Emergency Response Framework (ERF 2.1)

WHO Health Emergencies Programme
Overview

• Background
• Detection, Verification, Rapid Risk Assessment (RRA)
• Reporting
• Response and coordination
  • Grading
  • IMS
• Challenges

ERF 2.1 https://www.who.int/publications/i/item/9789240058064
Background
Increasing trends and burden of all-hazard acute emergencies

Trends of acute public health events, 2003–2022

PHEIC/emerging and re-emerging infectious disease threats

Sources:
WHO PHI 2022 annual report EM-DAT, CRED / Our World in data, WHO EMS PHEIC/ emerging and re-emerging infectious disease threats

Trends of acute public health events, 2003–2022

<table>
<thead>
<tr>
<th>Year</th>
<th>Acute Public Health Events</th>
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<tbody>
<tr>
<td>2003</td>
<td>200</td>
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<tr>
<td>2004</td>
<td>250</td>
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<td>2005</td>
<td>300</td>
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<td>2018</td>
<td>950</td>
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<td>2019</td>
<td>1000</td>
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<td>2020</td>
<td>1050</td>
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<tr>
<td>2021</td>
<td>1100</td>
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<td>2022</td>
<td>1150</td>
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</table>

Hazard types: Other, Product, Food safety, Disaster, Chemical, Animal/Zoonosis, Infectious

PHEIC/emerging and re-emerging infectious disease threats

- H1N1, April 25
- EBOLA, West Africa, August 8
- COVID-19, January 30
- POLIO, May 5
- ZIKA, February 1
- EBOLA, RDC, July 17
- MPXK, July 23
WHO’s Role in Emergencies

- **Natural disaster** (IASC/OCHA Lead)
- **Conflict** (IASC/OCHA Lead)
- **Infectious outbreaks** (WHO lead role)
- **Chemical** (Specialized mechanisms)

When national capacities are overwhelmed, WHO will lead and coordinate the international health response.
WHO’s Emergency Response Framework

The Emergency Response Framework (ERF) is internal WHO guidance on how WHO manages the risk assessment, grading and operational response to public health events, in support of Member States and affected communities. Includes performance standards and indicators.

Focuses primarily on scaling up and managing response activities for acute events and emergencies.

Adopts an all-hazards approach

Complemented by WHO’s Emergency Standard Operating Procedures, and consistent with interagency emergency protocols and commitments, and IHR (2005).

ERF 2.1 https://www.who.int/publications/i/item/9789240058064
The ERF covers Detection → Response

**Detection**
- Event-based surveillance
- Indicator-based surveillance
- Internal communication with partners

**Verification**
- Collaborative process with Regional Offices, country Offices, Technical Teams, Ministries of Health and Trusted Partners

**Risk Assessment**
- Analysis and interpretation of data and contextual information
- Assess the level of risk and provide recommendations

**Reporting**
- Products
  - EMS (WHO internal)
  - EIS (select external)
  - Disease
  - Outbreak News (DON)
- Audience
  - WHO Senior Leadership
  - Trusted partners
  - General public

**Action/Response**
Collaborative process conducted by:
- Ministries of Health
- WHO Country Offices
- Field Teams
- Other partners
Detection, Verification and Risk Assessment
Detection

- Indicator Based Surveillance data
- IHR Event notifications
  - At the national level to assess all reports of urgent events within 48 hours (Annex 1)
  - Notification within 24 hours of assessment of public health information of all events which may constitute a PHEIC, through the national IHR Focal Point (Art. 6)
- WHO Regional and Country Office communications
- Partner communications
- Joint FAO–WHO-WOAH Global Early Warning System for health threats and emerging risks at the human–animal–ecosystems interface (GLEWS+)
- Epidemic intelligence from Open Sources (EIOS)
Verification

- Multistep process
- Key contributors
  - Ministries of Health
  - WHO Regional & Country Offices
  - Technical Experts
  - Partners / Field Teams
  - GLEWS+
- Key questions
  - Hazard
  - Time, Place, Person
  - Laboratory testing
  - Case definitions

In 2022, 67% of responses to verification requests were received in 24-48hrs.
WHO’s Rapid Risk Assessment

- **WHO internal process**
  - Involves all 3 level of WHO (HQ, RO, CO) and WHO technical teams
  - Potential consultation of external expert
  - Formalize WHO’s assessment of risks

- Reflect WHO’s independent assessment including country’s capacities /vulnerabilities to control outbreak/event

- Highlights urgent actions required including
  - **Activation of Emergency Response Framework mechanisms**
  - **Recommend setting up a grading discussion**
  - **Refers event for review of IHR EC for consideration as a PHEIC**

- **Dissemination**
  - Should be shared with Member State when finalized
  - Shared with GLEWS+ if zoonotic event
  - Very high overall risk shared with UN General Secretariat
WHO’s Workforce/Network and monthly output

- ~2000 WHE staff
- GOARN (310+ members)
- GHC (900+ partners)
- Global Network of Technical Experts
- WHO Collaborating centres (800 institutions)

Monthly PHI output:

- ~9,000,000 initial signals retrieved
- ~60,000 potential signals scanned
- ~1,000 signals of relevance identified
- 40 events highlighted
- 35 new events verified

5 Rapid risk assessments
5 Disease Outbreak News
10 EIS bulletins for countries
Reporting
Informing Member States & the Public

- EIS: secure website developed by WHO to facilitate communications with the National IHR Focal Points (NFPs) as part of the implementation of the IHR
- Information is provided by WHO to Member States NFPs in confidence (IHR Art 11.1)
- Epidemiology & public health response, WHO risk assessment, advice & recommendations
- Compiled by technical experts across 3 levels of WHO

https://www.who.int/emergencies/disease-outbreak-news

- WHO’s main communications product for the public on acute public health events > 25 years
- Description of the event, risk assessment, advice and links for further information
- Multi-stage production & clearance process of technical experts across all 3 levels of the organization – approx. 10-50 individuals
Informing the Public: Dashboards and other products
Response and coordination of public health events
Operational assessment - WHO grading

1. Scale
   • Large number of cases/deaths in given place and time for the type of event
   • Number of affected areas/countries

2. Urgency
   • Serious public health impact
   • Significant risk of international spread
   • Significant risk of international travel and trade restrictions

3. Complexity
   • Event unusual or unexpected (unknown agent, unknown mode of transmission, etc.)
   • Multi-layered emergency, presence of a multitude of actors, lack of humanitarian access, high security risks to staff

4. Capacity
   • External assistance needed to investigate, respond and control event

5. Risk of failure to deliver effectively and at scale to affected population.

Operational response does not exceed the usual country-level cooperation of the WCO and MS. Event is monitored as required.

Event requires a limited response by WHO, which exceeds the usual country-level cooperation. Organizational or external support required is minimal. Support to WCO is coordinated by an IM counterpart in the Regional Office.

Event requires a moderate response by WHO, exceeding the capacity of the WCO. Organizational or external support required is moderate. Support to WCO is coordinated by an IM counterpart in the Regional Office, with an IM at HQ to assist with coordination-wide support as required.

Event requires a major to maximal WHO response. Organizational and external support required by the WCO entails the mobilization of Organization-wide assets. Support to WCO is coordinated by an IM in the Regional Office. An IM is also appointed at HQ to assist with the coordination of Organization-wide support. The WHE EXO and involved RDs may agree to coordinate the event from HQ. An IM at HQ will coordinate responses involving multiple regions.

An IASC system-wide scale-up activation automatically results in a WHO Grade 3
Current and trends of graded emergencies

Data as of 13 March, 2024 12:30 p.m.

Total graded emergencies: 42

- Grade 1: 5
- Grade 2: 11
- Grade 3: 8
- Protracted: 0
- Protracted 1: 11
- Protracted 2: 7
- Protracted 3: 234
- Grade/Protracted 1: 116
- Grade/Protracted 2: 7
- Grade/Protracted 3: 8

Country, area or territory reporting COVID-19 cases
Country, area or territory reporting Monkeypox cases

Source: EMS2

*The highest grading was taken when an event got regraded multiple times within a year.*
The Incident Management System (IMS)

The IMS is a **standardized** but **flexible all-hazards** approach to managing WHO’s response to an emergency.

Different **technical and operational pillars working together** in a unified coordination structure, within and beyond WHE, and linked across the different levels of the organization.

The **structure and scale of the IMT/IMST can be adapted** based on the needs of the response.

Information flows: 3 levels of Organization
IMST pillar: Health information and Epidemiology

Space-time dynamics of cholera: automation of outputs (e.g. global cholera outbreak, 2023)

Humanitarian crises: Visualization and automation of outputs (e.g. cholera, Pakistan)

Transmission characteristics: e.g. Tracking spread of SARS-CoV-2 variants of concern

Analyzing information for operational guidance

Real-time dashboards: e.g. Global Mpox outbreak
IMST pillar: Technical expertise and Health Operations

Translating technical knowledge...

...into coordinated action

...using appropriate methods.
IMST pillar - Operation support and logistics

Cholera response supply

Dubai Logistics Hub Request Status By Year 2015-2024

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<tbody>
<tr>
<td>Supply Value (USD)</td>
<td>11,187,478</td>
<td>58,619,183</td>
<td>47,980,953</td>
<td>39,246,731</td>
<td>34,001,924</td>
<td>4,853,305</td>
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</table>
# PSEAH operational guidance (new in ERF)

<table>
<thead>
<tr>
<th>No.</th>
<th>IASC PSEAH Outcome Measures</th>
<th>PSEAH Activities</th>
</tr>
</thead>
</table>
| 1.  | Leadership and accountability, including investigation capacity | • PRSEAH dedicated capacity integrated in the IMT/MST  
• SEAH risks, and PSEAH needs assessment conducted  
• PSEAH action-plan integrated in SRP  
• Facilitate WHO engagement and contribution to Inter-Agency PSEA network action plan  
• PSEAH tools and SOPs developed, reproduced and disseminated  
• M&E, JOR and AAR |
| 2.  | Prevention | • PSEAH recruitment safe-guarding measures implemented and tracked  
• PSEAH in contractual arrangements  
• PSEAH induction briefings, and other trainings  
• PSEAH awareness and sensitization targeting communities, partners, and government stakeholders  
• PSEAH capacity of implementing partners (partner mapping, PSEAH capacity assessment and capacity building, tracking of capacity development) |
| 3.  | Safe and Accessible reporting | • Establishment and management of SEA reporting at country level  
• Participation to Inter-Agency SEA Reporting SOPs at country level  
• Mapping and integration into existing community-based complaint mechanisms (CBCM).  
• Capacity building for referral |
| 4.  | Victim support services | • Mapping and establishment of GBV referral pathways  
• GBV/PSEAH capacity building for service providers |
<p>| 5.  | PSEAH network plan of action | • Support to the Inter-Agency PSEAH network action plan development and implementation (specify areas to be supported by WHO) |</p>
<table>
<thead>
<tr>
<th>Performance standard (PS)</th>
<th>IMS critical function</th>
<th>Primary responsibility</th>
<th>Indicators</th>
<th>Timeline from grading</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS 1: Ensure safety and security of all staff; activate system as per WHO guidance on</td>
<td>Leadership</td>
<td>Country Office</td>
<td>I. Safety and whereabouts of all WHO staff, dependents and visitors</td>
<td>12 hours</td>
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<tr>
<td>business continuity planning to ensure safety and whereabouts of all WHO personnel,</td>
<td></td>
<td></td>
<td>ensured</td>
<td></td>
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<tr>
<td>dependents, and visitors, and liaise with United Nations Department of Safety and</td>
<td></td>
<td></td>
<td>II. System shared with United Nations Department of Safety and Security</td>
<td>12 hours</td>
</tr>
<tr>
<td>Security locally</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PS 2: Activate incident management system (IMS); assign critical incident</td>
<td>Leadership, finance and administration</td>
<td>Country Office</td>
<td>I. Incident management team set up and communicated to Regional Office and</td>
<td>24 hours</td>
</tr>
<tr>
<td>management team functions by repurposing WHO Country Office staff; identify and</td>
<td></td>
<td></td>
<td>Headquarters</td>
<td></td>
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<tr>
<td>communicate critical gaps in IMS functions</td>
<td></td>
<td></td>
<td>II. Gaps in critical incident management team functions communicated to</td>
<td>72 hours</td>
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<td></td>
<td>Regional Office</td>
<td></td>
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<tr>
<td>PS 3: Assess the need for CFE support, review against checklist, issue request and</td>
<td>Leadership</td>
<td>Country Office or Regional Office Headquarters</td>
<td>I. Assess need and request financial support as per CFE operating</td>
<td>24 hours</td>
</tr>
<tr>
<td>clearance</td>
<td></td>
<td></td>
<td>procedures</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td>II. Decision after reception of request as per CFE operating procedures</td>
<td>48 hours</td>
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<tr>
<td>PS 4: Convene first meeting with stakeholders</td>
<td>Partner coordination</td>
<td>Country Office</td>
<td>I. Meeting convened and minutes logged in EMS2</td>
<td>72 hours</td>
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<tr>
<td>PS 5: Issue initial internal situation report (sitrep)</td>
<td>Leadership, health information</td>
<td>Country Office</td>
<td>I. Sitrep logged in EMS2</td>
<td>72 hours</td>
</tr>
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GPW14 PROTECT HEALTH

Reduce health, social & economic impacts of health emergencies

**Impact**

- **Prevent**: Prevent, mitigate & prepare for emerging risks to health from any hazard
- **Prepare**: Prevent, mitigate & prepare for emerging risks to health from any hazard
- **Detect & Respond**: Rapidly detect & respond effectively to all health emergencies

**Objectives**

- Rapidly detect & respond effectively to all health emergencies
- Enhanced preparedness, readiness & health system resilience

**Indicators**

- Reduced risk of health emergencies across all hazards
  - Zoonotic spillover risk & emergence [TBD]
  - Vaccine coverage of at-risk groups
  - WASH in health care facilities

- Enhanced preparedness, readiness & health system resilience
  - Preparedness capacity measured by the IHR MEF and contextualized with functional assessments

- Timely, coordinated, & effective detection & response to acute public health threats

- Ensured equitable access to essential health services & public health functions during emergencies
  - Timeliness of detection, notification, & response (7-1-7)
  - Quality of delivery & response to acute & protracted emergencies
  - Provision of essential health services during emergencies
  - Timeliness of development & equitable distribution of countermeasures
Financial outlook for 2024-25 biennium, Strategic Priority 2 started the with a gap of 70% of approved PB and serious problems with regards to staff cost financing.
Thank you

ERF 2.1 https://www.who.int/publications/i/item/9789240058064