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INTERNATIONAL HEALTH REGULATIONS (2005)

CORE CAPACITY WORKBOOK

A series of exercises to assist the validation of core capacity implementation levels

Global Capacities
Alert and Response

World Health Organization

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Abbreviations

EOC	emergency operations centre
ESR	electron spin resonance
EVD	Ebola virus disease
IHR	International Health Regulations (2005)
INFOSAN	International Food Safety Authorities Network
IPC	infection prevention and control
MEL	master exercise list
NFP	national IHR focal point
PoE	point(s) of entry
RRT	rapid response team
SOP	standard operating procedure(s)
WHO	World Health Organization

Introduction

This workbook provides a set of tabletop exercises and supporting materials that can be used and adapted to assess and evaluate the capacity to respond to public health events. In particular, it is designed as an active tool to support States Parties[1] to validate the implementation of the core capacities required at national, sub-national and community level as required under the International Health Regulations (IHR 2005).[2,3]

The purpose of the IHR is to prevent, protect against, control, and provide a public health response to the international spread of disease. The process of achieving this objective should be commensurate with and restricted to public health risks, and avoid unnecessary interference with international traffic and trade. In implementing the regulations, countries are called upon to assess and strengthen their national public health structures. Should a public health event occur that may constitute a public health emergency of international concern, countries are expected to interact actively and collectively with the World Health Organization (WHO) for information sharing, risk assessment, and implementation of public health measures and other recommendations.

The globalized world has raised new scientific and organizational challenges. If threats to public health are not managed effectively, they can cause major human suffering and have enormous economic impact. It is critical, therefore, that all countries commit to develop the capacity to prepare for, detect, assess, and respond to public health events of international concern, and are able to contain them at source. The ability to respond to threats to public health security in a coordinated, transparent way requires well-understood, realistic yet flexible plans, policies and procedures that have been validated and practised, and that the responses to actual events have been evaluated.

In order to provide States Parties with a toolkit to validate and monitor the implementation levels of IHR (2005) core capacities, WHO developed this series of tabletop exercise scenarios and supporting materials. This workbook is not intended as a tool to rank the performance of countries; rather it should assist each country to validate and monitor its own progress of core capacity implementation as required by the IHR (2005).

About this workbook

This workbook focuses on the use of tabletop exercises to validate plans, policies and procedures related to the IHR (2005) core capacities. While there are more complex types of exercises, the tabletop exercise format is the most time and cost efficient to review and evaluate progress in implementing core capacities. The materials include a series of IHR-relevant scenarios that can be adapted to validate plans, policies and procedures at any level within a country; questions for facilitators based on the IHR (2005) core capacities; a sample agenda; and an outline for an exercise report. The questions and expected actions for facilitators are generic in the sense that they are not limited to a specific scenario, except for the zoonotic, food safety, chemical and radiological capacities, which are scenario-dependent. The questions are arranged by core capacity and capability level. Based on the plan, the

[1] Once the World Health Assembly adopts a revision of the IHR, all Member States are automatically legally bound by it unless they affirmatively and formally opt out of the new IHR within a specific time period. No Member State rejected or opted out of the latest IHR (2005), although two Member States made reservations. Thus all WHO Member States are States Parties to the IHR (2005).

[2] International Health Regulations (2005), 2nd ed. Geneva: World Health Organization; 2008 (http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf).

[3] IHR Core Capacity Monitoring Framework: Checklist and Indicators for Monitoring Progress in the Development of IHR Core Capacities in States Parties. Geneva: World Health Organization; 2013 (WHO/HSE/GCR/2013.2; http://apps.who.int/iris/bitstream/10665/84933/1/WHO_HSE_GCR_2013.2_eng.pdf).

participants and the purpose of the exercise, it is up to the exercise manager[1] to determine the most relevant questions for each part of the scenario being used.

The use of tabletop exercises to review, evaluate and strengthen plans, policies and procedures has been well documented as part of the Ebola virus disease outbreak in Africa: from October to December 2014, tabletop simulations were conducted in 15 high priority countries[2] in Africa. These exercises played a crucial role in identifying gaps in preparedness levels, development of national response plans and in prioritizing activities.

The exercises should be used in conjunction with the Checklist and indicators for monitoring progress in the development of IHR (2005) core capacities in States Parties, and with self-reported country data on IHR implementation, either through the IHR monitoring questionnaire or similar evaluations of existing national capacities.

Guidance and materials from WHO to develop, conduct and evaluate exercises are constantly updated to reflect the needs and goals of Member States and States Parties to the IHR (2005). At any time during the exercise process, feedback or questions about the guidance or materials may be addressed to ihrinfo@who.int.

How to use this workbook

This workbook describes nine scenarios: three relate to a communicable disease, one to a zoonotic and one to a food safety event, and two each to chemical and radiological events. Each scenario has three steps: the emergence of the event, a worsening situation, and moving towards resolution. The scenarios are deliberately brief in order to allow maximum time for discussion and ease of customization.

A set of questions for the facilitators of an exercise is included, covering eight core capacities, points of entry, and four hazards. The acquired capability of countries to achieve each core capacity is reviewed at four levels (foundational; inputs and processes; outputs and outcomes; and additional achievements). An outline of what participants should include in their responses follows each question. When using a scenario, the exercise manager can determine from the functions being validated which questions are relevant and create a master events list (MEL) for use in the conduct and evaluation of the exercise. An annotated template for an MEL is provided in Annex 2. Depending on the plan, the participants and the purpose of the exercise, the questions may apply to one or more areas of the scenario being used. A sample agenda for the conduct of an exercise is provided in Annex 3.

An example of an exercise report, often called the After Action Report, is also provided as Annex 4. This is only an outline, as the purpose of the exercise and the normal means of reporting within an organization or agency will influence the report style.

Adapt exercises to the local situation

In order to provide a meaningful analysis of strengths and opportunities for improvement, any exercise must be geared towards the specific needs and goals of the participants. While this workbook contains a number of exercise scenarios, they can and should be adapted to reflect the local realities. Adjustments in either the scenario or the expected actions may be needed according to whether the exercise is conducted at community, sub-national or national level. This may mean changing locations used in the scenario, the case numbers, occupations of persons affected, etc. The scenarios can also be expanded if more time is available than the suggested one half day.

[1] The exercise manager is the person in charge of the exercise; a facilitator may also be used to facilitate a tabletop exercise.

[2] Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, South Sudan and Togo.

In addition, the questions that accompany each scenario can and should be adapted and expanded to include local plans, policies and procedures. Again, there may be different expected actions depending on the level at which the exercise is conducted, and the documentation used in the exercise (the MEL) should be modified accordingly. For evaluation purposes, the questions posed to participants should be aligned with the actions expected of them, and should be expanded or amended to reflect the plan, policy or procedure under review and any specific expectations at the relevant administrative level.

Start small, build on success

Once a decision to conduct an exercise has been made, it becomes quickly apparent that not all elements of a plan can be validated in a single exercise. It is best to start with a simple exercise, and then develop and conduct broader and/or more complex exercises rather than embarking on an ambitious exercise and risk failure.

Several exercises may be needed in order to cover all relevant areas of a plan. For example, participant availability may not allow the validation of response and risk communications in a single exercise, and each element may thus be the focus of separate exercises. An advantage of organizing the questions by core capacity is that related questions can be asked over the course of different exercises within the same scenario.

Using the core capacity capability levels

The IHR (2005) core capacities are broken down into distinct components with examples, or indicators, of what implementation of the component actually means at country level. The indicators are assigned a capability level ranging from <1 (considered foundational) to level 3, which indicates additional achievements when all other elements of the component have been attained.

Core capacity 3: Surveillance

Component of core capacity	Country level Indicator	Development of IHR core capacities by capability level			
		<1 Foundational	1 Inputs and processes	2 Outputs and outcomes	3 Additional achievements
Indicator based[1], surveillance (also referred to as structured surveillance, routine surveillance, or surveillance for defined conditions)	Indicator based surveillance[2] includes an early warning[3] function for the early detection of a public health event	A list of priority diseases[4], conditions and case definitions for surveillance is available. There is a specific unit designated for surveillance of public health risks.	Surveillance data on epidemic prone and priority diseases are analysed at least weekly at national and sub-national levels. Baseline estimates, trends and thresholds for alert and action are defined for the community/primary response level for priority diseases/events.	Timely[5] reporting from at least 80% of all reporting units takes place. Deviations or values exceeding thresholds are detected and used for action at the primary response level[6] (Annex 1A Article 4a). Regular[7] feedback[8] of surveillance results is disseminated to all levels and other relevant stakeholders.	Evaluation of the early warning function of the indicator based surveillance and country experiences, findings and lessons learnt shared with the global community.

The questions for facilitators, as well as the expected actions for use in evaluation, are based on the ascending requirements of the capability levels. In order to achieve level 1, the requirements of the foundational level need to be met. To achieve level 2, both the foundational and level 1 requirements must be met. Each set of questions for the country-level indicators is arranged in the same way; and the facilitator should ask them in the order of the capability level. Country assessments, such as self-reported data on IHR implementation through the IHR monitoring questionnaire, can give the exercise manager an estimation of the capability level within the country, which can then be validated through the exercise.

The full table of core capacities is provided in Annex 1.

Special note on core capacities 1 and 7

The questions and expected actions for core capacity 1 (National legislation, policy and financing) and core capacity 7 (Human resources) should be addressed and included for all participants regardless of the scope or focus of the exercise. Staff, financing, and authority to take action are required across all core capacities and all aspects of a response to a public health threat. Moreover, valuable information on actual human resource capacity and the adequacy of legislation, procedures and policies can be gained from including these core capacity questions and expected actions in any exercise.