

Guidance for the development of Emergency Strategic Response Plans (SRPs)

A. Background

Emergency planning is one of the key components of the event and emergency programme management life cycle. Planning utilizes a systematic process to support the effective coordination of activities and resources across a response to a health emergency. Planning should occur at all levels of the Organization (country, regional or global) and apply in any context (infectious diseases, acute onset natural disasters, protracted emergencies, or other crises).

Scope

- The event and emergency programme management life cycle applies to all high and very-high risk events and all graded emergencies from all-hazards (e.g. biological, natural, conflict/societal, chemical, radio-nuclear).
- This document reviews the three main plans (Strategic Response Plan, Joint Operations Plan, WHO Operations Plan) which are to be produced in any event or emergency, while it contextualizes those products within the emergency programme management life cycle.

Guiding Principles

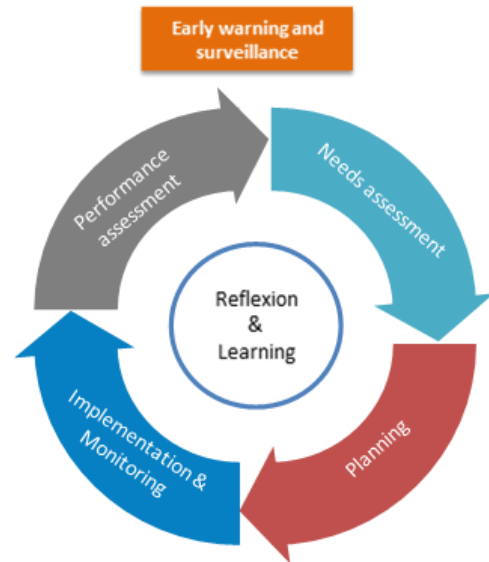
- Good planning depends on leadership, good coordination and participation. Under the leadership of the Incident Manager or the WHE lead, the planning and performance management function within the Incident Management structure or the emergency management team is coordinating the development of the strategic response plans.
- Effective planning requires contributions from governmental agencies, non-governmental organizations, civil society entities, private sector and others, both from health and those outside. It involves the development of common strategic priorities, joint operational objectives and plans, and strong coordination within and among sectors and clusters. For humanitarian emergencies, there is a clear planning process with which WHO aligns fully, as outlined in the IASC's Humanitarian Programme Cycle.
- Planning is not static. It involves preparing a standard set of documents based on latest assumptions and available information that will need to be revisited as the situation evolves or new information becomes available.

WHO's framework for emergency planning at country level under the outbreak and crisis response component of the programme budget component is detailed in the OCR guidance note for 2018-2019.

B. Emergency programme management life cycle

The Emergency programme management life cycle includes the following components:

- Early detection of events and risks;
- Plan based on joint risk analysis and evidence (*Annex 1*);
- Set clear objectives early and ensure they drive the response;
- Empower field-based decision-making, locating it as close as possible to the affected population;
- Monitor action and adjust the strategy and response activities as situation evolves; and
- Plan an exit strategy from the outset and ensure clarity regarding how to transition and handover effectively.



The guidance provides a standard framework for emergency response planning within all the following contexts:

- Acute event planning
- SRPs for countries with fragile and vulnerable settings



C. Emergency Strategic Response Plans

The planning and information cycle begins before an event but is critical for understanding of emergency response planning. Ongoing surveillance allows for the detection of an event which necessitates events management through the Incident Management System (IMS) or an emergency management team at the country level.

All events and emergencies, regardless of the scale, will have a Strategic Response Plan (SRP) and Joint Operations Plan (JOP) with partners to communicate the collective strategic goal, objectives and strategies in response to an event or emergency. Where a cluster is enacted, the SRP referred to in this document is equivalent to the health cluster component of the SRP within the Humanitarian Programme Cycle (HPC). WHO-identified responsibilities determined through the Strategic Response and Joint Operations Plans will be documented through the WHO Operations Plans.

These WHO Operations Plans must include a WHO Activities Plan, a WHO Human Resources (HR) Plan, and a WHO Operations Support and Logistics (OSL) Plan.

The following is an overview of the main emergency response plans to be delivered:

-  Strategic Response Plan and Joint Operations Plan
-  WHO Operational Plans, that includes:
 - Human Resources Plan
 - Activity Plan
 - Operations Support and Logistics Plan

These core products determine the structure and content of a number of other products to be delivered by the other key functions of WHE. *Annex 2* provides an overview of the linkage of the response plan to key products of other functions.

Results Framework for WHO-led strategic response plans

WHE has developed a standard results framework for strategic response plans under the Programme Budget Outbreak and Crisis Response (OCR) segment. OCR is the emergency-driven component of the budget, which is funded through appeals, i.e. humanitarian response plans. The work under OCR is planned, budgeted and financed according to the scale, urgency, context and complexity of an emergency, using emergency planning processes.

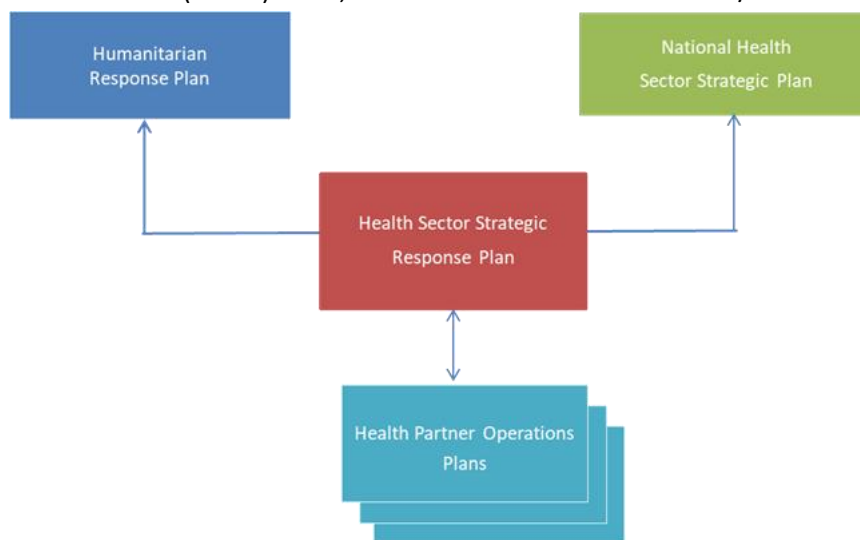
The OCR results framework is outlined in *Annex 3* of this document.

D. Planning products required during an emergency

There are 3 products that WHO should be systematically producing for any type of event/emergency/setting:

1. A Strategic Response Plan/Humanitarian Response Plan
2. A Joint Operations Plan
3. WHO Operations Plan

1. A Strategic Response Plan/Humanitarian Response Plan: This is a high-level, multi-sectoral strategic plan that outlines the overall impact and needs arising from an emergency – including within the health sector – and the priorities for addressing these. The Health-Sector Strategic Response (SRP) is focusing on the health component of the international response to an event. It should include a situation analysis, goals and targets of the response, response strategies, objectives, services and interventions as well as overview of the resources to be jointly applied by WHO and all partners to support the MoH. Wherever possible, it is a sub-element of the national plan, or closely linked to that plan but need to be produced as a separate product to guide the international response. For outbreaks, WHO will often lead the planning process, while for humanitarian emergencies, the Office for the Coordination of Humanitarian Affairs (OCHA) leads, with contributions from clusters/sectors.



An SRP should cover the following sections:

- Situation analysis
- Goals and Targets
- Objectives and interventions/services
- Concept of Operations (planning assumptions and high-level plan)
- Resource requirements
- Monitoring Framework
- Joint Operations Plan

The description of those sections should be outlined as per below descriptions.

Plan Outline:

a. Situation analysis:

- **Background/executive summary:** This section should provide an executive summary of the historical and institutional context, provide reasons for the urgency of the response and set the stage for the following sections of the plan.
- **Situation Update:** Short description of the current situation that should be aligned to the information in the latest sitrep available (including maps, epidemiological situation and service availability if appropriate).
- **Risk of spread:** In the case of a disease outbreak this section should include the latest analysis on the risk of spread to other areas in the affected country or neighbouring countries.
- **Current Response:** This section should summarize current activities of WHO and partners in support of the MoH.

b. Goals and targets: a short statement of the overall goal of the response and the targets usually higher-level outcome of reduction of mortality and morbidity.

c. Response Strategy: Objectives should be developed in accordance with the standardized WHE OCR results framework and be aligned to the HRP of the country. All detailed interventions and services should be presented in the plan under each strategic objective according to the OCR results structure (*see Annex 3*).

d. Concept of Operations/Response Plan:

- **Planning assumptions:** Assumptions/scenarios around affected areas and population, evolution of number of cases, number of contacts, laboratory samples required, mapping of health facilities and capacities, number of patients to be treated, surveillance and rapid risk assessment capacities, etc... are some of the planning assumptions which are driving the scale of the response and have an impact on the resource requirements. They should be clearly stated and recorded during the response. It is normal practice to revise these assumptions which might change from the original scenario. Sphere standards may be used as reference to refine the assumptions.
- **High level plan:** This section summarizes the concept of operations which includes the number of interventions and health services/units/teams required based on the assumptions and scenarios developed above. A service-based approach is used for developing SRPs which allows for a revision of the scaling of the operations as required e.g. surveillance teams to interrupt transmission of a disease in affected areas;

treatment centres to care for those affected; national and sub-national EOCs to establish effective coordination.

- e. **Resource requirements:** High-level resource requirements presented according to the strategic objectives of the response and by intervention. A clear timeframe for the plan should be agreed by all involved as this is a key dimension for determining the resources required.
- f. **Response Monitoring Framework** Key outcome and output performance indicators which will be used to monitor progress in reducing the impact of the emergency to affected populations and also support measuring the scale of operations and effectiveness. ERF II standards should also be monitored and updated as part of the event management process. Include indicators from the comprehensive WHE monitoring framework available at the OCR section of the following link: <https://workspace.who.int/sites/whe/sppm/SitePages/Welcome.aspx>

Current SRPs are also available in the same SharePoint site as per above link.

- 2. **A Joint Operations Plan:** Joint Partner Operational Plan: This plan integrates the contributions of the key health partners working in an emergency to support the Ministry of Health most effectively. It aims to ensure that collective operations consistently address gaps and avoid duplication. It should ensure the optimal coverage of health services, promote adherence to technical standards and best practices, and commit partners to common operational targets and reporting. It should also specify how health sector partners link with and complement other relevant sectors, e.g. water and sanitation, nutrition, or protection.
- 3. **WHO Operations Plan:** The WHO Plan is derived from the SRP and describes WHO's operational needs and resource requirements to support the response. It should consist of the following components:
 - a. Human Resources Plan
 - b. Activity Plan
 - c. Operations Support and Logistics Plan

E. Timing

While the steps to develop a plan and the overall structure should be consistent independent of the type of emergency plan, the detail varies according to the nature of the event (acute or protracted) and the timing to which WHO is committing to deliver specific products to drive the operations, socialize the plan with different stakeholders and for mobilizing human and financial resources.

The figure E.1. provides a summary of the products required during an acute event as per ERFII, meanwhile the figure E.2. provides an overview of the steps required to develop an SRP in a country with vulnerable and fragile settings.

Figure E.1. : Emergency planning for acute events

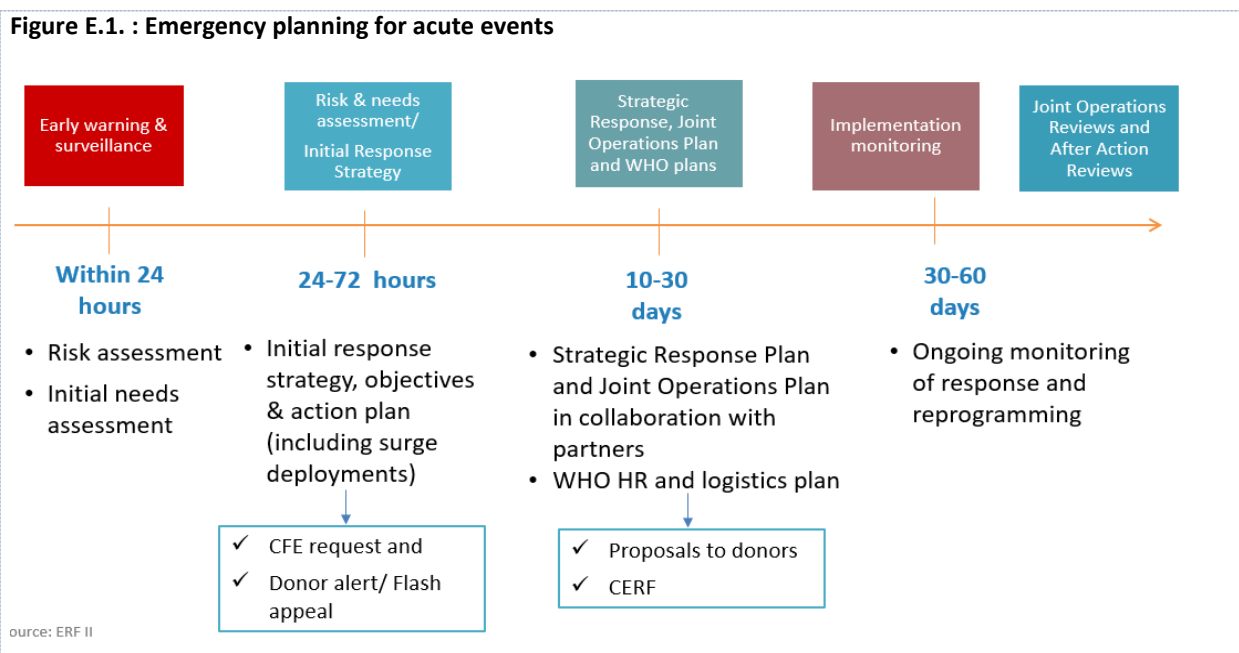
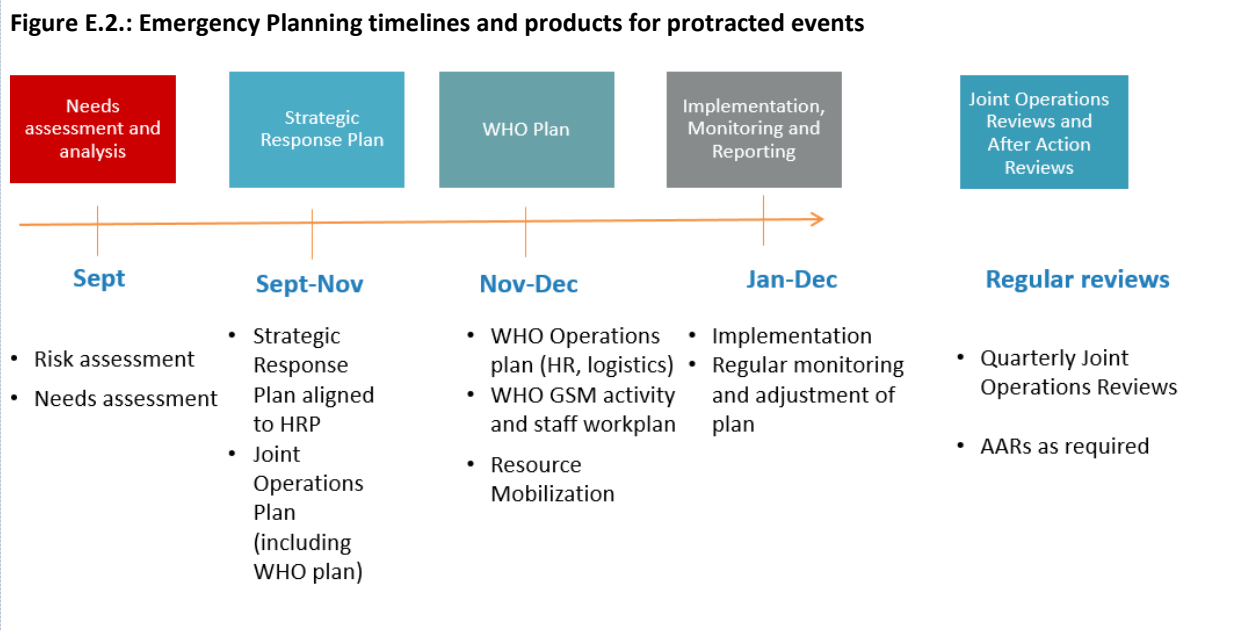


Figure E.2.: Emergency Planning timelines and products for protracted events



F. Roles and responsibilities

The WHO Health Emergencies Programme is responsible for the application of these protocols for all public health events and emergencies with health consequences.

Incident Managers (IM) and WHE Leads have responsibility and accountability for developing and implementing the Strategic Response Plans and operational plan for such events, with the support of the relevant WHO Country Representative (WR), Regional Emergency Directors (REDs) and, when appropriate, HQ Directors and DDG. Depending on the context, a dedicated planning officer will be recruited or deployed to provide specific expertise.

The planning process requires contributions from all functions within the Incident management team (IMT) or the emergency management teams, detailed in *Annex 4*. Roles and Responsibilities of different functions in planning and performance management. Planning products determine the structure of many other key documents (see Annex 4).

ANNEX 1: Risk analysis and evidence

Development of needs assessment

WHO considers the following criteria to assess the scale and significance of health consequences related to the emergency and the associated needs of the affected population¹.

- **Impact**
 - **Scope and scale**
 - Numbers of people affected, disaggregated by sex and age wherever possible.
 - Size of geographic area affected.
 - Underlying causative factors and drivers of the emergency.
 - Ongoing hazards and associated risks to health.
 - Primary and secondary effects, e.g. forced displacement of refugees complicated by outbreak, earthquake complicated by fire.
 - **Conditions of the affected population**
 - Extent and type of health consequences and risks.
 - Vulnerabilities and vulnerable groups, e.g. women, children, older people, disabled, ethnic and minority groups.
 - **Functionality of national health system**
 - Physical damage to health facilities and other vital infrastructure.
 - Disruption of health service delivery, including cessation of programmes.
- **Operational environment**
 - **Response Capacity**
 - National and local capacities and response, including in emergency management, and in health and other related sectors.
 - International capacities and response – both in-country and available for mobilization.
 - Coordination capacity.
 - **Access and gaps**
 - Physical, political and security access to the affected area.
 - Coverage and gaps of essential health services and other related services.
 - **Overall strategic humanitarian priorities**
 - **Context and/or conflict analysis**

¹ Multi-Cluster/Sector Initial Rapid Assessment Guidance. Geneva: Inter-Agency Standing Committee; 2015 (https://docs.unocha.org/sites/dms/documents/mira_final_version2012.pdf, accessed 27 February 2017).

ANNEX 2: Overview of the linkage of the response plan to key products of other functions

Context of Planning Products within WHE

These three core products determine the structure and content of a number of other artefacts which should be delivered with other key functions within the WHE.

a. Resource Mobilisation

The underpinning logic of the strategy, combined with the needs and requirements broken down in the Joint Operational Plan, and the more detailed justifications in the WHO plan, form the backbone of documentation raised by resource mobilisation to enter into dialogue with donors funds. Donor alerts, CFE and CERF proposals and other proposals to donors should be based on the strategic response plan. This may be either conducted by WHO for WHO alone, or in conjunction with other partners as part of a collaborative resource mobilisation approach.

b. Management and Administration

A workplan must be generated from the WHO plan and entered into GSM. The link between the WHO plan and what is found on GSM is a direct one, and therefore the planning team and the management and administration team must ensure that the two records of information are consistent, as financial expenditure and tracking will be enabled through this mechanism. The total planned costs for the GSM plans should be aligned to the financial resources requirements in the WHO Operations Plan. GSM plans specifically created for the event should be developed as per OCR guidance.

c. Health Information Management

Monitoring and evaluation of a given response will be driven by the indicators and content found in the SRP, which will in turn drive the periodic updates or revisions of the strategy to internal and external parties.

d. Partner Coordination

The dialogue with partners over funding, human resource and activities should be captured in the planning, particularly the Joint Operational Plan, as this represents how WHO coordinates the response to a given context. Furthermore, the maintenance of the strategy and plan should be performed in close collaboration with partners.

e. Communications

The communications team will derive infographics and talking points from the strategy and the plan.

f. Activities, Human Resources and Logistics

Human resource and logistics planning is captured in the HR plan component of the WHO plan, and therefore the plan should be synchronised with the HR and logistics teams. It is also important to ensure that new activities and tasks undertaken or planned by technical departments are captured within the plan on a rolling basis, to ensure the needs and requirements are kept up to date

ANNEX 3:
3.1 Standard OCR WHO Plan, Workplan Structure and Monitoring Framework

	Code	Title	Description
Outcome	13.1	Increase access to essential health and nutrition services	
Output	13.1.1	Health service delivery	
Deliverables; Interventions/ Services	1311[H0/R0/C0]	Staff costs	<ul style="list-style-type: none"> • Costs of staff
	1311[H1/R1/C1]	Community care	<ul style="list-style-type: none"> • Community health workers
	1311[H2/R2/C2]	Primary care	<ul style="list-style-type: none"> • Temporary primary health centers • Mobile medical teams • Strengthen existing health facilities • Field trauma/paramedic teams
	1311[H3/R3/C3]	Secondary/Tertiary care	<ul style="list-style-type: none"> • Ambulance services • Dental health clinics • Strengthen existing secondary hospitals • Strengthen existing tertiary hospitals • Mobile field hospitals • Mobile surgical teams • Prosthesis, orthosis & physiotherapy clinics • Psychosocial & mental health clinics • Sexual & gender based violence clinics • Temporary field hospitals
Outcome	13.2	Prevent and control outbreaks	
Output	13.2.1	Outbreak prevention and control	
Deliverables; Interventions/ Services	1321[H0/R0/C0]	Staff costs	<ul style="list-style-type: none"> • Costs of staff
	1321[H1/R1/C1]	Community engagement	<ul style="list-style-type: none"> • Public risk communications campaigns • Community engagement/social mobilization teams • Social anthropological teams • Emergency social services/ safety net/payments
	1321[H2/R2/C2]	Outbreak prevention	<ul style="list-style-type: none"> • Prepositioning stockpiles • Emergency vaccination campaign • Cold chain management • Mass prophylaxis • Vector control • Population-based water and sanitation

Code	Title	Description
1321[H2/R2/C2]	Outbreak case management	<ul style="list-style-type: none"> • Treatment centres • Triage transit centres • Safe and dignified burials • Case referral services • Infection prevention and control in health facilities

Outcome	13.3	Strengthen surveillance, early warning and health information management
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Output	13.3.1	Surveillance and health information management
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Deliverables; Interventions/ Services	1331[H0/R0/C0]	Staff costs	<ul style="list-style-type: none"> • Costs of staff
	1331[H1/R1/C1]	Surveillance, early warning and risk assessment	<ul style="list-style-type: none"> • Surveillance teams • Rapid response/case investigation teams • Contact tracing teams • Points of entry • Strengthen existing laboratory • Mobile laboratory • Surveillance points of entry
	1331[H2/R2/C2]	Health information management and reporting	<ul style="list-style-type: none"> • Public health assessment (mortality surveys) • Health service availability assessments • Data management • Public health information analysis and reporting • Needs assessments • Response monitoring

Outcome	13.4	Establish effective coordination and operations support
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Output	13.3.1	Leadership, coordination and operations support
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Deliverables; Interventions/ Services	1341[H0/R0/C0]	Staff costs	<ul style="list-style-type: none"> • Costs of staff
	1341[H1/R1/C1]	Leadership	<ul style="list-style-type: none"> • Emergency operations center • Strategic, Operational Planning • Monitoring and performance assessments • Communications • Resource mobilization
	1341[H2/R2/C2]	Partner coordination	<ul style="list-style-type: none"> • Intersectoral-cluster collaboration (ex. wash, nutrition, etc.) • Cross-border coordination
	1341[H3/R3/C3]	Security and staff safety	<ul style="list-style-type: none"> • Security • Staff wellbeing • Medivac

1341[H4/R4/C4]	Operations support and logistics	<ul style="list-style-type: none"> • Accommodation and office space and equipment • Transport/Fleet management • Warehouse and logistics
1341[H5/R5/C5]	Management and administration	<ul style="list-style-type: none"> • Budget and grants management • Human resources management

Outcome	13.5	Fast track research for infectious hazards	
Output	13.5.1	Emergency Research and Development	
Deliverables; Interventions/ Services	1351[H0/R0/C0]	Staff costs	<ul style="list-style-type: none"> • Costs of staff
	1351[H1/R1/C1]	Research and Development	<ul style="list-style-type: none"> • Research and Development Strategy/Blueprint • Fast tracked research • Clinical Trials

3.2 Monitoring Framework

Indicators use to monitoring the implementation of the interventions and activities included in the OCR proposal should be selected out of those included in the monitoring framework available at the OCR section of the following link:

<https://workspace.who.int/sites/whe/sppm/SitePages/Welcome.aspx>

Table 1. Monitoring framework

Monitoring Framework	Indicator Text	Baseline	Target
Impact	Indicator 1	Baseline	Target
Outcome 1	Indicator 1.1	Baseline	Target
Output 1.1	Indicator 1.1.1	Baseline	Target
	Indicator 1.1.2	Baseline	Target
Output 1.2	Indicator 1.2.1	Baseline	Target
	Indicator 1.2.2	Baseline	Target
Impact	Indicator 2	Baseline	Target
Outcome 2	Indicator 2.1	Baseline	Target
Output 2.1	Indicator 2.1.1	Baseline	Target
	Indicator 2.1.2	Baseline	Target
Output 2.2	Indicator 2.2.1	Baseline	Target
	Indicator 2.2.2	Baseline	Target

3.3 Budget

Table 1. Budget Summary

Budget (Time period covered)	Total Cost (A)	Funds Available (B)	Funding Gap C=A-B
1. Objective 1			
2. Objective 2			
3. Objective 3			
Grand Total			

Table 2. Budget Summary by Objective and Top task

Budget (Time period covered)	Total Cost (A)	Funds Available (B)	Funding Gap C=A-B
1. Objective 1			
1.1 Top Task 1			
1.2 Top Task 2			
1.3 Top Task 3			
2. Objective 2			
2.1 Top Task 1			
2.2 Top Task 2			
2.3 Top Task 3			
3. Objective 3			
3.1 Top Task 1			
3.2 Top Task 2			
3.3 Top Task 3			
3.4 Top Task 4			
3.5 Top Task 5			
Grand Total			

ANNEX 4: Roles and Responsibilities

The roles and responsibilities of different functions for planning and performance management are defined in following table.

Role	Tasks
Incident Manager/WHE Lead	<p>Coordinate event management and tasks of team members. Lead the development of the SRP and WHO operations plan:</p> <ul style="list-style-type: none"> • Agree initial response objectives • Start response activities • Issues initial response strategy • Contribute to HRP • Contribute to Flash Appeal • Review HR Plan • Develop WHO staff and activity plan including logistics plan • Transition and recovery planning
Planning Lead	<p>Manage and coordinate the planning process, including development of planning products:</p> <ul style="list-style-type: none"> • Draft narrative section of plan • Convert high-level plan into a lower- level plan and translates the activities in the OCR Framework • Develop initial structure for GSM staff and activity workplans • Support mapping of resources for the Resource Mobilization document • Support the development of the monitoring framework • Support on-going monitoring and reporting (including JORs, AARs)
	Support the implementation and update of the plans as required
Information Management Lead	<p>Help produce information, mapping and other resources for the initial stages, and to help produce the strategy/plan through the planning process</p>
	<p>Provide background context and information in the early stages of the planning to support development of scenarios and concept of operations as well as support on-going monitoring of the response</p>
Operations Support and Logistics Lead	<ul style="list-style-type: none"> • Agree priority interventions with MoH and partners • Input into the development of options for response and ensure clarity around risks, constraints and opportunities • Coordinate the operations, support and logistics needs • Support IM/WHE Lead with on-going monitoring of the response operations that can lead to revision of plan
Partner Coordination Lead	<p>Coordinate with partners to organize activities, indicators, and monitoring:</p> <ul style="list-style-type: none"> • Partner coordination for situation analysis and risk assessment • Lead partners in developing HRP • Contribute to transition and recovery planning
Finance & Administration Lead	Consider human resource, budget and other administrative components
	Identify needs for recruitment and deployment

Role	Tasks
External Relations Lead	Coordinate resource mobilization efforts against the agreed plan
	Conduct event and response communications
Health Operations and Technical Expertise Lead	Provide subject matter expertise to planning process at all stages
Operations Support and Logistics Lead	Contribute to the development of the SRP Develop as detailed operations support and logistics plan Contribute to the transition and recovery planning
External Stakeholders	Coordinate information on who is doing what, where, and when using identified coordination mechanism