

WHO event management for international public health security

OPERATIONAL PROCEDURES

Working document
June 2008



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Glossary of Frequently Used Terms and Acronyms

WHO IHR Contact Point (CP) - Refers to Regional 24/7 contact for communication with National Focal Points and WHO EMG.

Disease/Hazard-specific Focal Points - Those WHO staff and Units designated as responsible for specific diseases or hazards (e.g., infectious diseases, chemical safety, food safety, product safety, radionuclear, etc.).

Disease Outbreak News - The WHO public communications website used to report infectious disease outbreaks <http://www.who.int/csr/don/en/index.html>

Duty Officer (DO) - Functional role within the EMG, which is accessible at all times for event-related communications.

Event - Manifestation of disease or the occurrence of a hazard that creates the potential for disease.

Event Manager - The Event Manager is given overall responsibility for ensuring the required event management functions are carried out. In WHO HQ, the Event Manager is designated by the Director, Department of Epidemic and Pandemic Alert and Response (EPR), or the Coordinator, Alert and Response Operations (ARO).

Event Management Group (EMG) - Led by, and composed of, experts in outbreak management from the WHO Country Office of the affected Member State, Regional Office(s) and Headquarter.

Event Management System (EMS) - Central electronic repository for all event-related information.

Focal Point - See National IHR Focal Point (NFP).

GOARN - Global Outbreak Alert and Response Network: Technical collaboration of institutions and networks who pool human and technical resources for the rapid identification, confirmation and response to outbreaks of international importance.

GOARN web site - A communications platform for members of GOARN to enhance the exchange of information and promote collaboration among partners with the dual aim of enhancing operational readiness for GOARN responses and facilitating access to the technical resources of GOARN institutions.

IHR Event Information Site (EIS) - Secure website developed by WHO to facilitate communications with the National IHR Focal Points (NFPs) as part of the implementation of the International Health Regulations (2005). Information on the site is provided by WHO to NFPs in confidence as specified in Article 11.1 of the IHR (2005).

International Health Regulations (2005) [IHR (2005)] - International legal instrument that is binding on 194 countries, including all the Member States of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

National IHR Focal Point (NFP) - The national centre, designated by each Member State, which shall be accessible at all times for communications with WHO.

Open source information - Any information already in the public domain, including the news media, internet-based networks, blogs etc. Open source information may also be "formal" e.g. information on



the official internet sites of Ministries of Health or other national responsible authorities, WHO and other UN agencies etc.

“Organization” or “WHO”- World Health Organization

Public Health Emergency of International Concern (PHEIC) - An extraordinary event which is determined, as provided in IHR (2005) to:

- (i) Constitute a public health risk to other States through the international spread of disease and
- (ii) Potentially require a coordinated international response.

Request for Verification (RFV) - WHO's request to Member States for event information, based on informal or unofficial sources.

SHOC - Strategic Health Operations Centre. The term refers to both the WHO HQ facility and the parallel regional centres from which event management operations can be directed and coordinated.

Verification - The continuous provision of information by a Member State to WHO confirming the status of an event within the territory or territories of that Member State.

Executive Summary

The document describes a comprehensive model for WHO to manage public health events which threaten international health security. This event management model has been developed for the context of Communicable Diseases, but can be adopted for all hazards (chemical, biological, radio-nuclear, etc.). Once adopted, this model will establish a standard process for managing such events, guide WHO in establishing organizational structures at the HQ, Regional and Country levels to support this process and provide the foundation for consistent, well-coordinated WHO operations in support of Member States.

With the entering into force of the International Health Regulations (2005), WHO has been mandated to undertake certain activities when public health security across international borders is threatened: The Organization must rapidly and consistently identify and assess public health risks of potential international concern. Depending on its risk assessment, WHO must then inform its Member States of such threats and, when requested, assist affected States in their investigation and control. Finally, in extreme and rare circumstances, the Director General may declare events to be Public Health Emergencies of International Concern (PHEIC) when conditions warrant. To meet this mandate, WHO must establish a single, reproducible process for event management supported by appropriate and effective structures and systems.

To realize this process, WHO should establish the structures and define the roles and responsibilities for event management at the Headquarters, Regional, and Country Office levels, and adopt information and communication tools to share event information in a consistent, timely and transparent manner. At the core of this model is a joint Event Management Group of dedicated core staff from Regional Offices and Headquarters, and active involvement of Country Offices in affected Member States, who ensure that WHO consistently meets its event management objectives. Equally important is the consistent use of the Event Management System (EMS), the secure central repository (database) for all event information.

An effective event management process will protect international health security by ensuring that public health risk events are detected early, that reactions are appropriate and based on well-founded risk assessments, that the international community is provided timely and accurate information and that effective international assistance - when requested - is rapidly provided to control threats to public health at their source.

1. About this document

The primary focus of this document is operational, describing a WHO-wide system for the management of acute public health events of potential international concern in accordance with the commitment by the Global Policy Group¹ to bring greater coherence to organization-wide administrative, managerial, and technical policies.

The IHR (2005) assign roles and responsibilities for WHO for event management as well as requirements related to national disease surveillance and response systems. The Director General has the overall responsibility for WHO's programme of work to protect international health security and the Organization's performance in meeting that objective. The message from the Director-General and the Regional Directors to WHO on 7 April 2008 called for seamless collaboration at all three levels of the Organization, the need for which was "particularly apparent" during discussions of standard operating procedures for implementation of the IHR (2005). Accordingly, these Operational Procedures describe a set of principles, processes, structure and roles to be consistently applied at all levels of WHO to manage events that have the potential to threaten international health security, including Public Health Emergencies of International Concern (PHEICs). These processes and structure do not cover every foreseeable action of the Organization; rather, they can be adapted to specific situations as needed.

This document complements the Health Action in Crises (HAC) Standard Operating Procedures (SOPs) for Emergencies. While those SOPs focus on administrative processes such as finance, human resources, travel, and procurement in response to mainly humanitarian emergencies, the Event Management Operational Procedures present a process for information sharing and decision-making across WHO during acute public health events.

The Operational Procedures is a living document and will evolve as required. The audience for this document is all WHO staff involved in management of acute public health events that threaten international health security, and IHR National Focal Points who would like to learn more about how WHO manages such events.

1.1. Aim

This document aims to:

1. Establish a standardized process for managing events that threaten international health security, particularly with respect to event-related communications and documentation of WHO decisions/actions.
2. Guide WHO in establishing structures to manage such events.
3. Identify and clarify roles and responsibilities within WHO at the HQ, Regional and Country levels.
4. Provide a foundation for consistent, well-organized WHO operations in support of Member States when requested.

¹ Global Policy Group Meeting, Beijing, China, 27–28 March 2008

1.2. Event Management Objectives

To fulfil its mandate under the IHR (2005), WHO must rapidly and consistently identify and assess events of potential international public health concern. Depending on its assessment, WHO must then inform its Member States² about such threats and assist affected states in their investigation and control. Finally, in extreme and rare circumstances, the Director General may declare events to be Public Health Emergencies of International Concern (PHEIC).

An effective event management process will protect international public health security by ensuring that:

- Events are detected early
- Reactions are appropriate and based on well-founded risk assessments and international best practice where the latter is established
- The international community is provided with timely and accurate information about the event
- Effective international assistance, when requested, is rapidly provided to control threats at their source, and to reduce human suffering, economic and social losses.

1.3. Best Practice Principles

The WHO Global Policy Group has embraced the **Best Practices of Outbreak Response** to guide the conduct of event management. The document states that:

- WHO will employ a single, reproducible process for managing acute public health events under the IHR (2005).
- The event management process will adhere to the principles of:
 - Consistency
 - Timeliness
 - Technical excellence
 - Transparency and accountability.

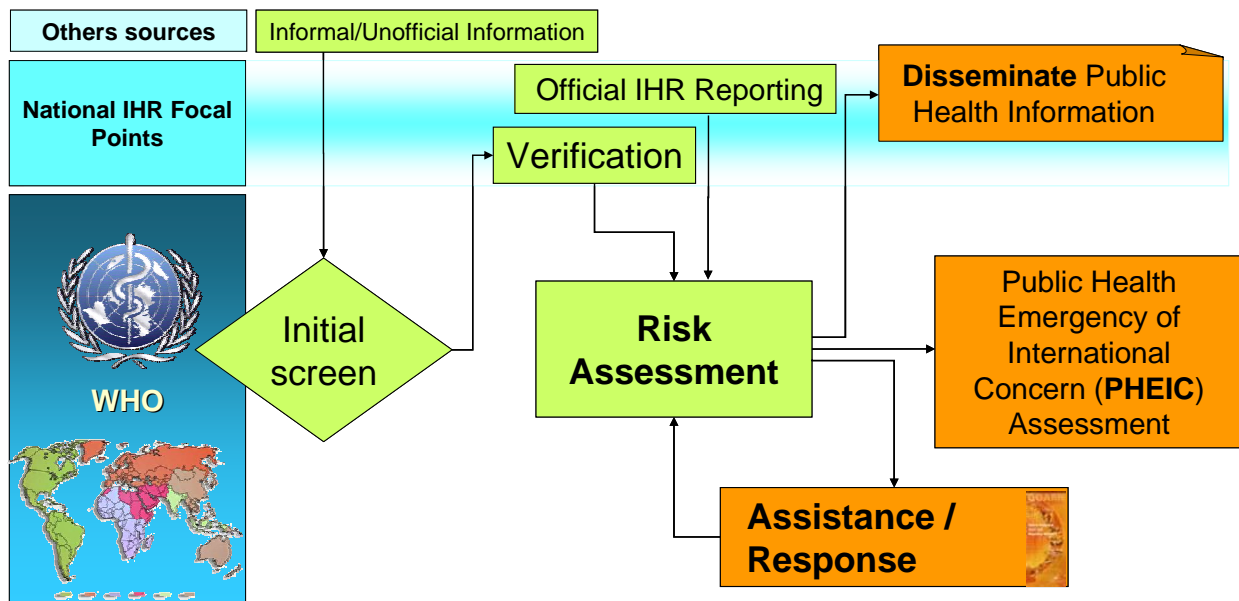
1.4. Key Assumptions

- For operational purposes under the IHR (2005) there are two levels of event importance - national and international.
- Events of potential relevance for international public health security are those events that are common to, or affecting, two or more countries and/or potentially require a coordinated international response.
- Any public health event of international relevance is important to all of WHO.
- Managing events that threaten public health across international borders is inherently a joint function of WHO, across all three levels of the Organization - CO, RO and HQ. No one level of the Organization can conduct this work alone.

² The IHR refers to States Parties (SP) rather than Member States. In effect, States Parties to the IHR (2005) includes all WHO Member States as well as the Holy See. For the sake of clarity, this document will refer only to WHO Member States.

- A dedicated, multi-disciplinary team will be established, consisting of staff from the Regional and HQ levels, to manage public health events of international relevance.
- Local alert and response is essential to contain national outbreaks and prevent international spread, including PHEICs, and/or mitigate their impact
 - COs and ROs collaborate closely to support national risk assessment and national control measures.
 - All events fulfilling two or more of the IHR risk criteria of the Annex 2 Decision Instrument, and those where WHO assistance is requested, are entered into the EMS.
 - All subsequent event-related information, including assessments and decisions, are documented and recorded in EMS.
 - All WHO risk assessments are jointly produced and reviewed, with CO, RO and HQ input. COs actively participate in, the risk management of events in their host country.
- The Organization subscribes to a single, joint (RO and HQ) clearance procedure for information products.
- Existing information flows should not be blocked or curtailed by the event management process, nor should ongoing technical work be disrupted or slowed.

2. Event Management Process Steps



The event management process consists of:

- **Identifying** events that may threaten international public health
- **Assessing** their risk
- Acting on that risk assessment to **Inform** other Member States of events
- **Assisting** affected Member States in their investigation and control

- In rare circumstances, advising the DG on events which could be declared a **PHEIC** under the IHR (2005).

This section details the elements of each of these process steps.

2.1. Identifying Events

Informal/Unofficial Information Sources

- Informal or unofficial information sources, especially open source information such as the electronic media, are continuously screened for events that may threaten international public health, and for which Member States may need/request assistance.
- These sources include organizations, groups and individuals inside and outside of WHO, including but not limited to:
 - News media
 - Laboratories and other technical institutions
 - WHO technical units and programs
 - WHO Collaborating Centres
 - Electronic discussion and search sites
 - WHO partners and networks throughout the global public health community, including NGOs
 - Personal communications from a variety of sources
 - Others

Initial Screening of Information

- Unofficial or informal event information is initially screened against criteria based on the IHR Annex 2 Decision Instrument.
- For the purposes of information management, public health events that do not pose an international risk but are being tracked by any level of WHO **may be** recorded in EMS. However, **all events** that pass the IHR Annex 2 screening threshold **must be** recorded in EMS.

Requests for Verification

- The Event Management Group³ (EMG) seeks to obtain further information about the event from the affected Member State and any other sources.
- Requests for Verification can be made by the EMG (typically by the Regional Office event management team) through the CO or directly to the Member State's identified National IHR Focal Point (NFP) with a copy to the CO.
- Where appropriate, the Request for Verification may be made through the CO's existing channels and relationships, with copy to the NFP.
- Requests for Verification will include the original report and source (unless confidential), and may include requests for specific additional information required to complete the risk assessment.

³ The EMG concept is elaborated later in this document. It consists of the event management teams at RO and HQ, with representation from the CO of the affected Member State.

- All Requests for Verification are logged in EMS.
- The CO (WR, or focal point as delegated by WR) is copied on all communications between the EMG and/or WHO IHR Contact Point (CP) and the NFP.
- All event-related communications between the CO and the NFP are copied to the CP and logged in EMS.
- All Requests for Verification must include WHO's offer to assist the affected Member State in investigating, assessing and responding to the event.
- In cases where IHR information disclosure requirements have not been met, a written Request for Verification is made to the affected Member State's National IHR Focal Point.
- If the NFP cannot be contacted, the CO will make documented requests for event information to other national responsible authority.

Official Reporting

- All NFP responses to WHO Requests for Verification are recorded immediately in the EMS.
- If WHO has not requested verification, initial event-related communications from NFPs are classified in accordance with the definitions provided in IHR(2005) as **Notifications, Consultations, Reports of Import/Export, or Requests for Assistance**:
 - All NFP communications are recorded in EMS
 - All event-related communications initiated by a Member State are assessed by the EMG and the assessment is recorded in EMS.
- Official information received from competent national authorities other than the NFP will be treated in essentially the same manner as NFP communications. Where the NFP is not involved in the initial communications, it is important for WHO and the national authorities to ensure the NFP is brought into the process.
- All information necessary for risk assessment is shared within the EMG and recorded in EMS, including "confidential" and sensitive information.
- The EMG initiates the risk assessment process as soon as an event is identified, but generally will not consider an assessment complete until official information is received.

2.2. Event Risk Assessment

"Hazard" is the potential to cause harm, while "risk" is the probability or likelihood of harm or damage occurring from exposure to a hazard, and possible consequences. "Risk assessment" is the process of evaluating the probability and consequences of injury or illness arising from exposure to identified hazards.

Risk assessment is an iterative process that continues from the time the event is first detected by WHO, to the time the event is "closed". The following list of risk questions does not intend to be exhaustive but rather enable rapid event assessment. These questions supplement screening questions in Annex 2 of the IHR (2005). In addition, once the aetiology of the event is known, further refinement of the risk assessment specific to the hazard or disease may be required.

- Does the event fulfil the minimum criteria for notification in accordance with Annex 2 of the IHR (2005)?

- Has sufficient information been provided to adequately assess the event? What additional information is required to predict disease/hazard spread and event impact?
- Is there evidence that international spread of the hazard and/or disease has already occurred?
- Do other Member States need to know about this event in order to prevent or prepare for similar occurrences?
- What are the reported incidence, prevalence, morbidity and mortality?
- In what context is this event occurring (**vulnerability assessment** - population at risk, technical [e.g. diagnostic capacity], response and support infrastructure, socio-political, ecological/environmental, etc)?
- Do WHO guidelines - if available - indicate the need for international contact tracing or food/product recall? Has there been a request for WHO's assistance in international contact tracing?
- Have similar events in the past resulted in the international spread of disease?
- Are evidence-based prevention and control measures available, and can they be implemented in the affected State without assistance?
- Does the event pose a threat to the routine safety and sanitary environments for travellers, or constitute a Public Health Risk at designated ports of entry?
- What is the public perception of risk, level of community reaction and level of media interest?
- What will happen if WHO does not take action?
- Should WHO make recommendations for the international control of this event?
- What might be the unintended consequences of WHO involvement (legal, political, economic etc)?
- Is the response to the event by other State Parties commensurate to the risk?

Outcome of Risk Assessment

The risk assessment process is ongoing and iterative and can support one or more of the following actions at any point in time:

- **Discard** - No international risk and no international risk expected, close the event, document the assessment in EMS
- **Monitor** - The event is currently of no international public health importance but requires continuous assessment
- **Assist** - Provision of technical or in-country assistance required, or likely to be required
- **Disseminate** event information to the international community to prepare for or prevent similar events
- **Escalate** to WHO senior management when the EMG cannot reconcile differences either within the Organization or between WHO and the affected Member State with respect to an event risk assessment or the need for information dissemination
- **Advise** senior management to initiate a PHEIC determination procedure.

2.3. Assist Affected States in Assessment and Control

In all circumstances, WHO is obligated to offer assistance to Member States in assessing or controlling public health events occurring within their territory. This support can be in the form of technical advice and guidelines, specialized materials, in deploying and supporting international teams to affected areas and/or coordination of international support from various sources. By virtue of its privileged access to national health authorities and institutions world-wide, WHO can bring the best technical skills to bear to manage public health threats quickly and effectively. In all cases, WHO response efforts should provide event information continuously into an EMG forum.

In providing such operational support WHO should, through the EMG mechanism, incorporate good operational practices, including the GOARN guiding principles, the use of operational periods, action plans, task lists, etc.

2.4. Informing the International Community

Under the IHR (2005), WHO is obligated to provide event information to Member States regarding Public Health Risks whenever that information is necessary for Member States to prevent or respond to similar events that may occur in their own territory. However, Member States may provide certain information to WHO in confidence which can restrict WHO's ability to share it with others. Resolving this tension is one of the central aspects of WHO's event management responsibilities.

In making decisions about information dissemination, the following questions should be considered:

- Has the affected State claimed confidentiality? Is there sufficient evidence to waive confidentiality? Is information about the event already in the public domain?
- Have unaffected States sought information from WHO about the event either through their NFPs or via WHO technical partner agencies supporting international health security e.g. GOARN partners?
- Is the event type subject to existing collaborative arrangements between WHO and other UN/international agencies (including FAO, OIE, IAEA, ICAO, IOM etc)?

Information Channels and Products

- Technical Briefings to Senior Management
- IHR Event Information Site - If other Member States need to know to respond to the Public Health Risk.
- WHO web sites (e.g. Disease Outbreak News) - If the event is of interest/relevance to the general public and there is no conflict with confidentiality issues.
- GOARN web site - If network partners need to know to prepare for a response and to facilitate access to the technical resources of GOARN institutions for event-related responses.
- Disease and/or hazard-specific networks.
- Media Talking Points - Typically prepared to give consistent guidance to WHO spokespeople during events with high levels of media interest.

(The Glossary of frequently used terms provides detailed descriptions of the objectives of some of the various event-related communication channels and products.)

2.5. Escalate - PHEIC Determination

In extreme circumstances, the DG may declare an event to be a PHEIC. After such declaration, the DG may issue temporary recommendations for controlling the event.

The IHR(2005) prescribe a very specific and rigorous process which WHO must undertake before such declaration, including convening and consulting international panels of experts, that will make recommendations to the DG on the temporary recommendations. Detailed procedures for PHEIC determination are currently being developed by the IHR Secretariat and the Director General's Office.

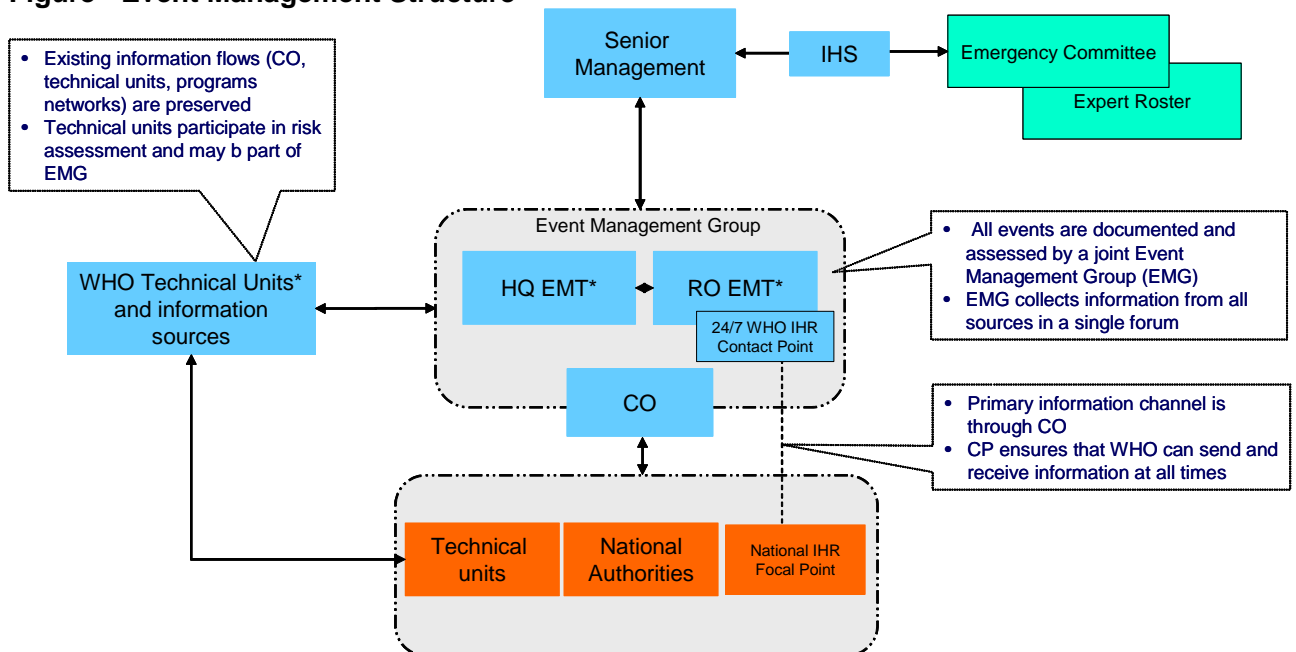
Most of WHO's event management work will go on in the absence of a PHEIC declaration. It is expected that few events will be declared PHEICs.

3. Event Management Structures and Roles

To accomplish its event management objectives, WHO will establish an EMG, consisting of HQ, RO and CO staff. While the precise composition of the group may vary with the requirements of specific events, there will be a core team of dedicated technical staff to ensure that WHO's risk assessments and interventions are consistent within and across events, conform to international best practice and are implemented in a timely manner. In addition to the EMG, several other critical roles in the WHO Event Management process are described in this section

A separate document is currently being developed to detail the individual functions and responsibilities within the Event Management Teams.

Figure - Event Management Structure



3.1. National IHR Focal Point (NFP)

The NFP's role in the event management process includes:

- Ensuring 24/7 accessibility to exchange information with WHO.
- Notifying WHO by way of the CP of all events the Member State assesses to be of potential international public health concern. The notification should occur within 24 hours of the event having been initially assessed.
- Contacting all relevant threat-specific sectors/responsible national authority(ies) of the administration of the Member State in a timely fashion and consolidating all relevant information for action.
- In collaboration with the CP, facilitating direct lines of communication between the responsible national authority(ies) and the relevant technical unit(s) within WHO for ongoing communications about the event and response activities.

3.2. WHO Country Office (CO)

The CO provides the most important link to the affected Member State for the purposes of gathering technical information, providing the local context in which an event takes place, and conveying the opinions and preferences of the country to RO and HQ, and vice versa.

The CO's role in the event management process includes:

- Active membership of the Event Management Group whenever its host country is affected by an event
- Identifying public health risks within the host country and assessing their potential impact on international health security
- Assisting the Member State in assessing public health risks against Annex 2 of the IHR (2005)
- Exchanging technical information between the EMG and the responsible national authority(ies), including the NFP
- Contributing to the WHO risk assessment, especially with respect to the context in which the event is occurring (vulnerability assessment)
- Conveying WHO risk assessments to the responsible national authority(ies) representing the Member State's needs
- Coordinating WHO's assistance, including supporting/administering WHO event-related field missions
- Providing information, e.g. situational reports, and supporting national risk communications to be included in EMS for risk assessment

3.3. 24/7 WHO IHR Contact Point (CP)

The CP acts as a reliable conduit for event-related communications between the NFP and the EMG by:

- Ensuring continuous accessibility for incoming and outgoing communications
- Establishing a reliable mechanism for the initial triage of incoming communications from the NFP, including assessing the level of urgency for after-hours communications, and informing the relevant technical unit(s) in a timely fashion
- In collaboration with the NFP, facilitating direct lines of communication between the responsible national authority(ies) and the relevant technical unit(s) within WHO for ongoing communications about the event. This is particularly important if the CP function resides in one technical area only
- Sharing all NFP communications with the relevant CO
- Ensuring that all communications between CP and NFP are logged in the EMS

Each RO should establish procedures for routing verification requests to their respective NFPs – either through the CO, the CP, or both. In all cases, full transparency must be maintained.

3.4. Event Management Leadership

Managing events that threaten international public health is inherently a joint function of affected CO, ROs and HQ. None of these levels can conduct the process in isolation.

In principle, and in most situations, the management of events will be led by the relevant RO EMG. HQ will provide global leadership and coordination when requested or required, and in the following situations:

- The event involves countries in more than one region
- At the direction of the DG

Regardless of which level of WHO is leading the process, both will be continuously involved and transparently share all event information.

3.5. Event Management Group (EMG)

The EMG is at the centre of the process described in this document. While the EMG composition will be tailored for specific events, at its core will be dedicated, multi-disciplinary event management teams at the Country, Regional and HQ levels working together to achieve common objectives. Their responsibility includes the generation and clearance of the information products cited in section 2.4.

The Regional Event Management Team

The Regional Event Management Team leads the event management process for events in its respective Member States. Functions include:

- Identifying public health risks of potential international importance and carrying out the initial risk assessment against Annex 2 of the IHR (2005)
- Entering such events in EMS and recording actions/decisions
- Ensuring that CO input is provided and captured in the EMS

- Maintaining communications with the NFP (through the CP)
- Leading the joint risk assessment process
 - Identifying an Event Manager to lead the global EMG during events that do not require leadership/coordination by HQ
 - Liaising with the CO to obtain event-related and context-related information
 - Providing RO-based hazard/disease expertise
 - Summarizing available information
 - Guiding the ongoing risk assessment with the NFP and CO
 - Sharing all event-related information, actions and decisions via the EMS
 - Ensuring consistency and that best practice standards are being met
- Coordinating the activities of the Regional Event Management Team and delegating components of the event management process to regional EMG members.

The HQ Event Management Team

The HQ Event Management Team is responsible for reviewing all event assessments from a global perspective, and leading the event management process when an event involves more than one region or at the direction of the DG. Functions include:

- Identifying potential public health risks of international importance and carrying out the initial risk assessment against Annex 2 of the IHR (2005) as required
- Participating in, or leading, the joint risk assessment process
- Providing HQ-based disease expertise
- Ensuring that relevant global disease expertise - in HQ and in technical institutions - is provided and documented in EMS
- Linking other programs (including polio, IVB, FOS, Zoonoses, etc) into the event management process as required.
- Coordinating the activities of the HQ EMG and delegating components of the event management process to HQ EMG members
- Providing global coordination and support if an event requires a multilateral response (e.g. mobilization of resources through the Global Outbreak Alert and Response Network) or multiregional response
- Preparing event technical briefings for the DGO
- Recommending initiation of PHEIC determination
- Maintaining communication with ROs
- Ensuring consistency and that best practice standards are being met.

EMG Composition

At both the RO and HQ level, the EMG should be a multi-disciplinary team representing the following core functions:

- Epidemic alert and surveillance
- Epidemiology and outbreak response
- Threat-specific expertise

- Operations management, logistics
- Public and media communications
- IHR coordination
- Senior management representation as required

This group may be expanded to include other functions as required e.g. case management, laboratory expertise, infection control, social mobilization, field security etc, as required.

Event Manager

Within the EMG, an Event Manager is designated and is given responsibility for ensuring the required event management functions are carried out by:

- Drawing on hazard and disease experts
- Requesting the required activation level of their respective Operations Centre
- Ensuring documentation and resources deployed are entered into EMS
- Providing situation reports and action plans to update EMG and Senior Management.

3.6. Disease/Hazard - Specific Programmes and Disease/Hazard Focal Points

Functions include:

- Supporting the event management process by informing the EMG of relevant events
- Providing specialist technical expertise to all aspects of the risk assessment, risk management options analysis, control measures, and response strategy in accordance with international best practice
- Supporting response activities as appropriate
- Contributing to the assessment of whether event information should be disseminated, and to risk and outbreak communications
- Documenting contributions to the assessment and other communications, including communications with counterparts in the affected Country

3.7. WHO Senior Management

Functions include:

- Validating policies on event management practices, internal information sharing, public information clearance
- Taking decisions on waiver of confidentiality, as necessary
- Taking decisions on public and media information, as necessary
- Taking decisions on PHEIC escalation, as necessary.

3.8. IHR Secretariat (IHS)

Functions include:

- Participating as necessary in the event management process to advise on the legal adherence to the IHR (2005)
- Supporting the PHEIC determination process by:
 - Selecting, notifying, and convening an Emergency Committee
 - Documenting Emergency Committee proceedings and findings.
- Interfacing with DG Legal Office
- Administering, maintaining and disseminating as necessary the databases of
 - IHR National Focal Points
 - IHR Expert Committee nominations
- Administering periodic reviews and meetings on IHR functioning
- Providing interface with travel and points-of-entry information and expertise
- Supporting Member State implementation of IHR compliance through advice on structures and national legislation

3.9. Operations Centres (e.g., SHOC)

The primary function of the Operations Centres is to provide the technical platform for the EMG to conduct its work, especially in terms of ensuring that the various levels of the Organization are effectively linked to each other for information exchange and decision-support.

Functions include:

- Receiving, representing and displaying information about the event to support decision making
- Enabling managers and expert consultants to participate in critical decision making process through real time communications regardless of their physical location
- Providing communication tools (video- and tele-conferencing) to support WHO coordination, and consultations with external networks and experts
- Maintaining databases e.g. EMG member contact details, maps etc
- For each respective level of the Organization, acting as the centralized location from which event management operations can be directed and coordinated
- Providing a workspace for dedicated EMG teams.

3.10. Event Management System (EMS)

The EMS is the central electronic repository for event-related information. All NFP and relevant MoH communications, event details, WHO assessments and decisions must be documented and recorded in the EMS.



The Event Manager has overall responsibility for the quality and accuracy of the information entered in the EMS about a particular event but may delegate this function.

Capture of event information in the EMS enables:

- All levels of the Organization to share information transparently in real-time in order to support decision-making, response and event coordination
- Rapid retrieval of event information for decision support.
- Consistent, consolidated annual reporting of WHO activity, as required by the IHR(2005)

WHO EPR/ARO in HQ is the custodian of the EMS.

Direct EMS access, or access to the information products sourced by the EMS, is provided to the following groups⁴

- 24/7 WHO IHR Contact Point
- Regional and HQ EMG teams
- Senior management at HQ and RO
- Technical experts in HQ and RO
- IHR Coordination Programme
- WHO Media and communication staff
- The WR and other key staff at the CO

⁴ Terms of Reference for staff with access to EMS are being developed and will incorporate specific guidance on treatment of confidential and sensitive information.

References

WHO Best Practices (unpublished), "Best Practices for WHO Epidemic Alert and Response", endorsed by WHO Director General and Country Representatives at WHO Global Policy Group Meeting on 11 May 2007.

<http://sharepoint.who.int/sites/DailyList/CustomPages/Publications.aspx>

International Health Regulations (2005)

<http://www.who.int/csr/ihr/en/>

GOARN Guiding Principles

<http://www.who.int/csr/outbreaknetwork/guidingprinciples/en/index.html>