**WHO Health Emergencies Programme — Results Framework**

**Introduction/vision**

The work of WHE over the coming years will need to address an unprecedented number of health emergencies. Climate change, increasing urbanization, globalization, and an intensification of civil conflicts are increasing the frequency and severity of emergencies with health consequences. An outbreak of even a limited number of cases can spark high levels of concern and activity, while large-scale emergencies cause widespread death and suffering. Irrespective of the hazard, emergencies disproportionately affect the poorest and most vulnerable people. The resulting economic cost averages over US$ 100 billion per year. The appropriate and timely management of risk requires effective national and international capacities and collaboration. Working more closely with partners is essential: WHO cannot deliver alone.

The vast majority of health emergencies and disease outbreaks with high morbidity and mortality occur in less developed countries with limited capacity to prepare for and respond effectively to emergencies. Everything the Programme does must contribute to the delivery of better results at country level. To prevent, detect and respond to emergencies, the Programme focuses on building country capacity with the requisite support from national, regional and global partners.

A pyramid conceptual framework provides a high level vision and focus for the Programme. At its foundation are strong health systems in the most vulnerable countries, upon which WHE consistently and rigorously supports Member States to build all-hazards emergency mitigation, preparedness and response capacities; to develop long-term inter-agency strategies to prevent and control infectious diseases; and to utilize a strong, resourced and efficient detection, risk assessment and response arm that projects WHO and partner capacities for maximum impact in support of national health authorities.

The work of the new Programme is organized around five major areas: (1) Health Emergency Information and Risk Assessment to provide timely and authoritative situation analysis, risk assessment and response monitoring for all major health threats and events; (2) Emergency Operations to ensure emergency-affected populations have access to an essential package of life-saving health services; (3) Infectious Hazard Management to ensure strategies and capacities are established for priority high-threat infectious hazards; (4) Country Health Emergency Preparedness and IHR to ensure country capacities are established for all-hazards emergency risk management; (5) Emergency Core Services to ensure WHO emergency operations are rapidly and sustainably financed and staffed.

This document sets out the Results Framework for the Programme. As one programme across the three levels of the Organization with five major areas of work, WHE works as one team to deliver results.

**Health Emergency Information and Risk Assessments**

The Health Emergency Information and Risk Assessments Department provides authoritative information for public health decision-making in emergencies. The Department is responsible for identifying new public health events, assessing risks to public health, conducting epidemiological surveillance and field investigations, monitoring public health interventions, and communicating public health information to technical partners. Event-based surveillance is a core activity of the Department as it enables the Health Emergencies Programme to identify new events that may have adverse public health impacts. Assessing the public health risks of new events is important for the initiation of preparedness and response measures. During new and ongoing events, epidemiological surveillance and investigation as well as monitoring of public health interventions is critical for the effective management of emergencies. Being able to communicate technical information to partners within the emergencies and public health community is needed so that coordination of joint interventions and capacities can be optimized. The Health Emergency Information and Risk Assessment Department works
closely with the other Departments across the Health Emergencies Programme, Regional and Country Offices of WHO, and partner organizations.

**Emergency Operations**

WHO continues to enhance its systems and processes to ensure a more predictable and effective response to health emergencies. These have three main elements: i.) strengthening WHO’s own operational capacities, ii.) expanding and strengthening international capacities for emergency response through partnership, and iii.) catalysing and coordinating the international response to health emergencies. Partnership is therefore vital to WHO operations, with a full organizational commitment to collective action.

WHO works with governments and partners to ensure that the response to acute public health events is rapid and targeted, so that they do not escalate into large-scale outbreaks. The Global Outbreak Alert and Response Network plays a central role in this process, from alert, to risk assessment, to rapid implementation of disease control measures. When emergencies threaten health, WHO supports the rapid scale-up of essential public health interventions and health services, based on accepted standards, to mitigate elevations in morbidity and mortality. The Global Health Cluster, GOARN, Emergency Medical Teams, Standby Partners and other networks play front-line roles in these efforts.

WHO continues to strengthen the management of its own emergency operations through the adoption and institutionalization of the Incident Management System (IMS). Under the IMS, critical emergency management functions will consistently be established at country level, with Incident Management Support Teams at Regional and Headquarters levels providing the required technical and operational backstopping. Emergency Operations Centres (EOC) should be fully resourced at Regional and Headquarters Offices and operate according to international standards. They will be increasingly linked to other EOCs globally through the WHO-coordinated EOC Network.

A strong operational platform is required to ensure that WHO has the capacities to respond effectively, even in the “deep field”. WHO’s own operational support, health logistics and supply chain capacities will therefore continue to be developed and expanded. Strategic partnerships are also vital to this work, as we collaborate to leverage the comparative advantages of our operational partners.

**Infectious Hazard Management**

Expert systems and networks have been strengthened and emphasis continues to be placed on transferring technical knowledge and skills to all who need them – from frontline responders to affected communities. Global strategies are being developed, together with partners from a wide range of technical, scientific and social fields, to counter high-threat infectious hazards.

Mechanisms governing the management of global vaccine stockpiles continue to be strengthened to ensure accountability, transparency, reliability and consistency. There is also a major focus on anticipating epidemics due to known infectious hazards to increase preparedness of countries.

As new areas of work arise, new highly-skilled talent will need to be recruited while appropriate technical expertise is also maintained to deal with the next major epidemics.


The Country Health Emergency Preparedness and IHR area includes monitoring and evaluation of national preparedness capacities; planning and building critical capacities; and, at headquarters, the secretariat of the International Health Regulations (IHR). National preparedness is being strengthened in the context of the IHR and the Sendai framework. The Joint External Evaluation process is also being used to assess country capacities. This area of work continues to focus on building critical core capacities – emphasizing vulnerable countries.
This area of work supports Member States to assess, monitor and evaluate the status of implementation of the IHR core capacities in order to prevent, detect and respond to public health threats. Other responsibilities include ensuring operational readiness for Member States and the Secretariat in high vulnerability countries. This area of work is also responsible for preparing, implementing and following up on the legal requirements under the IHR (2005), reporting to governing bodies, and the IHR (2005) Review and Emergency Committees. This area of work provides information for mass gathering preparation, international transport, travel and health, and guidance for travellers during outbreaks.

Core services

The core services area is responsible for implementing capacities, policies, procedures and systems which are standardized across the Organization. It supports effective management and sustainable staffing and financing of the Programme, while ensuring inter-operability and consistency during coordinated emergency response efforts through partnership. This area of work encompasses administration, communications, resource mobilization and grant management, strategic planning, financial and human resources management, security, staff health and well-being.

WHO continues to strengthen its core services for emergencies to ensure that management decisions rapidly trigger the seamless provision of services which meet emergency performance standards and facilitate WHE emergency operations. This is achieved through both the establishment of Standard Operating Procedures (SOPs), policies, guidelines and standardized templates (building on lessons learned from previous response efforts and best practice from other operational partners), and the on-going review and assessment of performance in this area; leading to continuous improvement and contributing to the overall goal of business process excellence.

RESULTS FRAMEWORK

HEALTH EMERGENCY INFORMATION & RISK ASSESSMENT

Outcome E.1. Health events are detected, and risks are assessed and communicated for appropriate action

Outcome indicator(s):

• Number of detected events for which risks are assessed and communicated

Output E.1.1. New events detected and public health risks assessed

Output indicator(s):

• Percentage of acute public health events for which a risk assessment is completed within one week

Key deliverables:

• Conduct 24/7 event-based surveillance using the largest number of data sources available
• Develop a new generation of tools for Event-Based Surveillance, the Event Management System (EMS) and Event Information System (EIS)
• Integrate event-based surveillance with other public health surveillance systems, including humanitarian emergencies and natural disasters
• Develop Standard Operating Procedures (SOP) and tools for identifying public health events that need to be risk assessed
• Conduct and communicate risk assessments and recommended actions for all relevant public health events
Output E.1.2. Reliable and up-to-date information available to inform public health interventions and monitor response operations

Output indicator(s):
- Number of graded events with reliable and up-to-date monitoring of health service availability and response operations

Key deliverables:
- Develop SOPs and tools to inform public health interventions and monitor response
- Establish systems to collect information on health service availability
- Analyse, report and share data on ongoing events
- SMART indicators are used to measure response implementation

Output E.1.3. Accurate information reported about emergency events in a timely manner

Output indicator(s):
- Number of events with situation reports produced on a regular basis which contain essential epidemiological and response information

Key deliverables:
- Produce regular situation reports for ongoing events and risks
- Develop data management repositories and systems
- Develop maps and other infographics
- Share analysis of health information for events through appropriate channels

EMERGENCY OPERATIONS

Outcome E.2. Populations affected by health emergencies have access to essential life-saving health services and public health interventions

Outcome indicator(s):
- Health sector response targets consistently met

Output E.2.1. Health operations effectively managed, in support of national and local response

Output indicator(s):
- Incident Management System (IMS) established at country level within 72 hours of grading for all graded emergencies
- Strategic response plan developed with partners within 30 days for all newly graded emergencies
- >70% of Emergency Response Framework performance standards met for all graded emergencies

Key deliverables:
- Establish in-country Incident Management System structure and Regional Office/ HQ support mechanisms for all graded emergencies
- Provide effective management at national and sub-national levels for all health emergencies
- Establish and maintain emergency operations centres at Regional and Headquarters levels
- Lead development of strategic plan for the health sector in all graded and protracted events
- Leverage technical capacities from across the Organization in support of emergency operations
Output E.2.2. Collective response by operational partners effectively coordinated

Output indicator(s):
- Fully staffed partner coordination mechanisms in place at national and sub-national levels for all graded and protracted emergencies
- Joint operations plan developed with partners within 30 days for all newly graded emergencies
- Number and capacity of GOARN partners supporting alert, risk assessment and response to public health events, and emergencies
- Number and percentage of country Health Clusters with a dedicated, full-time Health Cluster Coordinator
- Number of verified and/or mentored EMTs at global level
- Number of deployments in support of emergency operations through Standby Partners, by function

Key deliverables:
- Increase global capacities for interoperable health emergency response through expansion and strengthening of GOARN, GHC, EMTs, SBPs, ensuring increased interoperability among networks
- Engage GOARN consistently for alert, risk assessment and response to public health events and health emergencies
- Engage GOARN, GHC, EMTs and SBPs consistently for the response to health emergencies
- Address capacity gaps for international response to health emergencies through development of strategic partnerships
- Promote/develop technical standards for health emergency operations and monitor health response against standards
- Undertake joint trainings and exercises among operational partners (GOARN, GHC, EMTs, SBPs, others)

Output E.2.3 Effective logistics and operational support rapidly established and maintained

Output indicator(s):
- Percentage of emergency events for which operational support and supplies are provided within one week

Key deliverables:
- Provide operational support including transport, accommodation, facilities, security and ICT
- Ensure availability of medical supplies and equipment
- Develop policies and standard operating procedures for operational support and supply chain management
- Establish and monitor technical standards for health logistics
- Provide security management support

Output E.2.4 Priority gaps in humanitarian policy and guidance addressed, with specific emphasis on health

Output indicator(s):
- Minimum of three guidance documents developed to address priority policy/technical gaps, in collaboration with partners
Key deliverables:
- Finalize Essential Package of Health Services
- Develop Protracted Emergency Framework
- Produce priority guidance documents
- Ensure systematic use of standard reporting mechanism for attacks on health care by key WHO country offices
- Ensure integration of health in interagency policy documents
- Complete joint assessments and joint planning between humanitarian and development actors in selected countries
- Create authoritative documentation on attacks on health care and their impact on health service delivery

INFECTION HAZARD MANAGEMENT

Outcome E.3. All Countries utilize evidence-based risk mitigation strategies for high threat infectious hazards

Outcome indicator(s):
- Number of countries with risk mitigation measures for high-threat infectious hazards incorporated in national action plans

Output E.3.1. Control strategies, plans and capacities developed for high-threat infectious hazards (e.g. Cholera, Viral Haemorrhagic Fever, Meningitis, Influenza, Vector Borne, Emerging and Re-emerging Pathogens)

Output indicator(s):
- Number of global strategies and plans agreed for the management of high-threat infectious hazards (for example, influenza vaccines, antivirals, yellow fever vaccine, cholera vaccine mechanisms)

Key deliverables:
- Develop and coordinate networks of technical experts for the management of selected high-threat infectious hazards
- Monitor, analyse, model and project high-threat infectious hazard events
- Develop and test new strategies and tools for prevention and control of high-threat infectious hazards
- Develop and disseminate technical guidelines and other knowledge products for the management of high-threat infectious hazards
- Support countries to establish and maintain surveillance and prevention programmes for high-threat infectious hazards

Output E.3.2. Global expert networks and innovative mechanisms developed to manage new and evolving high-threat infectious hazards (e.g. clinical management, laboratories, social science, data modelling)

Output indicator(s):
- Number of institutions contributing to global expert networks and mechanisms

Key deliverables:
- Develop and operate partnerships mechanism at global level to ensure access to life saving interventions for high-threat infectious hazards (e.g. stockpiles)
- Develop and manage expert networks at global level for forecasting /modelling, pathogen identification and virulence assessment, clinical management and health worker protection, risk communication and social science driven response
- Develop a public health research agenda to manage new and evolving high-threat infectious hazards
• Provide technical expertise for risk assessment, event mitigation/control and response to new and evolving high-threat infectious hazards
• Ensure wide access to adapted technical knowledge on new and evolving high-threat infectious hazards

COUNTRY HEALTH EMERGENCY PREPAREDNESS AND THE INTERNATIONAL HEALTH REGULATIONS (2005)

Outcome E.4. All countries assess and address critical gaps, including in IHR core capacities, to be prepared for health emergencies

Outcome indicator(s):
• Number of countries reporting progress on International Health Regulations (2005) implementation
• Number of high vulnerability countries with a preparedness plan that has been successfully tested as part of the health sector strategic plan

Output E.4.1. Country core capacities monitored and independently assessed

Output indicator(s):
• Number of countries reporting progress annually using the WHO IHR Monitoring and Evaluation Framework (IHR MEF)
• Number of countries with core capacity independently evaluated

Key deliverables:
• Review annual reporting on the implementation of the IHR in coordination with National IHR Focal Points
• Conduct simulation exercises and after-action reviews as part of country evaluation
• Coordinate and support the voluntary independent evaluation process of country core capacities and implementation of the IHR (2005)
• Develop and disseminate regular reports on the implementation of the IHR

Output E.4.2. National action plans developed, resources matched and critical core capacities strengthened for emergency preparedness in all countries

Output indicator(s):
• Number of countries with national action plans developed as part of the health sector strategic plan and tested
• Number of priority countries supported to develop critical core capacities for health emergencies and global health security

Key deliverables:
• Develop policies and guidelines for multisectoral emergency preparedness and global health security
• Support the development of multisectoral national action plans based on assessment of country capacities and support the matching of resources to fill critical core capacity gaps
• Provide technical support to priority countries to strengthen capacities for early detection of, timely and effective response to health emergencies (e.g. EWAR, laboratory, points of entry, training)
• Support multisectoral international networks and collaboration to foster information sharing and best practices for health emergency preparedness
• Report on the implementation of the national action plans

Output E.4.3. Operational Readiness plans implemented and tested for specific threats in highly vulnerable countries

Output indicator(s):
• Number of emergency preparedness plans for specific threats developed and tested
• Number of WHO country offices with a minimum package of operational readiness in place

Key deliverables:
• Conduct strategic hazard and risk assessments in highly vulnerable countries
• Support countries and partners to develop business continuity and contingency plans to address specific hazards and risks
• Support the implementation of actions to increase operational readiness in WHO, high risk, vulnerable countries and partners
• Conduct simulation exercises to test the readiness of WHO, partners and countries

Output E.4.4. Secretariat support provided for implementation of the International Health Regulations (2005)

Output indicator(s):
• Number of IHR National Focal Points (NFPs) trained in IHR implementation
• Number of countries that have received legal support in relation to the Joint External Evaluations (JEE) and IHR implementation

Key deliverables:
• Maintain the IHR roster of experts and directory of national and regional IHR focal/contact points
• Provide legal advice in relation to IHR implementation and interpretation
• Convene and provide support to the IHR Emergency Committees for international public health events
• Monitor and report on the implementation of IHR Emergency Committees temporary recommendations during Public Health Events of International Concern (PHEIC)
• Facilitate global dialogue across stakeholders/partners, sectors and disciplines on issues related to PHEICs
• Convene and provide support to the IHR Review Committees

EMERGENCY CORE SERVICES
Outcome E.5. National emergency programmes are supported by a well-resourced and efficient WHO Health Emergencies Programme

Outcome indicator(s):
• WHO's Health Emergencies Programme has sufficient human and financial resources

Output E.5.1. Health Emergency Programme effectively managed, and sustainably staffed and financed

Output indicator(s):
• Percentage of core budget available at mid-point of biennium
• Initial emergency funds of up to US$ 500,000 disbursed within 24 hours of request
• Internal and external rosters maintained at targets levels with pre-approved, trained roster members
• Rapid response roster members deployed within 72 hours of decision to deploy

Key deliverables:
• Establish standardized emergency work plans and budgets
• Monitor the status of funding available and projected, and funding gaps
• Manage rosters, recruit and deploy staff and consultants
• Provide staff medical and wellbeing services
• Track and manage grants and their reporting requirements
• Develop and implement SOPs for administrative services

Output E.5.2. Effective communication and resource mobilization

Output indicator(s):
• Percentage of graded emergencies in which WHO emergency appeals and communications materials produced and disseminated in accordance with the ERF timelines
• Number of donors financially supporting the Programme through voluntary contributions of over US$ 1 million per biennium

Key deliverables:
• Issue first public statement based on talking points, manage interview requests and coordinate with government/UN/NGO counterparts on messaging within 24 hours of an event
• Develop External Relations and Communications Plan within 72 hours of an event
• Issue public statements on situation as it evolves through local media outlets and support international communications as required and in conjunction with Ministry of Health within 10 days of an event
• Issue local donor alert, conduct fundraising with local donors and support international fundraising as required within 10 days of an event

Output E.5.3. Effective leadership, planning and performance management

Output indicator(s):
• Emergency programme performance assessed annually

Key deliverables:
• Provide effective internal leadership
• Provide effective external leadership
• Ensure coherent strategic planning
• Assess performance and continuous learning