

SOP | Standard Operating Procedures

For Coordinating
**Public Health
Event Preparedness
and Response** in the
WHO African Region





SOP

SOP

**Standard
Operating
Procedures**

For Coordinating
**Public Health Event
Preparedness and
Response** in the
WHO African Region

March 2014



FOREWORD

The International Health Regulations (IHR) require all States Parties to develop a set of core capacities in surveillance and response covering any “illness or medical condition, irrespective of origin or source that presents or could present significant harm to humans”. The Regulations reinforce WHO’s central role in managing public health events of potential international concern and require that the organization maintains the public health emergency systems, networks, partnerships and tools to rapidly identify, verify and assess public health risks of potential international concern. WHO’s ability to meet these requirements relies on the operational readiness and responsiveness of all levels of the Organization.

The Standard Operating Procedures for Coordinating Public Health Event Preparedness and Response in the WHO African Region (“the SOPs”) seek to inform and assist WHO staff at the frontline of public health action. The primary purpose of the SOPs is to describe the steps that staff should normally follow in support of countries in the region with regard to the prevention, detection and response to acute public health events. Although the focus is on infectious diseases, given their importance in the African Region, the funding, administrative, logistics and coordination mechanisms described are equally applicable to acute public health events caused by other hazards.



The methods, policies and procedures for preventing and controlling infectious disease outbreaks and other acute public health events develop and change over time. In order to ensure that these SOPs keep pace with such changes, they are being published electronically with references and links to other procedures and guidelines for those requiring more details. Users of the SOPs are encouraged to share the lessons learned during the application of the procedures for possible incorporation into future revisions of the document.

Finally, while the SOPs reflect usual practice, there will be circumstances from time to time that may require an adaptive response based on the professional judgement of the response staff and decision makers.

I hope you find the Standard Operating Procedures for Coordinating Public Health Event Preparedness and Response in the WHO African Region a valuable tool in assisting your work.

Dr. Luis Gomes Sambo
Regional Director, WHO Regional Office for Africa
Brazzaville, Congo



TABLE OF

FOREWORD	4
ABBREVIATIONS	9
1 INTRODUCTION	10
2 PURPOSE AND SCOPE OF STANDARD OPERATING PROCEDURES (SOPs)	11
3 RATIONALE	12
4 OPERATIONAL READINESS FOR SERIOUS PUBLIC HEALTH EVENTS	13
4.1 Purpose	13
4.2 Roles and responsibilities	13
4.3 Procedures	18
4.4 Outputs	19
4.5 Associated documents	20
5 DETECTING AND ASSESSING ACUTE PUBLIC HEALTH EVENTS	21
5.1 Early warning system for acute PHEs	22
5.2 Rapid risk assessment of acute PHEs	22
5.3 Convening the Emergency Meeting and WHO coordination	24



CONTENTS

6	ACTIVATING PUBLIC HEALTH EVENT RESPONSE	26
	6.1 Purpose	26
	6.2 Roles and responsibilities	26
	6.3 Procedures	26
	6.4 Outputs	30
	6.5 Associated documents	31
7	PHE COMMUNICATIONS	32
	7.1 Purpose	32
	7.2 Roles and responsibilities	32
	7.3 Procedures	33
	7.4 Outputs	35
	7.5 Associated documents	35
8	MONITORING PHE RESPONSE	36
	8.1 Purpose	36
	8.2 Roles and responsibilities	36
	8.3 Procedures	37
	8.4 Outputs	37
	8.5 Associated documents	37



9	EVALUATION OF PUBLIC HEALTH EVENT RESPONSE	38
9.1	Purpose	38
9.2	Roles and responsibilities	38
9.3	Procedures	38
9.4	Outputs	40
9.5	Associated documents	40
10	IMPROVE PREPAREDNESS AND RESPONSE PLANNING	41
10.1	Purpose	41
10.2	Roles and responsibilities	41
10.3	Procedures	42
10.4	Outputs	42
11	RESPONSE TO PUBLIC HEALTH EVENTS AT WHO COUNTRY OFFICE	43
11.1	Purpose	43
11.2	Standard Operating Procedures at WHO Country Offices	43
11.3	Responding to an acute PHE	44
11.4	Evaluation of PHE Response	46
11.5	Improve preparedness using lessons learned	46
11.6	Outputs	47
11.7	Associated documents	48

ABBREVIATIONS

AFR	African Region
CIRMF	Centre International de Recherches Médicales de Franceville (Gabon)
CV	Curriculum vitae
DFID	Department for International Development (UK)
DON	Disease Outbreak News
ECHO	European Commission - Humanitarian Aid & Civil Protection (ECHO)
EIS	Event Information Site [for IHR National Focal Points]
EMS	Event Management System
GOARN	Global Outbreak Alert and Response Network
GOARN OST	GOARN Operational Support Team
IHR	International Health Regulations
IDSR	Integrated Disease Surveillance and Response
IST	Inter-country Support Team, WHO AFR
MSF	Medecins Sans Frontieres
NFP	(IHR) National focal point
NICD	National Institute for Communicable Diseases (Republic of South Africa)
PH	Public health
PHE	Public Health Event
RRA	Rapid risk assessment
RRT	Rapid Response Team
Sitrep	Situation report
SOPs	Standard Operating Procedures
TOR	Terms of reference
USAID	United States Agency for International Development
US CDC	United States Centers for Disease Control and Prevention
WHO AFRO	World Health Organization African Regional Office
WHO CO	World Health Organization Country Office
WHO HQ	World Health Organization Head Quarters
WR	WHO Representative (also called Head of WHO Country Office)

1

INTRODUCTION



> INTRODUCTION

An acute public health event (PHE) is any outbreak or other rapidly evolving situation that may have negative consequences for human health and requires immediate assessment and action. The term includes events that have not yet led to disease in humans but have the potential to cause human disease through exposure to infected or contaminated food, water, animals, manufactured products or environments. The International Health Regulations (2005) define a “public health risk” as “the likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger.”

In the WHO African region countries, over 85% of acute PHEs are infectious disease outbreaks. On average about 100 PHEs are reported each year. These outbreaks contribute significantly to increased morbidity and mortality thus stressing the already scanty resources in the region. Timely, appropriate and well-coordinated response to the PHEs is thus critical to minimize the negative health and socioeconomic consequences.

WHO Country Offices (COs) are the front line in epidemic intelligence, risk assessment and response to acute PHEs in countries. The Disease Surveillance and Response programme of WHO AFRO (AFRO) is responsible for coordinating the response to PHEs such as outbreaks of cholera, viral hemorrhagic fevers, meningitis, yellow fever, and lead poisoning among others occurring in the region that require support from the Regional Office. AFRO works in collaboration with the WHO COs in the affected countries, the Inter-Country Support Teams (IST) and WHO Headquarters (HQ) to provide timely strategic guidance and support in outbreak verification, assessment, outbreak response, monitoring and evaluation, resource mobilization and communication. In addition, WHO works closely with a number of key partners in the African Region (AFR), including USAID, ECHO, DFID, MSF, the Gates Foundation, US CDC, Institut Pasteur, NICD, CIMRF and sister UN agencies.



2

PURPOSE AND SCOPE

> PURPOSE AND SCOPE OF STANDARD OPERATING PROCEDURES (SOPs)

A Standard Operating Procedure is a document which describes the regularly recurring operations to ensure that the operations are carried out correctly (quality) and always in the same manner (consistency).¹

The WHO's best practice principles for public health event management are timeliness, consistency, technical excellence and accountability.² These SOPs have been developed to provide clear guidance on the processes that should be followed to ensure coordination and timely response to acute PHEs in the African Region (AFR) by WHO Country Offices (COs), Inter-Country Support Teams (ISTs), the Regional Office and WHO HQ. The SOPs are thus for use by the relevant staff at all levels of WHO to ensure an effective coordination system is established that enables the right actions to be taken at the appropriate time before, during, and after a public health event, in accordance with the International Health Regulations (2005). The SOPs elaborate on the roles, responsibilities and relevant functions of the different levels of WHO in the response to PHEs in the region.

The SOPs have been written with a focus on infectious disease outbreaks given their importance in the AFR Region. However, in the early stages of acute PHEs when the underlying cause is undetermined, risk assessment and outbreak investigation require an "all hazards" approach, and many of the procedures described in these SOPs are relevant to PHE caused by other hazards.

¹ Adapted from FAO. Standard Operating Procedures. <http://www.fao.org/docrep/W7295E/w7295e04.htm>

² WHO "Best Practices" for WHO Epidemic Alert and Response http://www.who.int/csr/Best_Practices.pdf

3

RATIONALE



> RATIONALE

The premise underpinning these SOPs is that a coordinated early warning system leading to a timely and effective response to acute PHEs in the African Region will prevent ongoing disease transmission and reduce the negative public health as well as social and economic consequences of disease outbreaks.

Acute PHEs occur commonly in the African Region, reported by almost all the 46 member countries, yet there is limited capacity within many countries to respond to events that pose a serious public health risk. Country requests for technical, logistical, and financial assistance to enable timely and appropriate response to such events are received by the WHO CO, IST and AFRO.

To meet the demand for support by Member States and respond appropriately to all of them, it is imperative that clear and effective standard operating procedures for coordination of the different levels of WHO to identify and mobilize technical expertise, critical supplies and funds are elaborated and followed.

In order to enhance the coordination of WHO support to PHE in countries through a structured and systematic approach, these SOPs have been developed by AFRO in collaboration with ISTs, COs and WHO HQ. They include step by step guidance on the actions to be taken, time frames to be followed, and the responsible functions and/or entities to ensure coordinated, timely, and appropriate response to PHEs in the region. Accordingly, the SOPs will be made available to all levels of the Organization and will also be included in the orientation of new WHO staff and consultants involved in alert and response operations.



4

OPERATIONAL READINESS

> OPERATIONAL READINESS FOR SERIOUS PUBLIC HEALTH EVENTS

4.1 PURPOSE

- These procedures are to ensure that WHO in the AFR is ready to respond to acute public health events in the AFR in a timely, consistent and effective manner.

4.2 ROLES AND RESPONSIBILITIES

WHO's responsibilities under the IHR (2005) include:

- Coordinating global surveillance and assessment of significant public health risks and disseminating public health information to States Parties to the IHR
- Developing and recommending measures for surveillance, prevention and control of serious public risks for use by Member States
- Supporting countries to assess their existing national public health structures and resources, and to build and strengthen their core public health capacities for surveillance and response.
- Preparing for, and responding to acute PH events is a joint function of all levels of WHO. The WHO outbreak alert and response functions include disease surveillance, risk assessment, risk communications, field operations, resource mobilization, outbreak logistics, information management and monitoring and evaluation of the PHE response.³
- Country Offices in the AFR will collaborate closely with national authorities to support disease surveillance, risk assessment, PHE preparedness and response measures.
- WHO Regional Offices are identified as IHR Contact Points. AFRO provides a 24/7 contact point for urgent communications with Member States.

³ WHO Emergency response framework (ERF), 2013 http://www.who.int/hac/about/erf_.pdf

- Both the CO and RO should be copied in communications to the NFP.
- Multidisciplinary teams at AFRO and HQ support the CO team.
- The WHO organizational “lead” in the risk assessment and management of a serious PHE is determined on a case-by-case basis depending on a number of factors, including whether the event raises concerns that extend beyond a single country or WHO region, where the expertise for the event lies and where the resources to provide any requested support is situated. While the risk assessment is a joint effort of all levels of the Organization, the regional view is provided by AFRO and the global view by HQ.

Figure 1. Flowchart for WHO coordination of the PHE alert and response at WHO CO, RO and HQ levels

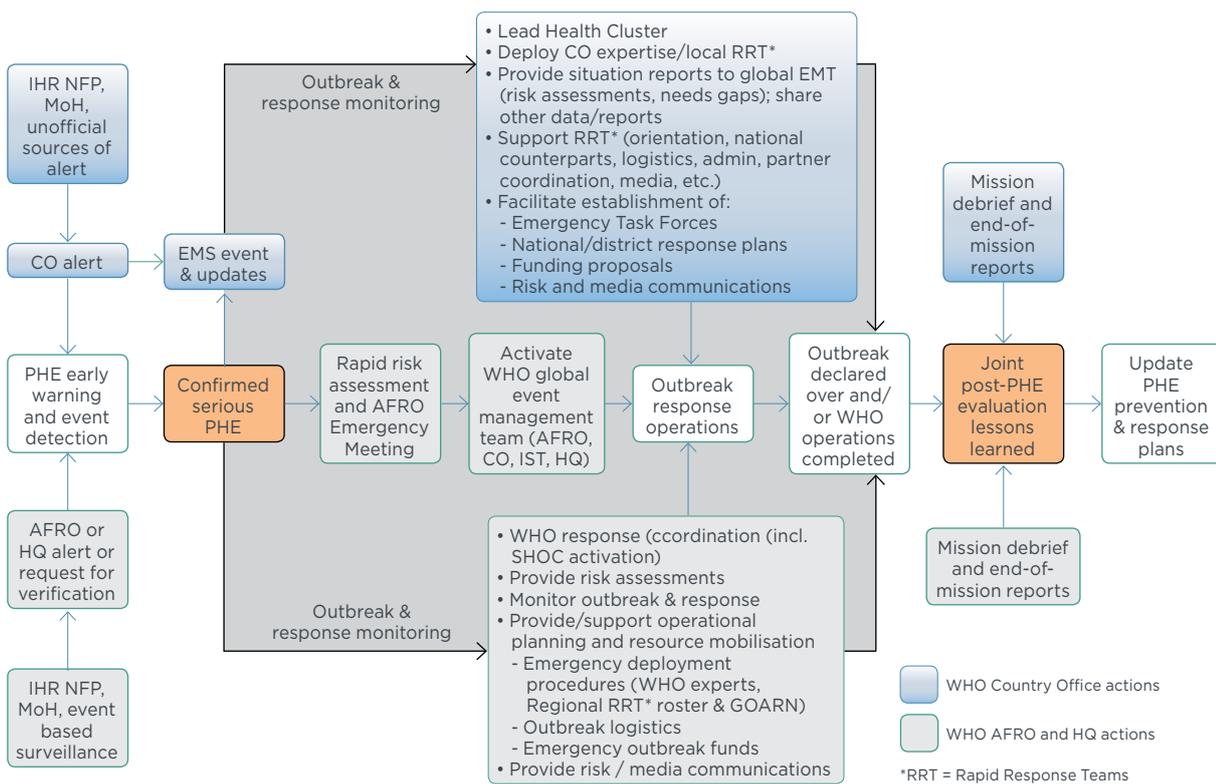


Table 1. Key functions of CO, RO and HQ in public health event management

WHO Office	Functions	Actions
CO	Preparing to respond to acute PHEs	<p>Develop and maintain a CO PHE Preparedness Plan and assist the host country in preparing a national response plan;</p> <p>Establish and maintain communications with the IHR NFP, Ministry of Health and other outbreak alert and response partners;</p> <p>Maintain situational awareness of the age-specific incidence, prevalence and geographical distribution of selected diseases relevant to the local context (cholera, measles, acute meningitis, viral haemorrhagic fevers, others) and the Case Fatality Rates for the most common infectious diseases (baseline against which to assess serious PHEs);</p> <p>Support the host country in the risk assessment and risk communications of acute PHEs;</p> <p>Develop and maintain a list of CO staff and local experts that could form part of a Rapid Response Team and encourage the host country to identify national expertise for rapid response;</p> <p>Maintain CO expertise in the use of the EMS and monitor EMS for early warning of potential cross-border PH risks;</p> <p>Support countries in funding proposal writing;</p> <p>If logistics support is available in-country, identify local sources of critical outbreak response supplies, including PPE</p> <p>Assist the host country in developing tools for PHE monitoring and post-PHE evaluation.</p>
AFRO		<p>Develop and maintain African Regional strategic plans, documents and tools for the rapid response to serious PHEs in the AFR (including the African Public Health Emergency Fund, the AFRO Logistics Response Strategic Plan 2013-17, the Public Health Event of Unknown Etiology: A Framework for Response in the African Region, risk maps for important epidemic-prone diseases in the AFR and templates for outbreak coordination mechanisms, reports, proposals, monitoring and evaluation);</p> <p>Provide a 24/7 IHR communications channel through the AFRO IHR Regional Contact Point;</p> <p>Maintain vigilance for acute PHEs through scaling of IDSR and participation in global event-based surveillance;</p> <p>Develop and maintain a roster of regional Rapid Response Team experts;</p> <p>Identify and earmark funds to support PHE response;</p> <p>Elaborate administrative and financial SOPs to facilitate rapid deployment of WHO staff and external consultants</p> <p>Maintain regional stockpiles and pre-position critical supplies for outbreak response, and develop emergency procurement SOPs;</p>



HQ		Support WHO in the AFR in facilitating: technical support to the CO (including through GOARN); resource mobilization and response coordination; outbreak logistics, GOARN networking and the development of regional response capacity, and through the elaboration of standards, norms and provision of training in outbreak prevention, detection, risk assessment, risk mapping and response.
CO	Activating the PHE - Alert, verification and risk assessment	<p>Contribute information required for the initial PHE risk assessment and subsequent reviews within 24 hours of request;</p> <p>Copy the RO in all IHR communications about acute PHEs occurring in the host country;</p> <p>Confirm receipt of a request for verification from the RO immediately and provide further information within 24 hours of request</p> <p>Create the event in EMS and update the information in a timely manner;</p>
AFRO		<p>In collaboration with HQ, carry out global event-based surveillance with a focus on the AFR;</p> <p>Triage incoming alerts from all sources and seek verification through the CO for events with the potential to pose a serious PH risk;</p> <p>Event Management Team convene the Emergency Meeting and carry out a rapid risk assessment of confirmed PHEs of concern;</p> <p>Event Management Team convenes the first teleconference with the CO and IST for a joint risk assessment and to identify and address urgent needs as well as potential involvement of HQ.</p>
HQ		Support the global event management team for the event by providing in-house technical expertise while preparing to mobilize internal and external resources as required.
CO	Responding to the PHE	<p>Chair the Health Cluster and convene partners in country for outbreak response coordination and planning;</p> <p>Mobilize CO staff or local experts to respond to the country request for assistance if possible while sourcing additional expertise through the RO and HQ;</p> <p>Facilitate establishment of a functional Emergency Task Force at National and District levels in the host country;</p> <p>Facilitate the development and implementation of national and district response plan(s);</p> <p>Monitor the outbreak, and provide situation reports and analyses on a regular basis (with a frequency determined by the evolution of the event and changes in the risk assessment);</p> <p>Update the EMS and share line listings & other data with AFRO and HQ;</p> <p>Maintain an event chronology, including key actions and decisions taken;</p>

CO	Responding to the PHE	<p>Facilitate the work of the Rapid Response Team(s) by orienting the team to the country, introductions to national counterparts, partner coordination, dealing with the media and managing administrative, logistical and political issues that may arise;</p> <p>Support the host country in writing funding proposals;</p> <p>Provide logistics for the outbreak response;</p> <p>Support the host country in risk and media communications</p> <p>Organise the Rapid Response Team end-of mission debrief with MoH and CO and accept and approve the final outbreak investigation report.</p>
AFRO		<p>Activate the SHOC within 24 hours of confirmation of a serious PHE</p> <p>Provide the required technical, logistics and financial support</p>
AFRO and HQ		<p>Facilitate regular teleconferences of the Event Management Team and summarize key findings, actions and decisions;</p> <p>Mobilize WHO technical experts as part of Rapid Response Teams;</p> <p>Carry out critical analysis of the incoming outbreak information and event mapping (GIS) in a timely manner to inform situational awareness and support decision making;</p> <p>Assess the potential for cross-border/international spread of the disease;</p> <p>Prepare and publish key information products including EIS and Disease Outbreak News, the Outbreak Dashboard, Outbreak News Bulletin and GOARN website updates, media talking points and frequently asked questions;</p> <p>Develop funding proposals;</p> <p>Provide ongoing operational support to the Rapid Response Team(s) in the field, including staff rotations, including outbreak logistics;</p> <p>Support the CO in partner coordination and resource mobilization;</p> <p>Maintain event chronologies, including key actions and decisions taken and update EMS regularly;</p> <p>AFRO accepts and approves the final outbreak investigation report.</p>
All levels	Post-PHE	<p>Produce, approve and share final outbreak investigation report(s) with the Member State and the global Event Management Team (and with relevant partners as appropriate);</p> <p>Carry out an operational debrief and/or more formally evaluate the PH response within 4 weeks of the outbreak being declared over;</p> <p>Prepare an outbreak evaluation concept note;</p> <p>Prepare and distribute the evaluation report for internal use;</p> <p>Use lessons learned to improve preparedness and response planning, operations and tools;</p> <p>Review epidemic preparedness and response plans reviewed, and update if required on the basis of the lessons learned. Share with the global Event Management Team (and relevant partners as appropriate).</p>



4.3 PROCEDURES

The following actions will be undertaken to develop and maintain operational readiness to respond to serious PHEs:

4.3.1 Financial resources

WHO/AFRO has supported the establishment of a financial mechanism, the African Public Health Emergency Fund (APHEF), to which Member States contribute funds annually. This fund will be accessed by countries that need financial support to respond to PHEs within their jurisdiction.

1. Identify and earmark funds for PHE support at Regional, IST, and Country Offices if possible
2. Ensure that all Member States are familiar with the mechanism to access the African Public Health Emergency Fund which is described in the APHEF manual
3. Identify other possible funders for PHE response and their application templates
4. Develop templates for proposal development
5. A funding source for deployment of experts to support the response to PHEs should be earmarked by all WHO offices in the AFR and WHO HQ.

4.3.2 Human resources

1. The roster of experts (Regional Rapid Response Team) will be reviewed annually and updated if required by AFRO with current contact information, CVs, and an indication of availability for deployment.
2. A list of WHO staff who could also be deployed to support response, their specialty areas and contact information to be developed and regularly updated by AFRO.
3. Generic terms of reference for core (and event-specific functions for priority diseases) will be developed.
4. All WHO staff must be up-to-date with their security training.

4.3.3 Administrative procedures

1. Administrative procedures for emergency deployment of staff and external consultants will be developed and agreed upon by Human Resource Management (HRM)/AFRO and HQ.
2. The procedures to expedite deployments will be developed with HRM and will cover authorization/approval processes, contract types, travel arrangements and per diems, initial payments, medical clearance, security clearance and insurance.

4.3.4 Logistics support

The objectives of logistics support are to provide operational assistance in the ongoing management of logistics required for PHE response and to ensure rapid deployment of required supplies including medical and laboratory supplies and vaccines, transport, communications etc.

1. Procure response kits and other supplies for response to common PHEs in the region.
2. Pre-position the supplies at the ISTs and COs of some countries in regional travel/trade hubs.
3. Maintain an updated inventory of the supplies available.
4. Develop, and agree with the procurement department, emergency procurement procedures.

4.3.5 Monitoring and evaluation

1. AFRO is to develop and disseminate a generic evaluation protocol and template for the response to PHEs.
2. COs should guide the countries in the adaptation of the protocol to include some specific issues related to priority PHEs.

4.4 OUTPUTS

4.4.1 Financial resources

- Earmarked funds for technical support to PHE response;
- Templates for proposal development to access the Public Health Emergency Fund and other funding sources.

4.4.2 Human resources

- Annually updated roster of RRT members, their contact details, and CVs;
- Annually updated list of WHO staff to support PHE response, their contacts and speciality
- Generic terms of reference for Rapid Response Teams (core functions and selected disease-specific functions).

4.4.3 Administrative arrangements

- Procedures for the emergency deployment of WHO staff and/or external consultants for PHE responses.

4.4.4 Logistics support

- Prepositioned regional stockpile
- Stockpile inventory
- Emergency procurement procedures.



4.5 ASSOCIATED DOCUMENTS

4.5.1 Financial resources

- African Public Health Emergency Fund Operations Manual
- Templates for proposal development (to be obtained from key funding bodies)

4.5.2 Human resources

- Generic Terms of Reference for Rapid Response Teams

4.5.3 Administrative arrangements

Standard Operating Procedures for the emergency deployment of Rapid Response Teams

4.5.4 Logistics support

- AFRO Logistics Response Strategic Plan 2013-17
- AFRO Standard Operating Procedures for Logistics



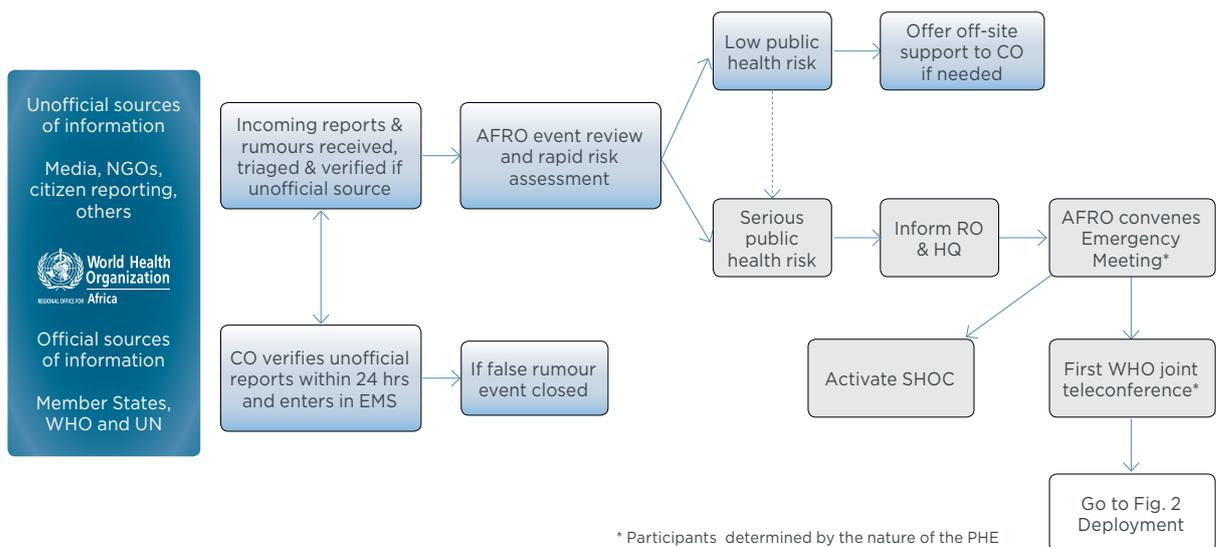
5

DETECTING AND ASSESSING

> DETECTING AND ASSESSING ACUTE PUBLIC HEALTH EVENTS

This section highlights the steps to be followed from receipt of an alert of a PHE to activation of the outbreak response in AFRO. The reporting or detection of the event serves as the trigger for event verification and risk assessment.

Figure 2. Flow chart - From receipt of a public health alert to the Emergency Meeting at AFRO





5.1 EARLY WARNING SYSTEM FOR ACUTE PHES

5.1.1 Purpose

- This procedure is to ensure that events with the potential to pose a serious public health risk are rapidly and consistently identified.

5.1.2 Roles and responsibilities

Media monitoring (rumour surveillance) within the AFR for reports of PHEs in Member States is a daily responsibility of the Event Management Team in AFRO. The designated surveillance officer or epidemiologist responsible for event-based surveillance each day will carry out the following procedures:

5.1.3 Procedures

1. Triage incoming information to identify events of potential concern for further consideration by the Event Management Team. This should include all official communications.
2. Contact the relevant WHO CO for verification of the information if the information is from unofficial sources (which may involve communications under the IHR), requesting a response within 24 hours.
3. Produce a list of events requiring a rapid risk assessment by the Event Management Team and provide a situation summary at the meeting for each event.

5.1.4 Outputs

- The verification process of media reports and other unofficial reports of potentially serious PHEs is initiated within 24 hours of detection.
- A list of events for discussion at the Event Management Team meeting.

5.1.5 Associated documents

- Sources of information used in event-based surveillance.

5.2 RAPID RISK ASSESSMENT OF ACUTE PHES

5.2.1 Purpose

- This procedure is to ensure that PHEs in the AFR detected by surveillance or reported to WHO staff undergo a rapid risk assessment to determine the level of risk to public health.

5.2.2 Roles and responsibilities

The Event Management Team in AFRO is responsible for carrying out the rapid risk assessment of the PHEs triaged as potentially serious.

5.2.3 Procedures

1. Review the initial information provided in the list of events within 24 hours of receipt and carry out a rapid risk assessment using established criteria to determine whether the event is, or has the potential to become, a serious public health risk. If the information available is not adequate for this decision, contact the CO for additional information. This may require a formal request for verification under the IHR if less formal communications have failed to provide the information needed for a risk assessment. If a PHE is considered a real or potential serious public health risk, convene an Emergency Meeting.
2. If the event is considered a low risk to public health, the Event Management Team will follow up with the CO to provide any off-site support that may be needed.
3. Any PHE that requires action from WHO will be systematically entered into EMS at the CO level. The Event Management Team will share its risk assessment with the CO. If there is inadequate in-country capacity to manage the information in EMS, the CO should request that the Event Management Team assist with data management.
4. If a suspected PHE is revealed to be a false rumour, following communication with CO the event is closed in EMS by the CO with brief documentation in a summary note.

5.2.4 Outputs

- The systematic rapid risk assessment of triaged events detected through event-based surveillance and those reported through official channels.
- An initial decision on whether an event poses, or has the potential to pose, a serious public health risk.
- Immediate information sharing between the Event Management Team and AFRO technical leads and senior management about serious public health risks.
- Provision of off-site support, if required, through the CO for events posing a low risk to public health.
- All PHEs requiring action by WHO are entered into EMS. Events that prove to be false rumours are entered into EMS and quickly closed.

5.2.5 Event Management Team composition

- Core functions represented in the Event Management Team are disease surveillance and epidemiology, laboratory expertise, data management, outbreak logistics and outbreak communications.
- If information available is insufficient to confidently rule out non-infectious causes of the PHE initially, the group carrying out the risk assessment may include other subject matter experts for an “all hazards” approach to the risk assessment (food safety, chemical safety, radionuclear safety etc.).

⁴ The WHO Rapid risk assessment of acute public health events (2012) document provides a step-by-step guide on performing a rapid risk assessment and gives an example of disease-specific hazard, exposure and contextual assessment.



5.2.6 Associated documents

- WHO Western Pacific Regional Office A Guide to Establishing Event-based Surveillance
- Technical Guidelines for Integrated Disease Surveillance and Response in the African Region
- WHO Rapid risk assessment of acute public health events (2012)
- Australian National Emergency Management Committee (2010). National Emergency Risk Assessment Guidelines. Tasmanian State Emergency Service, Hobart.

5.3 CONVENING THE EMERGENCY MEETING AND WHO COORDINATION

5.3.1 Purpose

- This procedure is to ensure a rapid and coordinated WHO response to serious public health risks in the African Region.

5.3.2 Roles and responsibilities

AFRO is responsible for convening an Emergency Meeting to discuss events assessed as serious risks to public health.

5.3.3 Procedures

1. The Event Management Team will present a summary of the current situation and the conclusions of the rapid risk assessment to the meeting.
2. The Event Management Team and subject-matter experts within AFRO will carry out and document a more detailed joint risk assessment (including the level of confidence in the assessment and taking into consideration the Annex 2 decision instrument).
3. If the risk assessment affirms that the event poses a serious public health risk, the Emergency Meeting will also:
 - Assign an event manager
 - Decide whether to activate the SHOC and PHE response at this time
 - Develop an agenda for the first teleconference involving AFRO, the CO, IST and HQ. Decide on the teleconference chair and who will be responsible for taking the minutes of the meeting.
 - Assign a team member from the Event Management Team to contact the CO requesting any additional information needed to inform the risk assessment and response options in advance of the first joint teleconference.
 - Identify the teams and disciplines from each level of WHO required at the teleconference (the global event management team). The composition of the team will depend on the nature and scale of the PHE.

4. AFRO to initiate first tele/videoconference with CO and IST within 24-36 hours of the Emergency Meeting to:

- Provide a situational update to the participants and identify gaps in knowledge
- Identify and prioritize country needs;
- Agree on actions for the first operational period for each level of WHO based on the risk assessment, country needs and the expertise and resources available in each WHO office to support the CO;
- Address any immediate risk communication and media communication needs;
- Ensure the event is created in EMS by the CO if not already done;
- Agree on the frequency of the teleconferences based on the nature of the event and how quickly the situation is evolving;
- Agree on the primary point of contact (event manager) for the event at each level of WHO.

5. Circulate minutes of the meeting within 24 hours with the participants and HQ (and before the next teleconference if more frequent teleconferences are required) and upload the information into EMS.

6. Depending on the event and the result of the risk assessment, convene a meeting with HQ.

5.3.4 Outputs

- AFRO Emergency Meeting convened within 24 hours of receipt of information about a serious PHE;
- SHOC activated within 24 hours of confirming a serious PHE;
- Initial teleconference among AFRO, CO, IST and HQ scheduled and conducted;
- First joint risk assessment completed and documented;
- Frequency and time of regular teleconferences for the first operational period agreed;
- Primary contact points for the PHE at each level of WHO identified;
- Teleconference minutes circulated;
- PHE response formally activated.

5.3.5 Associated documents

- Strategic Health Operations Centre (SHOC) Standard Operating Procedures;
- Template for convening emergency tele/videoconferences;
- Template for recording the minutes of the meeting.

6

RESPONSE



> ACTIVATING PUBLIC HEALTH EVENT RESPONSE

6.1 PURPOSE

- The purpose of this procedure is to support countries by strengthening their immediate capacities for a timely and effective PHE response in the context of the IHR to mitigate the impact of the outbreak.

6.2 ROLES AND RESPONSIBILITIES

- AFRO is the first point of contact to address the technical and financial needs identified by the COs including, but not limited to, providing strategic guidance and technical support as needed, monitoring and publicizing progress, and supporting in mobilizing political and financial support.
- The WR of the affected country requests technical and/or financial assistance in the letter of request through AFRO, copying the IST. A draft PHE Response Plan should be sent with the letter of request wherever possible.
- WHO HQ provides support and supplements the resources of the Regional Office.

6.3 PROCEDURES

6.3.1 Deployment of Experts

1. The CO will attempt to source experts from within the CO in the first instance in response to the country request for assistance.
2. AFRO will acknowledge receipt of the letter or email from the WR requesting technical assistance, indicating the type of experts required and the proposed duration of deployment.

- a. Review and discuss the request at the in-house daily meeting to identify the most appropriate expert(s) for deployment
 - b. In collaboration with the IST, source experts from among WHO staff the Regional Office, IST, other COs, HQ.
3. If WHO is unable to mobilize staff, suitable external consultants will be identified from the CO or Regional roster of experts for Rapid Response Teams and/or from GOARN partners.
 4. AFRO will share the generic TORs with the WR of affected country to adapt to country requirements if necessary.

Deployment of WHO staff

5. If WHO staff are to be deployed, the Event Management Team's administrative support (EMT Admin) will initiate contractual and travel arrangements to ensure that the expert arrives in the affected country within 48 - 72 hours of receipt of the country request for assistance-
 - a. Share TORs⁵ with the selected staff member(s)
 - b. Engage the emergency procedures for the deployment of WHO staff in GSM while initiating travel requests and authorization. Travel authorization to be issued within 24 hours. The most direct itinerary to the country will be chosen to enable arrival within the shortest time possible
 - c. Issue the ticket
 - d. Arrange for a visa to the host country if required and contact the CO to arrange for a visa on arrival if possible
 - e. Staff will be reminded to seek security clearance.
 - f. Share the final travel itinerary with the CO. The CO will arrange for transport, accommodation, briefings and orientation and internal deployment.

Deployment of external consultants

6. If an external consultant is to be deployed:
 - a. Within 24 hours of the letter of request, AFRO will review the AFR roster of experts for at least the 3 most appropriate persons. If none is appropriate, GOARN partners will be contacted through the HQ/GOARN Operational Support Team (OST). GOARN OST to respond within 48 hours about the availability of experts.
 - b. The Event Management Team's administrative support will initiate contractual and travel arrangements to ensure that the expert arrives in the affected country within the next 3-5 days.
 - i. Share TORs⁴ with the consultant and confirm the date of deployment
 - ii. Engage the emergency procedures for the deployment of external consultants in GSM while initiating travel requests and authorization

⁵ To ensure continuous capacity building in affected countries, the TORs of deployed experts should specifically include the requirement that they work with local staff to build their capacity in their specialty area through knowledge and skills transfer.

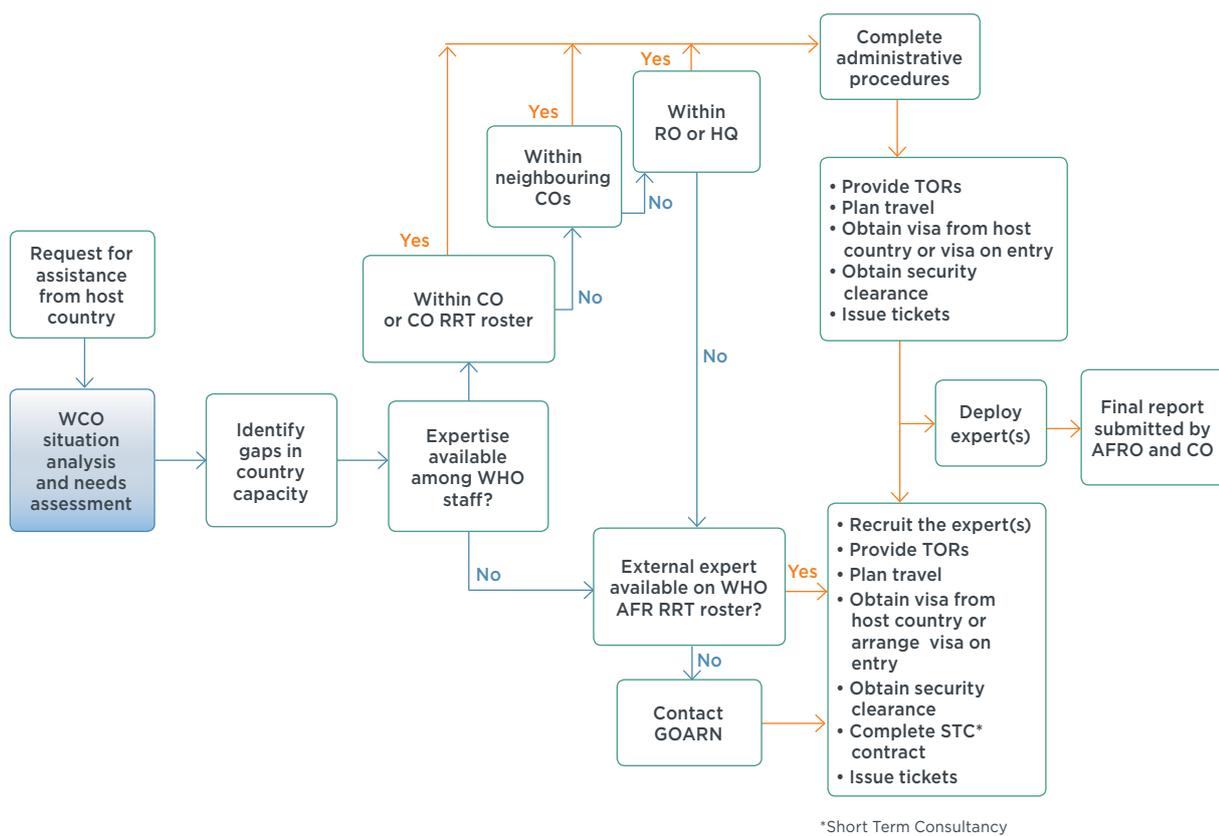


- iii. Issue the ticket
- iv. Arrange for a visa to the host country if required and contact the CO to arrange for a visa on arrival if possible
- v. Share the final travel itinerary with the CO. The CO will arrange for transport, accommodation, briefings and orientation and internal deployment.

Staff rotation plan

- 7. AFRO will develop and regularly update a staff rotation plan
 - a. Staff will be rotated after 2 - 4 weeks depending on the intensity of work and availability of other experts within the same discipline.

Figure 3. Deployment of experts to support the CO in responding to a PHE



6.3.2 Financial support

Upon receipt of the letter of request for assistance:

- 1. An internal AFRO discussion will be held immediately to agree on options for financial support;

2. After senior management approval, the Regional Office Management Support Unit (RSU) will be emailed about the funds to be provided to the CO;
3. RSU to communicate the PTAE0 to the CO within 24 hours after consultation with the DSR programme;
4. The CO will inform the government of the host country about the mechanism of accessing funds from the African Public Health Emergency Fund, and other possible sources of financial support;
5. Using available templates, AFRO will work with the CO and HQ to generate proposals for resource mobilization.

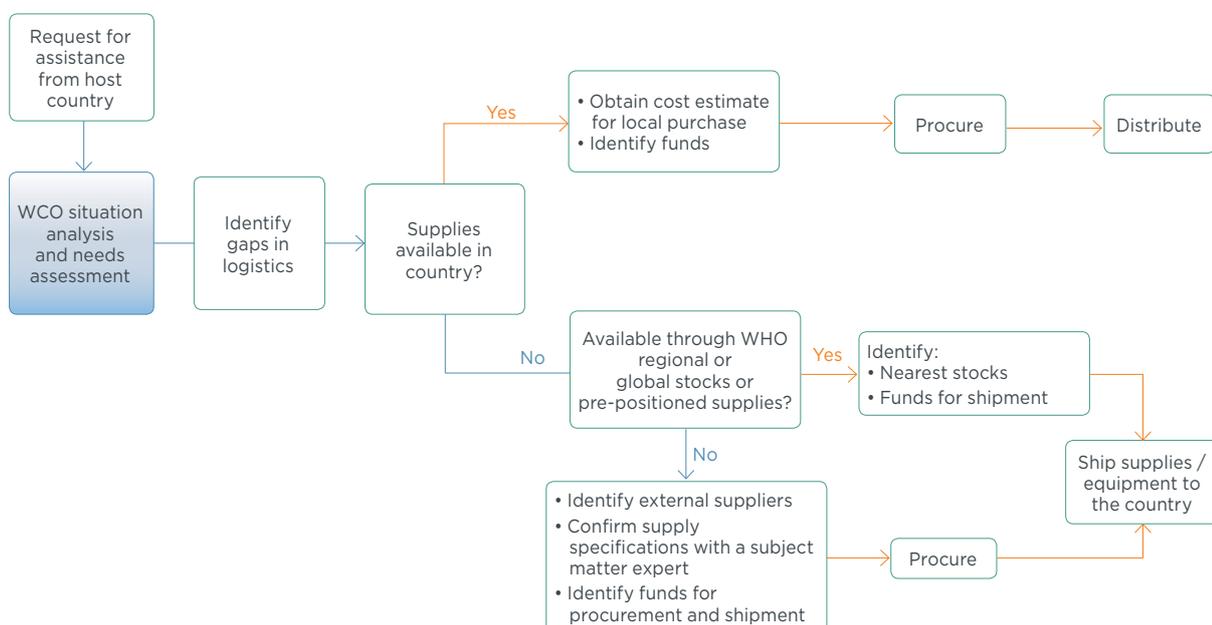
6.3.3 Logistics support

1. If the affected country has logistics capability, the CO should submit a request for logistics support following the preliminary investigation and logistics assessment. A logistics assessment report should be attached to the request.
2. If the affected country has no capacity for logistics assessment, the IST and/or AFRO will identify and deploy a logistician to provide technical support and conduct a logistics assessment
3. The logistician will submit the logistics assessment report within 3 – 5 days after notification of the PHE.
4. Based on the report, the country will initiate the formal request for logistics support.
 - a. The logistician will continue to support the response as per his/her TORs
 - b. The logistician will work with local staff to build capacity for logistics management during PHEs.
5. Upon receipt of the logistics support request, the AFRO logistician will check the inventory to ascertain if the supplies are available and where they are pre-positioned.
6. The AFRO logistician will initiate arrangement for shipment within 24 hours of receipt of request for assistance
 - a. Select the fastest means of shipment possible e.g. airlifting PPE instead of shipping. The shipment should reach the affected country within 72 hours of receipt of the request, depending on the availability of freighting;
 - b. Share dispatch documents with the CO immediately after dispatch to enable preparations for immediate clearance on arrival;
 - c. Monitor the shipment until it arrives in the affected country;
 - d. Update the inventory with what has been issued.
7. In case the requested supplies are not in stock, the AFRO logistician will identify funding and initiate emergency procurements, in collaboration with Procurement Department, in accordance with the guidelines for emergency procurement



- a. Shipment of supplies procured for country support should be shipped directly to the CO within 7 days of request; surplus should be shipped for pre-positioning at either the IST or AFRO;
- b. Shipment documents to be shared with the recipient country immediately after shipment or arrangements are finalized to enable rapid clearance of the supplies through customs.

Figure 4. Logistics management during PHE



6.4 OUTPUTS

6.4.1 Deployment of experts

- Deployment of WHO staff within 72 hours of request for assistance to the affected country(ies);
- Deployment of external consultants within 1 week of request for assistance to affected country(ies);
- Staff rotation plan for all PHEs responses of more than 2 weeks' duration.

6.4.2 Financial support

- Timely initial financial support to the country within 24 hours of receipt of request;
- Mechanism and templates for accessing the African Public Health Emergency Fund finalized and disseminated to all countries;
- Templates for proposal development available;

- List of possible funders for countries to approach for possible financial support and their application templates available;
- Joint resource mobilization for PHE response.

6.4.3 Logistics support

- Pre-positioned emergency stocks for the PHE response at regional, sub-regional and country levels;
- Updated inventory of supplies for PHE response available in the region;
- Emergency procurement procedures in place;
- Shipment of logistics in-house to the requesting country within 72 hours of request for assistance;
- Shipment of supplies procured through emergency procurement to the affected country within 7 days;
- Timely deployment of a logistician for technical support to the affected country within 72 hours;
- Timely logistics assessment report within 5 days;
- Logistics management capacity building at country level.

6.5 ASSOCIATED DOCUMENTS

6.5.1 Deployment of experts

- Criteria for activating GOARN request for assistance;
- Emergency procedures for the deployment of WHO staff and external consultants in GSM;
- Template for a staff rotation plan.

6.5.2 Logistics support

- AFRO Logistics Response Strategic Plan 2013-17;
- Template for logistics assessment report;
- Logistics Standard Operating Procedures for Emergency Procurement

7

COMMUNICATIONS



> PHE COMMUNICATIONS

7.1 PURPOSE

- Timely and effective operational, risk and media communications are critical during PHEs to share accurate information within WHO and with Member States, partner organizations and the public.
- Timely and accurate operational information and up-to-date risk assessments support evidence-based decision making appropriate to the level of risk posed by a PHE.

7.2 ROLES AND RESPONSIBILITIES

- Various communication products will be developed for all serious PHEs by the affected CO, AFRO or HQ as indicated below.
- Media communications is a designated function at each level of WHO.
- Operational communication are the responsibility of the PHE response team at each level of the Organization and are described under Convening the Emergency Meeting and WHO Coordination (Section 5.3).
- Risk communications are the responsibility of the PHE response team at each level with the input from subject matter experts
- Clearance/approval processes and delegations vary with each communication product (see below)
- The event manager of each serious PHE will coordinate provision of support to the affected country in the area of communications, if necessary.
- It is critical to ensure that there are no discrepancies in the information shared through the different communication products. To achieve this, there is a need for coordination and continuous sharing of information between the different levels of WHO, as well as adherence to the clearance processes.

7.3 PROCEDURES

7.3.1 Operational communications

- **IHR Notification:** A written IHR notification about the PHE, including a risk assessment should be sent to IHR secretariat in AFRO by the IHR National Focal Point within 24 – 48 hours of event verification.
- **Event Management System:** This is the secure global database for WHO staff to share operational information about acute PHEs. All PHEs requiring action by WHO are entered into EMS. For the information to support risk assessment and decision making, the information should be updated in real-time. Events that prove to be false rumours are entered into EMS and quickly closed. See WHO Rapid risk assessment of acute public health events (2012).
- **Tele/videoconferences of the global event management team.** The frequency of conferencing will depend on the PHE and is influenced by the cause, context in which the event is occurring and how rapidly it is evolving. Typically, these conferences occur almost daily in the early stage of an outbreak when uncertainty is high and are later less frequent.
- **Daily Situation Report (Sitrep):** The WHO CO will develop and share this report with the event management team, initially on a daily basis. It should include updates on case definitions, epidemiological updates including cases, deaths and contacts under surveillance, status of laboratory investigations, response actions undertaken, planned activities and any perceived gaps in the response, and any additional support required. The daily situation report should include adequate information to enable the other levels of WHO to monitor the trend of the PHE, provide appropriate advice and/or take appropriate action in a timely fashion.
- **Daily Summary of Health Events:** This is produced by AFRO daily and used to share information with the internal WHO staff specifically, the WRs, IST coordinators, WHO/CO - DPCs, HQ Alert and Response Coordinators, the DPC/AFRO and the Regional Director. It includes information on all PHEs ongoing within the region. The main source of information for this product is the EMS, situation reports from countries, and minutes of teleconferences.
- **Outbreak Summary:** This is produced by AFRO regularly as the outbreak unfolds to brief internal WHO management and staff on PHEs, progress of the response including who has taken what actions, where and when, who is planning to carry out what, and roles WHO has played in the response. The main sources of information for the Outbreak Summary are the EMS, daily Situation Report from the respective countries, teleconference minutes and minutes from the AFRO staff meetings.

7.3.2 Risk communications

Public communications

- **Outbreak News (ON) Bulletin:** This report is produced daily by AFRO and includes an update on the PHE in a given country. The frequency of the ON may be reduced to 2 – 3 times a week as the PHE evolves. This should be agreed upon by HQ, AFRO, IST, and COs. The ON is submitted for review and feedback to the WR of the country affected and by AFRO before it is posted

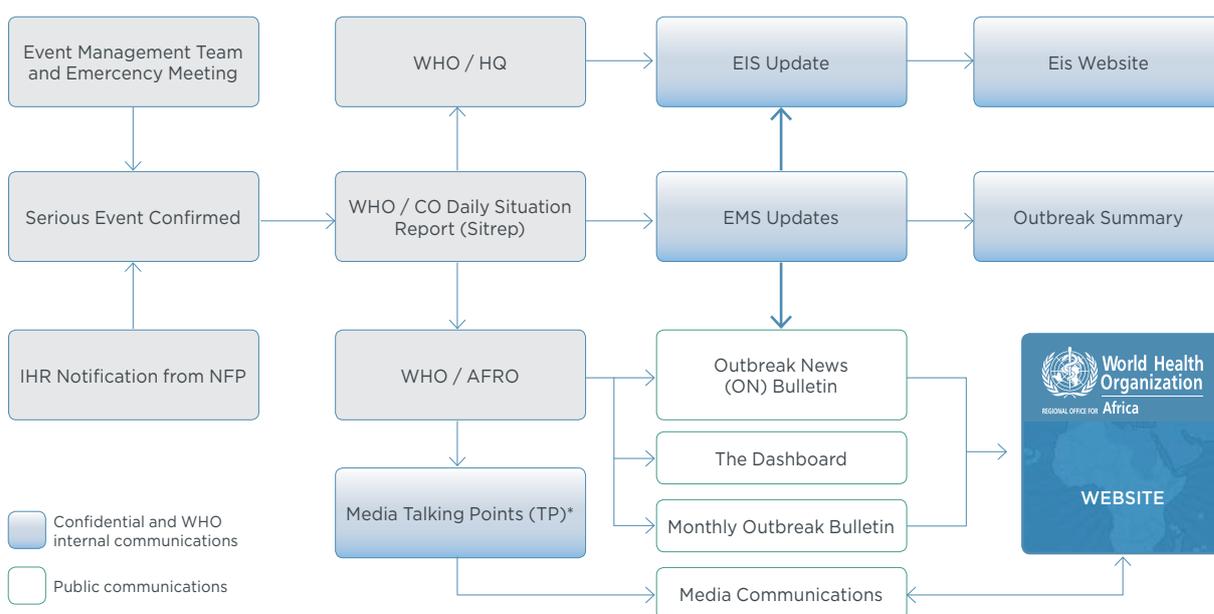


to the WHO/AFRO website. Clearance of the ON should be within 12 hours of receipt. (Event information appearing in the ON may also be posted on the WHO HQ Disease Outbreak News website).

- **Dashboard:** This report is similar to the ON in that it describes a single PHE but uses maps, graphs, tables etc. to show the status of the PHE, and is produced weekly by AFRO. The main source of information is the EMS. It is posted in the SHOC room and the WHO/AFRO website.
- **Monthly Outbreak Bulletin:** This report summarizes all the outbreaks in the AFR. It is regularly released in the 3rd week of each month. The main source of information for this bulletin is the weekly data that are shared from countries through CO and includes outbreak reports, situation reports and cleared minutes of teleconferences. The publication is posted on the AFRO website and disseminated worldwide to response partners.

Confidential (secure) communications

- **Event Information Site (EIS) Updates:** Under the IHR (2005), WHO is expected to provide to State Parties timely updates on acute PHEs of international concern while respecting the sensitivity and potential confidentiality of such information. The Event Information Site was developed for secure communications with National IHR Focal Points (NFP). This website is accessible only to individuals designated by the NFP, WHO and relevant intergovernmental organizations. The update to the EIS site includes information about the PHE, the country affected, the summary risk assessment, and actions being taken. Historically, AFRO/GCR at HQ which is the site manager for the EIS has drafted the update in collaboration with AFRO, the CO and subject matter experts as needed and circulated for comment and clearance. However, all COs and Regional Offices should initiate EIS communications.
- The WR of the affected country is expected to respond to the draft within 6-12 hours of receipt. In accordance with the IHR, WHO consults with (informs) the affected country before posting information on the EIS. The CO shares the draft with the NFP to ensure factual accuracy. Information is posted on the site at the beginning of the PHE, with regular updates at a frequency commensurate with changes in the risk assessment until the PHE is closed.
- In certain situations of low public health risk but high international concern (e.g. smallpox rumours), information about the steps WHO has taken to verify the rumour and the correct diagnosis (e.g. chickenpox) is posted on the EIS to allay those concerns and to prevent individual countries from applying travel or trade restrictions on the country based on misinformation.

Figure 5. Flow chart of operational and risk communications products during PHE response

7.3.3 Media communications

- AFRO will develop media talking points on frequently asked questions in collaboration with the CO and HQ at the beginning of the event and updated as required. The talking points will be shared with all levels of WHO.

7.4 OUTPUTS

- Accurate and timely communication products
- Appropriate and well-coordinated communication on PHE conducted in the affected countries
- WHO staff, partners, and the public regularly updated about the PHEs in the region
- Timely provision of technical, logistical, and financial support to affected countries for communications.

7.5 ASSOCIATED DOCUMENTS

WHO Outbreak Communication Guidelines (2005)

8

MONITORING



> MONITORING PHE RESPONSE

As the PHE evolves, it is important to continuously monitor its evolution and the effectiveness of prevention and control measures, re-assess the risk, communicate the risk and modify response actions if required.

Risk assessment is a systematic way of gathering, assessing and analyzing information about a PHE in order to determine the level of the risk. Risk assessment is one component of the risk management cycle. The findings from risk assessment inform further actions/control measures to mitigate the impact of the PHE. Sources of data for monitoring and evaluation include situation reports, epidemiological and laboratory data and consultants' reports. Communication products and the EMS should be regularly updated with information from the ongoing risk assessment.

8.1 PURPOSE

- The purpose of this procedure is to ensure that the most up-to-date information about the level of public health risk posed by the event is available to inform risk management and risk communications.
- Risk assessment and monitoring the effectiveness of control interventions is a continual process from the detection of a PHE to its resolution (Figure 6).

8.2 ROLES AND RESPONSIBILITIES

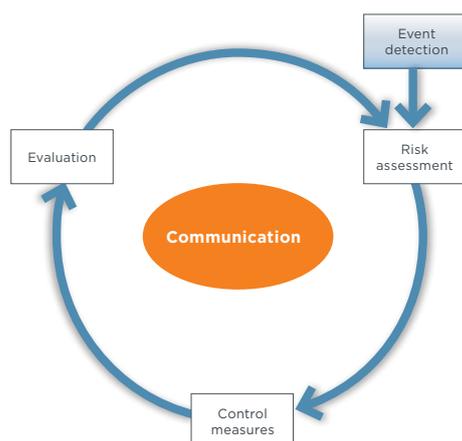
- CO, Rapid Response Team Leader(s), AFRO, IST, WHO HQ all potentially contribute to updating the risk assessment as well as subject-matter experts and the media unit(s) involved in the response.

8.3 PROCEDURES

After the PHE response has been initiated, continual risk assessment will inform the scale up or scale down of the support being provided by the different levels of WHO to affected countries. To ensure continual risk assessment:

1. Internal AFRO meetings will be convened by DSR regularly to discuss the situation report of the previous day, agree on and assign any actions needed.
2. The meeting will also review progress of actions agreed upon at the previous teleconferences and plan for upcoming teleconferences.
3. Hold regular teleconferences with HQ and COs with the frequency determined by need.

Figure 6. Risk management cycle



8.4 OUTPUTS

- PHE description in terms of clinical features, diagnosis and treatment and the descriptive epidemiology (time, person, place, disease and agent or cause, chain of transmission and key distributions [incubation period, serial interval, case fatality ratio]);
- Contextual vulnerabilities and challenges affecting the PHE response, and options for addressing them, identified;
- Timely and appropriate risk management decisions taken;
- Needs are addressed immediately as they emerge;
- Updated communication products disseminated to partners and general public.

8.5 ASSOCIATED DOCUMENTS

WHO Rapid risk assessment for acute public health events (2012)

9

EVALUATION



> EVALUATION OF PUBLIC HEALTH EVENT RESPONSE

9.1 PURPOSE

- The purpose of this procedure is to enhance the quality of PH response interventions by contributing to the working knowledge of outbreak prevention and control in the affected country and within WHO and its response partners.
- Interactive (participatory) evaluation of the PHE response highlights its strengths and areas for improvement, documents and lessons learned. Recommendations on how to improve preparedness and response are generated from the evaluation findings.

9.2 ROLES AND RESPONSIBILITIES

- Evaluation of the response is a joint exercise of AFRO, WHO HQ, IST, COs and Ministry of Health. In addition, the Rapid Response Team leader(s), team members and other response partners may also be invited to participate in some evaluations.

9.3 PROCEDURES

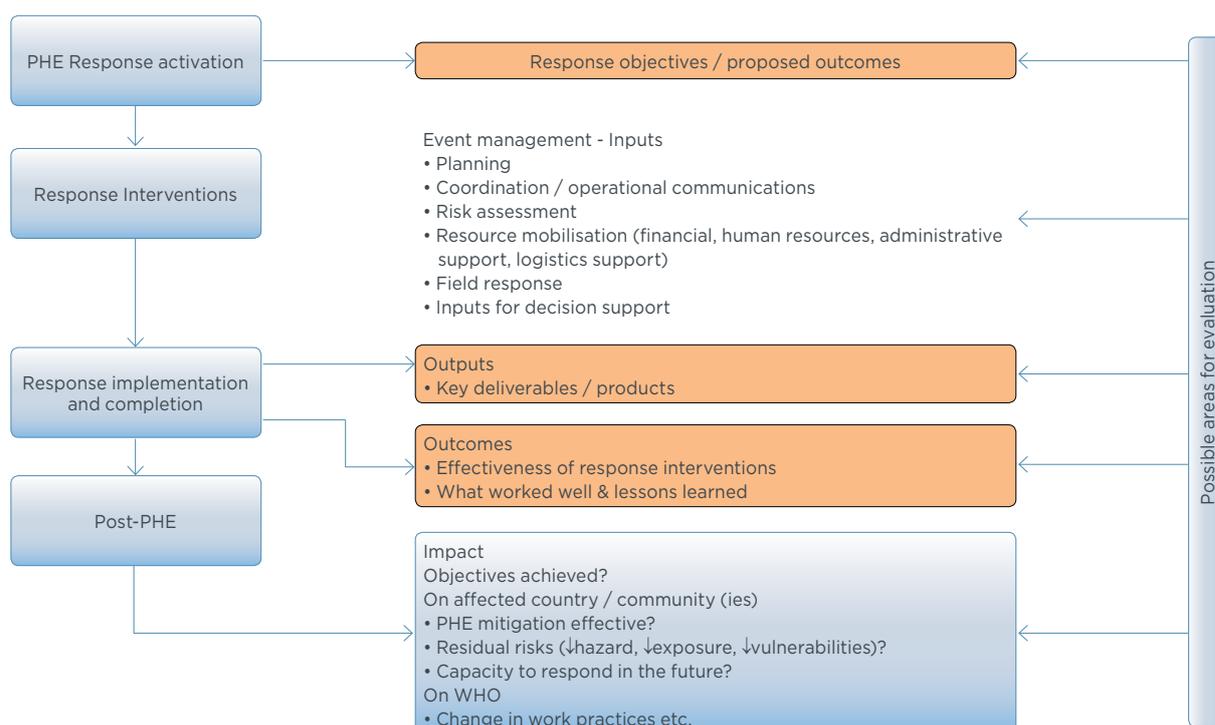
1. Evaluation of the PHE response to be conducted within 4 weeks after the PHE is declared over or at the conclusion of WHO's response (whichever occurs first).
2. The budget for evaluating the response should be included in the response plan and the resource mobilization proposal.
3. Depending on the event, a “hot wash” debrief may be a useful adjunct to a more formal evaluation. This can be built into the end of mission debrief of the response team to the CO and MoH.
4. The type of evaluation will depend on its objectives but may include formative evaluation

(information for improvement focusing on the content, organization and delivery of the response, with results useful to the participants) and summative evaluation (providing an overall perspective of the response with a focus on effectiveness and quality for accountability).

5. Some generic evaluation questions covering the process, inputs, outputs, short term outcomes, impact include:

- What processes/response actions were planned and what were actually put in place? (including SOP performance indicators, WHO wide performance standards for emergency response)
- Were there any variations from the processes/response actions that were initially proposed, and if so, why?
- How might the response be improved?
- What were the observable short-term outcomes of the response?
- To what extent were the response objectives achieved?
- Were there any unintended outcomes/consequences?
- What factors helped and hindered in the achievement of response objectives?
- What measures, if any, have been put in place to promote the sustainability of the response deliverables/outcomes? (Have all sources of risk for the PHE been identified and managed? What are the sources of residual risk?)
- What lessons have been learned from the response and how might these be of assistance to other responses/ response partners?

Figure 7. Example evaluation framework





9.4 OUTPUTS

An evaluation report of the PHE to be shared in a timely manner with relevant partners by the Ministry of Health and WHO, covering the following:

- The strengths and weaknesses of the response and challenges faced;
- Organization of the response;
- Timeliness, appropriateness, and effectiveness of the different interventions (e.g. overall coordination of the WHO response, case management, surveillance, laboratory turn-around times, logistics, operational communications, community mobilization, response team dynamics)
- Risk communications and the reach and effectiveness of the messages produced;
- Timeframes in which the key tasks were achieved e.g. time from event detection to event notification, time from event detection to verification etc. compared to standards
- Cost of the response and the contributions from different partners;
- Effectiveness of the coordination mechanisms and partner collaboration;
- Timeframe in which the PHE was contained in comparison with the standards;
- Resources, structural changes, or training needs to prevent recurrence and/or optimize future responses;
- Short, medium and long term recommendations for improvements and/or adjustments of preparedness and response, including further studies needed.

A WHO response evaluation report that includes:

- Analysis of the timeliness and effectiveness of the WHO response based on these SOPs and the emergency response framework
- Costs involved (resources mobilized and used)
- Type of support provided to the Member State
- Effectiveness of the coordination and collaboration between the different levels of WHO

This evaluation report of WHO response should be used to update the SOPs where necessary, and inform improvements in coordination and response, and resource mobilization.

9.5 ASSOCIATED DOCUMENTS

- Evaluation template



10

IMPROVE PREPAREDNESS

> IMPROVE PREPAREDNESS AND RESPONSE PLANNING

10.1 PURPOSE

- The purpose of this procedure is to ensure that the strengths and areas for improvements identified during the post-PHE response evaluation form the basis for targeting appropriate corrective actions for future PHE response preparedness.

10.2 ROLES AND RESPONSIBILITIES

- After the outbreak evaluation, AFRO will work with the IST to support the country to update its PHE preparedness plan, ensuring that the lessons learned are incorporated into the plans.
- Information from the evaluation of the WHO response will be used to guide improvements in WHO Preparedness and Response Planning.
- AFRO to establish a database of lessons learned during outbreak responses. Once established, the lessons learned will be mandatory pre-deployment reading for WHO staff and consultants and a benchmark for the extent and effectiveness of implementation of previous (agreed) actions arising from previous relevant PHEs in the affected country.



10.3 PROCEDURES

1. Updated preparedness plans to be shared with AFRO and the IST within 3 months of the PHE response evaluation.
2. AFRO and the IST to continually monitor the updating and implementation of the plans and level of readiness for PHEs through regular (monthly) teleconferences with the COs.

10.4 OUTPUTS

Some of the areas for intervention for better management of future PHEs or to prevent reoccurrence of future PHEs include:

- Identification of new methods
- Adjustment of risk assessments by including information on the level of residual risk;
- Necessary adjustments to planning assumptions to improve preparedness;
- Revision of policies and standards;
- Improvement in coordination and communication between authorities/sectors;
- Identification of further scientific studies if indicated.



11

RESPONSE

> RESPONSE TO PUBLIC HEALTH EVENTS AT WHO COUNTRY OFFICE

The response to an alert or a confirmed PHE by the Country Office informs and influences the response by the other levels of WHO. For example, information on the needs at country level influences the scope of the PHE response by IST, AFRO and HQ, and the updates from the daily situation report from Country Office inform the communication products by AFRO and WHO/HQ.

11.1 PURPOSE

- The purpose of this procedure is to ensure effective coordination between the CO and the other levels of WHO.
- The CO should take specific actions within specified timeframes to enable the other levels to respond to acute PHEs in a timely and consistent manner.

11.2 STANDARD OPERATING PROCEDURES AT WHO COUNTRY OFFICES

11.2.1 Alert and verification of a suspected acute PHE

Information on suspected PHEs may be received by the CO from the IHR National Focal Point, the Ministry of Health, the districts, the media, politicians, nongovernmental organizations, or other health development partners in the country. Information may also be received from the AFRO Event Management Team as a request for verification.



The CO will:

1. Verify the alert with the IHR NFP within 24 hours of receipt of information, unless the MoH generated the report.
2. If the information is incomplete, support the NFP to contact the affected district or province for additional information on the event within the same 24 hours as in (1) above.
3. Review the information available within the first 24 hours to assess whether the event potentially poses a serious public health risk.
 - a. If the event is considered to pose a low risk, the CO will enter the event into EMS and support national authorities to respond to the event. Update EMS regularly until the event is closed.
 - b. If event is considered serious, or there is insufficient information to carry out a risk assessment, the WR should be notified (and AFRO informed informally).
 - i. If any support is needed at this time, this should be indicated in the informal communication.
 - ii. Enter the event into EMS.
2. When responding to a verification request from AFRO, acknowledge receipt of the request immediately. Provide preliminary information within 24 hours. If the CO or country is experiencing difficulty in obtaining this information, that must be communicated to AFRO within the 24 hours.
3. The WR will formally inform AFRO about any occurrence of a serious PHE in the country, or one that has the potential to evolve into a serious PHE risk, within 24 hours including the information available and any needs that may have been identified at this point. These communications should be sent to outbreak@afro.who.int in addition to other methods of communication with the Regional Office.

11.3 RESPONDING TO AN ACUTE PHE

11.3.1 Supporting the PHE response in-country

1. The CO team will engage the MoH to do the following:
 - a. Activate an Event Task Force at national and district level, meeting regularly to review progress of the response. Any sub-committees functional within 24 - 48 hours of confirming that event is a serious PH risk.
 - b. Deploy a Rapid Response Team (RRT) to conduct a field investigation immediately if necessary. Ensure that an experienced epidemiologist from the CO is on the investigation team.
 - c. Generate a preliminary investigation report within 48 hours of RRT deployment. The report will describe the event in terms of place, person, time, actions being taken and those still needed, the technical and logistical support to mount a rapid and effective response.

- d. Issue a press release or convene a press conference to inform the public about the PHE and the measures to prevent further spread and reduce morbidity and mortality.
 - e. Adapt the CO PHE Response Plan to the current situation and assist the MoH in its planning process if required.
 - f. Support the National and District/Provincial Event Task Force in coordination and implementation of the different interventions of the response through the sub-committees. Ensure WHO representation in all the sub-committees to provide technical guidance.
2. The WR will support the IHR NFP and/or MoH to be in compliance with the IHR as appropriate. This may include early information sharing with the international community through the Event Information Site.
 3. The CO team will monitor the outbreak and conduct continued risk assessment till the declaration of end of outbreak. The CO communications officer(s) will support the development of an appropriate media strategy and information products when the national authorities declare the outbreak over.

11.3.2 Operational communications

1. The DSR focal person will share the Preliminary Investigation Report and PHE Response Plan with AFRO immediately after receipt.
2. The CO team will identify urgent needs based on the RRT assessment and the PHE Response Plan (technical, logistical, financial)
 - a. Identify support available within the CO
 - b. Send a request for additional support, if required, to AFRO
 - c. WR to formally submit a request for the required support to AFRO.
 - d. If experts are needed from the IST or AFRO, review the generic terms of reference shared by AFRO and respond with any changes within 24 hours.
 - e. Develop resource mobilization proposals using the templates from AFRO for different donors.
3. The WR or a designated person will share the daily Sitrep with WHO/AFRO, WHO/HQ, and other partners. Based on information from the Sitrep, the DSR focal person will regularly update EMS (initially daily and twice a week as the PHE evolves).
4. Any changes to the risk assessment will be entered into EMS within 24 hours of the assessment.
5. The DSR focal person will share PHE database and/or line list weekly with AFRO.

- 
6. CO team to participate in scheduled teleconferences with AFRO, the IST and HQ and provide the following inputs:
 - a. Update on situation and evolution of the outbreak
 - b. Updates on the needs on ground as they evolve
 - c. Resource mobilization progress reports
 - d. Risks, challenges and unmet needs since the last teleconference.

11.3.3 Administrative support

1. When technical experts are deployed in response to a country request, the CO through the Administrative Officer, will arrange for a visa on arrival, if necessary, and book accommodation for the experts.
2. The CO designated person should receive and brief the experts, introduce them to the WR, agree the area of assignment and scope of work in accordance with their stated TORs, and arrange for transportation to the area of assignment.

11.4 EVALUATION OF PHE RESPONSE

1. After the PHE is declared over, the CO will support the Ministry of Health to conduct an evaluation of the PHE response within 4 weeks of the event being declared over to identify the strengths, weaknesses, and review the timeliness and effectiveness of the response and partnership in the response.
2. The protocol for the evaluation will be developed in consultation with AFRO, using the template developed by AFRO. The CO team will support the planning and implementation of the evaluation.
3. The CO will share the evaluation report with AFRO, IST, and HQ within 4 weeks of completion of the evaluation.
4. The CO will also support the MoH to publish their experiences and lessons learned, in collaboration with AFRO, the IST and HQ.
5. The CO will participate in the PHE response evaluation involving the other levels of WHO.

11.5 IMPROVE PREPAREDNESS USING LESSONS LEARNED

1. Using the lessons learned, documented in the evaluation report, the CO team will support the Ministry of Health to improve preparedness for future PHE response. This may involve:
 - a. Updating the PHE Preparedness Plan

- b. Conducting training to build capacity where knowledge and/or skills gaps were identified in the response
- c. Review of pre-service and in-service training curriculum
- d. Procurement and pre-positioning of critical supplies
- e. Identification and/or earmarking of PHE response funds
- f. Improvement of infrastructure
- g. Strengthening of surveillance, especially community-based disease surveillance.

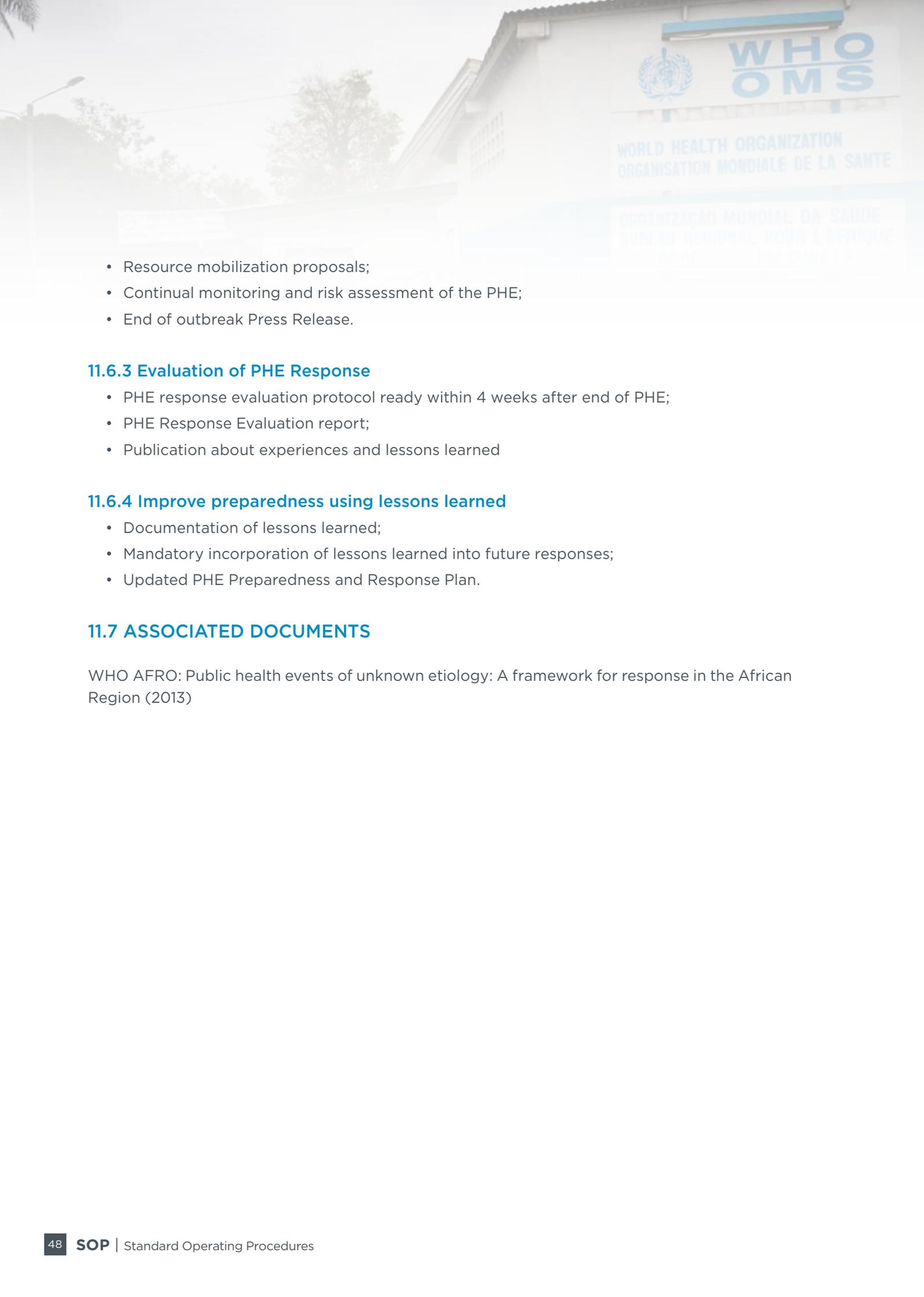
11.6 OUTPUTS

11.6.1 Alert and verification of a suspected acute PHE

- PHE Alerts verified within 24 hours of receipt of alert information or verification request from AFRO;
- AFRO requests for verification acknowledged immediately after receipt while awaiting further information;
- PHEs entered into EMS within 24 hours of detection;
- Review of initial information and decision on seriousness of event;
- AFRO notified of serious PHEs within 24 – 48 hours of receipt of information;
- The international PH community through the NFPs informed of the event through the EIS in a timely manner.

11.6.2 Response to an acute PHE

- National and district/provincial event task forces established within 24 hours of confirmation of a serious event;
- Rapid Response Team, including WHO epidemiologist, deployed for investigation within 24 hours;
- Preliminary investigation report available within 48 hours of deployment of RRT and shared immediately with AFRO;
- Formal request for required support sent to AFRO sent by WHO Representative to AFRO;
- Press release or press conference about the PHE released/organised;
- PHE Response Plan developed and shared with key partners;
- Daily Situation Report shared with AFRO, IST, and HQ and information entered into EMS on a timely basis;
- PHE database and/or line listing shared with AFRO weekly;
- Participation in regular teleconferences;

- 
- Resource mobilization proposals;
 - Continual monitoring and risk assessment of the PHE;
 - End of outbreak Press Release.

11.6.3 Evaluation of PHE Response

- PHE response evaluation protocol ready within 4 weeks after end of PHE;
- PHE Response Evaluation report;
- Publication about experiences and lessons learned

11.6.4 Improve preparedness using lessons learned

- Documentation of lessons learned;
- Mandatory incorporation of lessons learned into future responses;
- Updated PHE Preparedness and Response Plan.

11.7 ASSOCIATED DOCUMENTS

WHO AFRO: Public health events of unknown etiology: A framework for response in the African Region (2013)

Compiled and edited by:

Dr. Benido Impouma

Regional Adviser,
Epidemic and Pandemic Alert and Response
Unit
Disease Surveillance and Response Programme
Area
Disease Prevention and Control Cluster
WHO AFRO
Brazzaville, Congo

Dr. Francis Kasolo

Director
Disease Prevention and Control Cluster
Brazzaville, Congo

Dr. Jean Baptiste ROUNGOU

Director
African Programme on Onchocerciasis
Ouagadougou, Burkina Faso

Authors:

The persons listed in the table below by
alphabetic order have actively participated
at various stages of writing and revising this
document.

CDC

Dr. Ray Arthur
Dr. Helen Perry

USAID

Mrs. Andrea Long Wayner
Dr. Dennis Carroll
Mr. Rob Henry

WHO

Dr. Ali Ahmed Yahaya
Dr. Angela Merianos, Consultant OMS
Mme Amy Cawthorne
Dr. Bakyaita Nathan
Dr. Berthe Adama
Dr. Da Silveira Fernando
Mrs Erika Garcia
Dr. Nanyunja Miriam
Dr. Ghebrat Yohannes
Dr. Kone Mamadou Lamine
Dr. Nanyunja Miriam
Dr. Pamela Mitula
M. Pat Drury
Dr. Peter Gaturuku
M. Sanyang Yaya
Mme Senait Tekeste
Dr. Tshioko Kweteminga
Dr. Yoti Zabulon

Credits

Layout, Design and Printing: Julie Pudlowski Consulting

Photography: © WHO/ Julie Pudlowski

© WHO 2014



© WHO Regional Office for Africa, 2014

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. All rights reserved. Copies of this publication may be obtained from the Library, WHO Regional Office for Africa, P.O. Box 6, Brazzaville, Republic of Congo (Tel: +47 241 39100; +242 06 5081114; Fax: +47 241 39501; E-mail: afrobooks@who.int). Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. On no account shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.



REGIONAL OFFICE FOR

**World Health
Organization**

Africa

Contacts

World Health Organization - Regional Office for Africa
Cité du Djoué, P.O.Box 06, Brazzaville, Republic of Congo

Telephone: + (47 241) 39100 / + (242) 770 02 02

Fax: + (47 241) 39503

E-mail: regafro@afro.who.int

Website: <http://www.afro.who.int/>

Twitter: @WHOAFRO