Building operational readiness for responding to emergencies in the WHO South-East Asia Region

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Abstract

The World Health Organization (WHO) has an essential role to play in supporting Member States to prepare for, respond to and recover from emergencies with public health consequences. Operational readiness for known and unknown hazards and emergencies requires a risk-informed and structured approach to building capacities within organizations such as WHO offices and national ministries of health. Under the flagship priority programme on emergency risk management of the WHO Regional Office for South-East Asia, a readiness training programme consisting of four modules was implemented during 2017–2018, involving staff from WHO country offices as well as from the regional office. The experience of and lessons learnt from designing, developing and delivering this phased training programme have fed into improvements in the curriculum and training methodology. The training programme has also facilitated the development of business continuity plans and contingency plans in some of the 11 Member States of the region and has increased the readiness of WHO staff for swift deployment in recent emergencies. It is recommended that the strengthening of operational readiness for responding to emergencies in the region be sustained and accelerated through the development of a regional training consortium that can scale the training programme up at national level, taking into account country contexts, national health systems and the needs of populations. The resilience of the populations and health systems in the region will be increased if disaster risk reduction and emergency preparedness and response activities are supported by operational readiness.

Keywords: emergencies, operational readiness, preparedness, response, South-East Asia

Background

The 11 countries of the World Health Organization (WHO) South-East Asia Region experience ever-increasing threats to health that make readiness for disasters and emergencies imperative. These countries must therefore be adequately prepared to prevent, mitigate, detect, rapidly respond to and recover from all types of health emergencies, focusing on imminent risks.

Operational readiness is the capacity to respond to emergencies and disasters in a timely and effective manner. The purpose of operational readiness is to strengthen the capacities of countries to ensure health and safety and protect the lives of the population from the adverse impacts of risks, hazards and imminent threats. Readiness is the outcome of preparedness actions that comprise planning, allocation of resources, training and organizing to build and improve operational capabilities to manage risks and respond to emergencies resulting from all hazards, based on risk assessments and in a timely, predictable and effective manner.

WHO has an essential role to play in supporting Member States to prepare for, respond to and recover from emergencies with public health consequences. Readiness is also part of WHO’s responsibilities as a United Nations organization, as a member of United Nations country teams (and humanitarian country teams), as the Inter-Agency Standing Committee Health Cluster lead agency and under the International Health Regulations (2005). For WHO, readiness refers to organizational capacity to respond to emergencies and disasters in a timely and effective manner. It is based on a common organizational approach and on procedures for responding to emergencies and disasters, in relation to all hazards and at all levels of the organization.

To strengthen WHO’s capacity to respond to emergencies, the corporate structure for emergency preparedness and response was streamlined into a single programme in 2016. The goal of the WHO Health Emergencies programme (WHE)
is to ensure that all countries and partners are prepared for and can prevent, detect and respond to health emergencies to reduce the mortality and morbidity of affected populations. The importance of emergency risk management in the WHO South-East Asia Region was highlighted when it was selected as a regional flagship priority programme in 2014. The sustained commitment and strong political will of Member States with regard to strengthening emergency preparedness is reflected through the ministerial-level Delhi Declaration.

The more unified and harmonized organizational approach of the WHE was underscored in the revised Emergency response framework, which emphasizes the need for institutional readiness on the part of WHO in line with standardized checklists for country and regional offices and WHO headquarters. These checklists cover a range of topics including health risk assessment and monitoring, and all-hazards response plans, including business continuity and contingency plans, to ensure the readiness of critical functions under the incident management system. Checklists for personal readiness of staff and for field visits have also been developed.

For WHO country offices, operational readiness has five minimum essential elements to ensure effective and efficient emergency response (see Box 1).

The main objectives of WHO business continuity plans (BCPs) for emergencies are to guarantee the safety of WHO staff, premises and assets, maintain critical WHO programmes and operations, and ensure swift and effective emergency response. The WHO Representative at each WHO country office ensures regular updating, activation and deactivation of the BCP, guided by situation analysis.

The aim of contingency planning for WHO offices is to mitigate the potential health consequences of threats and to be ready to respond should the threats cause an emergency. Contingency plan development is informed by a vulnerabilities and risk assessment matrix and ensures all the prerequisites for responding to emergencies are in place. These prerequisites include deployable technical and general emergency staff, coordination and communication mechanisms, technical guidelines and standard operating procedures or an emergency response manual, and up-to-date mapping of partners and stakeholders within the country.

For operational readiness, WHO country offices, regional offices and headquarters are all committed to ensuring that before emergencies and disasters occur they have the appropriate resources, systems, policies, BCPs and contingency plans (CPs), procedures and capacities in place to ensure that they can undertake systematic, predictable, effective operations in support of ministries of health and health partners and as part of United Nations country teams.

### Initiating operational readiness

In 2016, an internal baseline survey was conducted to assess the current level of readiness in country offices across all regions. The survey used proxy indicators from an internal WHO readiness checklist, which was developed in July 2015. Of the 148 country offices targeted, 116 responded to the survey (response rate: 78%). In the WHO South-East Asia Region, there was only a 55% response rate, reflecting the need to focus on the minimum readiness requirements of these country offices.

As indicated in the internal survey report: “The survey reveals the fragile operating conditions in many country offices while they are at the forefront of risk management and emergency response. The survey reflects an institutional oversight of readiness in WHO which can be addressed through high level support for the institutionalization of readiness within WHO and the introduction of mandatory readiness standards.”

The findings from the survey revealed a need to build and strengthen the operational readiness of the country offices, as well as ministries of health in the region, upon their request.

Taking into account the findings from the survey and field experiences from the ongoing emergencies in the region, an Emergency response operations manual was developed and disseminated to the WHO South-East Asia Regional Office and all the country offices of the region in May 2019 as a guide to response. The manual is basically a collection of procedures from the revised WHO Emergency response framework and emergency protocols from WHO headquarters, with further contextualization of those procedures based on practices in the region. The manual became the basis for the development in 2019 of a mobile application called ERO App – Emergency Response Application. ERO App has been designed to be a handy reference and information tool on response to emergencies in the region. It is envisaged that important information on readiness will be accessible through the mobile app. It will also be used to facilitate response activities by ensuring actions are taken immediately and efficiently.

### Building and strengthening operational readiness

In 2017, the WHE department of the WHO Regional Office for South-East Asia prioritized designing a training programme for WHE staff to work towards meeting the minimum corporate standards for operational readiness. It was intended to enable WHE staff in the country offices and Regional Office to plan and implement activities to ensure WHO country and regional operational readiness for emergency response.

The Regional Emergency Director led a team from the emergency operations unit in developing a strategic approach (see Fig. 1) to, and training programme on, strengthening operational readiness in the region. The training programme

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**Box 1. Minimum essential elements of operational readiness for WHO country offices**

- Readiness of a focal person in each WHO country office
- Availability of results of a strategic risk analysis enabling major risks and threats to public health to be identified
- Availability of a business continuity plan to address threats to the functionality of each WHO country office
- Availability of contingency plans to address and prepare for each of the major health threats identified by the risk analysis
- Availability of, or access to, an early warning system providing risk and event alerts and enabling monitoring and timely response
was designed with the principles of adult learning in mind. A blended approach was used consisting of a mix of self-directed learning, a 3- to 4-day residential course, group work and simulation exercises. The programme was divided into four modules to be completed over 2 years.

Each of the four modules followed the same process. First, pre-course video-conference calls were conducted with country offices to provide course orientation to participants; materials were sent to participants prior to the training; and available relevant online training courses were taken. Second, participants attended a 3- to 4-day residential course, which consisted of a review of the previous training module; country presentations on the application of the training to the management of an emergency; technical presentations; individual or group work; a simulation exercise; and daily and post-course evaluation. Third, participants followed up on training assignments and recommendations (e.g. by finalizing BCPs).

Target participants in the training programme were WHE focal points and staff in country offices and WHE department staff in the Regional Office. Even WHO Representatives participated in the residential courses for some modules. Participants in the third module included administrative officers and selected administrative staff of the Regional Office who handled emergency activities.

Participants were required to complete online learning courses before joining the first module, Readiness training I, namely Introduction: operational readiness (tier 1) and Incident management system (tier 1), delivered through the OpenWHO online learning platform.

The four modules of the training programme (see Box 2) were aligned with the scope and objectives of the WHO Emergency response framework. The residential courses took place during 2017–2018. The content covered the essential elements of the WHO Emergency response framework, the incident management system, operational readiness and tools for emergency response operations. More than 249 participants took part in the various residential courses, which were conducted at the Regional Office in New Delhi.

Box 2. Operational readiness training modules implemented for country offices during 2017–2018

Readiness training I Introduction to operational readiness, Emergency response framework, incident management system; practical training: virtual strategic health operations centre (vSHOC) (July 2017; 51 participants, 10 country offices)

Readiness training II Planning; business continuity plans; contingency plans (December 2017; 42 participants, 8 country offices)

Readiness training III Finance and administration; emergency standard operating procedures; human resources and deployment; logistics, supply chain and procurement (April 2018; 91 participants, 11 country offices)

Readiness training IV Information management; detection, verification and assessment; public communication; risk communication; functional exercise (September 2018; 65 participants, 11 country offices)
Findings from readiness training modules

Readiness training I
It was observed that there is a clear need to communicate across WHO as an organization that responding to emergencies is part of everyone’s job, regardless of grade or contract status. Improved communications will require capacity-building for WHE focal persons, an emergency management structure, and training modules, methods and tools available at country office level.

Readiness training II
The need for administrative officers to work with WHE focal persons on the development of BCPs was expressed by the participants. Support from the WHO Regional Office for South-East Asia on the continued development and validation of BCPs and CPs through exercises or evaluations following an event is needed.

Readiness training III
This training included staff from administration and finance and the WHO Global Service Centre, which provides administrative services to all WHO staff and offices worldwide in respect of human resources, payroll, procurement, accounts payable and support for certain corporate information technology applications. This more diverse composition of the group trainees (in contrast to just WHE focal persons from country offices and the Regional Office) enhanced discussions and problem-solving. The simulation exercise worked well to integrate the subjects of the training, although it was difficult to keep on schedule.

Readiness training IV
This fourth module was another information-rich experience for country office staff. The final simulation exercise conducted during this module drew on elements of all the previous training modules and allowed the participants to demonstrate an understanding of key deliverables under the Emergency response framework. The relevance and regional focus of activities and discussions was appreciated by participants. However, the transition from in-depth PowerPoint-based briefings to a more interactive form of knowledge development and transfer remains a challenge for health professionals at all levels of the organization. A return to an approach focusing more on scripted sessions could improve time management for future workshops.

Nonetheless, the progression from a simple tabletop exercise in the first readiness training module to a far more involved functional exercise in this final module demonstrated a significant increase in the ability and willingness of participants to reorganize themselves into functional groups to work towards an objective. The exercise components of the readiness training have always been rated as highly useful, and this expanded functional exercise drew suggestions from participants about having a readiness training module that consisted solely of an exercise, or supporting similar exercises at country level.

Multiple comments were made during the training, repeating a theme from the first training module, that there is a perception in country offices that preparing for and responding to emergencies is the work of WHE staff and not that of the entire office. It should be made clear in WHO that in an emergency not only the WHE, a single team operating across all three levels of WHO, but the entire WHO staff – including local and international, fixed term and short term, general and professional staff – are expected to support a response as needed, with new functions being assigned through a systematic repurposing process of all available staff if necessary. This must be reinforced in communications from leadership, but also by involving a broader group in the development of BCPs and CPs.

The feedback from this and the previous three modules show that participants are most engaged and feel they get the most benefit from sessions that have a hands-on component. One participant in this final module commented that the medical camp kit training was one of the most useful sessions, as many staff have little idea of how the kit – a temporary health facility to ensure continuity of basic health-care services during public health emergencies and disasters – is constituted, procured and stored. If possible, other kits, such as the interagency emergency health kit 2017 – medicines and medical devices for 10 000 people for approximately 3 months – and others, should be unpacked during any future training and staff given an opportunity to see the contents and the space required.

Challenges
There are constraints and challenges in developing operational readiness through training programmes and building it into the public health emergency systems.

It was a major challenge to prepare and deliver the readiness training sessions, including the discussions with participants, within the time available. Advance preparation of training materials is always challenging but even more so for a group dealing with emergencies at the same time. Lack of adherence to use of recommended templates impeded smooth delivery of the training. Time management was an issue in the group exercises throughout the training sessions. Participants were extremely enthusiastic and engaged, making cutting discussions short difficult. Individual country feedback was time consuming. Extending the training sessions was proposed by some participants; however, the benefits of longer training sessions need to be balanced against the disadvantage of taking country office staff away from their regular work.

Emphasizing the significance of operational readiness even within country offices, and the importance of involving staff working in non-emergency and health systems strengthening programmes, initially faced resistance as a result of compartmentalized thinking and concerns on the part of participants about their unpreparedness for responding to emergencies. However, the readiness training helped participants to understand how important it is for all staff to be involved in emergency preparedness and response. The use of different terminology – emergency preparedness, operational readiness and contingency planning – needs to be made crystal clear when it comes to developing operational readiness in national health systems. It may take some time at country level, as the political commitments under the Delhi Declaration are translated into policy and practice, for the concept of operational readiness to be adopted and BCPs and CPs to be finalized.

Impact of the training programme
The training programme facilitated the completion of WHO Country Office for Bangladesh’s BCP and of the BCP and CP
of its sub-office in Cox’s Bazar. During the Readiness training II module, the WHO Country Office for Bangladesh was not able to participate in the residential course in New Delhi. This was the module that included training on BCPs and CPs. A request was then made by the WHO Representative to Bangladesh to receive training on this in Dhaka and Cox’s Bazar because of urgent need arising from the Rohingya crisis. The completion of the CP was expedited because of the immediate need for planning for the 2018 cyclone and monsoon season in Cox’s Bazar.

Furthermore, by the end of 2018 all the country offices had submitted their finalized BCPs, which were then approved by the Regional Director. In 2019, Sri Lanka declared a state of emergency following the Easter Sunday bombings, and the country office’s BCP was activated. The BCP was operational for several weeks; when the emergency was over, an after action review was conducted and the plan was updated. In the Democratic People’s Republic of Korea, the WHO focal point used the principles taught as part of the training programme to draft a proposal to Gavi, the Vaccine Alliance, for an innovative project to ensure the readiness of immunization services in an acute emergency. For the past 3 years, the Democratic People’s Republic of Korea has been dealing with the impact of floods and landslides on the delivery of health services, and immunization programmes need to be prepared to cope in an emergency.

Because of the readiness training modules, the staff of the WHO country offices and the Regional Office for South-East Asia are better prepared for deployment to Grade 3 emergencies around the world. Staff have been well trained on aspects of the Emergency response framework and event response procedures, including the incident management system. Staff from the region have been deployed to emergencies in Bangladesh, the Democratic Republic of Congo and Mozambique.

The training has ensured that WHE staff in WHO offices have a higher degree of awareness of logistics and supply chain management. The emergency operations unit at the Regional Office is more prepared now to readily offer and manage direct sourcing of supplies to respond to immediate needs. It ensures that, as long as budget is available, the region maintains stocks of interagency emergency health kits, personal protective equipment kits, noncommunicable diseases kits, rapid diagnostic testing kits, antiviral drugs for influenza, and other essential emergency medicines and supplies. Another positive effect is that the training programme enhanced operational readiness not only within individual country offices but also through horizontal collaboration among them. For example, Nepal supported Bhutan in conducting training on installing medical camp kits in field camps on two occasions in 2018.

The Regional Office has been able to respond quickly to meet Member States’ expressed needs for emergency medicines and supplies in recent emergencies, especially during (i) the influenza outbreak in Myanmar in 2017 (oseltamivir supplies), (ii) floods in India in 2018 (rapid diagnostic tests for leptospirosis) and (iii) air pollution in India in 2019 (masks for teams doing field work).

The readiness training modules were a training programme planned, developed and implemented by WHO with the aim of strengthening the operational readiness capacity of WHO staff in the Regional Office as well as in country offices. The successful delivery of the four training modules resulted in some recommendations for further pursuing and improving operational readiness in the region (see Box 3).

### Box 3. Recommendations

- Based on the experience of this training programme, WHO should plan how it will implement a new round of training modules and should design refresher courses for the staff who have participated in the programme.
- WHO will have a technical advantage in designing a regional training programme on building operational readiness as part of the national preparedness plans of the ministries of health of the Member States. Horizontal collaboration should be promoted to increase the training capacity and experience of the Member States in various technical areas of operational readiness. Moreover, national readiness training should be customized to country contexts, systems and needs.
- With operational readiness training established as basic training for WHE staff, this could be a starting point for a wider human resource development plan. Internal specialized courses could be designed for and offered to the various teams in WHE to ensure capacity-building in their respective technical areas. Mentoring and opportunities for supervised deployment should be considered.
- Training impact reviews should be conducted to evaluate the impact of the training on health emergency response operations in recent emergencies and action taken on achievable, practical improvements to operations.
- A regional training consortium on health emergency management, focusing in particular on emergency preparedness and response, should be set up. The consortium could help to ensure the quality, sustainability and timeliness of training in the region, specifically for national rapid response teams and emergency medical teams.

### Conclusion and the way forward

Health risks, hazards and vulnerabilities, and the exposure of populations in the region to such risks and threats, can be minimized through risk-informed development planning integrated into national action plans for health security. However, hazards, health emergencies due to outbreaks of emerging and re-emerging diseases, and intentional or accidental chemical, biological and radionuclear threats are likely to keep occurring. Therefore, to protect the health of people in the region, countries need to be operationally ready for any seasonal or unexpected emergency. Emergency risk management was identified as an important regional flagship priority programme in 2014 and the Member States have confirmed their political commitment to it through the ministerial-level Delhi Declaration on Emergency Preparedness.

Ministries of health and country offices must have in place the capacities, resources and plans required to reduce the negative impact of emergencies on their populations and
health systems. The phased readiness training modules can be contextualized and adapted to national and local levels and country contexts. The lessons learnt from delivering the four modules of readiness training in WHO should further guide and pave the way for the development of a regional training programme on operational readiness engaging ministries of health and partners under a regional training consortium that can act as a catalyst in sustaining, maintaining and accelerating the operational readiness of national rapid response teams, emergency medical teams, operational partners’ deployment teams and the emergency preparedness and response system itself.

The resilience of the populations and health systems of the countries of the region will be increased if disaster risk reduction and emergency preparedness and response activities are supported by operational readiness measures.

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