IASC LEVEL 3 SYSTEM WIDE ACTIVATION PROCEDURE FOR AN INFECTIOUS DISEASE EVENT

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INFECTIOUS DISEASE EVENT

1. ASSESSING THE SITUATION

ALERT / **DETECTION**

Reported under IHR (2005) or detected by WHO monitoring and surveillance capacity

WHO VERIFICATION

All events are verified

WHO RISK ASSESSMENT

Risk associated with infectious disease events are assessed on an ongoing basis.

WHO GRADING

- → All verified events are graded 0-3 by **WHO**
- Criteria: Scale; Urgency; Complexity; Capacity; Reputational Risk
- → Graded events trigger WHO's incident management system (IMS) and a scaled response

WITHIN 72HRS OF EVENT VERIFICATION

WHO DG EVENT NOTIFICATION **TO UNSG & ERC**

- → All events graded 2 or 3 by **WHO** are reported by WHO DG to UNSG & ERC
- ERC informs IASC and appropriate non-IASC Principals
- → **WHO** shares Initial Assessment Report based on consultation with:
 - National Ministries of Health and other Ministries in the affected countries.
- → Relevant IASC and non-IASC entities

→ And review of past lessons learnt

NOTIFICATION

ERC INFORMS ALL IASC PRINCIPALS

WITHIN 18HRS OF EVENT NOTIFICATION

OCHA INITIAL SITUATIONAL ASSESSMENT

Informed by:

- Perspectives of the Humanitarian Country Team (HCT/UNCT)
- → IASC Partners at HQ + Regional office
- National Govt / Disaster Management Agency
- → Analysis of the current and potential humanitarian consequences of the event.
- **WHO** updates on the evolving situation (IHR, 2005)

2. CONSULTATION AND DECISION MAKING

WITHIN 24HRS OF EVENT NOTIFICATION

CONSULTATION WITH NATIONAL GOVTS.

The ERC, WHO DG and RC/HC to jointly contact the National Authorities at the highest level to explore an L3 activation

WHO AND OCHA TO PREPARE TECHNICAL INPUT

To support the **EDG** discussions

MEETING OF THE EDG

Discuss the specific event:

- → The risk of spreading
- → The response required for its control
- Potential humanitarian consequences, context, capacity at country, regional and global level
- → GAP analysis
- → Lessons learnt from past outbreaks
- Advocacy priorities

Consider the scale and urgency of the response needed to prevent the evolution to a crisis level

Prepare a set of recommendations

for the consideration of the IASC Principals, including on the activation of an L3 response

WITHIN 48HRS OF EVENT NOTIFICATION

11 111

EVENTS

2 or 3

trigger

reporting

to **ERC**

GRADED

MEETING OF THE IASC PRINICPALS

- → Chaired by the ERC
- Non-IASC Principals may be invited by **ERC**
- → Jointly review the Initial consolidated report and **EDG** recommendations
- → WHO to provide input on if the health aspects of the situation justify L3 Activation
- → Consensus is desired, but the **ERC** has the final decision, in consultation with the WHO DG

L3 ACTIVATION DECISION

STRATEGIC DECISIONS **REQUIRED**

- → Leadership model at all country, regional and HQ levels to support national authorities
- Clusters to be activated
- In-country Coordination mechanism
- → Surge capacity to be deployed
- → The L3 duration period
- → Resources & scale up requirements
- Common advocacy priorities and messages Contingency plan for international spread
- Other response issues as required
- → Next Principals meeting date

3. ACTIVATION

INITIAL COMMUNICATION

ERC



Announces the L3 activation to all IASC Principals and Invited Principals

Issues a note to the (HCT/UNCT) via the **RC/HC**

CONTACT THE NATIONAL AUTHORITIES

The ERC & WHO DG will contact the Highest level to explain the decision and implications of the L3 activation.

DETAILS

- → Geographic coverage
- Duration of the L3 activation
- → Leadership & Coordination arrangements

Message Focus:

- → The prioritized disease control measures
- → Humanitarian response
- → Coordination mechanism
- Response capacity
- → Community engagement
- → Advanced preparedness actions

FIRST 72 HOURS AFTER L3 ACTIVATION

L3 IMPLICATIONS

- → Establishment of the HCT
- → Designation of a Senior Emergency Humanitarian Coordinator (HC)
- → WHO Incident Manager appointed

and response situation report

- → Deployment of surge capacity on a "no regrets" basis. → **WHO** to setup a weekly common, inter-agency epidemiology
- → Implementation of a multi-sector rapid assessment
- → **HC/HCT** to define a strategic statement to guide the initial joint response and operational plan, flash Appeal and cluster response plans
- → Deployment of supplies and logistics for the immediate

- implementation of relevant disease control measures Establish sub-national coordination
- mechanism/Hubs to reach the affected populations. → Immediate initial CERF allocation of US\$10-20 million
- → Activation of the "empowered leadership" model
- → At Risk Countries identified and targeted for immediate preparedness planning and action
- Operational Peer Review (OPR) within initial 3-months.

The ERC will continually update the IASC PRINCIPALS on all ongoing advocacy initiatives relating to the L3 activation and response.

+7-10 DAYS

PRINCIPALS MEETING -**REVIEW FIT FOR PURPOSE**

Review the effective functioning of the leadership and coordination arrangements

+3 WEEKS

COUNTRY TEAM (HCT) CREATE EXIT STRATEGY

HCT in consultation with the **EDG** define the exit strategy for the L3 activation.

Including the evolution of:

- → The leadership model
- Mobilization and deployment strategy
- Reporting lines, roles and responsibilities

4. **DEACTIVATION**

+3 MONTHS

PRINCIPALS MEETING - DECISION ON DEACTIVATION

- Operational Peer Review (OPR) report back
- Review the situation and formally deactivate or extend the L3 activation period.