



Federal Ministry
of Health



World Health
Organization

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für Internationale
Zusammenarbeit (GIZ) GmbH

5C Health Emergency Simulation Exercise

Glossary

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Cluster Approach

The Cluster Approach is a special way to organise the coordination of and cooperation among humanitarian actors and is used to improve the efficiency and effectiveness of support in crises. It aims to strengthen and support national government response efforts when the scale of a crisis exceeds the capacities of existing response mechanisms. The Cluster Approach was adopted as part of a major system-wide reform of the humanitarian sector in 2005 and it applies to eleven key sectors: nutrition, health, water and sanitation, shelter, camp coordination and management, food security, education, protection, early recovery, logistics, and telecommunications. As part of this reform process, the Inter-Agency Standing Committee (IASC – see below) selected individual agencies to lead each cluster. [1]

Contingency Fund for Emergencies (CFE)

WHO's governing body, the World Health Assembly, established the Contingency Fund for Emergencies (CFE) on 26 May 2015. The CFE is part of the WHO Health Emergencies Programme and fills a critical gap in financing that occurs in the initial stages of an emergency while the requesting office is mobilising resources from other financing mechanisms. The CFE is designed to enable immediate action to prevent or minimise the escalation of the health consequences of emergencies. The CFE has a performance target of releasing up to USD 500,000 within 24 hours of request.

Contributions and pledges to the Contingency Fund for Emergencies as of 14 November 2016 total USD 33,680,000. Allocations to date total USD 18,160,000 and have supported WHO responses to a range of health emergencies including the cholera outbreak in Yemen; Hurricane Matthew in Haiti; the outbreak of Rift Valley Fever in Niger; the humanitarian crisis in north-eastern Nigeria; the cholera outbreak in the Democratic Republic of the Congo (DRC); the public health impacts of the El Niño extreme climate events in Ethiopia and Papua New Guinea; the conflict in Libya; the yellow fever outbreak in Angola, the DRC, and Uganda; Tropical Cyclone Winston in Fiji; and the response to microcephaly clusters and neurological symptoms possibly associated with the Zika virus. [2]

Emergency Committee

Should a health event of potential international concern occur, WHO's Director-General will – based on the situation assessment and in accordance with the member state in whose territory the event occurs – seek the opinion of an Emergency Committee. This Committee will comprise international experts who are tasked with providing technical advice to the WHO Director-General on, among other things: whether the event constitutes a Public Health Emergency of International Concern (PHEIC); which temporary recommendations must be issued for the affected and other countries to prevent or reduce the international spread of the disease while avoiding unnecessary interference with international trade and travel; and when to terminate a PHEIC. [3]

Emergency medical team (EMT)

EMTs are groups of health professionals (doctors, nurses, paramedics, etc.) who treat patients affected by an emergency or disaster. They are deployed by governments, charities (NGOs), armed forces, and international organisations such as the International Red Cross/Red Crescent Movement. They work in compliance with the Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters guidelines prepared by WHO and its partners, and are trained and self-sufficient so as not to burden the national system. [4]

Event Information Site (EIS)

The IHR Event Information Site (EIS) is a web-based platform that is used to inform and alert the National IHR Focal Points about health events of potential international concern. However, not every event followed by WHO is listed on the EIS. For example, from January 2013 to February 2014, WHO followed 273 events but only 56 of these were listed on the EIS.

Event risk assessment

A systematic process for gathering, assessing and documenting information to assign a level of risk. Event risk assessment includes hazard analysis, exposure analysis and context analysis. The context analysis should include social, technical and scientific, economic, environmental, ethical, and policy and political factors. The planning of all activities for managing acute public health risks is based on this risk assessment. The assessment needs to be repeated regularly whenever new information becomes available. In accordance with the IHR, every member state is required to have national capacity in place for conducting risk assessments. [5]

Global Health Emergency Workforce (GHEW)

At the 68th World Health Assembly in 2015, the Director-General of WHO presented a strategy for a Global Health Emergency Workforce (GHEW). This term, Global Health Emergency Workforce, is used to describe the totality of human resources that can be deployed efficiently and promptly with the aim of responding to infectious disease outbreaks and other emergencies with health consequences. The GHEW is tasked with providing expertise in public health, clinical care, coordination, social mobilisation, communication, logistics, information management, and core services like financing and administrative support. It should therefore consist of national responders such as local health care workers or NGOs, and international responders from networks and partnerships such as the Global Health Cluster (GHC), Foreign Medical Teams (FMT), the Standby Partnership (SBP) and the Global Outbreak Alert and Response Network (GOARN). [6]

Global Health Cluster (GHC)

The Global Health Cluster (GHC), which aims to ensure a timely and effective response to crises, was established in 2005 with WHO as its designated Cluster Lead Agency. The GHC seeks not only to get all relevant parties working together, but also to improve collaboration with local health authorities, thereby harmonising efforts and ensuring all existing resources are used efficiently. The GHC helps to build up global capacities by establishing systems and procedures for deploying experts and resources rapidly and by providing guidance, tools, standards and policies. To date, WHO has a total of 48 health cluster partners at the global level and over 300 in-country partners. [7]

Global Outbreak Alert and Response Network (GOARN)

The Global Outbreak Alert and Response Network (GOARN) was established in 2000 by WHO and its partners. Its main objective is to assist countries experiencing public health emergencies of international relevance by ensuring access to the resources and experts required to identify, assess and respond to such emergencies. GOARN is a multidisciplinary network working with over 600 partners worldwide and has special technical teams that can help with certain activities (e.g. clinical management, epidemiology, logistics and risk communication). Furthermore, GOARN provides training with the aim of developing the national and international capacity needed for outbreak response. Since its establishment, GOARN has been involved in over 130 international public health emergency operations. [8]

WHO grading process

WHO uses its grading process to determine the extent, complexity, urgency and duration of the organisational and/or external support and resources required by an affected member state. WHO defines the following three grades:

- **Grade 1:** Modest need for WHO response and modest need for the mobilisation of internal and external resources
- **Grade 2:** Moderate need for WHO response and moderate need for the mobilisation of internal and external resources
- **Grade 3:** Substantial need for WHO response and substantial need for the mobilisation of internal and external resources

Group of Twenty (G20)

The Group of Twenty (G20) is an international forum for the governments and central bank governors of 20 major economies. It was founded in 1999 with the aim of studying, reviewing and promoting high-level discussion of policy issues pertaining to the promotion of international financial stability. It seeks to address issues that go beyond the responsibilities of any one organisation. The group accounts for 85% of world GDP and two-thirds of its population. The members include 19 individual countries – Argentina, Australia, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Mexico, Russia, Saudi Arabia, South Africa, South Korea, Turkey, the United Kingdom and the United States – and the European Union.

Incident Management System (IMS)

The WHO Incident Management System (IMS) was set up in February 2016 as part of the new WHO Health Emergencies Programme (see below) to manage health emergencies. The IMS standardises approaches relating to readiness, preparedness, risk assessment, event grading and incident management at all levels of the organisation. A designated incident manager is appointed for all grade 2 or grade 3 emergencies. The IMS has six key functions:

1. Incident management
2. Partner coordination
3. Planning and information
4. Health expertise and operations
5. Logistics and support
6. Finance and administration

Inter-Agency Standing Committee (IASC)

In December 1991, the United Nations held a General Assembly with the aim of strengthening the coordination of humanitarian emergency assistance. As a result, it was decided to establish the Inter-Agency Standing Committee (IASC) as a mechanism for the inter-agency coordination of humanitarian response during emergencies. The IASC was founded in June 1992 and consists of UN organisations with operational capacity (e.g. UNICEF, UNHCR). Civil societies and the International Federation of Red Cross and Red Crescent Societies are standing invitees. [9]

International Health Regulations (IHR)

The International Health Regulations (IHR) are an agreed code of conduct that were adopted by the World Health Assembly in May 2005 and entered into force in June 2007. The purpose and scope of the IHR are 'to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.' [3]

Independent Oversight and Advisory Committee (IOAC)

The WHO Director-General has established an Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to provide oversight and monitoring of the development and performance of the Programme and to guide its activities. The Committee advises the Director-General on issues within its mandate and reports its findings through WHO's Executive Board to the World Health Assembly. The Committee's reports are also shared with the Secretary General of the United Nations and with the United Nations' Inter-Agency Standing Committee.

Joint External Evaluation (JEE)

A voluntary, collaborative process for assessing a country's capacity under the International Health Regulations (2005) to prevent, detect and rapidly respond to public health threats whether occurring naturally or due to deliberate or accidental events. The JEE allows countries to identify the most urgent needs within their health security system; to prioritise opportunities for enhanced preparedness, response and action; and to engage with current and prospective donors and partners to target resources effectively. The evaluation is completed in two stages: (a) an initial self-evaluation conducted by the country using the JEE tool and (b) an in-country evaluation conducted by an external evaluation team of subject matter experts, performed in close collaboration with the country. [10]

National IHR Focal Point

According to Article 8 of the IHR (2005), a National IHR Focal Point (NFP) is a national centre that is nominated by each member state. Every member state is required to provide WHO with all the necessary contact details for their NFP, and the NFP must be accessible at all times for communication with WHO IHR Contact Points. The NFP's duties include sending urgent IHR communications to the WHO IHR Contact Points, disseminating information to relevant national actors (e.g. hospitals, public health services) and consolidating input from relevant sectors.

Office for the Coordination of Humanitarian Affairs (OCHA)

The Office for the Coordination of Humanitarian Affairs (OCHA) is part of the United Nations and was established following the United Nations General Assembly of December 1991 on strengthening the coordination of humanitarian emergency assistance. OCHA's mission is to bring together the coordinators of all clusters working at the strategic and operational levels and, as chairman of this inter-cluster coordination group, enable a coherent response to crises. Further activities include advocating for the rights of people in need, promoting prevention and preparedness, and facilitating sustainable solutions. [11]

Pandemic Emergency Financing Facility (PEF)

In collaboration with the World Health Organization and other partners, the World Bank Group developed the Pandemic Emergency Financing Facility (PEF), which was launched in May 2016. The PEF aims to accelerate and improve emergency response by providing financial aid to bridge the critical gap between the limited funds available for early-stage interventions and the assistance that is mobilised once an outbreak has reached crisis proportions. Three criteria (outbreak size, growth and spread) determine whether a country is eligible for this fast-disbursing financial mechanism. The PEF covers outbreaks of infectious diseases that are deemed most likely to cause major epidemics, including new Orthomyxoviruses (new influenza pandemic virus A, B and C), Coronaviridae (SARS, MERS), Filoviridae (Ebola, Marburg) and other zoonotic diseases (Crimean-Congo, Rift Valley and Lassa fevers). The PEF is financed not only through contributions by donor governments, but also through an insurance product, which includes the reinsurance market and catastrophe bonds issued by the International Bank for Reconstruction and Development. [12]

Public Health Emergency of International Concern (PHEIC)

According to the IHR, a Public Health Emergency of International Concern (PHEIC) is 'an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response'. This definition describes a situation that poses a public health risk for other nations through the international spread of a pathogen and that potentially needs a coordinated international response. [13]

WHO Health Emergencies Programme (WHE)

In July 2016, the new WHO Health Emergencies Programme (WHE) was launched to comprehensively reform the emergency work of WHO 'through the establishment of one single Programme, with one workforce, one budget, one set of rules and processes and one clear line of authority' and 'an independent mechanism of assessment and monitoring of the performance of the Organization, reporting to the governing bodies'. Through the WHE, WHO aims to expand its role from a technical to a more operative actor in health emergencies. Working synergistically with other WHO programmes and partners, the WHE will seek to address the full cycle of health emergency preparedness, response and recovery in support of local community and national government efforts. [14]

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Annex – International Health Regulations (2005)

Article 6 – Notification

1. “Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. If the notification received by WHO involves the competency of the International Atomic Energy Agency (IAEA), WHO shall immediately notify the IAEA.
2. Following a notification, a State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the notified event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern.”

Article 8 – Consultation

“In the case of events occurring within its territory not requiring notification as provided in Article 6, in particular those events for which there is insufficient information available to complete the decision instrument, a State Party may nevertheless keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by that State Party.”

Article 10 – Verification

1. “WHO shall request, in accordance with Article 9, verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State’s territory. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.
2. Pursuant to the foregoing paragraph and to Article 9, each State Party, when requested by WHO, shall verify and provide:
 - (a) within 24 hours, an initial reply to, or acknowledgement of, the request from WHO;
 - (b) within 24 hours, available public health information on the status of events referred to in WHO’s request; and
 - (c) information to WHO in the context of an assessment under Article 6, including relevant information as described in that Article.
3. When WHO receives information of an event that may constitute a public health emergency of international concern, it shall offer to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.
4. If the State Party does not accept the offer of collaboration, WHO may, when justified by the magnitude of the public health risk, share with other States Parties the information available to it, whilst encouraging the State Party to accept the offer of collaboration by WHO, taking into account the views of the State Party concerned.”

Article 11 – Provision of information by WHO

1. “Subject to paragraph 2 of this Article, WHO shall send to all States Parties and, as appropriate to relevant intergovernmental organizations, as soon as possible and by the most efficient means available, in confidence, such public health information which it has received under Articles 5 to 10 inclusive and which is necessary to enable States Parties to respond to a public health risk. WHO should communicate information to other States Parties that might help them in preventing the occurrence of similar incidents.
2. WHO shall use information received under Articles 6 and 8 and paragraph 2 of Article 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall not make this information generally available to other States Parties, until such time as:
 - (a) the event is determined to constitute a public health emergency of international concern in accordance with Article 12; or
 - (b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or
 - (c) there is evidence that:
 - (I) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or
 - (II) the State Party lacks sufficient operational capacity to carry out necessary measures to prevent further spread of disease; or
 - (d) the nature and scope of the international movement of travelers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures.
3. WHO shall consult with the State Party in whose territory the event is occurring as to its intent to make information available under this Article.
4. When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO may also make it available to the public if other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.”

Article 12 – Determination of a public health emergency of international concern

1. “The Director-General shall determine, on the basis of the information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.
2. If the Director-General considers, based on an assessment under these Regulations, that a public health emergency of international concern is occurring, the Director-General shall consult with the State Party in whose territory the event arises regarding this preliminary determination. If the Director-General and the State Party are in agreement regarding this determination, the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the “Emergency Committee”) on appropriate temporary recommendations.
3. If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the procedure set forth in Article 49.
4. In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider
 - (a) information provided by the State Party;
 - (b) the decision instrument contained in Annex 2;
 - (c) the advice of the Emergency Committee;
 - (d) scientific principles as well as the available scientific evidence and other relevant information;
 - (e) an assessment of the risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic.

5. If the Director-General, following consultations with the State Party within whose territory the public health emergency of international concern has occurred, considers that a public health emergency of international concern has ended, the Director-General shall take a decision in accordance with the procedure set out in Article 49.”

Article 48 – Terms of reference and composition

1. “The Director-General shall establish an Emergency Committee that at the request of the Director-General shall provide its views on:
 - (a) whether an event constitutes a public health emergency of international concern;
 - (b) the termination of a public health emergency of international concern; and
 - (c) the proposed issuance, modification, extension or termination of temporary recommendations.
2. The Emergency Committee shall be composed of experts selected by the Director-General from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization. The Director-General shall determine the duration of membership with a view to ensuring its continuity in the consideration of a specific event and its consequences. The Director-General shall select the members of the Emergency Committee on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable geographical representation. At least one member of the Emergency Committee should be an expert nominated by a State Party within whose territory the event arises.
3. The Director-General may, on his or her own initiative or at the request of the Emergency Committee, appoint one or more technical experts to advise the Committee.”

Article 49 – Procedures

1. “The Director-General shall convene meetings of the Emergency Committee by selecting a number of experts from among those referred to in paragraph 2 of Article 48, according to the fields of expertise and experience most relevant to the specific event that is occurring. For the purpose of this Article, “meetings” of the Emergency Committee may include teleconferences, videoconferences or electronic communications.
2. The Director-General shall provide the Emergency Committee with the agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance.
3. The Emergency Committee shall elect its Chairperson and prepare following each meeting a brief summary report of its proceedings and deliberations, including any advice on recommendations.
4. The Director-General shall invite the State Party in whose territory the event arises to present its views to the Emergency Committee. To that effect, the Director-General shall notify to it the dates and the agenda of the meeting of the Emergency Committee with as much advance notice as necessary. The State Party concerned, however, may not seek a postponement of the meeting of the Emergency Committee for the purpose of presenting its views thereto.
5. The views of the Emergency Committee shall be forwarded to the Director-General for consideration. The Director-General shall make the final determination on these matters.
6. The Director-General shall communicate to States Parties the determination and the termination of a public health emergency of international concern, any health measure taken by the State Party concerned, any temporary recommendation, and the modification, extension and termination of such recommendations, together with the views of the Emergency Committee. The Director-General shall inform conveyance operators through States Parties and the relevant international agencies of such temporary recommendations, including their modification, extension or termination. The Director-General shall subsequently make such information and recommendations available to the general public.
7. States Parties in whose territories the event has occurred may propose to the Director-General the termination of a public health emergency of international concern and/or the temporary recommendations, and may make a presentation to that effect to the Emergency Committee.”