

I

Integrated Level 3 – Infectious Disease Response Simulation 2017 ***Activation Simulation Exercise***

BACKGROUND

At the meeting of the IASC Principals held on 6 December 2016, the Director General of the World Health Organization reminded participants of the context and lessons from the Ebola response in 2016 and the High-Level Panel on the Global Response to Health Crisis, that had prompted the decision at the Principals Meeting held in June 2016, to develop Standard Operating Procedures (SOP) for infectious hazards.

The SOPs, now endorsed, provide guidance with respect to an effective collective response in the event of future large scale outbreaks. The SOPs ensure appropriate procedures are in place and reflect the critical link between the IASC mechanisms and WHO responsibilities under International Health Regulations (IHR).

In the context of this issue, the IASC Principals agreed:

- To reconfirm endorsement of the IASC System wide activation protocol for Level 3(L3) Infectious Disease Events, December 2016.
- To engage in a simulation exercise, based on the protocol, in the first half of 2017. Action by: WHO, in liaison with the IASC Emergency Directors Group and IASC secretariat, to convene a small inter-agency task team to plan and implement a simulation exercise by end July 2017.

Next steps taken

- 09 March 2017 – Invited to form the task team
- 04 May 2017 – First meeting of the task team
- 08 June 2017 – Second meeting of the task team to review the exercise concept note
- *15 June 2017 – proposed next call to sign off on the concept note and define the smaller working team.*

Project Name:	Inter-agency Health Emergency Exercise (H2E)
Purpose/Goal:	Validation and familiarization of the new Activation Procedures for Infectious Disease Events and related SOPs. <i>The exercise is not a test of the Emergency Directors or Principals but rather will assess the <u>functionality</u> of the Level 3 Infectious Disease activation protocol.</i>
Specific Objectives:	<p>1. Familiarize and validate the inter-agency procedures for determining the level of response; most appropriate leadership model at country, regional and HQ level; the clusters to be activated; the overall in-country coordination mechanism and composition of surge capacity for such events.</p> <p>2. Identify challenges and lessons related to the ability to collect, share and assess relevant information of infectious disease events; to rapidly reach appropriate decisions on L3 declaration, leadership, clusters, coordination mechanism, surge capacity, resource requirements, common advocacy priorities, contingency planning for international spread and specific arrangements as applicable for the specific infectious disease and response environment</p> <p>3. Make recommendations to strengthen the activation procedures and associated SOPs, to ensure a timely and appropriate response.</p>
Participants:	Key exercise and debrief participants are inter-agency agency Principals, Emergency Directors and nominated emergency operations staff required for information gathering, risk assessment, analysis and reporting to inform senior decision makers. <u>It is recommended</u> that members of the design team, IASC focal point should not be participants in the exercise (firewall) to enable a true testing of the system and the evaluation of the procedures in a unknown scenario context.
Timing and Duration:	<ul style="list-style-type: none"> • September 2017 – specific exercise dates to be secret until it commences • Exercise duration approximately 7 days, including: <ul style="list-style-type: none"> ○ The event build up, scenario information cover 3 months (compressed time) ○ 5 days in real time: <ul style="list-style-type: none"> – Starting with the identification of an infectious disease outbreak, WHO risk assessment and grading, reporting of the event by the WHO to the UNSG & ERC Principals and resulting in the ad-hoc EGD meeting and the ad-hoc Principals meeting. – Hot debrief with Principals and Emergency Directors will immediately follow their meetings. <p style="text-align: center;">A formal debrief and evaluation meeting following the exercise - dates TBD</p>
Location/Venue/Space:	<ul style="list-style-type: none"> • Exercise control room – WHO Geneva • Simulation exercise mostly to take place during course of normal work at respective participants’ work location • Participants may choose to convene meetings or arrange other work locations during the exercise • Principals’ meeting and debrief will take place in Geneva ERCC or other location as arranged • Formal exercise debrief workshop – Location TBD

<p>Costs:</p>	<ul style="list-style-type: none"> • Participants' and facilitators' sponsoring agencies will need to cover travel to/from debrief venue, and any required DSA • Participants' and/or their agencies are responsible for any meeting, communications, travel or other costs incurred during the simulation exercise itself
<p>Methodology:</p>	<ul style="list-style-type: none"> • Scenario-based simulation exercise requiring senior agency staff to rapidly source information and advice, use incomplete or contradictory information, reach consensus among stakeholders, and act on agreed commitments under difficult but realistic conditions: Complicated emergency context; Information scarce/incomplete/unreliable; Challenges of host government/agency capacity/personnel constraints • Facilitators provide background materials and other injects; role-play in-country stakeholders via phone/video/email • Participants expected to take decisions based solely on country-related information requested and/or provided • Facilitated debriefing of exercise identifies challenges and lessons, and recommendations for way forward
<p>Scenario & Scope</p>	<ul style="list-style-type: none"> • The exercise scenario will be based on a rapidly developing infectious disease, which develops in intensity and impact over a 3-month period, affecting a number of countries and leads to the declaration of a public health emergency of international concern (under IHR). • The scenario will incorporate a degree of ambiguity as to whether there is a need to activate the inter-agency level 3 protocol such as to create "room for debate" on classification and associated triggers needed for activation. • The exercise scope is from the first reporting of the graded event by WHO DG, to the ERC decision at the end of IASC Principals (+invited others) meeting. <p>Key Decision required by the Exercise Task Team:</p> <ul style="list-style-type: none"> ○ Based on a fictitious or real event and location. ○ Disease type ○ Country context – Government, Elements of internal strife or conflict... <p><u>Notes</u> - emphasis should remain on the health crisis since this is the first such simulation and that a conflict context might shift the focus too much. However, some elements regarding difficult relations with government and inequalities of access or relations in some specific sub-regions should be included.</p>
<p>Exercise Summary And Key Activities/Tasks:</p>	<ul style="list-style-type: none"> • <u>All agencies will be expected to decide on their level of play and who is participating from their agency.</u> Those participating will receive a briefing note via email before the exercise, explaining the exercise objectives, rules of play and other key information. They will be expected to play themselves as if this was a real situation. • A lead in period to the inter-agency H2E will be simulated using existing International Health Regulations (IHR, 2005) protocols, Inter-Agency early warning and alerting mechanisms and tools.

	<ul style="list-style-type: none"> • The start of the H2E will be triggered by a series of simulated injects in the form of unconfirmed media reports followed by an official report from WHO DG to UNSG and ERC. • OCHA to complement the WHO assessment with a humanitarian situational assessment. • The Emergency Directors (EDs) should consult simulated country staff, assess the relevant scenario information provided and then should meet to advise Principals within 24 hours of initial report by WHO. • Principals should consult/meet within 48 hours to decide on classification as Level 3, leadership arrangements, coordination mechanism, surge capacity, resource requirements, common advocacy priorities, contingency planning for international spread and specific arrangements as applicable for the specific infectious disease and response environment
<p>Assessment Methods:</p>	<ul style="list-style-type: none"> • Monitoring of inter-agency communications and actions during the EDG and Principals meetings. • Facilitated participant debrief and review of system performance. • Participant evaluation of exercise to include effectiveness and usefulness measures <p>The H2E will be evaluated by members of the <u>IASC Exercise task team</u> and the <u>designated exercise evaluation team</u> who will be present or on the call at the EDG and Principals meetings. The aim of the monitoring and evaluation, including the debrief(s) will be to validate the procedures, identify gaps and to agree on future actions to be taken.</p> <p>Throughout the course of the H2E the <u>evaluation team</u> will be responsible for capturing the key actions and outcomes resulting from the simulation. This information will then form the basis of the facilitated debriefing and report. In accordance with existing procedures, a detailed record of the ad hoc meeting will be maintained in the form of official minutes (to be drafted by IASC Secretariat). This together with the official minutes will be used to guide the facilitated debriefing and for the design of future IASC exercises.</p>

<p>Facilitators/Role Players/Support Staff Needed:</p>	<p><u>Inter-Agency Exercise Task Team</u> Preparation of the H2E will be guided by a multi-agency Exercise Task Team. Under the leadership of WHO, the Exercise Task Team will provide the expertise to design, develop and deliver the simulation exercise. Within this task team a smaller group of simulation specialist will work to develop the material needed.</p> <p><u>Key Roles and Functions:</u></p> <ol style="list-style-type: none"> 1. Exercise Director 2. Lead Facilitator / Simulation Controller 3. Lead evaluator 4. Technical focal points (IASC focal points and L3 process experts) 5. Admin & logs support 6. Facilitators (including role-players) 7. Observers (evaluation team) <p>Roles-plays as defined by the chosen scenario and agencies game plan – e.g. RC/ HC, WHO Incident manager, Government Representative and other stakeholders. <i>(UNDP can help with RC and UNDG engagement functions, UNCT asset audits etc)</i></p>
<p>Equipment/Resources Needed:</p>	<ul style="list-style-type: none"> • Exercise control room (to be established at WHO) with international phone and internet access; computers with Skype and/or other video conferencing; access to printers, etc.

Key Exercise Milestones

Assessing the situation

- **Under the IHR (2005)**, WHO monitors and assesses the risks associated with infectious disease events.
- **Within 72 hours of detection by or reporting to WHO**, the WHO Director-General informs the United Nations Secretary-General and the ERC
 - All infectious disease events that WHO classifies internally as a Grade 2 or 3 emergency¹, or that WHO assesses to be high or very high risk.
- **Within 18 hours of receiving WHO's assessment** and in keeping with current L3 practice, OCHA will complement the WHO assessment
 - Perspectives of the Humanitarian Country Team (HCT) or the UN Country Team (UNCT) via the Resident Coordinator (RC)
 - Consultations with IASC partners at headquarters and regional levels
 - if appropriate, direct consultations with the National Disaster Management Agency and/or other national sources
 - An analysis of the current and potential humanitarian consequences of the event,
 - The initial assessment can and should be updated as a situation evolves and in keeping with WHO's obligations under the *IHR (2005)*.

Consultation and decision-making

- **Following discussion of the initial situation assessment**, the ERC and the Director-General of WHO, supported by the RC/HC, will jointly contact national authorities at the highest possible level to explore their views about a possible L3 activation
- **Within 24 hours of the WHO notification to the ERC**, The Inter-Agency Emergency Directors Group (EDG) will be convened:
 - to discuss the specific infectious disease event, the risk of national and international spread, the response required for its control, potential humanitarian consequences, context and capacity at country, regional and global levels, gap analysis, lessons learnt from past outbreaks, and advocacy priorities.
 - The EDG will also consider the scale and urgency of the response needed to *prevent* the evolution of a risk into a full-blown crisis.
 - The EDG will prepare a set of recommendations for the consideration of the IASC Principals on the activation of an L3 response
 - WHO will provide technical input for the EDG deliberations, supported by OCHA
- **No later than 48 hours after notification of the event by WHO**, the ERC will convene and chair the IASC Principals. On the recommendation of the Director-General of WHO, the ERC may invite Principals of other relevant non-IASC entities to participate in the meeting (i.e. 'Invited Principals')
 - The Principal group will jointly review the initial consolidated assessment, the EDG recommendations and make decisions on the activation of the level 3, including in-country coordination arrangements, timelines, resources and scale-up requirements, common advocacy priorities and messages (incl. risk communication), contingency planning for international spread and other specific arrangements, as applicable.

¹ WHO grades emergencies based on the 5 IASC criteria. A WHO Grade 2 event has moderate to high public health consequences, requiring substantive support from WHO and partners; a WHO Grade 3 event has high to very ?? consequences, requiring organization-wide mobilization and support from WHO and partners.

Activation

- **No later than within 48 hours of event verification and notification by WHO**, the ERC will make a final decision on the L3 activation based on the IASC criteria and the recommendation of the Director-General of WHO, in consultation with the IASC Principals and Invited Principals of relevant non-IASC entities.
 - All messages should state the geographic coverage and duration of the L3 activation, and leadership and coordination arrangements.
 - The ERC will inform the UN Secretary-General (SG) and the lead UN Department (Department of Peace-Keeping Operations or Department of Political Affairs as applicable),² as well as the chair of the UN Development Group (UNDG) of the L3 activation.
 - The ERC will announce the activation via e-mail to all IASC Principals and Invited Principals and issue a note to the HCT via the HC (or UNCT via the RC, if an HC/HCT is not in place).
 - The ERC and WHO Director-General will contact the national authorities at the highest level to explain the decision and its implications.
- **7-10 days after the decision to activate**, IASC Principals and Invited Principals will be reconvened by the ERC to review the effective functioning of the leadership and coordination arrangements to ensure that they are fit for purpose

² If there is a PKO or SPM in the country in question, responsibility for informing the SRSG that this is under consideration would rest both on the HC and/or RC/DSRSG as applicable, as well as with WHO and the Lead Department at Headquarters.