, ICCG and Health Cluster -> through unified BCPs, scenario-based contingency plans (facilitated by OCHA), area-based contingency plans (geographical focus), Humanitarian Needs Overview/ Humanitarian Response Plan

**Government:**
Emergency Operating Center (EOC), multi-sectoral - pre-identify rules of engagement through Ministry of Health and Sports

What new operational partnerships may be developed to improve readiness?

Capacity-building for MOHS to facilitate deployment of rapid response teams (RRT) for medical response

Please list any additional tools, templates or training which could support your office in readiness for response.

- (UPK/video demo for vSHOC
- SharePoint site for best practices from all countries including BCP, CP etc.
- Create a "practice incident" in vSHOC that we can access for practice/training.
Nepal

What activities should you carry out during the rest of 2017 to increase the readiness level of your office to respond in emergencies. As resources are scarce, please list the activities in order of priority.

- Orientation of WCO staff
- Scaling up of stocks for response readiness
- Finalizing and testing the BCP and CP based on the approved templates provided by SEARO and HQ
- Conduct one office wide training on roles in BCP and IMS

What activities to increase readiness will be added to your 2018-2019 work plan?

- Additional communication and/or IT equipment
- Provision of response resources (finance and logistics)
- Hazard specific CPs
- Supporting MOH for updating the NDRF health component
- Table top exercises and simulations to update BCP and CP
- Field office strengthening for preparedness and response
- Full complement of HR for WHE Team in place
- Regular health partner coordination meeting and stakeholder mapping

Please list your existing operational partnerships and how the partnership can contribute to readiness.

- UNCT Health cluster –
- UNFPA for RH and protection
- UNICEF for WASH and Nutrition
- WFP for logistics
- Secretariat for Health EDPs NEOC and HEOC
- Hub and Satellite Hospital Network for preparedness and readiness partners on pre, post hospital care
- Currently bi-lateral support only for response exception DIPECHO for preparedness hence need greater donor mobilization for risk management.
- Horizontal collaboration with Bhutan, Timor-Leste and Sri Lanka.
- More needed with WCOs of similar strength to Nepal for WCO Nepal to learn.

What new operational partnerships may be developed to improve readiness?

- Strengthening of IMS at the HEOC network for which strong RO and HQ expertise needed.
- Partnership with WCOs and RO/HQ for elaboration and finalization of key medical and PH response SOPs - NCDs, Risk Assessment, Risk Communication.
- Explore standby partnership for fast tracking rapid assessment, HSI roll out and surveillance and hub hospital strengthening
- Partnership with UNDP for strengthening EOC (other sectors) and HEOCs linkages.
- Standby agreement with suppliers and service providers for business continuity and surge response.
- Formal buddy system with relevant SEAR WCOs

Please list any additional tools, templates or training which could support your office in readiness for response.
• vSHOC Field operation kits
• Surge training with other regions to learn more on new context
• vSHOC for WCO: vSHOC like tool for HEOCs Logistics management tools especially for better linkages routine
• LMIS and Emergency LMIS Risk assessment tool in combination with hazards vulnerability and capacity assessment
• Risk communication and media management tools
What activities should you carry out during the rest of 2017 to increase the readiness level of your office to respond in emergencies. As resources are scarce, please list the activities in order of priority.

- Review and revise BCP
- Short orientation to staff on readiness
- Hands on capacity building on vSHOC

What activities to increase readiness will be added to your 2018-2019 work plan?

- Develop CP for WCO
- Capacity building of staff on operational readiness
- Review the checklist for EOC and improve capacity of WCO
- Improve capacity on risk communication

Please list your existing operational partnerships and how the partnership can contribute to readiness.

- Partnerships with UN - through UNCT and UNHCT (Lead the Health sector)
- Partnerships with government - though the MoH and the National Disaster Management Coordination Committee of the Ministry of Disaster Management

What new operational partnerships may be developed to improve readiness?

- Improve GOARN partnership
- Partnership with MoH and capacity building on EMT

Please list any additional tools, templates or training which could support your office in readiness for response.

- IMT training
- Risk Communication training
- Tool to track the progress of procurement
- Information Management capacity
Thailand

What activities should you carry out during the rest of 2017 to increase the readiness level of your office to respond in emergencies. As resources are scarce, please list the activities in order of priority.

- Training on ERF for WHO Thailand staff - linked to sensitization on the office BCP

What activities to increase readiness will be added to your 2018-2019 work plan?

- Exercising / updating the BCP - both WHO Thailand only, but then with SEARO and possibly then with MS.
- Enhance operational readiness including upgrading infrastructure (including EOC, critical stockpile items, satellite phone).
- Ad-hoc 'after action 'reviews. Not in work plan, but take advantage of ad-hoc opportunities to participate in actual health emergency responses,

Please list your existing operational partnerships and how the partnership can contribute to readiness.

- SEARO / WHO HQ,
- UN agencies (regional and country offices) including IOM, UNICEF, FAO based in Thailand,
- US CDC
- Thai Red Cross
- Ministry of Public Health
- Other line Ministries - Need to identify strengths and comparative advantages and strengthen capacities / relationships. IHR JEE recommendations likely to provide an opportunity.
- Need to develop IASC health cluster plan could also provide an opportunity

What new operational partnerships may be developed to improve readiness?

- Identify new GOARN partners
- Accreditation of EMTs in Thailand.
- Developing constructive engagement with ASEAN initiatives

Please list any additional tools, templates or training which could support your office in readiness for response.

- Training / checklists related to specific ERF IMS critical functions
- Guidance on IASC health cluster contingency planning.
What activities should you carry out during the rest of 2017 to increase the readiness level of your office to respond in emergencies. As resources are scarce, please list the activities in order of priority.

- Study tour on HEOC to Indonesia.
- Establishment of Health Emergency Operation Centre.
- Assessment of current status of EMT and support for establishment of EMT.
- Training of all WCO staff on ERF.
- Preposition of 1 IEHK and 1 DDK.

What activities to increase readiness will be added to your 2018-2019 work plan?

- Finalize BCP and Contingency Plans for WCO.
- Develop/finalize tools/guidelines/SOPs for priority hazards.
- Increase capacity of WCO staff to use the vSHOC.
- Include WHE work in the e-PMDS of WCO staff.
- Strengthening logistics and procurement of health commodities/equipment through propositioning it at the municipality level.
- Strengthening capacity of MoH Focal Points on ERM through trainings and workshops.
- Capacity assessment and mapping of Country Office as part of emergency preparedness and readiness plans.

Please list your existing operational partnerships and how the partnership can contribute to readiness.

- Good partnership and collaboration with the UN partners.
- Strengthening Health Cluster for common emergency preparedness and planning for readiness.

What new operational partnerships may be developed to improve readiness?

- Streamline processes with other ministries (e.g. Customs, Airport Authorities).
- Conduct training, table top exercises and simulation with partners.

Please list any additional tools, templates or training which could support your office in readiness for response.

We need the following:

- Examples from other countries on SOP/guidelines (e.g. on rapid health assessments, risk assessment tools, etc.).
- Standard BCP and Contingency planning templates.
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<th>Country</th>
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<td>• Develop contingency plans and business continuity plans for WCO.</td>
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<td>• SOPs for emergencies, MoU or letter of understanding (LoU) among partners for emergency preparedness.</td>
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<td>• Need to establish a national operations team (NDMA/MoH/NDM/IRC/WHO/UNICEF/UNDP/ UNDSS) to regularly meet and update on progress related to preparedness and response planning. • To jointly undertake gap assessment in vulnerable states and recommend</td>
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  • Review SOP of all communication protocols  
  • Assign the security focal point and backups  
  • Blueprint of the assembly points and evacuation points, distances and approaches  
  • Ensure the security training completed for all staffs  

  **Security:**  
  • Review security plans  

  **Premises:**  
  • Address and GIS coordinates.  
  • SOP for relocations  

  **Assets:**  
  • IT Warehouse inventory  
  • Critical records  
  • Bank documents  
  • Confidential records  
  • SOP for Asset protection and recovery  
  • Staff roster and back ups  
  • experience in disasters  
  • Liaison with MoH and partners  
  • Partners meetings  
  • One-day workshop for advocacy/EOC setup  
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  • Red Cross: Space, Trainings, First aid  
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  • doable plan to MoH/NDMA  
  • State disaster management authorities University medical schools - Human resources  
  • MOH public information unit, UN Information Center  
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  • UN Communication Group  
  • UNCT/HCT and national health cluster, this relationship can contribute to readiness through  
  • UN Contingency Plan Working group and national health cluster contingency plan development  
  • National health cluster coordination  
  • FETP network  
  • State disaster management authorities University medical schools - Human resources  
  • National EMT pre-deployment agreements  
  • GOARN  
  • WHO CC network for emergencies  
  • ITS-DRR Training  
  • BCP update |
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| Indonesia (continued) | • Setting up of the EOC  
• Conduct the Rapid Response Training in islands and atolls  
• Orienting and training the WCO team during the retreat on Emergency Preparedness  
• Reviewing and Editing the PIP  
• Strengthen the Risk Communication  
• Sharing and Familiarization of the country team with some of the training material.  
• Planning and Positioning of IEH Kits | • Finalize the National Health Systems Emergency Readiness Framework  
• HS ERF for the Maldives  
• Strengthen the IHR capacities (including PoE by conducting drills)  
• Develop Health Sector Response and Operational plan.  
• Support preparedness activities of MOH including trainings.  
• Ensure response SOPs and guidelines for health facilities are in place to respond to emergencies. | • NDMC  
• Maldives Red Crescent  
• UNICEF  
• UNFPA  
• Society for Higher Education (SHE)  
• Maldives National Defense Force  
• IGM and ADK Hospitals | • Rapid Response Team and Emergency Medical Team training and development | • Training: Vshoc training  
• Training to fill up the Rapid Risk Assessment Forms  
• IEH kits distribution |
| Maldives | • Capacity strengthening of WCO staff on specific areas as per role and responsibility | | | | |
| Myanmar | • Orientation of WHE to all staff - and encourage staff to do OpenWHO IMS training  
• Develop a draft BCP for WCO  
• Practice on vSHOC data entry (create a practice incident event for WCO-MMR)  
• Identify and prepare the IMT essential staff | • Develop WCO CP for priority hazards  
• Conceptualize conversion of WCO conference room to EOC | • Non government:  
UNCT, SMT, OMT, ICCG and Health Cluster - through unified BCPs, scenario-based contingency plans (facilitated by OCHA), area-based contingency plans (geographical focus), Humanitarian Needs Overview/ Humanitarian Response Plan  
Government:  
Emergency Operating Center (EOC), multi-sectoral - pre-identify rules of engagement through Ministry of Health and Sports | • Capacity-building for MOHS to facilitate deployment of rapid response teams (RRT) for medical response | • (UPK/video demo for vSHOC  
• Sharepoint site for best practices from all countries including BCP, CP etc.  
• Create a “practice incident” in vSHOC that we can access for practice/training. |
| Nepal | • Orientation of WCO staff  
Scaling up of stocks for | • Additional communication and/or IT equipment  
• UNCT Health cluster –  
UNFPA for RH and protection | | | • VSHOC Field operation kits  
• Surge training with other |
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<td>Review and revise BCP</td>
<td>Develop CP for WCO</td>
<td>Partnerships with UN - through UNCT and UNHCT (Lead the Health sector)</td>
<td>Improve GOARN partnership</td>
<td>IMT training</td>
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<td>Short orientation to staff on readiness</td>
<td>Capacity building of staff on operational readiness</td>
<td>Partnerships with government - though the MoH and the National Disaster Management Coordination Committee of the Ministry of Disaster Management</td>
<td>Partnership with MoH and capacity building on EMT</td>
<td>Risk Communication training</td>
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<td>Hands on capacity building on vSHOC</td>
<td>Review the checklist for EOC and improve capacity of WCO</td>
<td>Improve GOARN partnership</td>
<td>IMT training</td>
<td>Tool to track the progress of procurement</td>
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<td>Improve capacity on risk communication</td>
<td></td>
<td>Implant and EMT</td>
<td>Information Management capacity</td>
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<td>Thailand</td>
<td>Training on ERF for WHO Thailand staff - linked to sensitization</td>
<td>Exercising / updating the BCP - both WHO Thailand only, but then with SEARO and possibly then with MS.</td>
<td>SEARO / WHO HQ, UN agencies (regional and country offices) including IOM, UNICEF, FAO based in</td>
<td>Identify new GOARN partners</td>
<td>Training / checklists related to specific ERF IMS critical functions</td>
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<td>Accreditation of EMTs in Thailand.</td>
<td>Guidance on IASC health</td>
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| Timor-Leste  | • Study tour on HEOC to Indonesia.  
• Establishment of Health Emergency Operation Centre.  
• Assessment of current status of EMT and support for establishment of EMT.  
• Training of all WCO staff on ERF.  
• Preposition of 1 IEHK and 1 DDK.                                                                                           | • Finalize BCP and Contingency Plans for WCO.  
• Develop/finalize tools/guidelines/SOPs for priority hazards.  
• Increase capacity of WCO staff to use the vSHOC.  
• Include WHE work in the e-PMDS of WCO staff.  
• Strengthening logistics and procurement of health commodities/equipment through propositioning it at the municipality level.  
• Strengthening capacity of MoH Focal Points on ERM through trainings and workshops.  
• Capacity assessment and mapping of Country Office as part of emergency preparedness and readiness plans. | • Good partnership and collaboration with the UN partners.  
• Strengthening Health Cluster for common emergency preparedness and planning for readiness. | • Streamline processes with other ministries (e.g. Customs, Airport Authorities).  
• Conduct training, table top exercises and simulation with partners.                                                                 | • Examples from other countries on SOP/guidelines (e.g. on rapid health assessments, risk assessment tools, etc).  
• Standard BCP and Contingency planning templates.                                                                 |