Regional Consultation for Networking and Coordination of Health Partners for Emergency Response

28-29 November 2017
Bangkok, Thailand
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Executive Summary

The South-East Asia Region is highly vulnerable to different types of emergencies and disasters. Countries in this region face a broad range of disasters from natural hazards including floods, cyclone, earthquakes, tsunami, landslides, volcanoes, heat waves, droughts and share a high burden of outbreaks and epidemics of common infectious diseases, emerging and re-emerging diseases including zoonotic infections. Emergencies with health consequences are likely to continue to increase under adverse climate changes, demographic and epidemiologic transitions, growing civil unrest/conflict and tensions with multitudes of varying types of public health risks--natural as well as human-induced.

The WHO Health Emergencies Programme (WHE) focuses on building operational capacity for emergency response in collaboration and partnership with national, regional and global partners. There are existing established operational partnerships mechanism and networks such as Inter-Agency Standing Committee (IASC), Global Health Cluster (GHC), Emergency Medical Teams (EMT), Global Outbreak Alert and Response Network (GOARN), WHO Collaborating Centres, WHO Standby Partners (SBP) and regional networks such as ASEAN.

A draft ‘Regional Framework on Operational Partnership for Emergency Response’ was developed by the Emergency Operations (EMO) unit of the WHE/WHO SEARO in November 2017. Considering the need of flagging the importance of networking, improving coordination mechanism, strengthening the existing established partnership networks and refining the draft regional framework on operational partnership, WHO conducted a regional consultation meeting during 28-29 November 2017 in Bangkok, Thailand.

This report is an output of the regional consultation with in-depth discussion on various challenges and bottlenecks of the coordination mechanism, experiences shared and constructive and innovative suggestions from the 86 delegates from 54 agencies (including Member States from the South-East Asia Region).

The challenges of coordination mechanisms for contingency planning as well as for joint operational planning were cited by almost all the delegates. There is often a disconnect between global, national and sub-national clusters and other networks. Funding constraints for both readiness and emergency response were also expressed by majority of partners.

It was agreed with broad consensus that there is a strong need to raise awareness and knowledge among Member States and operational partners about the existing established networks (GHC, EMT initiative, GOARN, WHO Standby Partners and other regional networks) and facilitating further expanding and scaling it up through dedicated
advocacy and stewardship activities and a web-enabled forum or platform for operational partnership hosted by WHO SEARO. The need to build a roster of trainers at country and regional level for building capacity within GOARN, EMTs and WHO CCs as ‘surge capacity’ was also expressed.

WHO should provide technical assistance in policy strengthening processes for establishment of regional inter-agency coordination mechanisms as well as in national level policies for improving accountability and engagement with health cluster systems.

Engagement of private sector partners on corporate social responsibility (CSR) was also suggested to be tapped for emergency assistance, logistics, supply chain system and information-technology-based innovations. Operational partners are also expected to mobilize emergency funds and maintain a buffer fund. The ‘partner-to-partner’ investment or pooling of resources among partners through consortia approach should be promoted.

The regional consultation was concluded with strong and sustained interest from the Member States and operational partners with a common vision and commitment to improve coordination for effective emergency response.
1. Background

Disasters from natural hazards, public health emergencies, civil conflicts, adverse climate change and the menace of bio-chemical, nuclear and radiation accidents have been increasing over last two decades. The World Disasters Report 2015 shows that over the past decade, the Region contributed to 24% of the global mortality due to disasters and health emergencies. The South-East Asia region is vulnerable to different types of emergencies and disasters. Countries in this region face a broad range of disasters from natural hazards including floods, cyclone, earthquakes, tsunami, landslides, volcanoes, heat waves, droughts, etc. Moreover, the region also shares a high burden of outbreaks and epidemics of common infectious diseases, emerging and re-emerging diseases including zoonotic infections.

Emergencies with health consequences are likely to continue to increase under adverse climate changes, demographic and epidemiologic transitions, growing civil unrest/conflict and tensions with multitudes of varying types of public health risks--natural as well as human-induced. WHO and its partners must be ready and have the capacity to respond. Lessons learned from the Ebola outbreaks in Guinea, Nigeria, Liberia and Sierra Leone in 2014-2015 and the loss of lives including humanitarian staff in affected countries led to structural and operational reforms in WHO’s emergency work. As a way forward, WHO’s Health Emergency Programme (WHE) was launched and became active in August 2016 with the adoption of the Incident Management System (IMS) and operational partnerships development being two of the key organizational approaches to manage emergencies.

Following the launch of the WHE Programme, the WHO South-East Asia Regional Office also aligned with the global structure of the programme and established five functional units under the leadership of the Regional Emergency Director: infectious hazards management, country health emergency preparedness and the International Health Regulations, health emergency information and risk assessments, emergency operations (EMO) and programme management, administration and external relations.

To prevent, detect and respond to emergencies, the WHE Programme focuses on building country capacity in collaboration and partnership with national, regional and global partners. The Regional Director of the WHO/SEARO has made strengthening of Emergency Risk Management and WHE programme a flagship regional priority to

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1 IFRC (2015). World Disaster Report: focus on local actors, the key to humanitarian effectiveness.
2 WHO (2015). Resolution of Executive Board for reform of WHO work in health emergencies, EBSS2.R1
4 WHO (2016). Reform of WHO’s work in Health emergency management. 69th World Health Assembly, A69/30, 05 May 2016
improve coordination mechanism for emergency response through effective partnerships.

Various partnerships have their own mechanism of networking and coordination within their own areas of specialty or interest. The operational partners and existing key partnership platforms are broadly categorized in the following networks:

- Members of the Inter-Agency standing Committee (IASC)
- Global Health Cluster (GHC)
- Emergency Medical Teams (EMT)
- Global Outbreak Alert and Response Network (GOARN)
- WHO Collaborating Centres (WHO CC)
- Standby Partners (SBP)
- Multilateral and bilateral development health partners
- Regional partnerships coordinated by UN OCHA and UNISDR
- Regional partnerships, e.g., ASEAN, SAARC

WHO is the lead in health sector partners coordination as mandated by the global health cluster. Considering the need of bringing all operational partners together, facilitating networking and improving coordination and partnership arrangements for an effective emergency response, WHE/EMO unit at the WHO SEARO developed a draft Regional Framework on Operational Partnership for Emergency Response in early November 2017 and called for a two days regional consultation in Bangkok to discuss and consult with health partners from 11 Member States, above mentioned partners and partner networks.

2. Objectives of the Regional Consultation

The regional consultation with operational partners was organized by the WHE/EMO in Bangkok during 28-29 November 2017 in Bangkok, Thailand with the following objectives:

1. To share knowledge and experience about areas of work (both geographical and technical) amongst different partners in the SEA Region
2. To identify opportunities and challenges of strengthening health emergency response
3. To define mechanisms of coordination under different emergency circumstances and situations

The programme agenda with focused deliberations and group activities is detailed in Annexure 1.
3. Participants

It was a diverse gathering of 86 delegates from 54 agencies including 10 Member States of South-East Asia region (Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand. Two delegates from MOH, Timor-Leste could not reach Bangkok because of closure of the international airport, Dili on wake of an alert of volcanic eruption in Dili.

Senior-level delegates working at country or regional level from the South-East Asia region those who are responsible and get engaged in emergency operations represented ministries of health from Member States, GOARN, Emergency Medical Teams, Standby Partners, Regional Networks such as ASEAN-AHA and South-East Asia Ministers of Education Organization- Tropical Medicine and Public Health Networks, various UN agencies and development partners. (Annexure 2)

The consultation meeting started on 28th November 2017 at 8:30 am with registration of participants:

Registration Desk
Regional Consultation for Networking and Coordination of Health Partners for Emergency Response
28 - 29 November 2017
Bangkok, Thailand
4. Inaugural Session

Welcome Address and Opening Remarks

Regional Emergency Director, WHO SEARO opened the consultation workshop by welcoming all the delegates and appreciating their passionate interest and commitment for improving the coordination and partnership mechanisms for effective emergency response in the Region.

He also delivered message on behalf of Dr Poonam Khetrapal Singh, Regional Director/WHO SEARO. The opening remark from the Regional Director reminded the health partners about the heightened vulnerability of the South-East Asia region and priority need to build, develop and expand operational partnerships for effective emergency response. In addition, optimal tapping of existing partnership networks was also highlighted to make the Region safe, healthier, resilient and prepared for combined emergency response.
5. Context, Approaches and Opportunities for Operational Partnerships

The session was moderated by Dr Nilesh Buddh and focused on making all the health partners aware about the WHO Health Emergencies Programme, risk profile of the South-East Asia region and existing operational partnership networks, challenges and bottlenecks in implementing coordination and partnership mechanisms for readiness and emergency response specifically in the Region. The global lead on these networks from WHO headquarters were requested to share experiences from other regions and how SEA region can further build and expand such operational partnerships.

5.1 WHO Health Emergencies Programme and Regional Health Risk Profile

Dr Roderico Ofrin, Regional Emergency Director set the stage for the consultation workshop by introducing the WHO Health Emergencies Programme and existing risk and multi-hazards profile of the South-East Asia region according to the INFORM Risk index. He presented the summarized data that during the period 2005-2014, around 28.1 million people were affected and 201 923 people got killed in the Region due to various disasters and health emergencies. He informed all the partners that 48% of all global disaster in 2014 occurred in Asia.

He referred to the ‘Emergency Response Framework’ and need of localizing regional priorities for building and strengthening operational partnerships. He highlighted the fact that partnerships are the keys before, during and after emergencies to address the high vulnerabilities and health risks in the Region.
5.2 Existing Operational Partnership Networks

Global Health Cluster

**Dr Linda Doull**, Global Health Cluster Coordinator from the WHO HQ briefed about the background, purpose and importance of the cluster approach. She informed that GHC leverages operational, technical and coordination capacities of over 700 partners across different sectors globally. WHO leads on health sector coordination. She informed that 50% of health clusters are led by MOH and 55% of partners are national/local actors in addition to UN agencies and NGOs.

She strongly advocates for cluster approach and partnerships within national emergency or recovery and development coordination structures. She mentioned that health coordination is stronger in countries with institutionalized cluster approaches, e.g., Indonesia, Philippines and Maldives. She suggested that EOC can assign tasks to partners as successfully done in Nigeria for cholera response coordination. She also suggested for following consortia approach on pooling of resources among partners.
Emergency Medical Teams

Dr Flavio Salio, lead from the EMT Secretariat, WHO HQ presented the EMT initiative as a strong partnership network among government (civilian and military both) and non-government teams for building local, national and regional surge capacity in healthcare for emergency response. He stressed on the role and importance of EMTs by giving example of Ebola response which was the largest deployment of EMTs with 58 teams with over 4000 staff. He also highlighted the positive difference made by Type 2 and 3 EMTs during emergency after earthquake in Nepal in 2015.

He suggested that Member States in collaboration of WHO and other partners should have mechanism for setting up Reception and Departure Centre and EMT-Coordination Cell.

Global Outbreak Alert and Response Network (GOARN)

Dr Anthony Stewart, Acting Head of GOARN at the WHO HQ explained about the GOARN, its role in timely investigation, control and management of disease outbreaks with support from health partners. GOARN has 200 partners and networks, and reaches an additional 500 institutions through network hubs and cascades. Field response is triggered by a formal request for support from a Member State to the GOARN Secretariat.

He pointed out the need to strengthen GOARN at regional level with enhanced interaction, cooperation and collaboration with GHC, EMTs and WHO Standby partners. He also recommended for an improved information exchange platform at country and regional levels for strengthening epidemic intelligence.
Standby Partners

Ms Indu Ajay Gautam, Technical Officer- WHO Standby Partners initiative, elaborated the concept and its purpose to the delegates. Two existing Standby partners; iMMAP and RedR Australia present in the meeting were quoted as successful examples of the initiative.

She mentioned that WHO has 8 standby partners presently which serve globally but there is need of developing this type of partnerships at regional and local levels.

5.3 Panel Discussion

The following organizations shared their experiences, thoughts and focus areas on operational partnerships for emergency response:

- **OCHA** emphasized on the need of readiness, partnerships and coordination for combined response
- **UNHCR**- Need of partners mapping and coordinated operational plan for equitable distribution of health services among refugees.
• **UNICEF**- Core commitment for partnership, developed multi-sectoral rosters and SOPs for deployment on ‘No-Regrets policy’ basis.

• **IOM**- Mapping of health partners and distribution of services for equity and equality. There is need to reach the most vulnerable even in remotest area for both country as well as SEA regional coordination.

• **UNISDR** highlighted on the health-centred aspects of Sendai Framework and implementation for health system resilience. It helps to provide a forum for coordination and planning with multi-sectoral stakeholders including civil society; ranging from risk mapping, risk reduction to mitigating impacts of disasters and emergencies.

• **MSF**- Its main focus and priority area is relating to people-in-need. MSF advocates and provides medical assistance to affected communities. Coordination is important and makes emergency response planning effective.

• **Thai Red Cross**: Training on first aid, public health and EWAR. Coordination with Red Cross in country and in neighboring countries and the SEA region.

• **US CDC**: Offers significant technical expertise and capacity development support.
6. Challenges of Coordination and Partnership

The key challenges encountered and shared by the partners during different discussions were:

1. There is often lack of joint coordinated platforms for joint rapid assessment and collective operational planning for emergency response.

2. There is often a disconnect between national level clusters, local and district level clusters.

3. There is lack of national and/or local level Standby Partners. At times of overload of different disease outbreaks, there may happens either scarcity of laboratory reagents and media or of skills required (problem of attrition). Such issues can be addressed through Standby Partnership with local partners.
4. EMTs with surgery teams that operate in mass casualty management or in the aftermath of disasters like earthquakes face challenges in transport of equipment and other surgical supplies.

5. Emergency response capacities are weak in certain areas in the region: chemical, radio-nuclear, point of entry (POE) for control of transmission of infectious diseases of international concern, risk communication and risk assessments.

6. There is still a divide between development and humanitarian actors that needs to be bridged for sustaining a continuum for resilient systems building.

7. There are often funding constraints for both readiness and emergency response. Partners need to come together to mobilize and pool resources.

8. High priority infectious diseases need to be mapped for the Region for adequate readiness, surge capacity and partnership opportunities.
7. Networking for Operational Partnerships

All the delegates were given random opportunity to network with health partners through the speed networking drill. The participants were asked to briefly introduce their organization to the other possible partner and express interest in areas of their expertise where they can extend support to strengthen emergency response.
8. Draft Regional Framework on Operational Partnership for Emergency Response

The draft ‘Regional Framework on Operational Partnerships for Emergency Response’ was introduced and explained to the health partners by Dr Arturo Pesigan. The landscape of existing partnerships and various operational partners active in emergency and humanitarian operations were discussed.

He further explained the key elements, conceptual design and schematic layout of the framework for better understanding, clarity and to stimulate discussion among the partners for more input. The presentation of the draft framework was intended to trigger consultative process before and during group work.

Schematic layout of the framework

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**Ministry of Health (MoH)**
- GOARN
- Emergency medical teams
- Global health cluster
- IASC
- WHO – CC
- Multi – Bilateral partners
- Regional networks
- Standby partners

**Partners**

**Key elements**
- Contingency Plan
- Develop & Expand Partnership
- Financial Sustainability
- Emergency Response Capacity
- Information Sharing
- Planning
- Health Partners Coordination
- Post-Disaster Needs Assessment
- Recovery/Exit Plan

**Implementation**

**Effective Response**

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**Operational Partnerships**

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World Health Organization
9. Group Work

The delegates were assigned to three groups according to the established partnership networks as detailed in the programme agenda and asked to share experiences, challenges, bottlenecks and solutions and way forward to address the issues of improving coordination mechanism and building partnerships.

**Group Work Part I** focused on improving the established mechanism of partnerships and came up with the following suggestions and recommendations specific to existing partnership networks:

**Group A: Global Health Cluster, MOHs, Multi-lateral and Bilateral development agencies**

- There should be clarity on coordination mandate from the start of the emergency response. National level policies and legislation should define accountability mechanism and engagement with cluster system
- Raise awareness about cluster approach in SEA countries. Health Cluster partnership need to be promoted and strengthened at country and regional levels including inter-ministerial coordination and communication mechanism
- Bringing in strong logistics partners makes a difference, e.g., in Sri Lanka partnership arrangement for air-lifting pregnant women to hospitals
- Positive contribution and potential of Civil-Military coordination should be tapped while respecting humanitarian principles
- Invest in capacity building for MOHs and partners to lead/co-lead clusters and coordination
  - Bring all partners together in simulation exercises
  - Mentoring, study visits, external evaluation specialists to document lessons learnt
- There is need of regional level coordination mechanism/model (e.g. Pacific Humanitarian Team) with clearly identified emergency focal points in the MOHs for health emergency response. A regional inter-agency platform for health coordination can be established.
- Apply latest information technology (smart phone-based technology) in development of alert system, training and knowledge banks and for improving logistics supply chain system (use of drones to deliver vaccines in Vanuatu). Private sector partners can be engaged in this area.
- Maintain list of longstanding partners, including establishment of LTAs (long term agreements) for UN agencies and other to ensure quick action
- Resource mobilization including raising emergency funds through engagements private sector partners on corporate social responsibilities
Group A: Global Health Cluster, MOHs, Multi-lateral and Bilateral development agencies

Group B: Emergency Medical Teams and MOHs

- Map EMTs in the SEA region
- Need to develop national level EMTs according to national standards, including referral systems
- National EMTs with identification of a focal point should be registered, reviewed and undergo accreditation and quality assurance process
- EMTs coordination mechanism should ensure establishment of a specialist cell in MOHs (e.g. highly dangerous emerging and re-emerging viral hemorrhagic pathogens, zoonotic diseases etc.)
- EMTs scope of work need to expand to managing blood donations and transfusion, dead bodies management, infection control in health facilities and hospital waste management
- Establish regional mechanism for simulations and joint mock-drills
Group C: GOARN, Standby Partners and WHO Collaborating Centres

- Partners mapping and registration of new interested partners on GOARN Knowledge Platform
- Mapping of the emergency management capacity in the SEA region should be done. Gaps areas should be identified and addressed
- RedR India is in standby agreement with UNICEF India. It has readily deployable database of inter-sectoral experts and is interested in WHO Standby partnership like RedR Australia
- There is need to build a roster of trainers at country and regional levels. For example, Thailand FETP collaborated with US CDC to build capacity and strength of master trainers for disease outbreaks control and management
- Standby partnership should be promoted and scaled up at country and regional level with the local partners
- Identify the needs for capacity building within GOARN, WHO CCs, existing and potential standby partners and strengthen the ‘surge capacity’
- There is need to establish and regularly maintain and update network/forum of operational partners that can also become a knowledge hub and opportunity platform for creating new partnerships. Leverage existing guidance documents (e.g. WHO Standby Partnership model, GOARN, EMT initiative and US CDC’s Global Health Security Agenda)
- Explore opportunities of collaboration with private sector under corporate social responsibilities
Group Work- Part II

Following the Group Work Part I on first day of the consultation workshop, all the delegates were randomly re-organized into the following three groups for simulating eventual availability of partners and not by choice in different phases of any emergency. The recommendations that emerged from these phase-specific consultative group discussions are as under:

**Group 1: Readiness**

- **Leadership and Planning**
  - Partners should help Member States in identifying stakeholders (Partners mapping), map inherent national capacities and get involved in contingency plan
  - Member States should establish pre-emergency partnership, coordination mechanism and conduct 4Ws analysis
  - Partners should actively participate in coordination meetings on preparedness/readiness planning

- **Information Management**
  - Member States should take lead on implementation of 4Ws, training needs and orientation on joint rapid assessment, tools on data collection and reporting mechanism
  - List of designated emergency focal points in the MOHs and from partner agencies should be kept updated and maintained

- **Health Operations and Technical Expertise**
  - Partners to support the MOH in review and improvement of technical guidelines at country level and design of context-specific risk communication strategy and communication materials

- **Operations Support and Logistics**
  - Identify local vendors and review qualification-based criteria for distributorship. Operational partners can provide technical expertise and support in streamlining these operational activities

- **Finance, Administration and Human Resources**
  - Member States should earmark emergency funds
  - Operational partners can provide assistance to MOH in submission of application to donors (e.g. access to CERF, SEARHEF and other possible funding sources)
  - Operational partners should also mobilize funds from donors and maintain a buffer fund as well.
Group 2: Emergency Response

- **Leadership and Planning**
  - Member States should include EMT and Rapid Response Team into their contingency plan
- **Information Management**
  - Member States to conduct 4Ws analysis, maintain and keep updated contact list of operational partners with support of WHO
  - Operational partners should assist Member States in improving data sharing, data management, analysis and reporting
- **Health Operations and Technical Expertise**
  - Health services delivery should be implemented under coordination lead of WHO with support from operational partners
  - Improve laboratory-based diagnostics and surveillance in the Region with technical support from operational partners
- **Operations Support and Logistics**
  - Operational partners can assist the Member States in establishment of inventories for medicines/vaccines, equipment and other emergency logistics
- **Finance, Administration and Human Resources**
  - The MOH should have and enforce SOPs on financial mechanisms
  - Operational partners should contribute involvement of its expert in stronger surge capacity for emergency response

Group 3: Early Recovery

- **Leadership and Planning**
  - The operational partners in recovery phase may be a bit different so the 4Ws should be updated
- **Information Management**
  - There should be clear recovery and exit plan
  - Partners can support the Member States in estimation of losses under the impact of disaster or emergency
- **Operations Support and Logistics**
  - Operational partners should share information on existing emergency stocks to complement the resources needed
- **Finance, Administration and Human Resources**
  - The accountability mechanism and framework should be clearly defined
10. Recommendations and Way Forward

The two days consultation deliberations were summarized into following key recommendations and way forward by the Regional Emergency Director, WHO SEARO:

1. The momentum for improving coordination and operational partnership through implementation of regional framework should be maintained and consolidated through advocacy and stewardship
2. Build, develop and expand partnerships based on comparative advantages and presence of partners during readiness, emergency and early recovery phases.
3. A regional platform or hub for strengthening network of operational partners should be developed through a web-portal for exchange of knowledge, raising awareness on existing operational partnership networks, lessons learnt, best practices and case studies
4. Build, develop and expand partnerships across different sectors for cross-sectoral one health concept and combined emergency response. Mapping of operational partners should be conducted across readiness, response and early recovery using 4Ws approach with WHO support.
5. National level policies and legislation should define accountability mechanism and engagement with cluster system and other networks for operational partnership. There should be a designated focal person for health emergencies in MOHs.
6. Strengthen GOARN capacities at institutional and SEA region levels with enhanced interaction with Health Cluster, EMTs and WHO Standby partners. This network can also act as an operational platform for research in emergencies as well as in between outbreaks
7. WHO should support and facilitate the Member States in the Region for development and establishment national level EMT, EMT-Coordination Cell and Reception and Departure Centre of international EMTs.
8. Immediately deployable standby rosters of experts need to be developed and strengthened at regional and country level through identification of potential partners and further capacity building
9. Promote ‘partner-to-partner’ investment or pooling of resources among partners through consortia approach. Regional and country level mechanism for pooling of resources among operational partners should be explored and implemented for strengthening readiness and emergency response
10. Explore opportunities of collaboration with private sector under corporate social responsibilities. Engagement of private sectors in areas of information technology-based innovation, tertiary level medical care, laboratory support and medical logistics supply should be explored and opportunities tapped.
Group of Operational Partners for Health Emergencies in the South-East Asia Region

Bangkok, Thailand
28-29 November 2017
# PROGRAMME AGENDA

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<th>Time</th>
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<tr>
<td>08:00-08:30</td>
<td>Registration</td>
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<td>08:30-09:15</td>
<td>Inaugural Session</td>
<td>Dr. Roderico Ofrin, Regional Emergency Director Dr. Poonam Khetrapal Singh, Regional Director /WHO SEARO</td>
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<td>Welcome</td>
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<td>Purpose and Objectives of the Workshop</td>
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<td>Opening Remarks</td>
<td>Dr. Poonam Khetrapal Singh, Regional Director /WHO SEARO</td>
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<td>Introduction of training facilitators and participants and administrative announcements</td>
<td>Dr Arturo Pesigan, Programme Area Manager Emergency Operations</td>
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<td>09:15-09:30</td>
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| 09:30-10:00 | Session 1: Context, approaches and opportunities for operational partnership | (Moderator: Dr Nilesh Buddh)  
WO Health Emergency Programme (WHE), Regional Health Risk Profile and Operational Partnerships Dr Roderico Ofrin |
| 10:00-11:15 | WHO Operational Partnerships                                             | Dr Linda Doull, Dr Flavio Salio, Dr Anthony Stewart, Ms Indu Gautam                          |
|           | - Global Health Cluster                                                 |                                                                                               |
|           | - Emergency Medical Team                                                 |                                                                                               |
|           | - GOARN                                                                 |                                                                                               |
|           | - Stand-by Partners and other partners                                   |                                                                                               |
|           | Discussion                                                              |                                                                                               |
| 11:15-12:30 | Panel Discussion on Health Operational Partnerships                     | (OCHA, UNHCR, UNICEF, IOM, UNISDR, US CDC, MSF, Thai Red Cross) Open Forum                  |
| 12:30-13:30 | Lunch Break                                                             |                                                                                               |
| 13:30-14:00 | Speed Networking                                                        | Dr Anil Bhola                                                                                  |
14:00-14:40  Introduction of draft Regional Framework on Operational Partnership for Emergency Response Discussion  
Dr Arturo Pesigan

**Session 2:**  
**Group Work - Part I**  
**Operational Partnerships and Networks**  
**Facilitators**

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<td>14:40-15:30</td>
<td>Objectives and Agenda for Group Work</td>
<td>Dr Nilesh Buddh</td>
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<td><strong>Group A:</strong> Global Health Cluster, Ministry of Health, multilateral and</td>
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<td>bilateral development partners</td>
<td>Dr Linda Doull</td>
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<td><strong>Group B:</strong> Emergency Medical Teams and Ministry of Health</td>
<td>Dr Arturo Pesigan</td>
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<td><strong>Group C:</strong> GOARN, standby partners, WHO CCs</td>
<td>Dr Nilesh Buddh</td>
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<td>Dr Flavio Salio</td>
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<td>Dr Anthony Stewart</td>
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<td>Ms Indu Gautam</td>
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**Day 2: Wednesday, 29 November 2017**

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<tr>
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<td>Recap of Day 1</td>
<td>Dr Arturo Pesigan</td>
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<td>08:45-10:00</td>
<td>Presentations from Group Discussions</td>
<td>Moderator: Dr Vason Pinyowiwat</td>
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<td>Dr Arturo Pesigan</td>
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<td>10:00-10:15</td>
<td>Introduction to and Objectives of Session 3</td>
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**Session 3:**  
**Group work - Part II**  
**Operational Partnership Principles and Approaches**  
(Moderator: Dr Arturo Pesigan)

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<tr>
<td>10:15-12:30</td>
<td><strong>Group 1:</strong> Readiness/Preparedness</td>
<td>Dr Vason Pinyowiwat</td>
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<td>Dr Linda Doull</td>
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<td><strong>Group 2:</strong> Acute Emergency Response</td>
<td>Dr Nilesh Buddh</td>
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<td>Dr Flavio Salio</td>
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<td><strong>Group 3:</strong> Early recovery</td>
<td>Dr Anil Bhola</td>
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<td>Ms Indu Gautam</td>
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<td>Time</td>
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<td>12:30-13:30</td>
<td>Lunch</td>
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<td>13:30-15:00</td>
<td>Session 4:</td>
<td>Recommendations (Moderator: Dr Arturo Pesigan)</td>
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<tr>
<td>13:30-15:00</td>
<td>13:30-15:00</td>
<td>Findings and Recommendations from Group Work Discussions</td>
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<td>15:00-15:30</td>
<td>15:00-15:30</td>
<td>Tea/Coffee</td>
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<td>15:30-16:30</td>
<td>Session 5:</td>
<td>Way forward</td>
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<td>15:30-16:30</td>
<td>15:30-16:30</td>
<td>Summary and Way Forward</td>
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<td>Closure</td>
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<td>Dr Roderico Ofrin</td>
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</tbody>
</table>
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