Planning Checklist for WCO Readiness

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World Health Organization

FOREWORD

The mission of the WHO Health Emergencies Programme (WHE) is to help countries, and to coordinate international action to prevent, prepare for, early detect, rapidly respond to, and successfully recover from outbreaks and emergencies.

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

While the effects of hazards and events on WHO operations cannot be fully predicted, understanding the risks and readiness to mitigate their impact and to respond can significantly save lives and preserve health and wellbeing.

This checklist aims to support all WCO in implementing the minimal operational requirements to be ready for emergencies from all hazards and to minimize the impact on the people. WCO readiness includes areas for which the WCO is directly accountable and those where WHO is mandated to support the Member States in emergency management.

This guidance has been developed in line with the WHO corporate risk management framework, the WHO business continuity and contingency plans, as well as the Inter-Agency Emergency Response Preparedness Framework. It is based on a common organizational approach and procedures for managing including emergency response across all hazards and at each level of the Organization. It relates WHO's responsibilities (1) under the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction 2015-2030, and other international treaties; (2) as the United Nations' lead agency for health and the health cluster; and (3) as a member of the United Nations or Humanitarian Country Teams.

Table of Contents

1. Introduction

Operational readiness is a broadly recognised concept within existing UN, WHO and Member State frameworks and mechanisms including the International Health Regulations (IHR), the Inter-Agency Standing Committee (IASC) and the Sendai Framework for Disaster Risk Reduction (SFDRR).

This checklist builds on the 2015 draft checklist for WCO and the *2017 Concept Note: WHE's* Approach to Operational Readiness *(1),* and specifies the elements that WHO Country Office must have in place to predictably and effectively perform WHO's critical functions (leadership, coordination, information and planning, health operations and technical expertise, logistic and operational support and management and administration) during an emergency response and to deliver on the time bound performance standards as outlined in WHO's Emergency Response Framework (ERF Version II) *(2).* It is also guided by the Minimum and Advanced Preparedness Actions issued by the Inter-Agency Standing Committee (IASC) to ensure the readiness of United Nations agencies to respond to emergencies, as per the Transformative Agenda *(3).*

Operational readiness is defined as the outcome of planning, allocation of resources, exercising and organising, to build, sustain and improve operational response capabilities based on risk assessment.

For WHO, readiness also encompasses WHO's responsibilities as a United Nations organization, as a member of a United Nations country team (or humanitarian country team), as the Health Cluster lead agency and under the International Health Regulations (2005) *(4).*

1.1. Purpose and outcome

The purpose of this checklist is to help the WHO Country Office to identify and regularly monitor its status of readiness and take action to strengthen readiness. The implementation of the *readiness*, including the development and maintenance of up-to-date risk assessments, contingency plans (CP) for specific risk scenarios and business continuity plan (BCP) is a minimum requirement of every WCO. As each WCO and its risk context are different, advanced/additional readiness is mandatory for countries with raised risk levels.

The application of this checklist will ensure WCO readiness requirements and that Heads of WHO Offices are able to fulfil their responsibilities, and that the accountability and responsibilities for implementing readiness actions are met.

1.2. Approach to planning for Readiness

In planning for readiness, the WCO needs to follow a systematic approach to ensure that critical risks are identified, plans put in place and action taken to strengthen readiness. The WCO readiness action of each WCO should be developed in relation to the countries' risk profile and to the respective roles and functions of the WCO in the country.

The following diagram identifies the main aspects of planning for readiness:

Risk assessments with respect to the country and the WCO hazards and exposures

Implementation of the action plan

Monitoring, testing (exercising), review and update

Capacity assessment with respect to the country

Development of action plan based on outcome of Readiness checklist

Analysis of the capacities of the WCO

Analysis of the core functions of the WCO
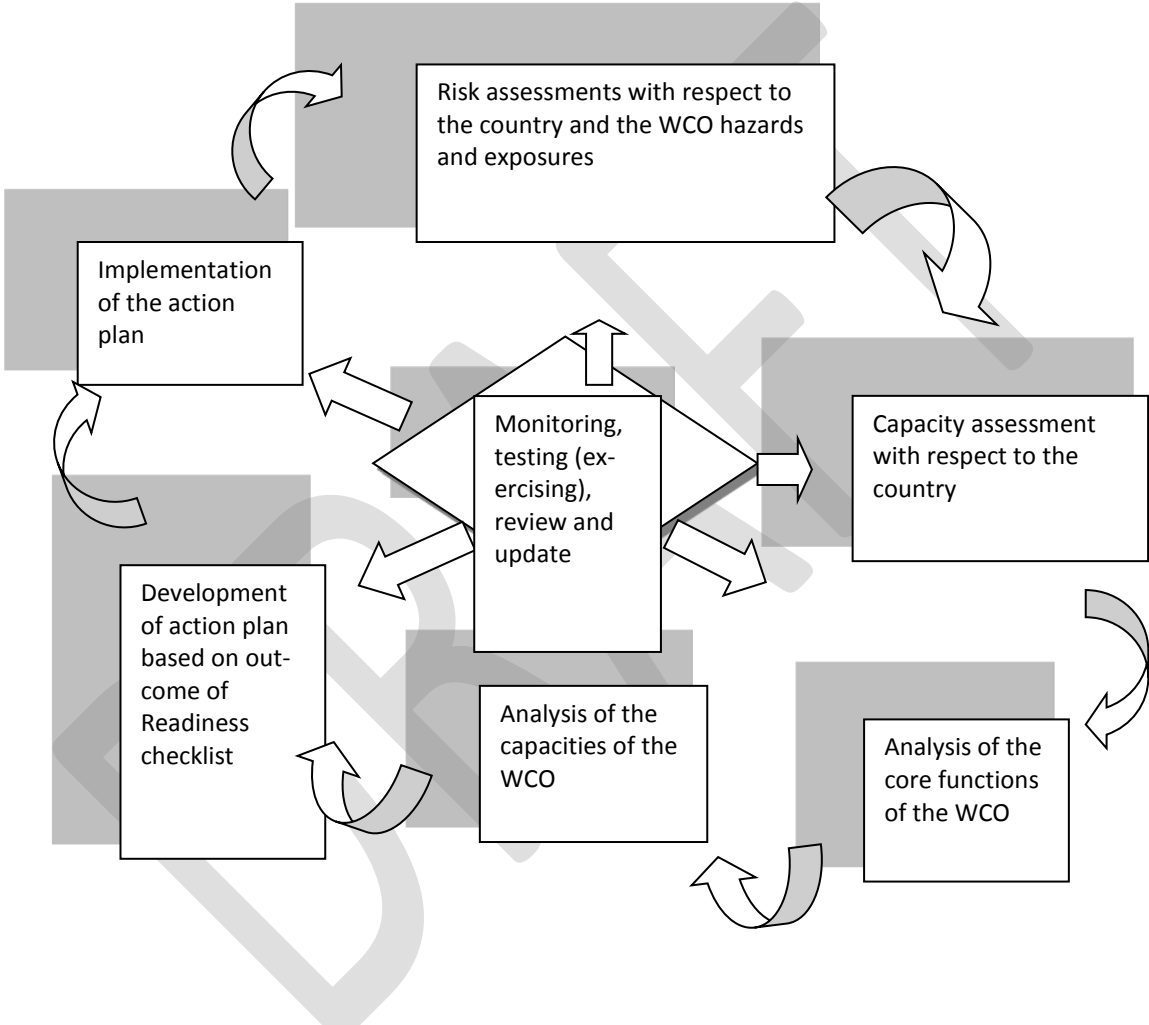
In addition to the ERF critical functions, *readiness* touches various crosscutting managerial functions such as coordination, priority setting and planning, and knowledge management within the WCO in order to support the Member State and health partners during an emergency.

While the Member States' readiness for emergency management is **not** the direct scope of this checklist, it may be enhanced as consequence of the WCO's increased focus on strengthening the responsiveness in an emergency.

2. Readiness checklist

2.1. Structure of the checklist

The checklist is subdivided into four sections, each with key components and some explanatory texts:

1. Risk assessment and risk monitoring
2. Contingency planning and mitigation
3. Readiness for response
4. Readiness for recovery

To indicate crucial issues relevant to the key components, several key questions are proposed and referenced, where necessary, to WHO internal and/or public documents. Some of those documents are (as of July 2017) only available in draft versions from the referenced WHO staff, but will later be available on the WHO/WHE website.

Questions are formulated so that yes-no responses suffice, whereby each negative response indicates that action in this area should be prioritised. Not all requirements mentioned in the key questions are the sole responsibility of the WCO; supporting, enhancing, advocating for specific actions of partners may constitute the only required action for the WCO. But most questions refer to the direct responsibilities of the WCO.

The responses to particular questions may draw upon WHO's roles in the implementation of other programmes or frameworks, such as the International Health Regulations (IHR) or Communicable Disease Control or Emergency Risk Management.

Mandatory minimal
The questions highlighted in blue are applicable to all WCO irrespective of the risk level.
Mandatory advanced/additional
The questions highlighted in orange are applicable to all WCO with increased risk due to recurrent and/or highly probable hazards.

The outcome of the checklist review is a list of prioritised areas that needs to be translated into an action plan for strengthening readiness, where the responsibilities for implementation and any support from WHO RO/HQ are identified and submitted for approval.

The checklist and its results remain a WCO internal monitoring document. It should be reviewed annually or when triggers (identified through the Strategic Tool for Assessing Risk) indicate an imminent emergency, and regularly tested, especially after revisions.

2.1. Recommendations for using the checklist

The first step of readiness is the designation of a *readiness focal person* in the WCO, who takes the lead of the assessment, and the persons who will provide inputs for each of WHO's critical functions: leadership, coordination, information and planning, health operations and technical expertise, logistic and operational support and management and administration.

Before starting with the assessment, it is of utmost importance that all relevant staff are familiar with the topics and underlying principles of the emergency response framework. Necessary background information, as well as references for further reading are listed in the Annex. The WHO Open Online Courses also offer a variety of relevant courses, free of charge and self-paced *(6).*

The format of the assessment may be a one-day WCO retreat workshop, an initial dissemination of the questionnaire to the appointed staff followed by a joint workshop to discuss results and develop the action plan. The action plan should have the format of a standard log-frame indicating the time frame, responsibilities, actions, and costs and presented to the Head of the WCO for approval and submission to the WHO RO.

To monitor the implementation of the action plan, the assessment should be conducted periodically or at least once a year.

3. WCO readiness checklist

3.1 Risk assessment and risk monitoring

Key component: **Multi-hazard strategic risk assessment (SRA) and rapid risk assessments (RRA)**

Text: A SRA identifies the hazards threatening the population in a country or area, analyses the exposures and vulnerabilities to those hazards, analyses the capacities available to manage these risks and ultimately analyses the risks, associated with these hazards. Risk identification and analysis is the basis of operational readiness since it provides a common understanding and a prioritization of the risks for which actions are necessary.

Rapid risk assessments are conducted as soon as a health event occurs; WCO should be a participant, identify and follow up on actions to be taken by WHO, and report immediately to the Regional Office.

	Key questions	yes	Remedial action
1	Is the most recent national health strategic risk assessment available to the WCO?		
2	If there is no national SRA, is there a risk assessment conducted by health sector partners or WCO? *(7)*		
3	Are mechanisms for rapid (event) risk/needs assessments with the MoH, health sector partners and /or other sectors (i.e., MIRA or MoUs) in place? *(8) (9)*		

Key component: **Health data for risk assessments**

Text: Core national and subnational data from health and non-health sources at national and international levels are the basis for context specific risk assessments. The WCO should be able to provide the most recent data on populations, vulnerabilities and capacities in hazard prone areas.

		Key questions	yes	Remedial action
1		Are baseline data on hazards to health, their impact on the functioning of the health system, health status and population trends available in the WCO and regularly updated?		
2		Are disaggregated public health data (national, subnational, local, gender, vulnerable population) available/ easily accessible within 24h in the WCO?		
3		Are assessments of health system capacities (Vulnerability and Risk Analysis & Mapping (VRAM) (10), International Health Regulations/Joint External Evaluation (IHR/JEE) (11), health systems assessment (12), hospital safety assessments (13), Health Resources Availability Mapping System (HeRAMS) (14), country health emergency and disaster management assessments, etc.) available/ easily accessible within 24h in the WCO?		
4		Are reports on human resource capacities in health and related technical disciplines/domains at community, sub-national and national levels (MCH, CD, NCD, MCM, Nutrition, Trauma care, WASH) available/easily accessible in the WCO?		

Key component: **Risk Monitoring**

Text: Monitoring early warning signs of imminent disasters can reduce the disasters impact as well as emergency response cost. At the same time, it can fasten the transition to immediate response initiatives foreseen in contingency planning and subsequent emergency response.

		Key questions	yes	Remedial action
1		Is there a surveillance system in place which collects data on priority diseases weekly to which the WCO has access?		
2		Does the WCO have access to information on the monitoring and investigation mechanisms of the surveillance, alert and early warning system for priority diseases?		
3		Does the WCO have access to information on the monitoring and early warning for priority hazardous events that pose risks to public health?		
4		Does the WCO have access to information on, or participate in, the investigation and monitoring of		

	the surveillance, alert and early warning system for priority hazards, including for priority diseases, syndromes, clusters of unexplained deaths or illnesses, and other events representing a priority risks to public health?		
5	Does the WCO monitor, analyse and report the defined set of indicators of the priority hazards at adequate intervals?		
6	Are triggers for scaling-up (initiating a risk/need assessment, field investigation or response) defined and documented?		
7	Is there a risk monitoring to detect changes in risk over time (such as new areas of risk, increase or decrease in risk)?		

3.2 Multi-hazard response plans, contingency plans and mitigation measures

Key component: **Contingency plans (CPs)**

Text: WHO and MoH need to ensure that the national multi-hazard response plan and health sector CPs for some specific issues are available for all major health threats. The multi-hazard response plan, as well as each CP should clearly define the roles, responsibilities, planned actions and support that each partner anticipates providing in case of an emergency. As part of this process WHO needs to perform an independent analysis of comprehensiveness and quality. Eventual gaps, if any, left by government/partners need to be addressed. Finally, WHO should develop its own set of time-bound actions to accomplish in preparedness and response to these threats.

	Key questions	yes	Remedial action
1	Has the WCO ensured that a national multi-hazard response plan is available and that health is significantly represented? *(16)*		
2	Are scenario-specific annexes (such as CPs) to the main multi-hazard response plan developed and endorsed by the MoH and other health partners?		
3	Has WCO developed its own contingency plan to ensure the effective contribution to and participa-		

	tion in the health sector/multi-sectoral CPs? *(17)*		
4	Are the CPs regularly tested through exercises? *(19)*		
5	Are the CPs regularly updated and adapted based on the evolving risk and environment?		
6	Has the WCO considered the scope and objectives of the 'After Action Review', so that lessons learnt can be included in the next CP? *(18)*		

Key component: **Mitigation measures: prevention and control**

Text: Effective mitigation measures that increase the resilience of the population need to be identified and supported by the WCO. These measures should build on existing programmes and activities aimed at strengthening country capacities for health emergency risk management, including the implementation of the IHR (2005), and at building the resilience of health systems.

	Key questions	yes	Remedial action
1	Has the WCO agreed with MOH and other partners on the specific prevention measures to be implemented for each priority risk (such as vaccination, vector control, waste management, trauma care, etc.)?		
2	Has the WCO reviewed that the status of implementing risk mitigation measures in the health sector (IHR, trauma care, etc)? *(11)*		
3	Has the WCO/CP identified which risk mitigation measures will need to be implemented immediately or scaled up?		
4	Have additional resources/support to ensure implementation of the risk mitigation measures been identified and mobilised for this purpose? *(20)*		

Key component: **Mitigation measures: risk communication and community engagement**

Text: Communication is a necessary component of any effort to achieve positive health outcomes. Through accurate health information in a way that encourages audiences to act and follow advice and guidance, safety and health can be protected.

	Key questions	yes	Remedial action
1	Does the WCO have a risk communication plan/strategy for the main hazards?		
2	Have the WCO, MoH and partners agreed to key communication strategies and interventions for priority hazards (also as part of their contingency planning) during emergencies?		
3	Is the WCO relevant staff aware of the procedures and are they able to produce and disseminate Public Health messages to the public in support of the MoH? *(21) (22)*		
4	Is stand-by material on priority risks available in the WCO to send out to partners, stakeholders (including the media)?		

3.3 Readiness for performing WHO critical functions for emergency

WHO's critical functions for emergency response include: Leadership; Partner coordination; Information and planning; Health operations and technical expertise; Operations support and logistics; and Finance and administration.

The key questions in the following tables relate to the sub-functions: *Staff health and well-being; EOC; communications/external relations; health- and intersectoral coordination; health service delivery and training of health staff; technical expertise; supply chain, field support, health logistics; finance and administration; human resources and surge.* The chapters on risk assessment and mitigation include key questions related to *information and planning*.

3.3.1 Staff health, wellbeing and security

Key component: **All eligible personnel**

Text: This component tracks security issues and takes concrete measures to ensure the safety and well-being (both physical and mental) of all personnel and visitors in the WCO. It ensures that reasonable occupational health measures are in place and that all WHO staff have ready access to medical care, medical evacuation, mental health and psychosocial services and counselling, and that additionally all WHO staff engaged in the response have access to further preventive measures, if required.

	Key questions	yes	Remedial action
1	Have all staff participated in a simulation exercise/drill that addresses staff security and well-being in the last 24 months? (5)		
2	Does the WCO have procedures in place to ensure that, in the event of an emergency, adequate provisions are in place to provide care and support to all eligible personnel?		
3	Are systems in place to ensure that all staff, their dependents and visitors are updated on the UN and WCO safety and security requirements when the risks change or a security situation develops?		
4	Have staff and consultants received preventive measures (vaccinations, bed-nets, medication, first-aid and deployment kits) in line with the priority hazards that allow them to work during an emergency?		
5	Have staff and visitors been instructed on provisions required for potential 72 h self-sufficiency?		

Key component: **Premises and assets**

Text: WHO programmes and operations are implemented in accordance with UN and WHO security policies, protocols and context-specific guidance. Logistics management support should be in place for the potential surge of an Incident Management Team (IMT).

	Key questions	yes	Remedial action
1	Have the office and relocation buildings been assessed as structurally and non-structurally safe in relation to the commonest hazards and measure taken to enhance structural and functional safety?		
2	Are premises (including safe relocation sites) and assets for the potential IMT, such as communication, IT and transport equipment regularly reviewed and replaced, if required?		
3	Is a list of safe alternate accommodation for staff members, visitors and their dependents available?		

3.3.2 EOC

Key component: **National EOC functionality**
Text: In ideal situations, the Incident Management Teams work out of an established or adapted national Public Health Emergency Operations Centre (PHEOC), which is a central facility for coordination of health emergency operations. Depending on the operational context, including the Ministry of Health's capacity to lead and coordinate the response, a sizeable proportion of the WHO IMT may work out of the government multi-sectoral national Emergency Operations Centre.

	Key questions	yes	Remedial action
1	Are WHO's roles, functions and collaboration procedures with the national PHEOC/relevant entity defined, agreed and documented with the MoH?		
2	In the absence of a national PHEOC, has the WCO identified a location from where the national health sector response operations can be coordinated (i.e., WHO premises, national disaster management authority/line ministry)?		
3	Is there a secondary site for an EOC in the event that the primary site is non-functional?		
4	Has the WCO ensured that core components of a (at least Type A) sub-national PHEOC are available in high-risk areas? *(23)*		

Key component: **WCO EOC functionality and Incident Management System**
Text: The WCO needs to provide a specific area within the country office that could be repurposed as an EOC from where the WHO IMS team can operate when there is no such capacity in the MoH. This EOC should be fully functional, independently of the WCO.

	Key questions	yes	Remedial action
1	Are WCO critical operations and functions identified that need to be maintained during an emergency (see WCO business continuity plan)?		
2	Has an emergency operation room in the WCO been identified that can be utilised and equipped to function independently (equipment, communications, transport) as an EOC during an emergency? (*23)*		
3	Are regular exercises conducted in the WCO to test the BCP, the EOC functionality, and the IMS?		
4	Have relevant staff members been briefed and trained on their (additional or repurposed) roles and responsibilities during an emergency as per the IMS?		

3.3.3. Communication/External relations

Key component: **WCO communication capacity**
Text: The WCO is responsible for the coordination of WHO's response to media and public queries for information, and the development and dissemination of both internal and external communication products during an emergency until the IMS team takes over.

	Key questions	yes	Remedial action
1	Are visibility items (flags, posters, jackets, stickers, etc.) in stock?		
2	Is the WCO webpage updated and providing information on potential risks being managed and monitored (within the sensitivities of the context) annually or after each new risk assessment?		
3	Is the contact information list of communication officers of other key stakeholders in emergency management (government, donors, UN partners, NGO, Civil Society Organisation (CSO) and the national and international media updated?		
4	Is there a prequalified photographer available to provide photos already at the beginning of an		

			yes	
	emergency event?			
5	Does the WCO have an accelerated clearance process (i.e., alternate signatory to the Head of Office) for all information disseminated from the WCO during an emergency and has it been tested? *(24) (22)*			

3.3.4 Health and intersectoral coordination

Key component: **Health sector coordination**
Text: Health partner coordination ensures that collective action results in appropriate coverage and quality of essential health services for the affected population, especially the most vulnerable. Ideally, the health sector coordination mechanism is established and managed by the Ministry of Health, with technical and operational support from WHO.

	Key questions	yes	Remedial action
1	Does the WCO have an updated list of all coordination partners in health, including state and non-state actors?		
2	Are health sector coordination arrangements established with the MoH during an emergency?		
3	Is a capacity mapping (3W/4W) of all health partners available in the WCO?		

Key component: **Intersectoral coordination**
Text: The inter- sectoral coordination mechanism depends on the context and is normally under the aegis of a national entity, the UN Country Team (UNCT) or the cluster mechanism, but the purposes of coordination are similar: to engage stakeholders in risk assessments and needs assessments, planning, information management and sharing, service delivery, monitoring and quality assurance, and advocacy.

	Key questions	yes	Remedial action
1	Has the WCO established effective coordination with UN agencies and other national and sub-national actors with responsibilities for health-related issues, such as nutrition, water and sanitation services, veterinary services, etc.?		
2	Are the national inter-sectoral coordination mechanisms for emergencies established and do they include the health sector?		
3	Does the WCO participate effectively in the intersectoral coordination committees (such as the MoH, UNCT, etc.) related to emergency and disaster risk management, including emergency preparedness and response?		
4	Has the WCO have an updated list of prioritised non-health sector partners and stakeholders, their contact details and roles in an emergency?		
5	Are the relevant staff members familiar with the development of an early flash appeal, CERF, and/or a humanitarian response plan? *(14)*		

3.3.5 Health service delivery

Key component: **Health service delivery**

Text: WHO works with the Ministry of Health (MoH) and partners to ensure optimal coverage and quality of health services in response to emergencies. It does this by promoting the implementation of the most effective, context-specific public health interventions and clinical services by operational partners and the MoH.

	Key questions	yes	Remedial action
1	Has the WCO identified gaps in the provision of health services (e.g., isolation facilities, decontamination units, mass casualty management, trauma care, mental health, sexual and reproductive health, etc.) required in response to specific risks as a basis for WCO response planning to fill the gaps? *(25) (26) (27) (28)*		

	Key questions	yes	Remedial action
2	Do WCO plans exist for supporting the continuous delivery of essential health services for the population in risk prone areas?		
3	Has the WCO ensured together with the MoH and other health partners the availability of temporary health facilities in/for risk prone areas?		
4	Have health supplies (international emergency health kits, Noncommunicable disease health kits, delivery kits, hygiene kits, trauma kits, PPE, medical equipment, etc.) in sufficient numbers been pre-positioned by the WCO or partners to cover the foreseen needs of the affected population?		

Key component: **Human resource capacity development**

Text: WHO supports the capacity development of health staff, including local and international personnel. This training is often related to information management (e.g., risk assessments, HeRAMS), risk communication, disease surveillance, disease prevention and control, and various aspects of clinical care.

	Key questions	yes	Remedial action
1	Has the WCO identified together with the MoH and other health partners gaps in the national human resources capacity in the health sector for preparedness and response to emergencies and initiated relevant training? *(29) (30) (31) (32) (33) (34)*		
2	Does capacity building of first responders, emergency medical teams, and search and rescue teams include preparedness and response to outbreaks of disease and other identified health risks, and is personal protection sufficiently available?		
3	Does capacity building address mental health management for responders?		
4	Has the WCO together with the MoH and other health partners ensured that emergency medical and rapid response teams at national and sub-national levels are qualified and sufficient in numbers?		
5	Does human resource capacity exist for the immediate assessment of damage to the structural and non-structural safety and functionality of health facilities?		
6	Does human resource capacity exist for identification of the mental health and psychosocial needs of high-risk groups and providing them with appropriate support? *(27)*		

3.3.6 Technical expertise

Key component: **Guidelines and SOPs**

Text: Health operations should be informed by the best available technical expertise and guidance, and adhere to recognized standards and best practices. WHO often provides this technical expertise directly to the Ministry of Health and partners, or leverages expert networks and partnerships (e.g., through GOARN), to do so.

	Key questions	yes	Remedial action
1	Are the national guidelines on infection control measures (including waste management and disposal of medical waste) based on risk assessment and existing WHO guidelines? *(30) (32) (33) (35) (36) (37)*		
2	Are updated technical guidelines to respond to the foreseen direct and indirect health risks and impacts (trauma, MCM, VBD, malnutrition, outbreaks of vaccine preventable diseases, Mental health and psychosocial support (MHPSS), etc.) available in the WCO for dissemination? *(26) (27) (29) (32) (38) (39)*		

Key component: **Access to technical expertise**

Text: Strong technical input is required for all aspects of the operations – including initial risk and needs assessment, priority setting, planning, information management, health operations and health logistics.

	Key questions	yes	Remedial action
1	Does the WCO have access to a contact list for national / international experts on topics related to the identified risks (chemical, biological, radiological, nuclear, Ebola, Cholera, Zika, etc.)?		
2	Does the WCO have access to a contact list for national / international experts on information management, health operations, administration and logistics management?		

	Key questions		
3	Are coordination lines between WCO technical officers and MoH/PH institution technical counterparts for essential services during an emergency (International Health Regulations, public health, reproductive health, mental health and psychosocial support, etc.) established?		
4	Do mechanisms (SOPs, medical registration protocols, etc.) for requesting and receiving international experts, rapid response teams and emergency medical teams (EMTs) exist, including procedures for the expedited entry of foreign health workers?		

3.3.7 Operations support and logistics

Key component: **Logistics organisation and field support**

Text: This function ensures that WHO staff – and, where agreed, operational partners through GOARN, the Health Cluster and EMTs – have a reliable operational platform to deliver effectively during an emergency.

The field support provides logistics strategy and management to the WCO and the response teams. These include secure and comfortable accommodation, functional and secure working spaces and equipment, communications capabilities, safe staff transport and effective fleet management.

	Key questions	yes	Remedial action
1	Is there a WCO Operations Support and Logistics and Procurement plan based on the identification of priority health risks? *(40)*		
2	Are core logistics services for the potential IMS team (office and asset management, information & communication management, energy, transportation, safety and security) available and supported by a (possibly repurposed) logistics focal person?		
3	Are MOUs/agreements with the Government, WFP, UNICEF, and the national Red Cross/Red Crescent Societies for logistics support (such as warehouse space, trucks, import-export expertise, etc.) available?		
4	Are SOPs regarding donations of health or medical items developed, validated and ready to share		

	with partners in case of emergency? *(22)*		

Key component: **Supply chain management and health logistics**

Text: The supply chain management of the WCO ensures an end-to-end, timely and efficient provision of consumables and equipment to support the emergency operations. This includes selection, forecasting, procurement, transportation, customs clearance, storage and distribution of these material assets.

Health logistics focuses on technical expertise, tools, methods and means to be provided by the WCO to meet the specific logistical needs of medical facilities, cold chain management, laboratories and blood banks, based on the gaps identified during the risk analysis and contingency planning.

	Key questions	yes	Remedial action
1	Are mechanisms for a supply chain assessment (port/airport/transport/roads) in place? *(40)*		
2	Are local and international suppliers assessed for delivery capacity and time of standard essential items for emergency response, including main drugs, IV, and lab supplies?		
3	Are procedures for expediting importation and customs clearance of medical goods in case of emergency established and ready to be implemented?		
4	Are procedures for importation and use of vaccines in emergency situations established, including for new vaccines non-licensed yet for use in the country?		

3.3.8 Finance and administration

Key component: **Resource mobilisation**

Text: Finance, management and administrative readiness enable the smooth functioning of the WHO response. It ensures the availability of immediate funds in an emergency and allows for funding of risk assessments and detailed field investigations.

	Key questions	yes	Remedial action
1	Does the WCO regularly inform donors and potential donors on actions taken to mitigate risks, prepare for an emergency and on the required support? *(22)*		
2	Did the WCO identify budget lines that can easily be reprogrammed to cover emergency activities?		
3	Did the WCO engage donors in discussions about the feasibility of reprioritising or redirecting funding?		
4	Are mechanisms to request and obtain emergency funds and emergency cash in place? *(20) (22)*		
5	Are relevant staff aware of the protocols and mechanisms for requesting resources from CERF, Contingency Fund for Emergencies (CFE) and/or regional funds? *(20) (21)*		
6	Has the administrative staff member identified as critical during a potential emergency, been trained on the grants management funding (in OCR) and implementation tracking system for it? *(20)*		
7	Are the WHE SOPs for emergency funding for field investigation and risk assessment readily available? *(15)*		

3.3.9 Human resources, WCO IMS and WHO surge teams

Key consideration: **Repurposing of WCO staff**

Text: In an emergency, the WCO needs to establish an initial IMS to cover the six critical functions. This will be done initially through repurposing of country office staff. Repurposing may require several WCO staff to cover two positions, such as administrative and logistics functions, or communication and public health, etc. The WCO will have identified critical functions (see BCP development) and the time that the staff member of this critical function may allocate in addition to a repurposed function.

	Key questions	yes	Remedial action
1	Are the WCO staff capacities sufficient for selected critical functions (repurposing)?		
2	Does the readiness focal person monitor the implementation of the readiness action plan and re-		

	ports quarterly to the Head of Office on progress?		
3	Have all staff members that are considered critical in an emergency operation been trained on the emergency SOPs and participated in their repurposing function in simulation exercises/drills of the CPs, BCPs and the critical functions of the incident management system?		
4	Are relevant staff members annually trained in their additional (repurposing)/critical functions? *(6)*		
5	Do staff have the relevant security clearances?		

Key consideration: **Surge staff**

Text: The WCO needs to be ready to support human resource needs of surge staff including sourcing, entry formalities, briefing and training, on-site operational and administrative support, de-briefing and performance evaluations. Also, the WCO tracks and reports on human resource requirements against plans, status of filled positions/vacancies, and projected needs.

	Key questions	yes	Remedial action
1	Are procedures in place in coordination with WHO Regional Office and HQ to request assistance from the WRO operational (logistics, grants management, communication) and technical experts for mass casualty management, integrated vector surveillance and control management, mass vaccination campaigns, etc.? *(41)*		
2	Are fast-track procedures for recruitment of local staff in place?		
3	Is a briefing package for WHO surge teams available and periodically updated?		
4	Are procedures in place with the national authorities for fast-track visa and customs clearance for the WHO surge team members?		

3.4 Readiness for recovery

Key consideration: **'Building back better'**

Text: The WCO should ensure efficient and effective health and rehabilitation services during recovery through strengthening the health system before a disaster strikes. Pre-disaster planning should include recovery planning which represents much more than a return to the pre-event state. While recovery and mitigation actions may seem in many instances overlapping, recovery needs to be included as part of a continuum, inseparable from preparedness, response, mitigation, and sustainable development. Moreover, recovery must be approached in a cyclical nature wherein actions to strengthen resilience are taken both before and after disasters occur. Accordingly, the "build back better" (BBB) approach advocates for the restoration of communities and assets in a manner that makes them less vulnerable to disasters and strengthens their resilience.

	Key questions	yes	Remedial action
1	Are there any government or health sector recovery plans that have been developed for major risks?		
2	Is there a process for the development of recovery plans and has a role been identified for WHO?		
3	Is a process for recovery needs assessment established, including resources, planning, training, and engagement with key stakeholders? *(42) (43)*		
4	Are the relevant staff members aware of the "Building Back Better' approaches that need to be integrated into the recovery plan? *(44)*		

4. Annex

References

No	Name	Issue/Year	Website
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5. List of Acronyms

BBB	Building Back Better
BCP	Business Continuity Plan
CD	Communicable Disease
CERF	Central Emergency Response Fund
CP	Contingency Plan
CSO	Civil Society Organization
EMT	Emergency Medical Team
EOC	Emergency Operations Centre
ERF	Emergency Response Framework
GOARN	Global Outbreak Alert and Response Network
HeRAMS	Health Resource Availability Mapping System
IASC	Inter-Agency Standing Committee
IHR	International Health Regulations (2005)
IMS	Incident Management System
IMT	Incident Management Team
IV	Intravenous
JEE	Joint External Evaluation
MCH	Maternal and Child Health
MCM	Mass Casualty Management
MHPSS	Mental Health and Psychosocial Support
MoH	Ministry of Health
MoU	Memorandum of Understanding
NCD	Noncommunicable Disease
NGO	Non-Government Organization
PHEOC	Public Health Emergency Operations Centre
PPE	Personal Protective Equipment
RRA	Rapid Risk Assessment

SFDRR	Sendai Framework for Disaster Risk Reduction
SOPs	Standard Operating Procedures
SRA	Strategic Risk Assessment
STAR	Strategic Tool for Assessing Risk
UN	United Nations
UNICEF	UN Children's Fund
UNCT	UN Country Team
VBD	Vector-Borne Diseases
VRAM	Vulnerability and Risk Analysis and Mapping
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHE	WHO Health Emergencies Programme
WHO	World Health Organization
WHO HQ	WHO Headquarters
WCO	WHO Country Office
WRO	WHO Regional Office