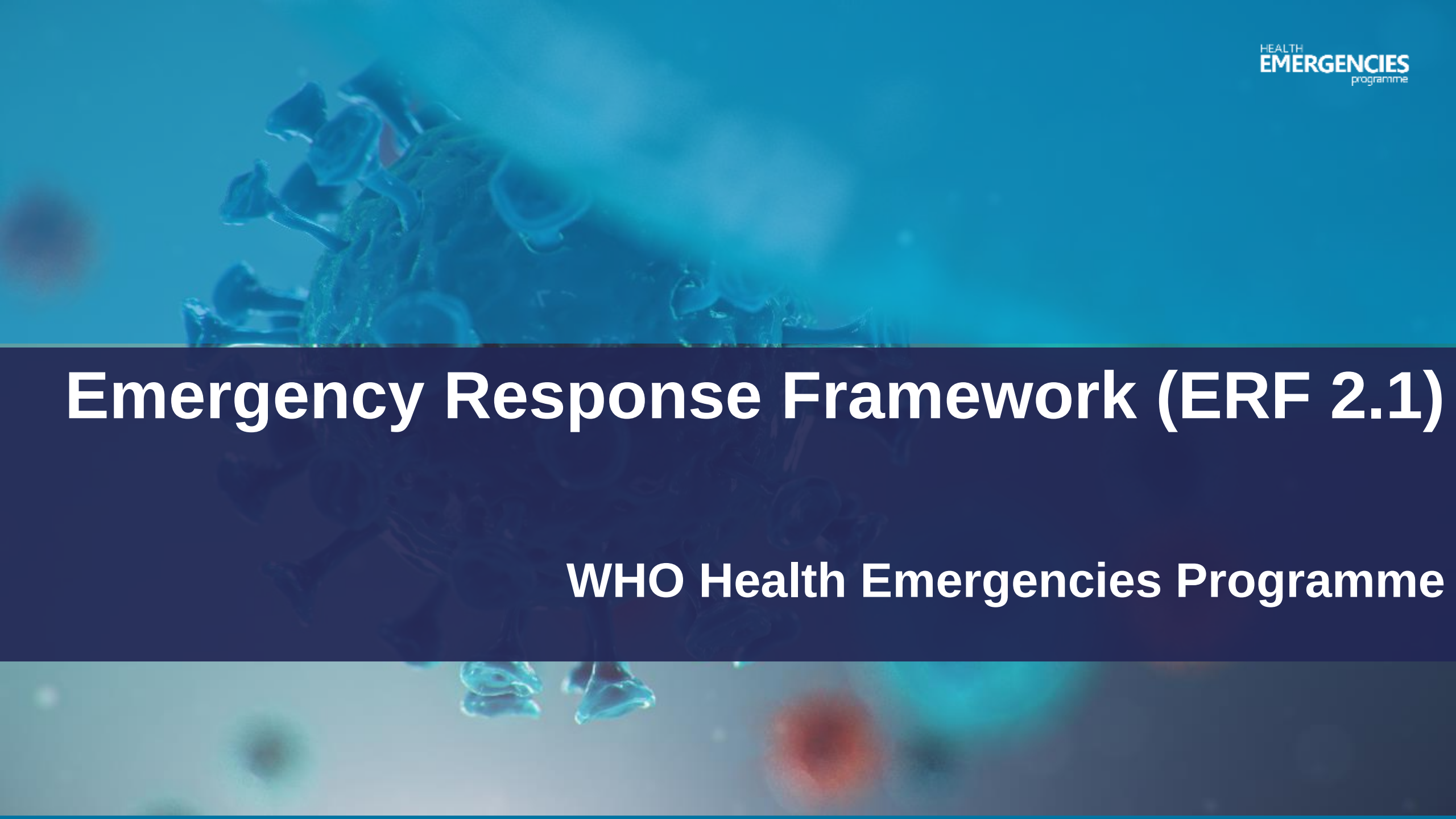


# Emergency Response Framework (ERF 2.1)

## WHO Health Emergencies Programme

# Overview

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

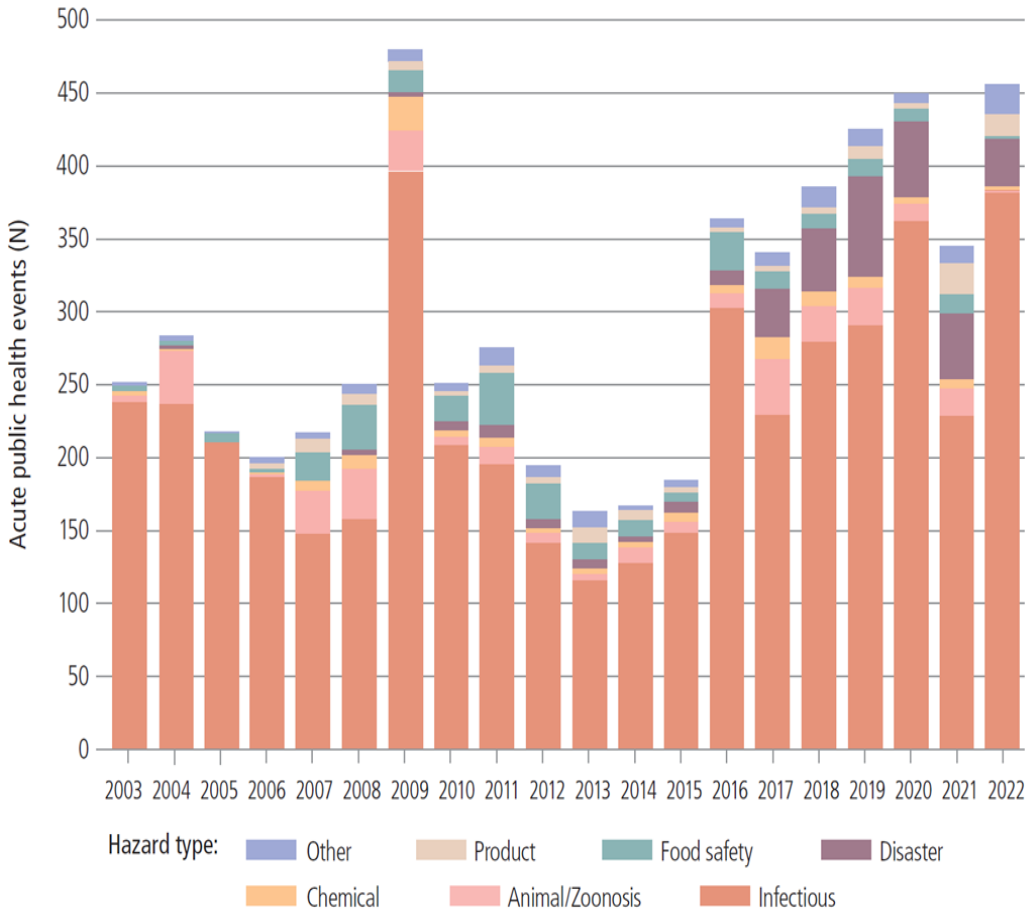
ERF 2.1 https://www.who.int/publications/i/item/9789240058064

# Background

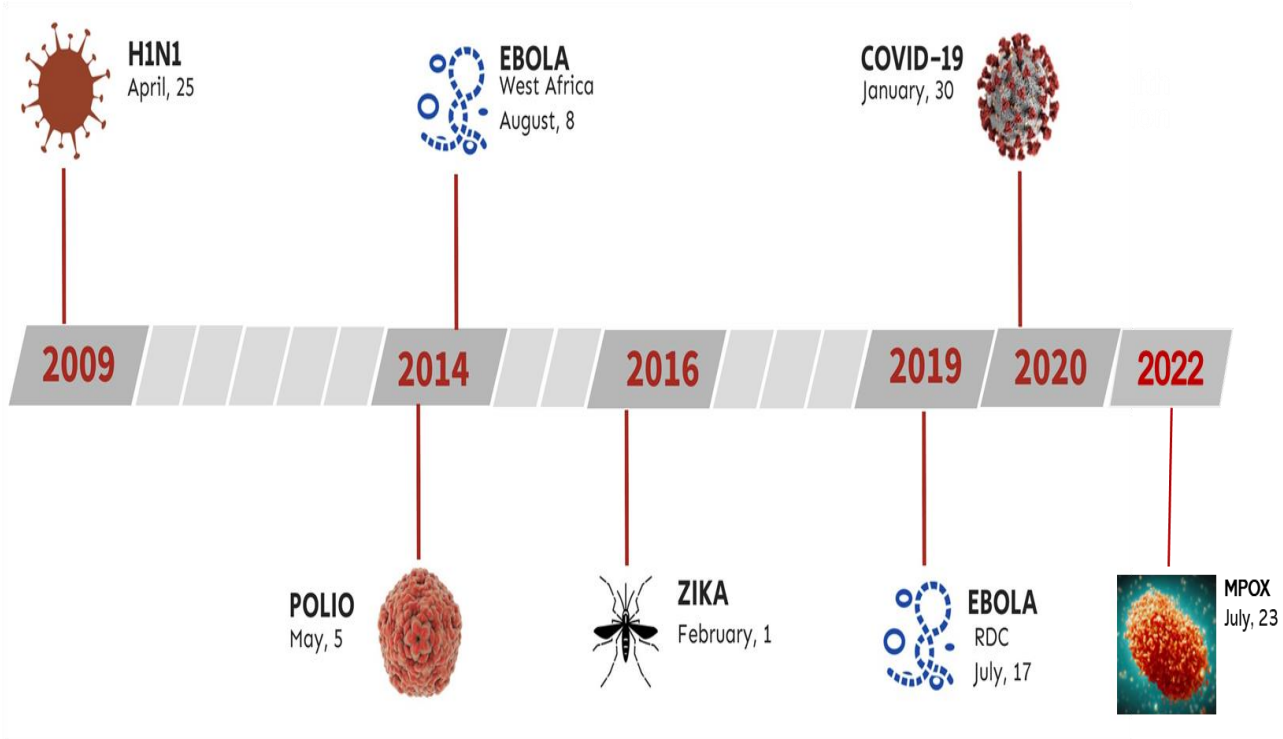
# Increasing trends and burden of all-hazard acute emergencies

World Health Organization

## Trends of acute public health events, 2003–2022




## PHEIC/emerging and re-emerging infectious disease threats



# WHO's Role in Emergencies

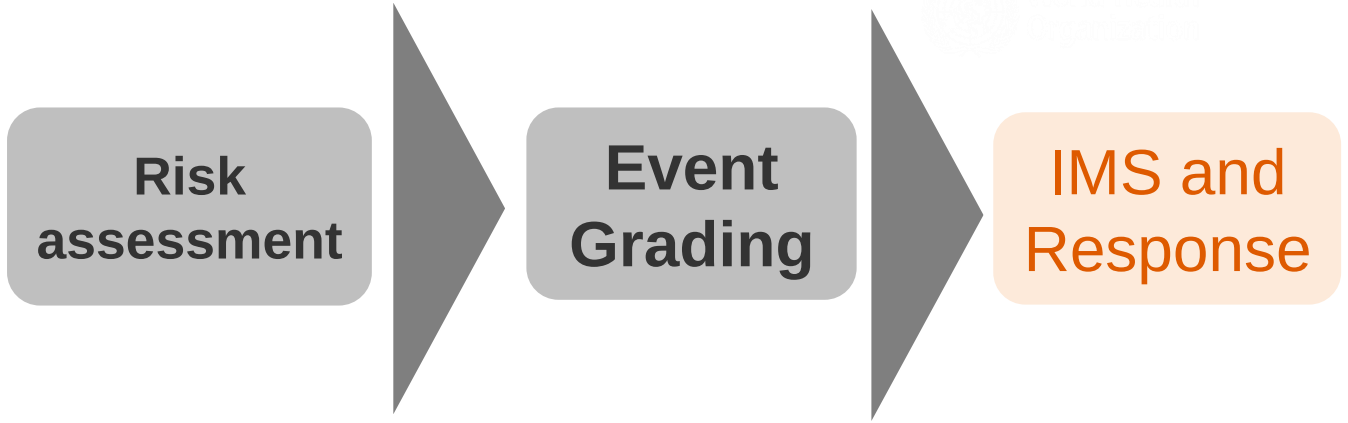
World Health Organization

**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

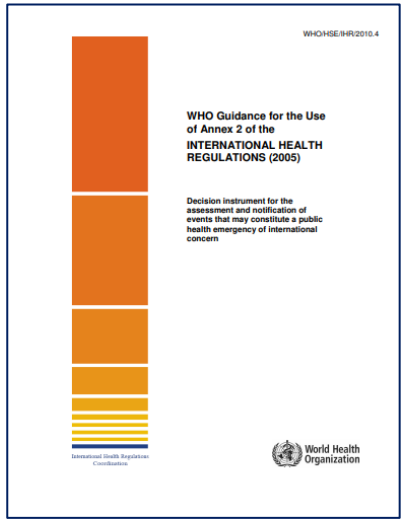
Collaborative process conducted by:

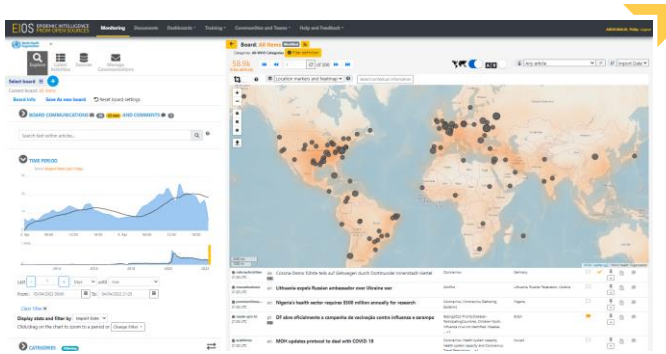
- Ministries of Health
- WHO Country Offices
- Field Teams
- Other partners

# 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

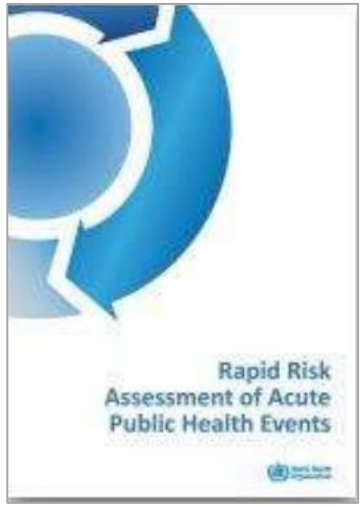
GOARN
Global Outbreak Alert and Response Network

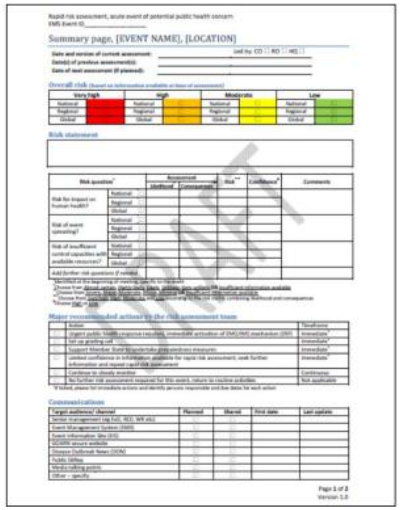
INFOSAN
INTERNATIONAL FOOD SAFETY AUTHORITIES NETWORK

**In 2022, 67% of responses to verification requests were received in 24-48hrs.**

GLEWS+

# WHO's Rapid Risk Assessment



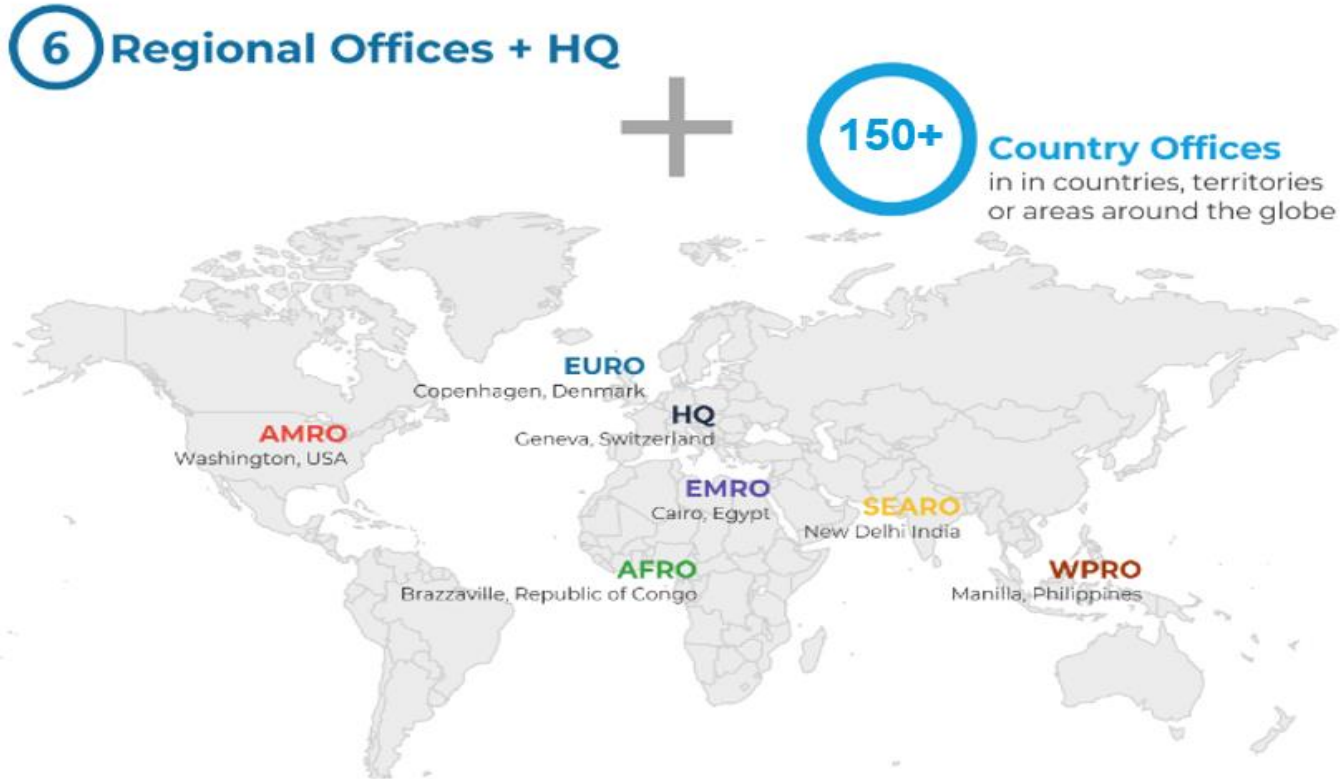
**Major actions recommended by the risk assessment team**

| | Action | Timeframe |
|---|---|---|
| ☐ | Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR) | Select. |
| ☐ | Immediate activation of ERF response mechanism (IMS) as urgent public health response is required | Select. |
| ☐ | Recommend setting up of grading call (funding can be accessed before grading completed) | Select. |
| ☐ | Immediate support to response, but within limit of CFE (no grading recommended at this point in time) | Select. |
| ☒ | Rapidly seek further information and repeat RRA (including field risk assessment) | Select. |
| ☒ | Support Member State to undertake preparedness measures | Select. |
| ☒ | Continue to closely monitor | Select. |
| ☐ | No further risk assessment required for this event, return to routine activities | Select. |

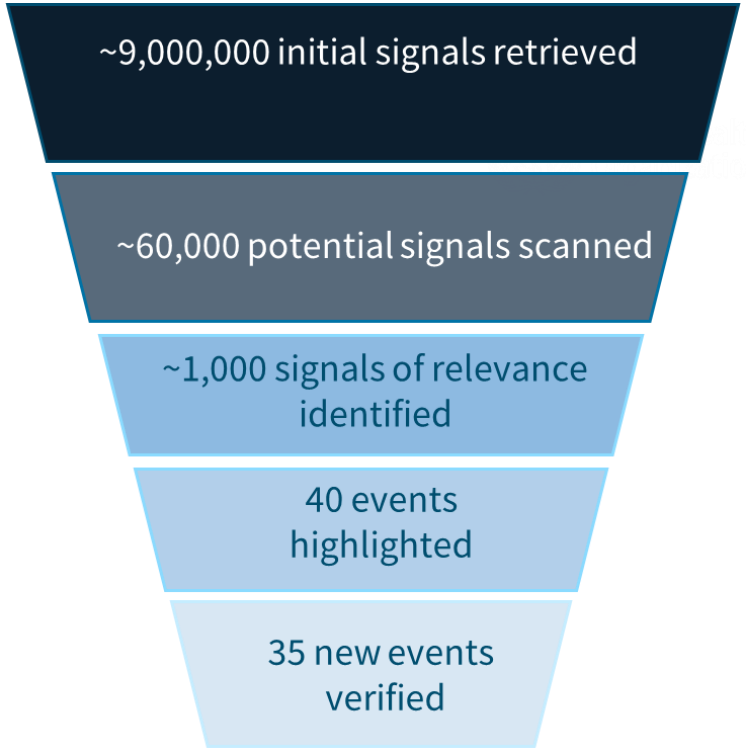
*If chosen, list actions and identify **persons responsible and due dates** for each action in section 2 (Supporting information)

- 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




**Monthly PHI output**




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

**5** Rapid risk assessments

**5** Disease Outbreak News

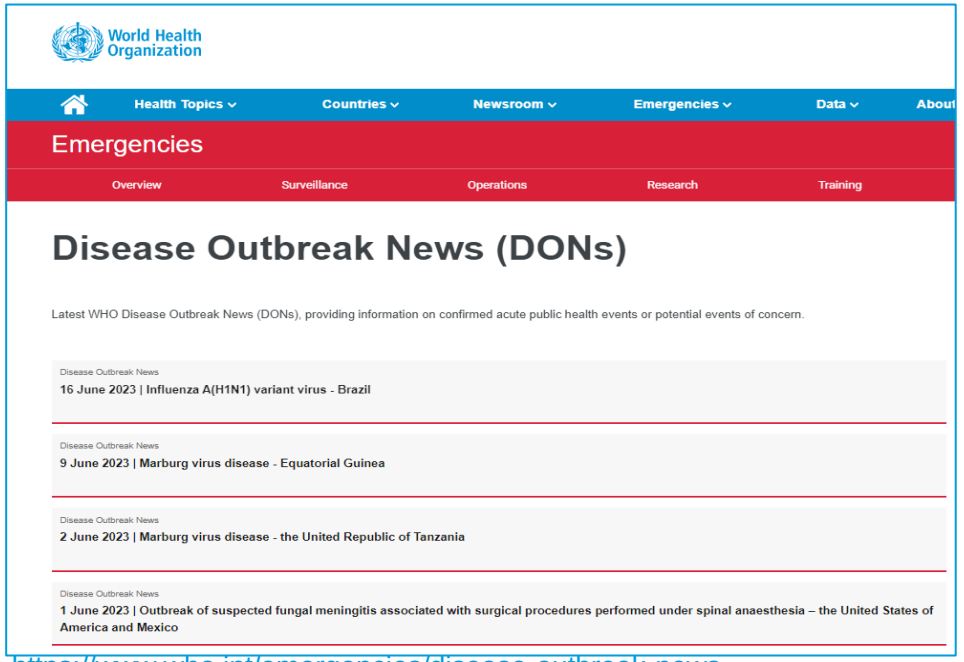
**10** EIS bulletins for countries

World Health Organization

# Reporting

# Informing Member States & the Public

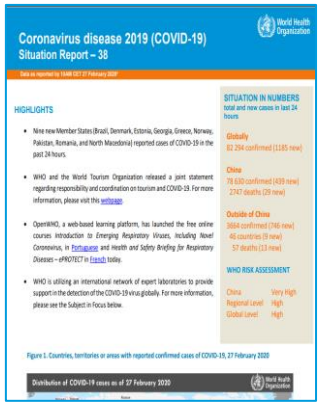
- EIS: secure website developed by WHO to facilitate communications with the National IHR Focal Points (NFPs) as part of the implementation of the IHR
- Information is provided by WHO to Member States NFPs in confidence (IHR Art 11.1)
- Epidemiology & public health response, WHO risk assessment, advice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

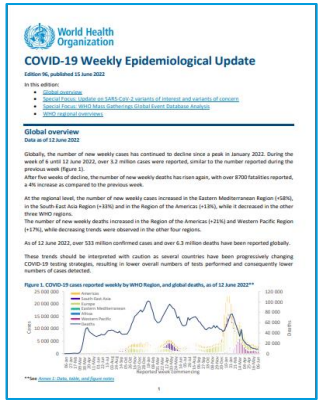


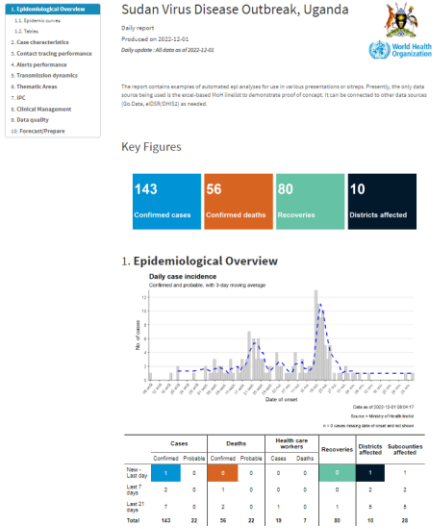

https://www.who.int/emergencies/disease-outbreak-news

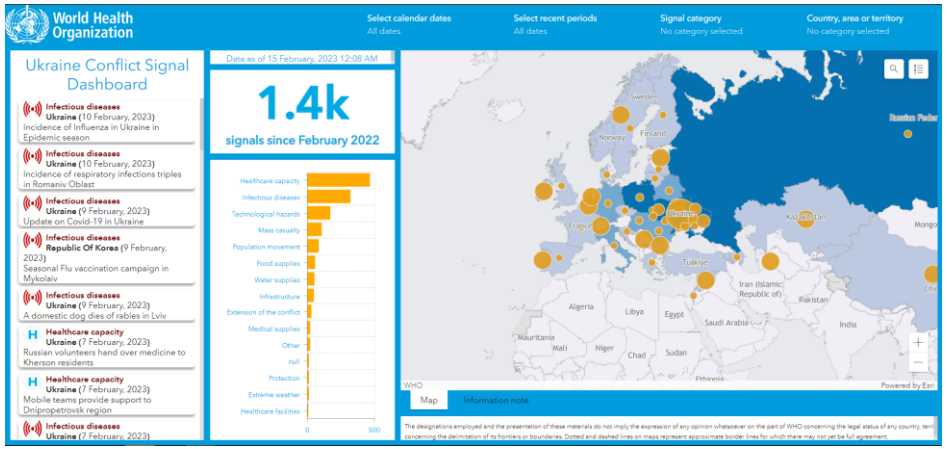
- WHO's main communications product for the public on acute public health events > 25 years
- Description of the event, risk assessment, advice and links for further information
- Multi-stage production & clearance process of technical experts across all 3 levels of the organization – approx. 10-50 individuals

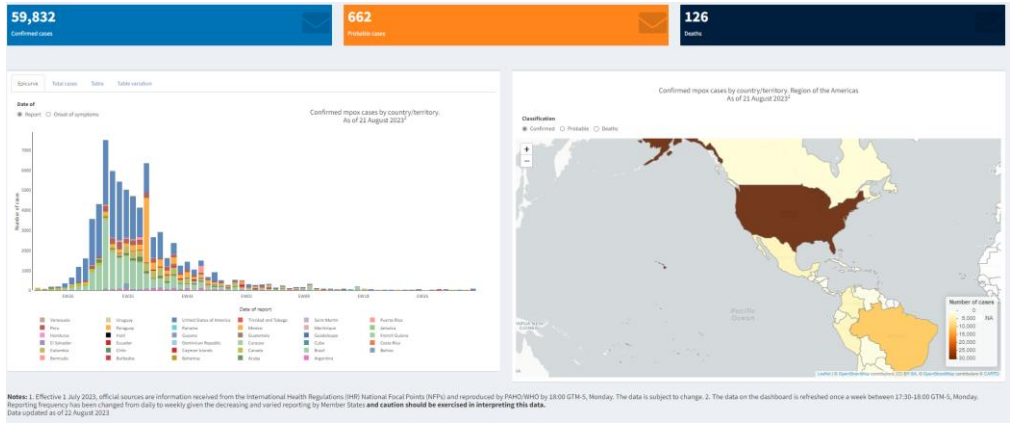
# Informing the Public: Dashboards and other products



# Response and coordination of public health events

# Operational assessment - WHO grading

World Health Organization

**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.

**Ungraded**

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

**Grade 1**

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.

**Grade 2**

Event requires a **moderate response** by WHO, exceeding the capacity of the WCO. Organizational or external support required is moderate. Supported 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.

**Grade 3**

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 EXD 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

World Health Organization

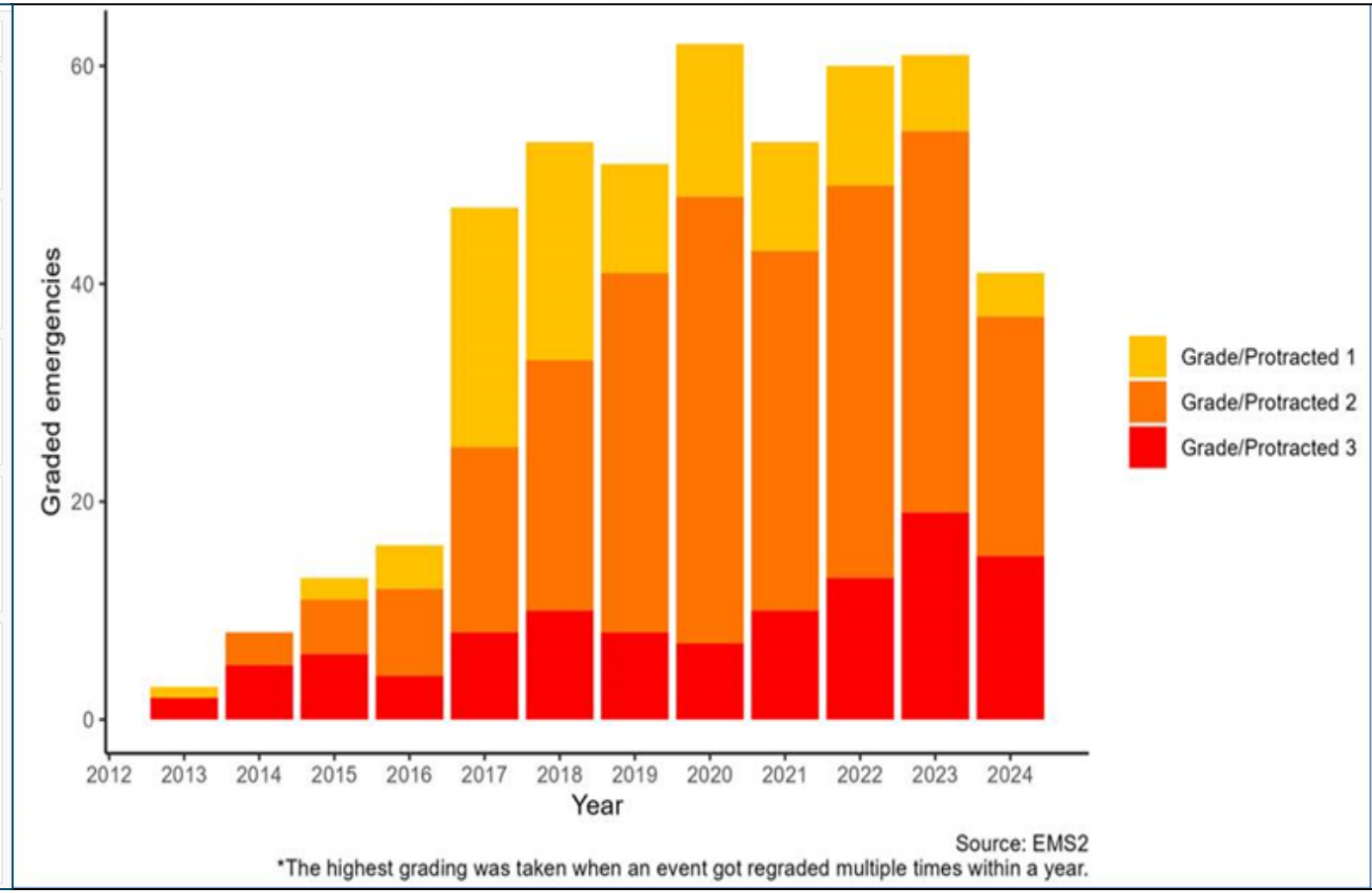
| Acute | Protracted |
|---|---|
| 2023-G030 Multi-Region Dengue<br>Grade 3 / Infectious<br>Last update: 2024-03-13, 9:23 a.m. | GLOBAL : 2020-G001 COVID-19<br>Protracted 3 / Infectious<br>Last update: 2024-03-12, 8:47 a.m. |
| 2023-G011 Sudan Conflict and Complex Emergency<br>Grade 3 / Societal<br>Last update: 2024-03-13, 9:22 a.m. | 2013-G002 Ukraine Conflict<br>Protracted 3 / Societal<br>Last update: 2024-02-28, 1:39 p.m. |
| 2023-G028 Israel/oPt Hostilities<br>Grade 3 / Societal<br>Last update: 2024-03-13, 9:18 a.m. | 2015-G001 Yemen Complex Emergencies<br>Protracted 3 / Societal<br>Last update: 2024-02-21, 10:26 a.m. |
| 2023-G001 Multi-Region Cholera<br>Grade 3 / Infectious<br>Last update: 2024-03-12, 2:27 p.m. | 2014-G001 South Sudan Humanitarian Crisis<br>Protracted 3 / Disaster<br>Last update: 2023-08-29, 1:22 p.m. |
| 2022-G013 Greater Horn of Africa Drought and Food Insecurity<br>Grade 3 / Food safety<br>Last update: 2024-03-06, 10:33 a.m. | 2015-G003 Afghanistan Complex Emergencies<br>Protracted 3 / Societal<br>Last update: 2023-05-22, 2:52 p.m. |
| 2023-G015 Haiti Humanitarian Crisis<br>Grade 3 / Societal<br>Last update: 2024-03-01, 9:26 a.m. | 2013-G001 Syrian Arab Republic Complex Emergencies<br>Protracted 3 / Societal<br>Last update: 2023-02-14, 8:36 a.m. |
| 2020-G014 Northern Ethiopia Humanitarian Response<br>Grade 3 / Societal<br>Last update: 2024-02-26, 10:21 a.m. | 2017-G006 Somalia Complex Emergencies<br>Protracted 3 / Societal<br>Last update: 2020-02-07, 8:21 a.m. |
| 2023-G020 DRC Humanitarian Crisis<br>Grade 3 / Societal<br>Last update: 2023-11-22, 4:31 p.m. | GLOBAL : 2022-G014 MPOX<br>Protracted 2 / Infectious<br>Last update: 2024-03-07, 10:25 a.m. |
| 2023-G027 Multiple Countries Diphtheria<br>Grade 2 / Infectious<br>Last update: 2024-03-12, 2:31 p.m. | 2013-G003 CAR Humanitarian Crisis<br>Protracted 2 / Disaster<br>Last update: 2024-03-04, 9:26 a.m. |

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

Total graded emergencie
42

| Grade 1 | Protracted 1 |
|---|---|
| 5 | 0 |
| **Grade 2** | **Protracted 2** |
| 11 | 11 |
| **Grade 3** | **Protracted 3** |
| 8 | 7 |

| Country, area or territory reporting COVID-19 cases | Country, area or territory reporting Monkeypox cases |
|---|---|
| 234 | 116 |




Source: EMS2

*The highest grading was taken when an event got regraded multiple times within a year.

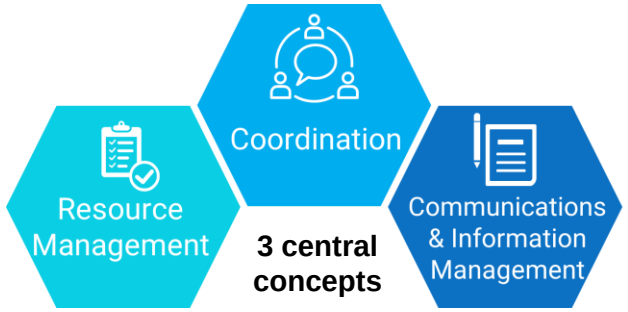
# The Incident Management System (IMS)

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




Staff Health and Well-being and Security

Protection from sexual exploitation, abuse and harassment

**Incident management**

External relations

Communications

EOC management

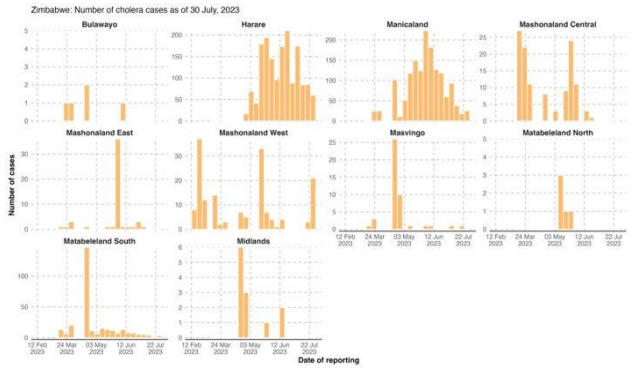
| **Planning and monitoring** | **Operations support and logistics** | **Technical expertise and health operations** | **Health information and epidemiology** | **Partner coordination and engagement** | **Finance and administration** |
|---|---|---|---|---|---|
| Strategic/operations planning | Field support | Prevention and control measures (e.g. IPC, CM, lab, vax, PoE*) | Risk and needs assessment | GOARN | Human resources and surge |
| Monitoring and evaluation | Supply chain management | Technical expertise, training, science and research | Surveillance | EMTs | Budget and grants management |
| Operational risk management | Health logistics | Risk communication and community engagement | Analytics | Health Cluster | Procurement |
| Emergency response reviews | | Health service delivery | Information products | Standby Partners | |
| | | Infodemic management | | Partner liaisons | |
| | | | | Global initiatives, as relevant | |

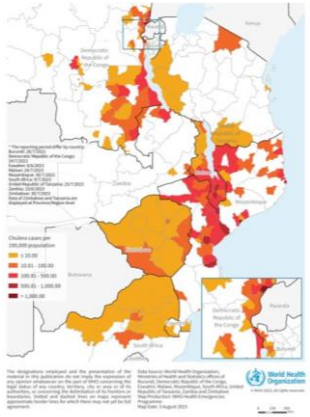
*Infection prevention and control, clinical management, laboratory, vaccination, point of entry

# IMST pillar: Health information and Epidemiology

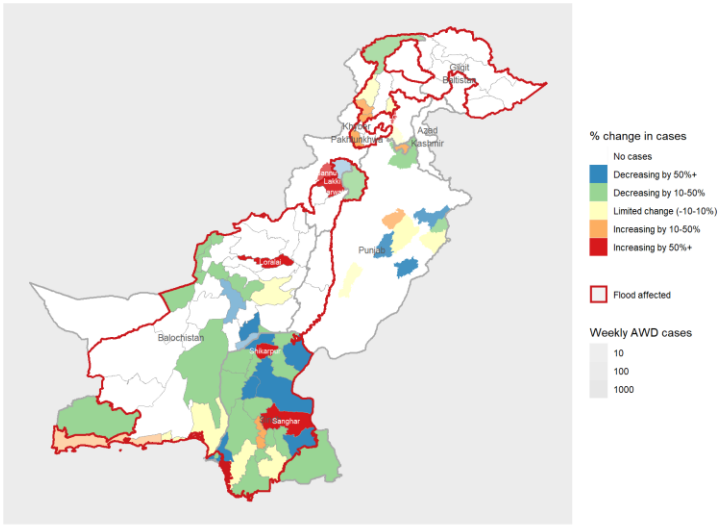
World Health Organization

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

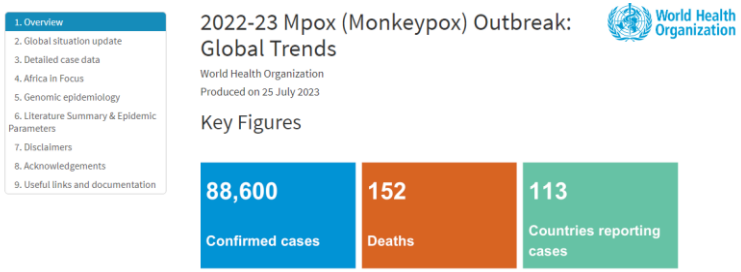


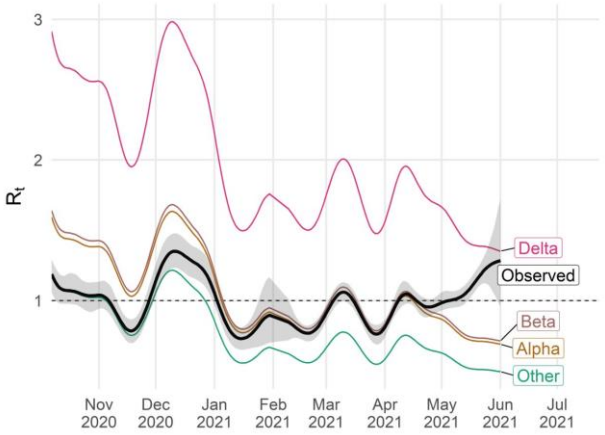
## Humanitarian crises: Visualization and automation of outputs (e.g. cholera, Pakistan)

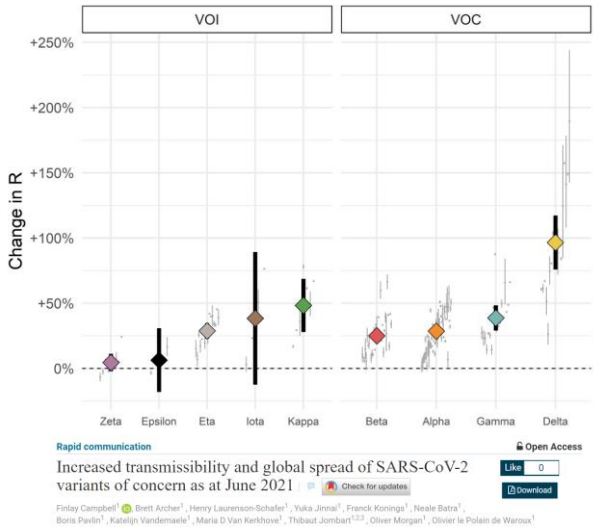



## Real-time dashboards: e.g. Global Mpox outbreak




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




Results published in Eurosurveillance

## Analyzing information for operational guidance

# IMST pillar: Technical expertise and Health Operations

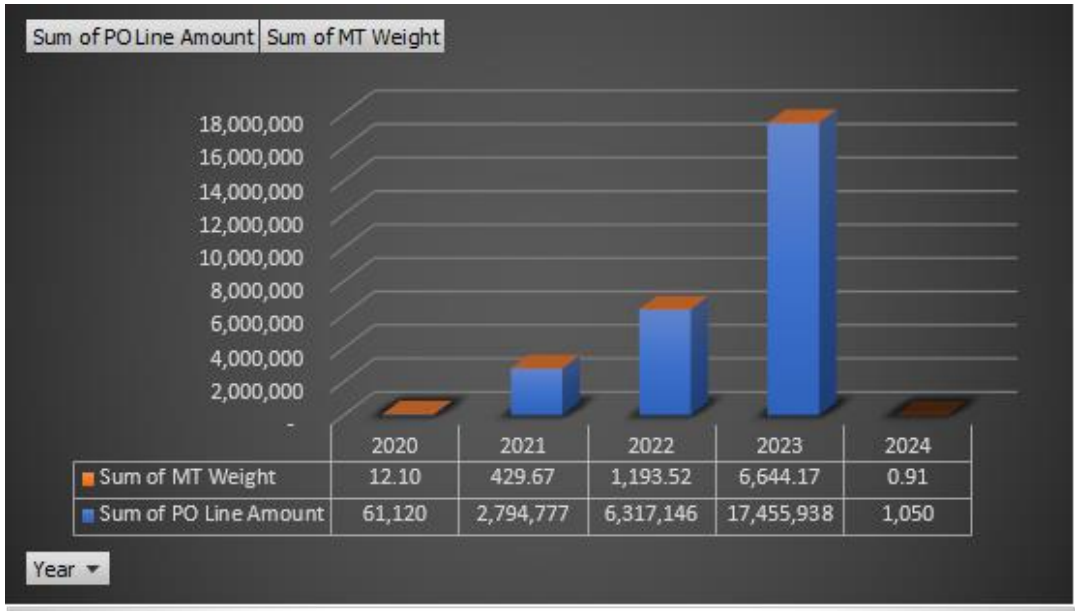
**Translating technical knowledge…**

**…into coordinated action**

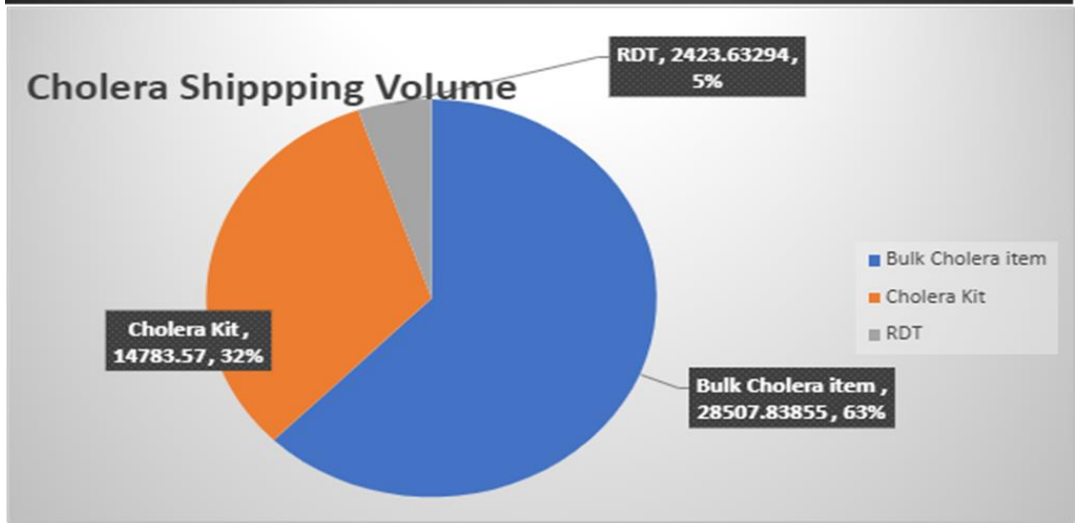
**…using appropriate methods.**

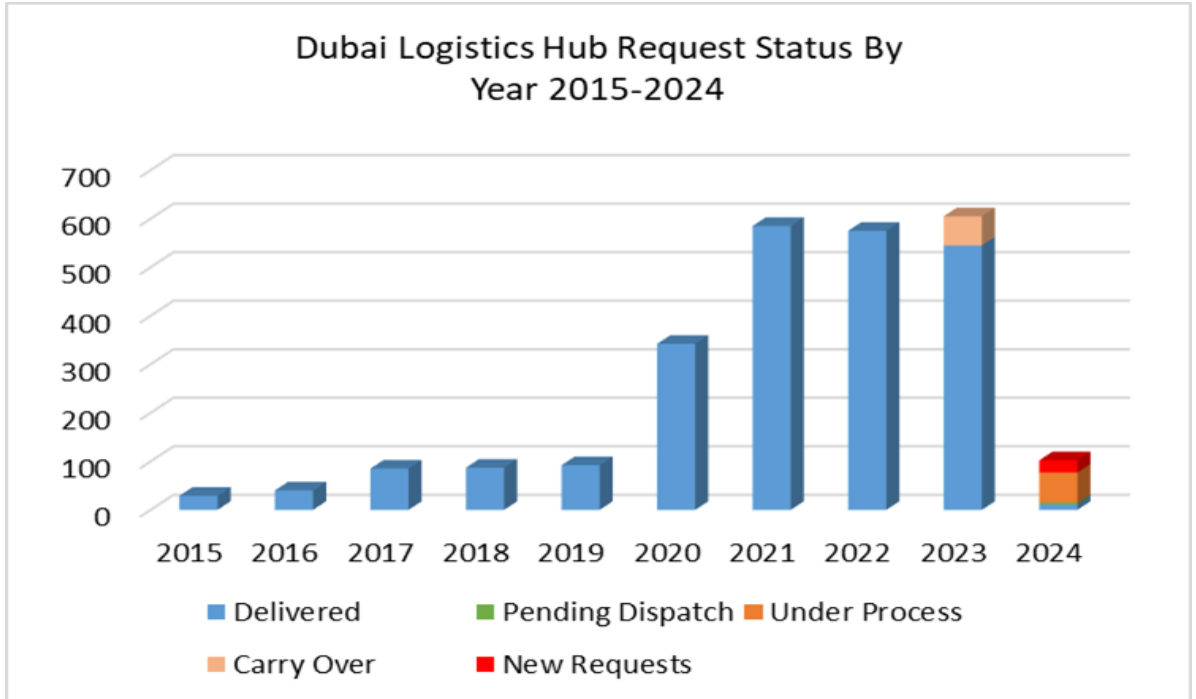
# IMST pillar - Operation support and logistics

## Cholera response supply




| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Sum of MT Weight | 12.10 | 429.67 | 1,193.52 | 6,644.17 | 0.91 |
| Sum of PO Line Amount | 61,120 | 2,794,777 | 6,317,146 | 17,455,938 | 1,050 |




| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|
| Supply Value (USD) | 11,187,478 | 58,619,183 | 47,980,953 | 39,246,731 | 34,001,924 | 4,853,305 |

# PSEAH operational guidance (new in ERF)

| No. | IASC PSEAH Outcome Measures | PSEAH Activities |
|---|---|---|
| 1. | Leadership and accountability, including investigation capacity | • PRSEAH dedicated capacity integrated in the IMT/MST<br>• SEAH risks, and PSEAH needs assessment conducted<br>• PSEAH action-plan integrated in SRP<br>• Facilitate WHO engagement and contribution to Inter-Agency PSEA network action plan<br>• PSEAH tools and SOPs developed, reproduced and disseminated<br>• M&E, JOR and AAR |
| 2. | Prevention | • PSEAH recruitment safe-guarding measures implemented and tracked<br>• PSEAH in contractual arrangements<br>• PSEAH induction briefings, and other trainings<br>• PSEAH awareness and sensitization targeting communities, partners, and government stakeholders<br>• 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<br>• Participation to Inter-Agency SEA Reporting SOPs at country level<br>• Mapping and integration into existing community-based complaint mechanisms (CBCM).<br>• Capacity building for referral |
| 4. | Victim support services | • Mapping and establishment of GBV referral pathways<br>• GBV/PSEAH capacity building for service providers |
| 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) |

# ERF performance standards

World Health Organization

| Performance standard (PS) | IMS critical function | Primary responsibility | Indicators | Timeline from grading |
|---|---|---|---|---|
| **PS 1:** Ensure safety and security of all staff; activate system as per WHO guidance on business continuity planning to ensure safety and whereabouts of all WHO personnel, dependents, and visitors, and liaise with United Nations Department of Safety and Security locally | Leadership | Country Office | I. Safety and whereabouts of all WHO staff, dependents and visitors ensured | 12 hours |
| | | | II. System shared with United Nations Department of Safety and Security | 12 hours |
| **PS 2:** Activate incident management system (IMS); assign critical incident management team functions by repurposing WHO Country Office staff; identify and communicate critical gaps in IMS functions | Leadership, finance and administration | Country Office | I. Incident management team set up and communicated to Regional Office and Headquarters | 24 hours |
| | | | II. Gaps in critical incident management team functions communicated to Regional Office | 72 hours |
| **PS 3:** Assess the need for CFE support, review against checklist, issue request and clearance | Leadership | Country Office or Regional Office<br>Headquarters | I. Assess need and request financial support as per CFE operating procedures | 24 hours |
| | | | II. Decision after reception of request as per CFE operating procedures | 48 hours |
| **PS 4:** Convene first meeting with stakeholders | Partner coordination | Country Office | I. Meeting convened and minutes logged in EMS2 | 72 hours |
| **PS 5:** Issue initial internal situation report (sitrep) | Leadership, health information | Country Office | I. Sitrep logged in EMS2 | 72 hours |

# GPW14 PROTECT HEALTH

World Health Organization

**Impact**

**Reduce health, social & economic impacts of health emergencies**

**Objectives**

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

**Outcomes**

**Reduced risk of health emergencies across all hazards**

**Enhanced preparedness, readiness & health system resilience**

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

**Ensured equitable access to essential health services & public health functions during emergencies**

**Indicators**

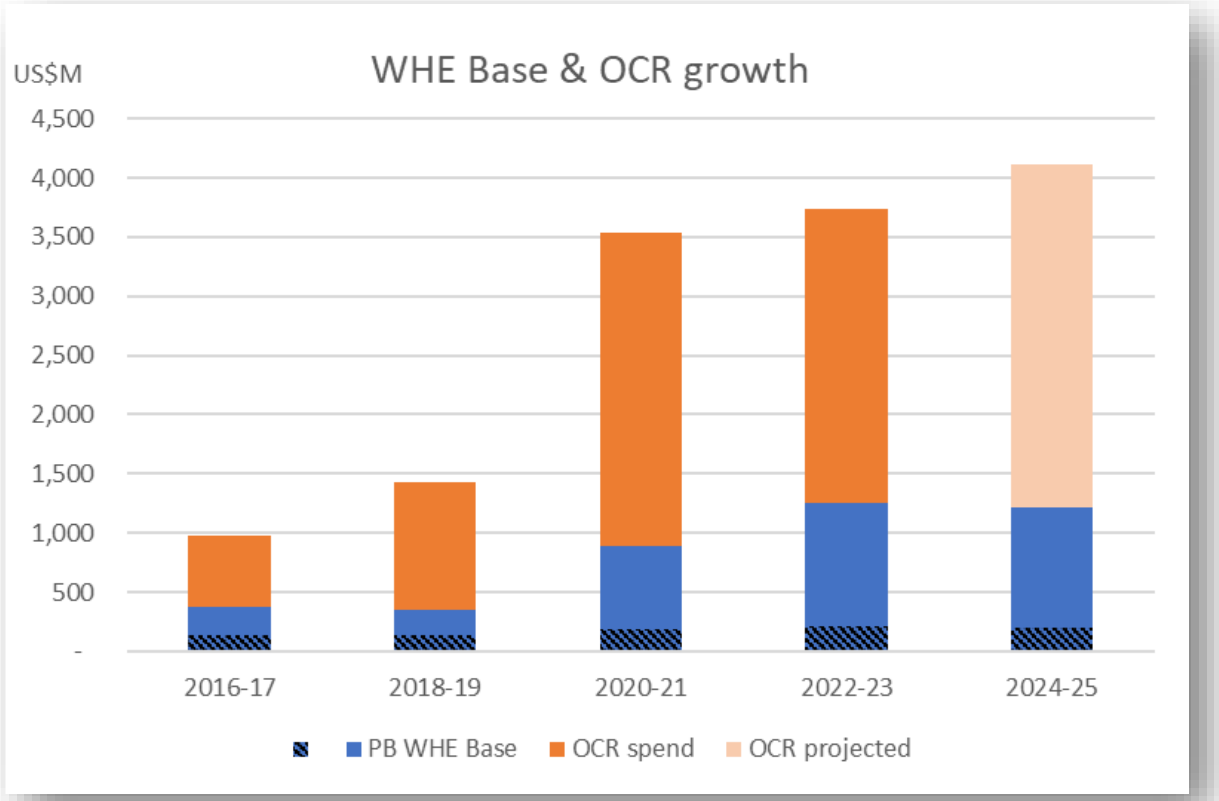
- Zoonotic spillover risk & emergence [TBD]
- Vaccine coverage of at-risk groups
- WASH in health care facilities

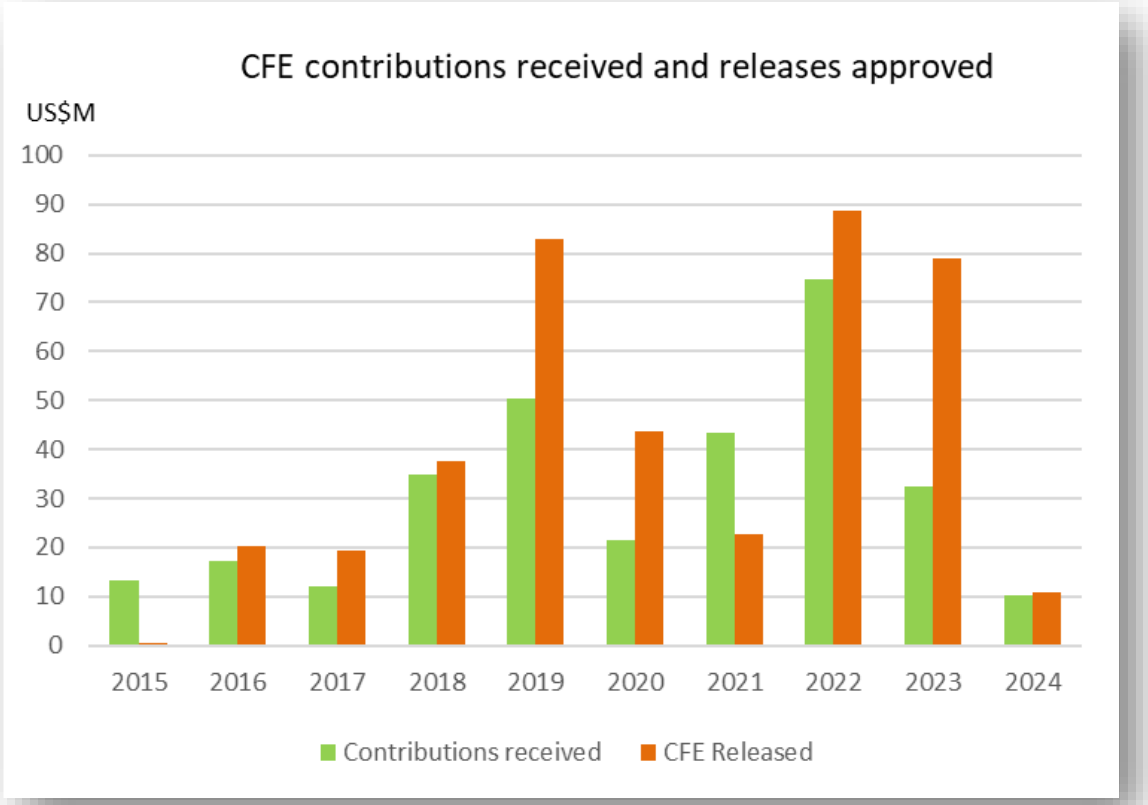
- Preparedness capacity measured by the IHR MEF and contextualized with functional assessments

- 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

# Major challenge in implementing ERF and GPW 14

**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**



World Health Organization

# Thank you

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