I R E D

Institutional Response to Emergencies and Disasters

Policy and Key Procedures

2017 Edition

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Glossary

All-hazards Approach: An approach that encompasses all hazards: which are a) natural hazards, including geological (i.e., earthquakes); hydrometeorological (i.e., floods, hurricanes or drought); and biological (i.e., epidemics or pandemics) and b) human-induced, including technological hazards, such as industrial hazards, explosions/fire or food contamination; and c) societal, including armed conflict, terrorism or financial crises.

Disaster: A serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts. A disaster exceeds the capacity of a community or society to cope using its own resources.

Emergency: A situation impacting the lives and wellbeing of a large number of people or a significant percentage of a population and requiring substantial multi-sectoral assistance. An emergency can be related to any type of hazard.

Event: an occurrence that could become an incident.

Graded emergency: An acute public health event or disaster that requires an operational response by PAHO/WHO. There are three grades for emergencies, signifying the level of operational response by the Organization: Grade 1 (limited response), Grade 2 (moderate response), Grade 3 (major/maximal response).

Hazard: A process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation.

Health emergency: a situation impacting the health of large number of people and requiring substantial multi-sectoral or pluri disciplinary assistance.

Incident: An occurrence or event that requires an emergency response from PAHO. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Management System: The standardized structure and approach that PAHO/WHO has adopted to manage its response to disasters and public health emergencies, and to ensure that the Organization follows best practices in emergency management. PAHO/WHO has adapted the Incident Management System to its key critical functions.

Incident Management Team: The in-country team responsible for managing and implementing the PAHO/WHO response to the emergency. It is structured around the critical Incident Management System functions and their associated sub-functions. The size and composition of the team is flexible and can vary according to context.

Incident Manager: The lead of the Incident Management Team, who is responsible for strategic leadership and day-to-day management and oversight of PAHO/WHO's response to the emergency. The Incident Manager serves as the overall lead of the Incident Management Team and has delegated authority to manage the emergency response, including assigning responsibilities to other critical functions as they are established. S/he works with the health authorities and partners to agree on strategic priorities and objectives for the health response, fully consistent with humanitarian principles.

Incident Management Support Team: The team providing day-to-day technical and operational support to the in-country Incident Management Team across all of the critical functions. It is comprised persons – either fully dedicated or part-time – for each of the critical functions. An Incident Management Support Team is established at both Regional and Headquarters Offices for graded emergencies, to ensure that resources from across the Organization can be accessed.

Operational response: The emergency actions that exceed the usual country-level cooperation that the PAHO/WHO Office has with the Member State.

Public health event: Any event that may have negative consequences for human health. The term includes events that have not yet led to disease in humans but have the potential to cause human disease through exposure to infected or contaminated food, water, animals, manufactured products or environment.

1. Introduction

Emergencies and disasters of unprecedented scale and frequency are occurring in today's world. They have a major impact on the health of populations—health a state of complete physical, mental, and social well-being—and therefore constitute a major challenge for PAHO in fulfilling its mission of working with countries throughout the western Hemisphere to improve and protect people's health and achieving progress in reaching the Sustainable Development Goals.

In the period between 2011-2016, 3,311 disasters occurred worldwide; of these, 682 (20.6%) occurred in the region of the Americas. As a result, more than 67 million people were affected, 277,000 were injured, and almost 13,000 lives were lost. The economic impact of these disasters reached US$300 million. Four hundred (58.6%) of the events in the Americas were caused by hydrometeorological hazards, at a cost of US$278 million.

Public health emergencies such as Zika virus epidemic, which began in Latin America and the Caribbean, exposing more than 500 million people, have highlighted once again how seriously a hazard can affect an entire region and eventually the world. This is a stark reminder of the need for more effective international collaboration in which all existing resources can be harnessed at the service of sudden health needs including for the Americas.

At global level, WHO has also ramped up its capacity to face this challenge. Following the Ebola epidemic, WHO established a strong Health Emergencies Program, which currently is larger than any other program in WHO, both in terms of staff and resources, and has the administrative autonomy necessary to respond in a timely fashion and according to the needs of the population.

PAHO, an independent, inter-American public health agency, is also part of the UN system and serves as WHO's regional office for the Americas. In 1976, PAHO created an emergency preparedness program, which over the years broadened its scope to include areas such as disaster mitigation and vulnerability and risk reduction. In 2012, PAHO adopted a policy on Institutional Response to Emergencies and Disasters (IRED)[1], and since that time, the Organization has made noticeable progress in improving its operational response, thanks to recognition of the importance of the Incident Management System. The consolidation, in early 2017, of all PAHO programs and units with emergency-related functions into one department—into one Department of Health Emergencies (PHE)—has accelerated the adoption of the IRED policy and procedures across the Organization.

The second edition of the Institutional Response to Emergencies and Disasters has been revised to meet the evolving needs of Member States, the lessons learned from recent disasters and health emergencies; the new structure of PAHO's Health Emergencies Department; and the WHO reform. Importantly, this edition aims to further improve PAHO's operations by giving broader authority and autonomy to the Incident Management System (IMS), while taking into account current PAHO, WHO, and U.N. policies, and particularly the World Health Organization's Emergency Response Framework (ERF).[2]

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[1] Pan American Health Organization. Institutional Response to Emergencies and Disasters (2012). Online at: http://bit.ly/2uFUWrf.
[2] World Health Organization. Emergency Response Framework. (2017). Online at http://www.who.int/hac/about/erf_.pdf.

This document will require continuous updating to remain relevant to constantly changing challenges that PAHO faces when it comes to managing health emergencies.

The 2017 edition of the IRED presents PAHO's guiding principles in emergencies and disasters (Chapter 3); discusses the factors that trigger the Organization's emergency response operations, including how emergencies are graded (Chapter 4); identifies PAHO's critical functions in all graded emergencies and how they are carried out when the IMS is activated (Chapter 5); provides guidance on how and to which entity the critical emergency functions are assigned, and looks at relationships with national authorities and partners (Chapter 6); defines the role of Emergency Operations Centers during and outside of emergency operations (Chapter 7); provides a framework for health and security of the Organization and staff (Chapter 8); presents considerations related to business continuity management (Chapter 9); and finally, points to essential readiness indicators that, if well monitored, will guarantee that the IRED can be immediately and smoothly implemented (Chapter 10).

2. Purpose and Objectives

PAHO's response to emergencies and disasters adopts an all-hazards approach and it is therefore applicable to all public health events. The objectives of PAHO's response to emergencies and disasters are to:

- Provide a timely and appropriate response to Member States affected by emergencies with a considerable public health impact (or very likely to be affected), in their efforts to save lives and protect the population's health.
- Assess recovery and rehabilitation needs and help revitalize national health systems;
- Make emergency preparedness (including for epidemics), risk reduction and response key elements of national health systems by strengthening the capacity of the national health sector.

The IRED provides PAHO/WHO staff with essential guidance on how the Organization manages the assessment, grading and response to public health events and emergencies with health consequences, in support of Member States and affected communities. The specific objective of this manual is to:

- Streamlining PAHO's decision-making processes by adopting one system that is known and potentially implementable by every staff member in response to emergencies and disasters.
- Providing guidance to all PAHO entities to ensure a unified and effective institutional response, in accordance with existing WHO, U.N. and other coordination mechanisms for health humanitarian assistance.
- Protecting health personnel and infrastructure, and to facilitate access by all to essential health assistance.

3. Guiding Principles in Emergencies

The IRED is guided by PAHO/WHO principles (including cross cutting themes[3]), which are oriented toward delivering the Organization's long-term cooperation. Emergency and disaster principles are distinct but complementary. This chapter describes the most relevant of these in terms of PAHO's operational capacity to deliver quick, high-quality, concrete and timely support.

PAHO's core commitments and guiding principles in emergency response include:

- **Country Focus**: PAHO works in support of the national response to emergencies. While remaining an independent and autonomous agency, PAHO responds to factual needs by supporting national health authorities and the affected population, in close collaboration with national and international partners.
- **Humanitarian Principles:** The core humanitarian principles[4] – humanity, impartiality, neutrality, and independence – are central to PAHO/WHO's emergency work.
- **No Regrets Policy**: At the onset of emergencies, PAHO must anticipate the worst-case scenario and hence assign too much, rather than too little, in terms of time and resources, even if, at a later date, it becomes apparent that less may have sufficed. This policy affirms that it is better to err on the side of over-resourcing the critical functions rather than risk failure by under-resourcing. In terms of financial resources, this policy provides the Head of the Country Office and/or the Incident Manager with increased authority to authorize and approve expenditures, as defined in the PAHO E-Manual, section XVII, 2.3: Delegation of Authority and Standard Waivers.
  - o Immediate access to funding is provided either from either the WHO Contingency Fund for Emergencies (CFE), the PAHO Emergency Fund (PD)[5] or the PAHO Epidemic Emergency Fund (PEEF)[6] and is later replenished as funds are raised for the emergency (procedures described in Chapter XVII of the PAHO E-Manual). This no-regrets policy applies especially to any expenditure incurred during the first three months of an acute emergency.
- **Recognition that emergency response is an institutional responsibility:** when a Grade 3 response has been activated (the mobilization of the entire Organization), all PAHO entities must be prepared for an activation of up to three months. HRM is responsible for ensuring that all post descriptions include a reference to emergency-related functions, in the spirit of IRED, and that emergency functions (if relevant) are included in staff members' Performance Planning and Evaluation System (PPES).
- **Surge Capacity**: the number of lives saved, reduced morbidity, and preventing health-related socio-political crises are directly related to the speed and quality of the health response to an emergency. Therefore, PAHO's internal policy allows for the mobilization of any staff from headquarters or Country Office, as wells as from other organizations, when an administrative emergency is declared[7].

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[3] Cross-cutting themes that underpin PAHO's response to emergencies and disasters include: Ethnicity, Gender, Governance, and Human Rights.
[4] OCHA. Humanitarian Principles. Online at: http://bit.ly/1oceeqz.
[5] See PAHO E-Manual, Chapter XVII, Section 3.3).
[6] See PAHO E-Manual, Chapter XVII, Section 2.2).
[7] See PAHO E-manual, Chapter XVII.

- **Delegation of Authority**: PAHO's response to emergencies and disasters is based on the Incident Management System. In this model, the Incident Manager is the Organization's highest level of operational decision making. He/she is vested with the authority to mobilize the Organization's resources to respond to an emergency, while respecting the rules, procedures and standards of the Organization.
  - **Compliance with the Framework of Engagement with Non-State Actors (FENSA)[8]**: PAHO complies with FENSA by formally engaging only with recognized non-State actors (partners) at country or regional level. Prior to emergencies, PHE ensures that these actors will complement the national response and that no conflicts of interest have been identified beforehand or are recognized at the moment of an emergency, as per FENSA procedures.
  - **The Emergency Operations Center**: An institution must have a space that is available at any time, to anyone, when the Incident Management System so requires, so that all points of operations in the Organization can be inter-connected in a timely and effective manner. The PAHO Emergency Operations Center is a permanent structure. During non-emergency periods, the EOC team ensures that all operations set forth in the IRED can begin immediately. To achieve this, the EOC maintains the capacity to host and support the Incident Manager and the IMS team, with all its components, and to quickly ramp up and become the Organization's nerve center in emergency situations. The establishment of an EOC at country level will be considered for graded emergencies but also on a permanent basis for countries with regular emergencies.

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[8] World Health Organization. Framework of Engagement with Non-State Actors (2012). Online at: http://bit.ly/1TX1F2c.

4. Triggering the Institutional Response

The immediate and earliest decisions regarding the response to a threat or an actual disaster have huge consequences for the entire operation. The directions of engagement described in this chapter are therefore of paramount importance.

4.1 Pre-event, Alert and Analysis of Rumors and Signals

The quality of an emergency response depends on its timely activation and the capacity to anticipate needs. This section guides the Organization to define, in a timely manner, the needs for response operations and therefore, to grade an emergency or disaster at the required level of response.

Many events are preceded by alerts, signals, or rumors. The Country Office, EOC and IHR are key entry points for information regarding sudden-impact disasters or public health emergencies such as outbreaks of infectious diseases or events resulting from exposure to toxic or hazardous materials that can potentially impact public health. It is their responsibility to alert the PWR, PHE, and subject matter specialist(s). PHE uses a variety of risk analysis tools and relies on prime and sensitive information to quickly and regularly study health risks. This will help to determine if the situation warrants triggering PAHO's response when the Organization has an added value.

At some point (and early enough for the Organization to remain relevant), a decision must be made regarding when to shift from simply monitoring the event to an emergency response of an appropriate intensity and magnitude. Because information may still be incomplete, this decision requires professional judgment. As part of the no-regrets policy, the Organization must activate operational procedures at the 'worst-case-scenario' level for the specific event and location

As soon as an event has occurred (or is likely to immediately occur), the Organization must define its potential severity – assigning a grade – in order to ensure that all necessary resources are available to face country's needs. The triggers for grading include:

- Any public health event with a risk assessed as high or very high.
- Any public health event with an assessed risk that requires an operational response by PAHO.
- Any emergency situation for which the initial situation analysis indicates a health impact likely to require an operational response by PAHO.
- Any verified request for emergency assistance from a Member State.

4.2   Activation of Special Emergency Procedures

As soon as it is clear that PAHO's response will be triggered (see Section 4.1), and in many cases even before an event is graded (see Section 4.3), the PWR in his/her respective country and PHE (for the Region) will take the following immediate actions:

(1)   Activation of emergency plans and administrative processes

o   The Country Office activates its emergency and business continuity plans; prepares an initial emergency report; and declares an administrative emergency when appropriate9, thereby activating the Special Emergency Procedures (SEP).10 The Country Office should also ensure that appropriate contact is made with national counterparts, including the Ministry of Health, the relevant national emergency agency/organization, the UN Humanitarian Coordinator and other appropriate agencies (see Chapter 6, Section 2.5 for further information).

o   The PWR in a neighboring country may also consider declaring an emergency in situations in which assistance can be channeled quickly from that country, at the request of the PWR in the affected country. The same emergency declaration form must be used.

o   PHE may declare an administrative emergency for any PAHO Member State or territory, including the USA and Canada.

(2)   Compilation and assessment of information

o   The PAHO Country Office compiles information documenting the emergency and transmits the information to the EOC and PHE.

o   In coordination with the Country Office and the EOC, PHE compile the information, with the support of all relevant technical entities and Centers.

(3)   Activation and provision of initial/immediate operational support

o   The Country Office and the EOC determine the type of operational support required, taking into account the projected evolution of the impact of the disaster, preferably within the first 48 hours (see more in Chapter 7 on EOC functions in the early stage

(4)   Grading
o   PWR/PHE/EOC begin the grading process (see section 4.3).

(5)   Immediate issuance of technical recommendations and guidance by the EOC

(6)   Generation of emergency projects
o   Project development is a collaborative process between the PWR, donors, PAHO Headquarters and U.N agencies (as appropriate), in close collaboration with national authorities and ensuring the participation of NGOs with a comparative advantage.

(7)   Monitoring, evaluation, and fine-tuning of the disaster response, initially by the EOC until such time as the Incident Management System is set up.

(8)   Repurposing of the Country Office

•   If the risk assessment or situation analysis indicates the need for an important operational response, PAHO immediately repurposes the Country Office

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9 The PWR declares an emergency, confirming by memo to the Director, attention: PHE, for an initial period of 15 days.
10 The Special Emergency Procedures are described in the PAHO/WHO E-Manual in Part XVII, Section 3: Special administrative policies in emergencies.

4.3 Grading Disasters and Public Health Emergencies

The grading assigned to an emergency indicates the level of operational response required by PAHO.

4.3.1 Purpose of Grading

Grading is an internal PAHO/WHO process that is conducted to activate PAHO/WHO's Incident Management System. The purpose is to:

- Inform the Organization of the level of PAHO/WHO's operational response to an emergency and the need for mobilization of internal (at all levels of the Organization) and external resources.
- Determine the need for a surge of additional human and material resources.
- Allow access to PAHO/WHO's resources made available for emergency response.
- Convey to partners, donors and other stakeholders PAHO/WHO's assessment of the scale of unmet needs within the health sector and, by extension, the requirement for additional international resources.

4.3.2 Timing of Grading

For acute events and emergencies, the grading exercise is conducted within 24 hours of:

- A risk assessment that characterizes an acute event as high or very high risk.
- A situation analysis that indicates the likely need for an operational response by PAHO/WHO to a sudden-onset emergency, e.g. earthquake, tropical storm or hurricane.
- For moderate risks or slower-onset events, e.g. due to conflict or drought, grading may only occur several days after initial assessment.

4.3.3 Responsibility for Grading

Grading may be initiated at any level of the Organization. However, the primary responsibility lies with PHE. For large-scale emergencies with the potential for substantial multi-country impact, PHE will oversee the grading process.

There are three grades for emergencies"

- **Grade 1** corresponds to a situation in which the country office requires no or minimum support from the Regional Office.
- **Grade 2** corresponds to events for which one of the following criteria is met:
  - Requires strong regional support.
  - Involves more than one country.
  - The Regional Response Team may be deployed.
- **Grade 3** is for emergencies that require the full involvement of the Organization.

In several cases, an incident may not qualify even for a Grade 1 designation, but may require, for example, the implantation of some of critical functions (see Chapter 5) or necessitate the declaration of an administrative emergency. These incidents are designated as **Ungraded**.

4.3.4 Criteria and Activation Mechanisms for Emergencies

The criteria presented in Table 1 are intended to assist in grading the emergency. However, although certain criteria are met, a decision may be taken to grade the emergency at a different level. It is left to the judgment of the person activating the IMS, with oversight by PHE. The activation of the SEPs is not dependent on grading (section 4.2).

Table 1. Criteria and Activation Mechanisms

LEVEL	CRITERIA*	ACTIVATED BY and ACTION
Ungraded: In some cases, an incident may not qualify even for a Grade 1 designation, but may require, for example, the implantation of some of critical functions (see Chapter 5) or necessitate the declaration of an administrative emergency.	Any situation that may have the potential to become a serious threat capable of generating a graded health emergency.	• PWR and/or PHE, via written e-mail communication to confirm decision. EOC keeps a record. • PWR and/or PHE to decide if administrative emergency is to be declared and if additional staff is needed.
Grade 1 Requires ONLY minimal support from PAHO HQ or other entities.	The country, or part of the country, is significantly affected. The response can be handled at country level.	• PWR decides on the activation of the RRT and assigns critical functions to staff, in coordination with EOC and supervision by PHE. • Grade 1 can also be proposed by PHE; based on available facts, PHE will decide on activation.
Grade 2 (if one of the criteria is met) • Requires strong regional support • Involves more than one country. • RRT may be deployed.	The Country Office lacks sufficient capacity to support the Ministry of Health and health sector. The emergency situation or potential health risk requires a rapid and visible response from the Organization. The need for a considerable international health sector response is anticipated. U.N. Security Level 4, or 5 is declared.	• Proposed by PWR, PHE or any PAHO technical or administrative entity. • PHE will review the proposal, and the Director will make the final decision.
Grade 3 A major emergency occurs that requires the full involvement of the Organization.	*Organizational (2 of 2)* Urgency) The Country Office has insufficient capacity to support the respective ministry of health and health sector. (Scale) The emergency situation presents a major risk to fulfilling the mission, challenges and the leadership of the Organization, thus requiring a rapid and vigorous response. *Technical (3 out of 5)* (Consequences) The actual or potential public health impact is extremely high and exceeds the country's technical capacity to adequately address it. (Capacity) The need for a massive international response in support of the health sector is anticipated. (Complexity) The actors and interlocutors with whom PAHO will need to liaise and/or coordinate at the governmental or institutional level, both nationals and internationals, have changed significantly in number and complexity. (Reputational risk) The Organization's routine technical cooperation activities are significantly disrupted for an extended period of time (i.e., two months or more). U.N. Security Level 4 -6 is declared.	• Proposed by PHE, with support from relevant technical and administrative entities at PAHO HQ and WHO Headquarters. • The EOC monitors the level of activation criteria. • The Director makes the final decision regarding Grade 3 activation, depending on whether the health emergency is in LAC; whether the emergency is outside the Region, with no potential consequences for LAC; or if the emergency is outside the Region but may have a possible impact, such as an epidemic of international concern or a nuclear cloud.

* The criteria presented are intended to assist in grading the emergency. However, although certain criteria may be met, a decision may be taken to grade the emergency at a different level.

4.3.5 The Grading Process

PHE chairs the grading process. The Country Office provides a situation analysis using the five IASC criteria (Scale, Urgency, Complexity, Capacity, and Reputational Risk).

- **Scale**: Consider the number and health status of people affected (with special attention to vulnerable groups), proportion of population affected or displaced, size of geographical area affected, number of affected countries, level of destruction of health infrastructure, extent of international disease spread, degree of deviation from the norm in the case of annual predictable events (e.g. seasonal outbreaks, annual floods or drought).
- **Urgency** (of mounting or scaling up the response): Consider mortality rates and trends, disease rates and trends, major causes of morbidity and mortality, rates of acute malnutrition, case fatality ratio, degree of transmissibility of pathogen, risk of international spread, changing environmental conditions (e.g. onset of winter or wet season), speed of population displacement and potential for further displacement, intensity of armed conflict or natural disaster, potential for further communal or intrastate conflict, degree of environmental or food and water contamination (chemical, radiological, toxic).
- **Complexity**: Consider the range of health consequences, including potential downstream public health consequences, concurrent emergencies, unknown pathogen or chemical or toxin, specialized technical knowledge and skills required, presence of non-state actors or anti-government elements, political context, problems of humanitarian access, security, number of countries and regions involved; interference with international trade and travel;
- **Capacity**: Consider level of preparedness, coordination and response capacities of national authorities, level of international capacities and readiness in-country (including those of PWR) to respond to the emergency and coordinate partners, robustness of civil society coping mechanisms, and type and effectiveness of pre-existing PAHO/WHO programs.
- **Reputational risk**: Consider PAHO/WHO's specific responsibilities (e.g. to lead on outbreak response, Health Cluster Lead Agency), requests from the affected population and government(s), media and public attention and visibility, expectations of Member States, donors, partners and other stakeholders;

The declaration of a Grade 3 emergency outside the Region (where there is no impact in the Americas) will prompt PHE to consider the level of operational response of the PAHO should provide.

4.3.6 Multiple countries with a single grade or single countries with multiple grades

Grading corresponds to an emergency, not to a country. A single country may have multiple emergencies at any given time (for example an earthquake in one part of the country and a disease outbreak in another); each situation is graded independently. Compounded burdens on the health system and the capacities of health partners would be expected to influence grading of subsequent events and emergencies.

A multi-country emergency is graded collectively and has only one grade; however the extent of the mobilization of staff and resources by country may differ, depending on the country-specific response requirements.

4.3.7   Documenting the Grading Process

A standard template is used to document the grading (Annex 2). PHE is responsible for completing the grading template and sharing it with those who participated in the decision.

The Grading Template highlights the following issues:

- The agreed-upon grade with an explanation, based on the grading criteria.
- Immediate health sector and PAHO/WHO response objectives over a specified immediate period, until a more detailed action plan is established (see chapter on the Incident Management System).
- Name of Incident Manager in country (or temporary focal point) and the names of the Emergency Coordinators (or Focal Points, as appropriate – see Incident Management System), as well as their contact information.
- The initial assignment of extraordinary resources (staff, funding and supplies), especially for country level.
- For Grade 2 or 3 emergencies, an agreed-upon timeline for delivering on PAHO/WHO performance standards (as described in the ERF), based on context (e.g. sudden onset, slow onset).
- For Grade 2 or 3 emergencies due to infectious hazards, a recommendation to the Director as to whether the emergency may represent a Public Health Emergency of International Concern (PHEIC).
- For Grade 3 emergencies due to infectious hazards, a recommendation of whether consideration should be given to mobilization of IASC resources, as per the Level 3 Activation Procedures for Infectious Disease Events.
- The date and time of the next three-level meeting for the response.

4.3.8   Declaration and Communication of Grades

- Graded emergencies are announced to all PHE staff by e-mail within 24 hours of grading. The office of the Director announces Grade 3 emergencies by e-mail to all PAHO staff.
- Informing the United Nations system: For Grade 2 and Grade 3 emergencies that are caused by an infectious hazard, the PAHO Director will inform WHO DG and United Nations Secretary-General within 24 hours, with copy to the United Nations Emergency Relief Coordinator (ERC) and the IASC Principals. Grade 3 emergencies due to infectious hazards may require mobilization of resources through the IASC, as per the Level 3 Activation Procedures for Infectious Disease Events.

For Grade 2 and Grade 3 emergencies, PHE immediately activates the IRED implementation and monitoring tool to track progress.

4.3.9   Reassessing Levels of Activation

The on-going emergency situation will be closely monitored and the activation levels will be reassessed as the situation evolves, perhaps prompting higher or lower grades. The Organization will assess all activation grades within two weeks after the activation and again before each extension of the disaster declaration. The activation grade automatically ends when the declaration of an administrative emergency ends (as per PAHO/WHO E-manual Chapter XVII). Any grade may be deactivated once the affected country (or countries) show(s) sufficient capacity to cover the emergency health needs with its/their own resources, and, therefore, the Organization's support to the emergency can be provided utilizing regular technical cooperation mechanisms.

5. Critical Emergency Functions

The Organization has identified three levels of critical emergency functions (country, regional and global). These functions are in the context of a worst-case scenario. However, they must always be considered: a) during non-emergency periods, for the pre-designation of staff and alternates to immediately assume the function(s); b) during the pre-alert or signal stage; c) particularly when an event is graded; and d) most importantly, when the Incident Management System is activated. Each function may require the assignment of one or several part-time or full-time individuals, depending on the specific health needs of the affected country or countries.

5.1 Critical Emergency Functions at the Regional Level

The four critical emergency functions to be implemented by PAHO Headquarters in Washington, D. C. are:

(1)   Incident management
(2)   Emergency technical guidance
(3)   Spokesperson
(4)   Regional emergency program management

5.1.1 Regional Incident Management

This function ensures the response operation's effective coordination and management across the Organization. It ensures the overall management of PAHO resources for a specific incident.

The specific duties include:

- Determine the needs and optimal use of resources.
- Analyze conflicting technical information and/or reports.
- Provide direction on what activities should be implemented by the Country Office, technical and administrative entities, and Centers, taking into consideration PAHO's technical cooperation policies and administrative rules and procedures.[11]
- Ensure that relevant information is shared at all levels of the Organization.

Selection Criteria for the Incident Manager

PHE, with the input of all PAHO entities, maintains a roster of potential candidates to fulfill the Incident Management function. The following criteria will guide the selection of the RIM:

o   Experience and competence in crisis management, complex emergency operations, and in dealing with conflicting technical information.
o   Strong partnership-building skills within PAHO that take into consideration gender, ethnicity, and human rights issues.
o   Good knowledge of PAHO's rules and procedures, including its Special Emergency Procedures (SEP) and crosscutting priorities.

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[11] PAHO is directed by its BWP and the E-manual, particularly Chapter XVII.

At regional level, the Director designates an Incident Manager to implement this function. This senior-level professional (at Advisor level or higher), preferably from within PAHO, reports to the Director, through the Director of PHE, and is vested with the necessary authority to directly carry out the incident management functions and related operations. This person must be, first and foremost, a specialist in crisis management. Experience in and knowledge of the health aspects of the specific event is an asset.

The IM must quickly identify, when needed, a Deputy IM (DIM) whose role varies from one emergency to another and whose skills complement those of the Incident Manager. The deputy incident management functions usually include:

- Act on behalf of the IM, when assigned.
- Assume, as delegated, certain functions that the IM cannot implement due to magnitude of the event or its complexity.
- Plan for the immediate future.
- Connect with planners in partner/sister organizations.
- Assist in project monitoring, etc.

> **Selection criteria for the DIM**
>
> The IM, in coordination with PHE, identifies the functions and selects an appropriate person based on the following criteria:
>
> o Familiarity with PMIS and UN planning.
> o Experience in dealing with regional partners.
> o Background in program management.

5.1.2 Emergency Technical Guidance

This function ensures that the best quality and timely technical guidance is available to support response operations. It generally requires several subject matter specialists, depending on the nature of the specific disaster or health emergency. These technical experts will become part of the Technical Operations Team (TOT), under the Incident Manager, and will be selected primarily from the PAHO staff roster (but may be recruited from outside if necessary). The TOT identifies or prepares technical guidelines for emergency-affected Member States and advises the Incident Manager on all technical matters related to the emergency. The IM identifies the lead of the TOT.

> **Selection Criteria for TOT Members**
>
> The IM, with input from PHE and interaction with heads of departments, identifies and selects experts) meeting the following criteria:
>
> - Senior-level expertise on issues related to the health emergency.
> - Ability to provide practical and timely advice while working under pressure.
> - Capacity to prioritize emergency needs and actions.
> - Provision of specialized input to a plan of operations, based on respective fields of expertise.
> - Strong skills in building a technical consensus based on a country-specific approach.
> - Expertise and familiarity with emergency management as these relate to the (potential) emergency impact.

5.1.3 Spokesperson

This function seeks to ensure that the Organization speaks with one voice when addressing and interacting with the mass media. This function is assigned to a senior staff member, designated by the Director, who will represent and advocate for the Organization's position during crises and emergencies, and who must coordinate directly with the crisis communication specialist, the communication designee at country level and CMU. He/she may be located at the regional or country level and will ensure that the country offices are informed ahead of public release of PAHO's position. PHE will propose to the Director the staff to carry out this function.[12.]

The spokesperson reports to the D through PHE.

> **Selection Criteria for Spokesperson**
>
> Proposed by PHE and selected by the Director, considering the following criteria:
>
> - Excellent knowledge of PAHO's policies.
> - Good knowledge of the humanitarian community and or/ public health donors, according to the event.

5.1.4 Regional Emergency Program Management

This function plans for the mobilization and implementation of resources. It should be considered before the event is graded. It has the following specific duties:

- Anticipate needs to be covered by external assistance.
- Plan the use of resources in time and location.
- Ensure that the best use is made of the administrative system, especially the PMIS.
- Review procedures and advise/alert IM/DIM on what he/she should anticipate.
- Contact financial and technical planning officers in partner agencies, if needed.

> **Selection Criteria for Emergency Program Management**
>
> The IM, in coordination with PHE, identifies and selects the regional program officer, with the following criteria in mind:
>
> - Knowledgeable in PMIS and administrative rules, in particular Chapter XVII of the E-manual.
> - Has a background in program management.
> - Familiarity with resource mobilization, donors and technical partners.
> - Experience in monitoring project

5.2 Critical Emergency Functions at the Country Level

The following critical emergency functions are to be carried out by one or more individuals at the country level:

(1) Country Office emergency leadership
(2) Country incident management
(3) Emergency administration
(4) Communications
(5) Emergency information management

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[12] This is consistent with PAHO/WHO E-manual V.2.6 Communicating in health, humanitarian or organizational crises.

(6) Country emergency program management

(7) Coordination of health partners

5.2.1 Leadership of the Office of the PAHO/WHO Representative

The leadership provided by the Country Office in emergency situations enables the Organization to assume its responsibilities during a crisis or serious disruption of normal activities. The PWR, who serves as the PAHO/WHO emergency representative, implements this function. The specific objectives are:

- Guarantee adequate capacity of the Country Office to provide optimal emergency support to the affected country.
- Assume leadership of the U.N. Health Cluster,[13] in close coordination with the ministry of health and the U.N. Humanitarian Coordinator, and at the same time synchronize efforts with existing health sector coordination mechanisms.
- Facilitate/support timely and unbiased information management.
- Ensure the activation (when needed) and implementation of the Organization's Special Emergency Procedures (SEP) within the context of the country's specific needs.
- Establish the necessary Country Office technical and administrative procedures for the optimum functioning of PAHO emergency operations.
- Ensure that the country-level IMS is successfully implemented and receives the full support of the Country Office.
- Advocate with all humanitarian health partners for efficient and effective resource mobilization and gap filling.
- Repurpose Country Office staff, making them available to the IMS when needed.

The PWR assumes the responsibilities cited above, in addition to the ongoing non-crisis activities of the Country Office. See Annex 3 for an Action Card for PAHO/WHO Representatives in Emergency Situations. In order to fulfill these responsibilities, PWRs must receive ongoing training in humanitarian reform, overall management of health and humanitarian response, and the integration of gender, ethnicity, and human rights considerations into the response.

In unique or exceptional circumstances,[14] the Director may wish to designate a senior staff specially trained in humanitarian coordination to serve as PAHO/WHO emergency representative in place of the incumbent PWR. In these unique cases where PAHO's Director takes this decision, a communication to the corresponding national authorities, including the CV of the selected person, will be issued.

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[13]At the country level, PAHO leads the Health Cluster. The Health Cluster lead agency serves as a bridge between national and local health authorities and international and NGO humanitarian health actors The responsibility of the Health Cluster lead agency at the country level is to ensure that the international humanitarian response is based on country needs as stated in the response plan developed by the ministry of health.

[14]These include: a sudden and profound disruption of in-country operations, serious health issues, personal security concerns, and/or a clear absence of expertise, placing PAHO's life-saving operations at serious risk.

5.2.2 Country Incident Management

The country incident management (CIM) function ensures that all PAHO in-country emergency operations are run properly. Duties include:

- Ensure that operations are properly carried out, emergency funds are properly utilized, and the Regional Health Emergency Response Team (RRT)[15] is appropriately managed.
- Support the ministry of health's national health disaster coordinator, in particular, to prepare and update the health sector disaster response plan to which all entities must adhere.
- Provide technical and operational orientation to the Health partner Coordinator. [16]

> **Selection Criteria for the Country Incident Manager**
>
> PHE, with the input of all PAHO entities, maintains a roster of potential candidates to fulfill the Incident Management function. The following criteria will guide the selection of the IM:
>
> - Experience and competence in crisis management, complex emergency operations, and in dealing with conflicting technical information;
> - Strong partnership-building skills within PAHO that takes into consideration gender, ethnicity, and human rights issues; and
> - Good knowledge of PAHO's rules and procedures, including its Special Emergency Procedures (SEP)

The Incident Manager implements these functions, under the supervision of the Regional IM. With re-delegation of full authority by the PWR (PAHO/WHO E-Manual Chapter XVII, 3.2.), this person holds responsibility over all emergency projects, activities, and funds. Routine PAHO technical operations will continue to follow usual administrative and technical procedures.

PHE proposes candidates for the Country Incident Manager to the Director, in consultation with the respective PWR, from a roster of senior professionals (see Chapter 7, Emergency Operations Center). The Director appoints the CIM. In case of activation at Grade 1, and unless otherwise indicated by the Director, the PWR assigns this function to a person with the appropriate profile and informs EOC, PHE and the Director.

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[15] The PAHO Regional Health Emergency Response Team (RRT) has been created at the request of the PAHO Directing Council. A roster is maintained by the EOC and training is regularly provided by PHE. This team has subgroups, by specific topics, managed by corresponding PAHO areas.

[16] As per IASC definition.

Table 2. Indicative Roles and Responsibilities of the PWR and Incident Manager

PWR	Incident Manager
- Facilitate the initial institutional response: - Activation of emergency/contingency plan and business continuity plan. - Initial repurposing of staff and assets, and assigning key functional roles. - Placement of country office assets at the disposal of response operations. - Staff security, safety, health and wellbeing (ultimate responsibility). - Facilitate and support Incident Manager in his/her strategic leadership and management of the response. - Main representation of PAHO/WHO to ministry of health and other government ministries. - Representation of PAHO/WHO on UN Humanitarian Country Team as representative of both PAHO and Cluster Lead Agency (may be delegated to Incident Manager). - Donor relations for the response (shared with Incident Manager). - External communications (shared with Incident Manager). - Establish a specific emergency cost center when needed or create separate activities for response in Country Office BWP and HR work plans and budgets. - Leadership and management of on-going PAHO/WHO programs not related to the emergency.	- Strategic leadership and management of overall PAHO/WHO response and subsequent phase-out plan. - Staff security, safety, health and wellbeing related to in-country deployments for the response. - Supervision of incident management team under the IMS. - Strategic guidance to ministry of health and to health sector/ health cluster on response operations. - Tracking of progress toward meeting strategic and operational objectives; implementation of course corrections, as required. - Donor relations for the response (shared with PWR). - External communications (shared with PWR). - Representation of PAHO on health sector/Cluster forums. - Approval of expenditures, local procurement and cash advances, as per SEPs and PAHO E-manual Chapter XVII. - Close collaboration and consultation with PWR.

5.2.3 Emergency Administration

This function ensures that all emergency administrative functions (including procurement, human resources and finance) are implemented in a timely manner, adhere to all applicable rules and procedures, and receive adequate administrative follow-up.

PHE will propose a PAHO staff member or a specifically recruited professional for this function, in coordination with the Director of Administration, particularly for emergencies activated at Grade 3. The Emergency Administrator reports directly to the Country Incident Manager or to the PWR when there is no CIM. The Director designates the Emergency Administrator.

Selection Criteria for Emergency Administration

Emergency administration functions will be carried out by a professional selected based on the following criteria:

- Experience with PAHO administrative procedures.
- Familiarity with the PAHO/WHO E-Manual, especially pertinent sections regarding emergency plans and procedures.
- Ability to work under pressure, manage conflicting information, and ensure proper administrative management of time-sensitive humanitarian funds, including proper monitoring and follow-up with the respective PWR, incident Manager, and project officer.
- Training in administrative emergency management.

5.2.4 Communications

The communications function ensures that all relevant stakeholders and audiences receive timely, adequate, and reliable information about the impact of and response to an emergency or disaster. These groups include news media, PAHO staff at different levels, national authorities, and partner organizations. This function ensures that the Organization speaks with one voice to the world at large. The function is assigned by the PWR, in consultation with spokesperson, CMU, and the incident management, to a senior-level staff member with solid knowledge of how to reconcile conflicting information and interact with the news media and general public. This position represents and advocates for the Organization's positions during crises and emergencies. In consultation with the Director, the PWR may assume this role or designate a senior staff member, based on PHE

Selection Criteria for Communications

PHE, with input from PAHO entities, maintains a roster of potential candidates to fulfill the communications functions. The following criteria will guide the selection:

- Experience and competence in crisis management, complex emergency operations, and in dealing with conflicting technical information.
- Strong partnership-building skills within PAHO that take into consideration crosscutting priorities: gender, ethnicity, and human rights issues; and governance
- Good knowledge of PAHO's rules and procedures, including its Special Emergency Procedures (SEP).

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recommendations. The PWR assumes the function of spokesperson at country level if no emergency spokesperson is nominated. He/she must ensure country and headquarters positions are aligned, either with the regional spokesperson or, when no regional spokesperson has been assigned, with PHE.

5.2.5 Emergency Information Management

This function seeks to secure all necessary information and ensure that it is properly analyzed and proactively reported to all partners (e.g., Health Cluster, donors, etc.) in a timely manner and at the appropriate level. The PWR, with support from PHE, assigns this function to one or several professionals who will work under the supervision of the CIM. This individual should possess good writing skills and the ability to synthesize technical information from multiple sources. He/she will have limited communication with HQ/EOC, PHE and IM.

> **Selection Crite**ria for Information Management
>
> PHE, with the input of PAHO entities, maintains a roster of potential candidates to implement this function. The following criteria will guide the selection:
>
> - Capacity to deal with conflicting information.
> - Ready to operate in a stressful environment.
> - Capacity to analyze and synthesize information and transmit to-the-point reports.
> - Good written and communication skills.
> - Good knowledge of technical public health terminology.

5.2.6 Country Emergency Program Management

This function plans the mobilization and implementation of resources at country level. It should be considered before the event is graded. This position has the following objectives:

- Anticipate needs to be covered by external assistance.
- Plan the use of resources in time and location.
- Ensure the administrative system is best utilized, especially the PMIS.
- Review procedures and advise/alert CIM and PWR on what he/she should anticipate.
- Contact the planning officers of financial and technical partners if required, and ensure that PWR or CIM contacts local partners.
- Contribute to/prepare UN and other appeals.

> **Selection Criteria for**
> **Country Emergency Program Management**
>
> The RIM, in coordination with PHE, identifies and selects the regional program officer, with the following criteria in mind:
>
> - Knowledgeable in PMIS and administrative rules, in particular Chapter XVII of the E-manual.
> - Has a background in program management.
> - Familiarity with resource mobilization, donors and technical partners.
> - Experience in monitoring project implementation.

The assigned person reports to the CIM, or to the PWR in cases where no CIM has been designated.

5.2.7   Health Partner Coordination

The Health Partner coordination function ensures that all health partners respond to the national health sector response plan or to essential needs as agreed upon with national health authorities. When the Cluster is activated, this function also covers health cluster coordination, as per the IASC description.[17] He/ she reports to the Humanitarian Coordinator and complements the Health Cluster leadership function that is assumed by the PWR.

In most cases, the function of Cluster coordination will be assigned to a full-time, specifically recruited Health Cluster Coordinator, selected by the Director from a list proposed by PHE, who works with the support of the PWR and reports to the Humanitarian Coordinator, as per the U.N. Cluster approach defined by the IASC.

Health Partners/Cluster Coordinator

Health Partners/Cluster coordination will be assigned to a Health Cluster Coordinator, selected based on the following criteria:

- In-depth knowledge of emergency relief policies (including cluster leadership performance), and familiarity with practices within the U.N., other U.N. specialized agencies, donor agencies, and national and international NGOs.
- Sound knowledge of and experience in national disaster reduction and preparedness principles and programs, including gender, ethnicity, and human rights approaches.
- Ability to prioritize, organize, manage, and adapt response activities in the presence of changing circumstances.
- Excellent communications and negotiation skills, and ability to convene stakeholders and facilitate a decision process among U.N. entities, NGOs, national health authorities, and donors, given that the efficient sharing of real-time information is a vital function in a humanitarian response effort.
- Proven capacity to produce results and foster integrated teamwork.
- Ability to relate to and mobilize technical and other staff in the PWR Office to participate in the specific sub-clusters with relevant themes.
- Demonstrated leadership skills and ability to convene all key players contributing to emergency relief efforts.

5.3   Critical Emergency Functions at the Global Level

5.3.1   Coordination with Agencies

This function ensures that the necessary UN agencies, intergovernmental agencies and governmental agencies (including international cooperation agencies), non-governmental agencies (including the Red Cross movement institutions) and special high-level committees (including the IASC) are actively mobilized to support an organization-wide response, through and at the request of the PAHO Director. This function is assumed by WHO (WHE.

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[17] Inter-Agency Standing Committee. Reference Module for Cluster Coordination at Country Level. Online at: http://bit.ly/2oseRYT.

5.4 Critical Functions When the Incident Management System is Activated
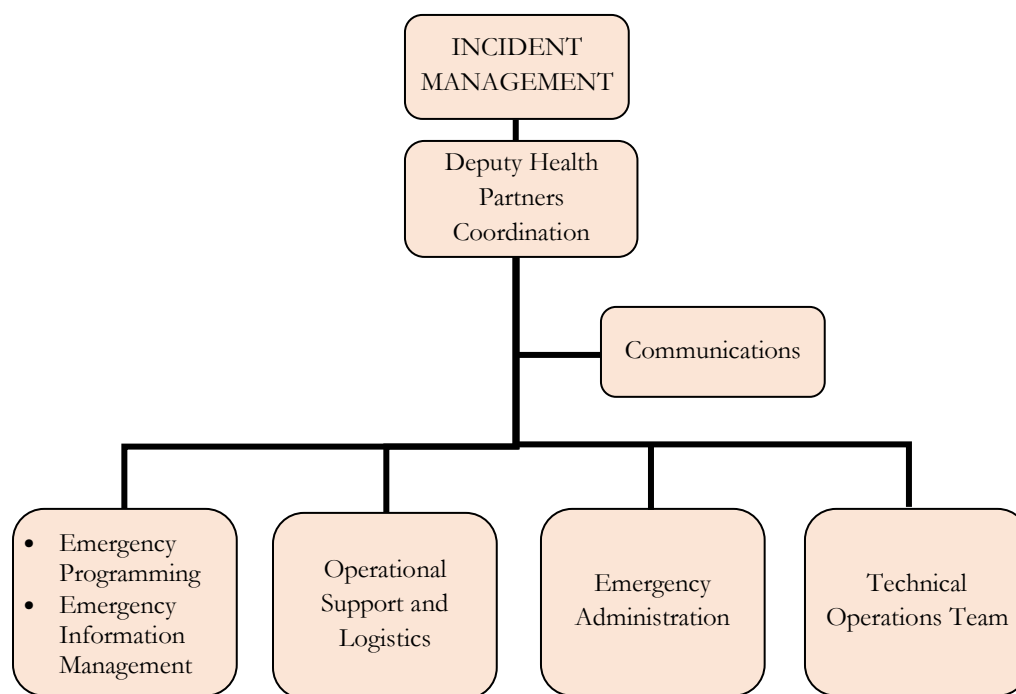
5.4.1 Structure and Functions of the IMS

The grading of an emergency triggers the activation of PAHO's Incident Management System (IMS), which provides a standardized, yet flexible approach to managing the Organization's response to the emergency. PAHO/WHO applies the IMS regardless of the underlying hazard, or the scale or operational context of the emergency.

The purpose of the IMS is to:

- **Use standardized critical emergency functions**.
- **Standardized terminology:** as described in Glossary, which follow the lines of the WHO glossary and is in the spirit of IASC and UNISDR terminology.
- **Flexibility, adaptability and scalability**: The IMS is applicable to all types and scales of emergencies. It can be easily adapted, while maintaining standards and predictability. The organizational structure can be expanded or contracted as needs evolve, with sub- functions being added or removed. Similarly, the number of staff designated to each function is scalable.
- **Interoperability**: Application of the IMS allows PAHO to smoothly interact with WHO and work more effectively with operational partners. This includes functional interoperability (e.g. use of standardized terminology, procedures) and technological interoperability (e.g. standardized telecommunications)..

Figure 1. Reference Structure of the Incident Management System (IMS)

```
                    ┌─────────────────┐
                    │    INCIDENT     │
                    │   MANAGEMENT    │
                    └────────┬────────┘
                    ┌────────┴────────┐
                    │  Deputy Health  │
                    │    Partners     │
                    │  Coordination   │
                    └────────┬────────┘
                             │     ┌──────────────────┐
                             ├─────│  Communications  │
                             │     └──────────────────┘
        ┌─────────────┬──────┴──────┬──────────────┐
┌───────────────┐ ┌──────────┐ ┌──────────┐ ┌──────────────┐
│ • Emergency   │ │Operational│ │ Emergency │ │  Technical   │
│   Programming │ │Support and│ │Administra-│ │  Operations  │
│ • Emergency   │ │ Logistics │ │   tion    │ │     Team     │
│   Information │ │           │ │           │ │              │
│   Management  │ │           │ │           │ │              │
└───────────────┘ └──────────┘ └──────────┘ └──────────────┘
```

While the structure of the IMS may vary, it follows the same basic structure at both country and regional level. The Spokesperson reports to the D and not to the Incident Manager.

5.4.2 Activation of the Incident Management System

Within 24 hours of grading of acute emergencies PAHO will:

- Ensure the safety and security of all staff.[18]
- Appoint, if required, an Incident Manager in-country, initially for a minimum initial of three months.
- Establish an initial Incident Management Team (IMT) in-country, to cover the critical functions. Initially, this will be done by repurposing Country Office staff.
- Establish contact with government officials, partners and other relevant stakeholders.
- Determine the need for surge support for the country to cover critical IMS functions. This determination is made following an analysis of Country Office capacity to manage the emergency.
- Begin the deployment of surge support on 'no-regrets' basis (see Chapter 3), as needed.

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[18] This activity commences as soon as the emergency is recognized and does not depend on grading. Ensuring the safety and security of staff is an ongoing activity throughout the response.

- Elaborate the initial response objectives and action plan, until a more detailed plan is developed (see below).

The IMT is established as close to the emergency as possible, which is usually in-country. However, flexibility may be required, especially for:

- Emergencies for which high levels of insecurity do not permit an in-country presence of international staff. In these instances, elements of the IMT may be located in a neighboring or nearby country, providing remote support for in-country IMT members.
- Emergencies occurring in countries where PAHO does not have a country office (for example, the Eastern Caribbean countries).
- Multi-country, multi-regional emergencies. An IMT may be established at Regional and/or Headquarters Offices.

PHE is responsible for overseeing the establishment of the IMT, and the development of the strategic and other action plans for graded emergencies. Ultimately, the Director is accountable for the timeliness and effectiveness of all PAHO emergency operations, but on a day-to-day, accountabilities are with PHE.

6. Assigning Critical Emergency Functions

The activation of the Incident Management System has immediate implications at all levels of the Organization. It consists primarily of assigning the Organization's functions to one or more trained and previously identified staff members. This will vary according to the grading of the event. Functions must be assigned to seasoned individuals with the proven ability to act effectively and responsibly under tremendous pressure and whose professional experience and expertise will enable them to be quick on their feet, and, in coordination with PAHO technical advisors, make timely, yet well-informed decisions. The new functions assigned to the staff should be reflected in his/her PPES.

The section below describes the process of assigning critical functions for each grade. A summary of assigning the critical function for each grade can be found in Table 4 at the end of section 6.1

6.1 Assigning Critical Emergency Functions

Different persons in the Organization may assign the critical emergency functions, under the oversight of PHE.

6.1.1 Ungraded event

Before an event is graded, the PWR and the EOC, with the input of PHE, will review the critical emergency functions and assess which of them (or parts of them) are to be assigned at country level. At HQ level, and when needed, the EOC assumes the critical functions in ungraded events.

6.1.2 Grade 1

The PWR activates the IRED at Grade 1, according to the criteria presented in Table 4. At the country level, the PWR nominates a staff member to assume, on a part- or full-time basis, the function of country incident management. The Emergency Focal Point in the Country Office is the most likely candidate to be assigned this function. Other functions such as information management or emergency program management may be required. However, additional staff, including those from outside the country, may be assigned or specifically recruited to perform the task.

At the regional level, the EOC Manager typically assumes the incident management function. The EOC and IHR monitor the incident that has triggered PAHO's response, prepares the necessary reports, and informs the appropriate PAHO entities. It is expected that existing EOC staff can implement these functions.

Figure 2 shows Grade 1 activation and the operational link between PAHO/HQ, represented by the Regional Incident Manager and the country incident manager.

Figure 2. Activation of Grade 1 Emergencies and Disasters
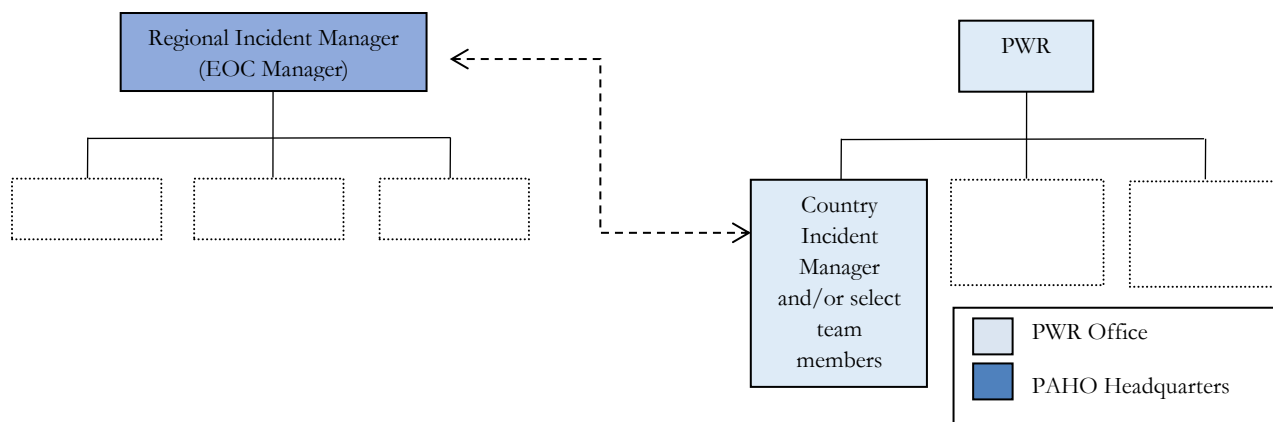

6.1.3   Grade 2

The PAHO Director activates the IRED at Grade 2. At PAHO HQ, the Director designates an Incident Manager and Spokesperson.

At the country level, the PWR assumes emergency leadership functions. The Director selects the staff to assume the functions of Country Incident Management, Emergency Administration, and Health Partner Coordination. The PWR delegates authority for the management of the emergency and implementation of funding to the Country Incident Manager. Simultaneously, the Director, with the advice of PHE, assesses the situation and determines the most likely worst-case scenario for the affected country or countries.

When a Grade 2 emergency is activated in at country level, at least one full-time person is likely to be required for each emergency function, with the corresponding support staff. Additional staff may be located at the Country Office, the corresponding PHE subregional office, and/or at PAHO Headquarters. Staff may also be based outside the Country Office (e.g., in field operations, with the U.N. Health Cluster, in government offices) and, according to the particular circumstances, in other countries. The Health Partners Coordinator is under the supervision of the Country Incident Manager and liaises with the PWR. When the

UN Cluster system is activated, the Health Partner Coordinator is the Health Cluster Coordinator and is accountable to the humanitarian coordinator in the affected country. Figure 3 shows the coordinated interaction that takes place during Level 2 activation.

Figure 3. Activation of Grade 2 Emergencies and Disasters
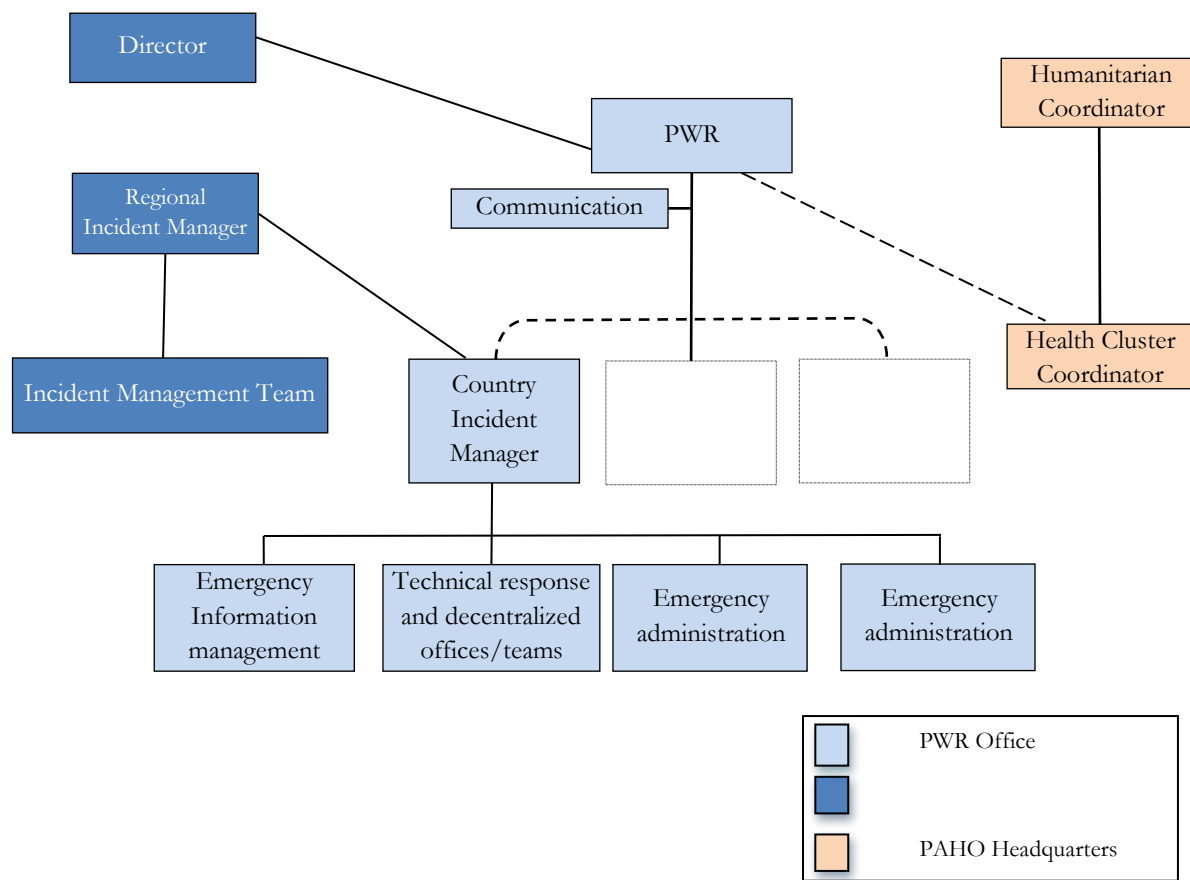
6.1.4   Grade 3

In cases of Grade 3 activation, it is expected that the emergency response will temporarily become the Organization's priority. Regular technical cooperation activities may need to be postponed or reprogrammed in the affected country or countries.

The Director oversees the overall operation with the direct and full involvement of EXM members and PHE and the support of PWRs, Directors, and staff members. Close contact is established with the WHO Director- General, WHE Executive Director, and other key partners. The Director may convene urgent EXM meetings with the participation of relevant technical and administrative staff, including the PHE Director, Incident Manager, specific Directors, and advisers, according how the event unfolds.

Table 3. Assignment of critical emergency functions, by organizational level and activation grades

Organizational level	Ungraded	Grade 1	Grade 2	Grade 3
PAHO/WHO Representative Office	• Identifies which of the key functions (or parts of them) should be assigned and to whom.	• PWR assigns the position of Incident Manager to a professional staff member. • PWR declares administrative emergency, as applicable. • Country Office implements SEP, as applicable.	• PWR ensures that Director-appointed staff members who assume country incident management functions receive all the means and support needed to carry out their functions. • PWR makes necessary adaptations so that country IMS can carry out emergency response, with the least possible negative impact on ongoing technical cooperation.	• PWR assumes emergency leadership functions. • PHE assigns the following additional functions: incident management, emergency administration, Health Cluster coordination, communications, information management, and resource mobilization. • PWR Office's redirects focus to the emergency response; pertinent regular technical cooperation activities may likewise be reoriented to address response priorities.
PAHO Headquarters	• EOC identifies and assumes part of the functions to be fulfilled.	• EOC constantly monitors events, alerts, and reports from official and unofficial sources. • EOC activates the Organization-wide response and coordinates PAHO's operational response as needed • PAHO/HQ implements/activates SEP, as applicable.	• Director designates staff to assume incident management functions and identifies a spokesperson if needed. • PHE or RIM convenes TOT if necessary. • PAHO implements/activates SEP. • EOC makes arrangement to ensure IM has all necessary support to complement operations run through Country office. • PAHO's Director may request DG to propose a liaison officer for supporting regional office.	• Director convenes and leads EXM (with participation of PHE), expanding it to other departments, if required. • Director designates staff to assume the incident management and communications functions and identifies spokesperson. • Director, Deputy Director, Assistant Director, and Director of Administration appoint staff to EETF, drawing from the PAHO Disaster Task Force roster. EEFT is convened. • EOC supports IM in setting up and making an EOC group function for the specific emergency. • PAHO Director requests assistance from the Director-General in coordinating the response with heads of agencies at the global level.
WHO	• Receives PAHO reports.	• Receives PAHO reports.	• Director General, at PAHO Director's request, asks WHE to propose a focal point for monitoring and supporting Regional Office surge capacity.	• Director General requests WHE to propose focal point and provides assistance in surge capacity in all aspects of the humanitarian response.

6.4   PAHO's Relationship with WHO

WHO's emergency procedures are described in the Emergency Response Framework (ERF). In its role as the WHO Regional Emergency Director, PHE proposes which grade to assign to an emergency or disaster that affects one or several countries in the Americas.

For emergencies and disasters outside the Region, PAHO will follow the ERF. PAHO (PHE) contributes to determining the grade of the emergency or disaster in any region of the world. A WHO declaration of Grade 3 may require the activation of PAHO's Institutional Response in support of other regions, including deployment of staff, medicines, and supplies as requested and agreed upon with WHO HQ and/or the affected Region, following ERF provisions. PHE will lead PAHO's response operations in support of other regions and may propose the designation of a Regional Incident Manager in the Americas if required to better coordinate PAHO's support.

In Grade 2 or Grade 3 emergencies in the Americas, PAHO's Regional Incident Manager, in consultation with PAHO's Director and PHE, requests the assistance of WHO HQ and/or other Regions as soon as it is needed.

For administrative purposes, PAHO implements WHO's administrative procedures as described in the PAHO/WHO E-Manual.

6.5   Relationship between Critical Emergency Functions and National Governments and the United Nations

Member States should develop a national health sector plan for the immediate response to an emergency, prioritizing strategies and identifying gaps, including those which can be addressed by external partners. It is the responsibility of the PWR (especially at the health authorities level) and the Country Incident Manager (especially at the national health emergency coordinator level) to provide all assistance needed by the ministry of health to develop its response plan. In extreme situations in which a Member State faces challenges in implementing its health response plan, one of PAHO's major contributions should be to lead the implementation of the strategic and operational response plan, liaising with health authorities to ensure their endorsement and implementation.[19] It is the responsibility of PAHO to ensure its full operational response capacity at all times in order to immediately provide emergency technical cooperation when its Member States request or

> **Mobilizing and Guiding Health Partners**
>
> The quality of the response will depend on the selection of partners who provide value added to the response efforts in their field of expertise, without jeopardizing national sovereignty. It requires the capacity to strike a balance between technical capacity, political implications and financial might.

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[19]This should be done with the participation of key actors (national and international NGOs, U.N. agencies, other health partners) so that such a plan is operational within the shortest time possible.

accept PAHO's support. When deemed necessary, PHE may preemptively deploy members of the RRT to strengthen the capacity of the Country Office(s) in order to provide timely and adequate assistance to the affected country as soon as a request of support is received and/or acceptance of PAHO's support.[20]

Member States should take steps to establish operational mechanisms for the coordination and management of international health assistance and to ensure that this assistance complements national efforts. The ministry of health, through its disaster/emergency management office or equivalent, should coordinate all health sector stakeholders and resources, in close contact with the Ministry of Foreign Affairs, the National Disaster/Emergency Management Office in the country, and PAHO/WHO, activating the Health Cluster or equivalent if and when needed. [21]

Should it be needed, a post-disaster needs assessment will be carried out[22] and a transition and/or recovery plan will be developed.

Prior to an emergency, PAHO should provide cooperation to the ministries of health, should ensure that all institutions involved in emergencies and disasters assistance in the health sector, including United Nations agencies and other health cluster members, are called to work under the leadership of the ministry of health and avoid creating parallel mechanisms. It is in the best interest of Member States that emergencies are handled with the utmost transparency. Through this coordination mechanism, the quality and quantity of international aid provided will serve to save as many lives as possible and better protect the health of the population.

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[20]In some cases, the country may never make the request, but PAHO will still be required to mobilize staff, following its mandate to reduce the impact of disasters on the health of the population of the Americas, and especially with the authority given by the International Health Regulations (IHR).

[21] Inter-Agency Standing Committee. IASC Guidance Note on Using the Cluster Approach to Strengthen Humanitarian response [Internet]. 24 November 2006. Available at: http://www.unhcr.org/refworld/docid/460a8ccc2.html. World Health Organization. WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies [Internet]. 130th WHO's Executive Board session, 12th meeting; 21 January 2012. Geneva, Switzerland. Geneva: WHO; 2012 (Resolution EB130/SR/12). Available at: http://apps.who.int/gb/ebwha/pdf_files/EB130/B130_R14-en.pdf

[22]There are several post-disaster needs assessment tools that might be used. These are usually carried out under the leadership of the World Bank, other financial institutions, and the U.N. PAHO participates in these evaluations in order to ensure optimum health sector representation in the pertinent economic assessments.

7. PAHO Emergency Operations Center

The PAHO HQ Emergency Operations Center (EOC) is the physical space that serves the entire Organization, consolidating all of PAHO's emergency-related operations. It hosts the EOC team, PAHO emergency response staff in non-emergency periods, and the Incident Management Team when activated. It is the principal contact with the EOCs of PAHO Country Offices and with WHO EOCs. The EOC Manager is responsible for managing operations while the Incident Management System is activated.

This Chapter describes two function of the EOC team:

a. The permanent function of ensuring PAHO's emergency operations: EOC regular functions.
b. Assuming any non-staffed function until the Incident Management System is fully functional: EOC emergency functions.

> **The Emergency Operations Center**
>
> - Coordinates the Organization's overall response, connecting all points of operations to ensure that support provided to an affected country is timely and effective.
> - Is the center of operations for the entire Organization, regardless of the location or the nature of the health emergency.
> - Serves as a meeting space for interprogrammatic planning and monitoring, where all units, departments and staff from technical and administrative entities provide decision making input as needed to support the IMS.

7. 1 Regular Functions of the EOC

One key to the success of PAHO's response is that the EOC be adequately financed and staffed to permanently ensure the immediate capacity to activate the Organization's institutional response. In fulfilling this mission, the EOC is responsible for:

- Revising and regularly updating the SOPs of the EOC, ensuring that staff are well acquainted with PAHO's SEPs and that these are updated periodically, and adapted to WHO's Standard Operating Procedures.
- With support from PHE, ensuring that there is a Roster of Candidates for each critical emergency function (incident management, emergency administrator, information managers, program management and communications) and that these are reviewed and updated regularly so that at any given time, at least two persons (with the appropriate technical and language skills) can be immediately deployed to an emergency location in the Region to assume the IRED critical functions.

- With support from PHE, conducting training sessions on the IRED and simulation exercises regionwide, at country and regional levels, to maintain the Organization's readiness.
- With support from PHE, compiling, analyzing, and reporting regularly on PAHO's emergency response; ensuring that the Organization's lessons learned are identified; and advocating for their incorporation into emergency and disaster response planning and SEPs.
- With ongoing collaboration from from PHE and IHR, monitoring events and alerts and performing risk assessments. The EOC team may work on an around-the-clock basis to monitor events, is on permanent watch for potential threats, and, whenever necessary, alerts the Organization's decision-making levels and the corresponding technical and administrative entities, Centers, PAHO/WHO Collaborating Centers, and key partners.
- Ensuring, in coordination with General Services Operations (GSO), that the EOC space can accommodate additional core emergency staff when circumstances call for this arrangement. GSO will implement PAHO's BCP, including all arrangements for guaranteeing continuity of operations for the EOC in case of an emergency in the HQ building.
- Through PHE and any of the PHE subregional offices, providing support to all PAHO Country Offices and Centers to ensure that each maintains a regularly updated risk assessment and emergency response plan.
- Enable any emergency-related logistical support in non-emergency periods and especially immediately before the formal activation of the IMS.

Criteria for Entering Staff in Emergency Roster

The EOC and PHE will maintain a roster of candidates to serve critical functions, particularly: incident management, emergency administration and information management, based on the following criteria:

- Proven capacity for and experience in crisis management, emergency operations, and reconciling conflicting information (specific for IM).
- Training in health-related humanitarian response efforts; including the Cluster approach and the context of Organizations in crisis situations;
- Strong partnership-building skills.
- Knowledge of U.N. operations and experience working under pressure.
- Ability to operate in stressful environment and to deal with conflicting information and chaotic working environment.

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7. 2 Functions during Emergencies and Disasters

The primary function of the EOC during emergencies and disasters is to provide operational support to and coordinate the Organization's response, following the concepts, principles, and procedures outlined in this Institutional Response policy (IRED), as well as those figuring in PAHO's Special Emergency Procedures in Chapter X, Section 11 ('Crisis Operations') of the PAHO-WHO E-Manual. In Grade 2 or 3, the EOC initiates action to leverage existing resources; guides the distribution of equipment, human resources, technical information, and trained personnel, essential to the response operations; and assumes required critical functions. As soon as it is feasible, it reverts to its regular operations, once ensuring that all emergency functions are transferred to someone specifically assigned to the IM team.

8. Health, Safety, and Security of the Organization and Staff

AM[23] is responsible for implementing concrete measures to ensure the safety and wellbeing (both physical and mental) of all PAHO/WHO personnel, including the country and regional institutional response teams. In countries where health systems are deficient, it must make provisions (including mechanisms to cover costs) for medical treatment and evacuation, psychosocial services, and counseling, if required.

AM is responsible for ensuring that staff members exposed to additional risks (i.e., the investigation of outbreaks related to contagious or dangerous pathogen or chemical hazards) have immediate access to appropriate health insurance coverage and/or medical evacuation, according to the situation.

In cases where conflict, civil unrest, war or similar events put the health, safety, or security of staff at risk, or endangers the Organization's facilities and functions, the head of office (PWR, Head of Center, etc.) must take all necessary measures, in consultation with AM/GSO, the U.N. Security Officer, when applicable, and the medical referee, to minimize risks to staff and facilities.

The Organization follows the U.N. Security Level System and UN Security Risk Assessment and implements required actions (such as the review of emergency response and business continuity plans) according to the U.N. Security Level in place in each location.

AM may consider special insurance schemes, such as malicious acts insurance, to cover, at a minimum, all staff in countries that are under U.N. Security Level. Contractual arrangements for this type of coverage must be made and activated before an event occurs.

AM is responsible for tracking security issues by gathering information from countries and its security networks, especially UNDSS, and verifying that each head of office or security officer (when applicable) is informed of the risks or threats. It is also AM's duty to ensure the security of PAHO premises in the face of natural hazards and to be MOSS compliant.

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[23] For the purposes of this document, AM refers to the Department of Administration and not the Director of Administration.

9. Continuity of Operations and Business Continuity Plans

Continuity of Operations (COOP) is an effort within PAHO to ensure that the Organization can continue to provide technical cooperation by identifying its critical functions and processes needed during a wide range of emergencies.   The COOP policy applies to all entities, offices and teams of the PAHO Secretariat, which includes but is not limited to PWRs and Centers.

The COOP ensures activation of PAHO's Business Continuity Plans (BCPs), which, in turn, ensure that the Organization can continue to perform its critical cooperation functions, regardless of the circumstances, and especially in the event of an emergency (to include all hazards) that renders or threatens to render PAHO Headquarters, Country PWR Offices and Centers unusable or inaccessible. These plans look at the integrity of the premises, staff security, and at preserving essential administrative functions so that all PAHO emergency response plans can be fully implemented. Business continuity plans are critical elements of PAHO's Institutional Response to Emergencies and Disasters.

Each PAHO entity, including HQ, Country Offices and Centers, must have an emergency plan that describes the Entity's response (following the IRED policy) in a worst-case scenario terms. PHE has guidelines for developing emergency plans. The same Entities must also have a Business Continuity Plan (see the PAHO Guide for developing a Business Continuity Plan). The HQ and Country Office emergency response plans should be posted on the same Intranet site as the COOP. The procedures detailed in the country BCP should be observed when an internal administrative emergency is declared, and particularly during the activation of the Incident Management System.

Each Entity maintains its BCP and emergency plan under the overall supervision and responsibility of the Director of Administration and PHE. Detailed information related to the BCPs is available in Chapter XVII, Section 4.1 ("Business Continuity Management") of the PAHO/WHO E-Manual. PHE has detailed guidelines for emergency plans.

10. Monitoring PAHO's Readiness

PAHO's capacity to quickly adapt its structure to sudden changes in cooperation needs is directly related to its readiness level. However, processes, rules, regulations and guidelines, if not used on a regular base, can be quickly forgotten. The following minimum criteria, although not exhaustive, should be respected to guarantee that the IRED can be immediately activated at any time. PHE is responsible for ensuring the constant readiness of the Organization to implement the IRED, in line with this policy document.

10.1 Readiness

It is the responsibility of each entity to become completely familiar with and understand PAHO's policy on Institutional Response to Emergencies and Disasters (IRED). To enable this:

  i.   PHE must appoint a disaster/readiness focal point for the Country Office.
  ii. At a minimum, PAHO/WHO Country Offices should comply with the following readiness criteria:
       o   A readiness focal point is designated in the Country Office.
       o   A strategic risk analysis has been prepared to identify potential major health threats at national level.
       o   Emergency plans to address and prepare for each of the potential health threats identified by the risk analysis.
       o   A business continuity plan to address the threats to ensure the continued functionality of PAHO/WHO offices.
       o   Availability of, or access to, an early warning system enabling risks and events alert, monitoring and timely response.
  iii. Biennially, conduct a simulation exercise to test the contingency plan and COOP as it relates to a Grade 2 or higher emergency.

10.2 Monitoring

To monitor the IRED readiness indicators, each biennium, as part of the BWP approval process:

  i.   The PWR will have updated the emergency response plan/business continuity plan for the Country Office, approved by PHE.
  ii. The EOC/AM will have updated the PAHO/HQ emergency response plan, approved by PHE.

iii.   Annually, PHE will receive a list of staff and alternates suitable for implementing the Organization's critical emergency functions. For Caribbean Basin countries, the list should be received by 1 May (in preparation for the hurricane season); for Southern Cone countries, by 1 December (before summer holidays).

iv.   After each graded emergency or disaster, PHE will prepare a lessons learned report, with identified recommendations. An independent evaluation mission may be considered after a graded emergency; it should always be carried out after Grade 3 emergency.

v.   Each staff member must include mandatory health emergency training in his/her staff development plan.

Annex 1. Classification of Hazards

CLASSIFICATION OF HAZARDS							
Generic Groups [1]	1. Natural					2. Human-Induced[2,3]	
Groups	1.1 Geological[4]	1.2 Hydro-meteorological			1.3 Biological[5]	1.4 Extraterrestrial[4]	2.1 Technological	2.2 Societal
Subgroups		1.2.1 Hydrological[4]	1.2.2 Meteorological[4]	1.2.3 Climatological[4]				
Main Types • Subtypes [sub-subtypes]	Earthquake (G1): • Ground Shaking • Tsunami Mass movement (G2) Liquefaction (G3) Volcanic activity (G4): • Ash Fall • Lahar • Pyroclastic Flow • Lava Flow	Flood (H1): • Riverine flood • Rash flood • Coastal flood • Ice jam flood Landslide (H2): • Avalanche [snow, mud flow debris, rockfall] Wave action (H3): • Rogue wave • Seiche	Storm (M1): • Extra-tropical Storm • Tropical Storm • Convective Storm [e.g storm/surge, tornado, wind, rain, winter storm/blizzard, Derecho, lightening/ thunderstorm, hail, sand/dust, storm] Extreme temperature (M2): • Heatwave • Cold wave • Severe winter condition [e.g. snow/ice, frost/freeze] Fog (M3)	Drought (C1) Wild Fire (C2): • Land Fire [e.g. Brush, bush, pasture] • Forest Fire Glacial lake outburst (C3)	Emerging diseases (B1) Epidemics and pandemics (B2) Insect Infestation (B3):[4] • Grasshopper • Locusts Foodborne outbreaks (B4)7	Impact (E1): • Airbust Space Weather (E2): • Energetic • Particles • Geomagnetic Storms • Shockwave	Industrial hazards (T1):[8] • Chemical spill, Gas leak, Collapse, Explosion, Fire, Radiation Structural collapse (T2):[8,9] • Building collapse, Dams/ bridge failures Transportation (T3):[8,11] • Air, Road, Rail, Water Explosions/Fire (T4)[8] Air pollution (T5):[9] • Haze[10] Power outage (T6)[11] Hazardous materials in air, soil, water (T7):[12,13] • Biological, Chemical, Radionuclear Food contamination (T8)[7]	Armed contlicts (S1):[14] • International • Non-international Civil unrest (S2) Terrorism (S3) • Chemical biological, • radiological, nuclear, and explosive Weapons (CBRNE) (S4)[15,16] • Conventional weapons • Unconventional weapons Financial crisis (S5): • Hyperinflation • Currency crisis

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Annex 2. Template for Grading Emergencies

WHO EMERGENCY GRADING TEMPLATE	
Date: Time:	Chair: Participants: • WCO • RO • HQ
Country: Emergency Type:	
Grading decision (Grade 1, 2 or 3):	
Agenda	
Situation analysis – summary	
Risk assessment - summary (attach risk assessment template as appropriate)	
Assessment of grading criteria	• Scale: • Urgency: • Complexity: • Capacity: • Reputational risk:
Names and contacts of key staff	• Head of WHO Office in countries, territories and areas/WHO Representative: • Incident Manager: • Emergency Coordinator/Focal Point (RO): • Emergency Coordinator/Focal Point (HQ):
Immediate WHO and health sector objectives/priorities:	

AGREED NEXT STEPS			
Action	Details	Person responsible	Date
Surge of staff			
CFE application			
Dispatch of supplies			
Outreach to partners			
Timeline for performance standards			
For public health events: does this emergency warrant referral to the Emergency Committee for consideration of a PHEIC?			
Date and time of next teleconference			
Other			

Annex 3. Action Card for PAHO/WHO Representatives

EMERGENCY ACTION CARD
FOR PAHO/WHO REPRESENTATIVES (PWRs)

YOUR ROLE IS STRATEGIC AND POLITICAL:

- In accordance with an accurate and independent assessment, determine whether the situation merits the declaration of an emergency (PAHO E-Manual XVII.1.4).
- Activate the emergency plan for the PWR Office and operate in emergency mode.
- Meet regularly with the PWR Office staff to share information regarding decisions and support the host country.
- Ensure back-up staff for all essential PWR functions/personnel. The Disaster Focal Point does not have sole responsibility for response operations.
- Delegate activities that require staff to coordinate with governmental and international agencies.
- Ensure information coming from the affected area, including damage and needs assessments (DANA) with emphasize on the health component, is shared with PHE HQ (WDC) and the corresponding sub-regional office.
- Support Health Cluster Leader (expert designated to work exclusively for the cluster) with management, administrative and logistical support.
- Identify national and international partners as part of the assessment team in order to determine needed resources.

IMMEDIATE ACTIONS:

- Contact the Disaster Office of the Ministry of Health (MoH) to define an action plan. Reprogram and redirect PWR resources to support the health emergency response.
- Support rapid response activities (rapid restoration of health and basic sanitation services).
- Support rapid needs assessment to facilitate decision-making.
- Collaborate with the MoH in organizing the health response, taking into account first local response capacity and then offers of international assistance.
- Cooperate in mobilizing experts of the Emergency Health Response Team.
- Coordinate response activities with PHE regional and sub-regional offices.
- Promote the coordination of humanitarian assistance in the health sector including medicines, supplies and International Medical Teams.
- Maintain communication and information flow (ex. manage public information, produce internal technical reports for Emergency Operations Center (EOC) and external reports for community and national donors).
- Update Country Office webpage and social media sites and provide necessary information to PAHO HQ.

CRITICAL AREAS FOR THE HEALTH RESPONSE:
- Health services (accessibility, capacity, human resources, and corresponding services).
- Health conditions in emergency shelters.
- Affected population with special needs (chronically ill, disabled, pregnant, elderly, and displaced).
- Water and basic sanitation.
- Epidemiological surveillance.
- Sectoral and Inter-Agency coordination.

OPERATE IN EMERGENCY MODE:
- Suspend events that distract attention from the emergency.
- Ensure Business Continuity Plan (BCP) is implemented.
- Expedite administrative processes; be available; assign personnel for 24-hour coverage of PWR office; maintain ongoing PWR operations; anticipate needs (suspend leave when necessary; ensure that there are provisions for logistics, basic services, and well-being of personnel).
- Define an action plan; delegate tasks; regularly review needs and progress.
- Keep all Country Office staff informed.
- Assign liaison personnel to MoH's EOC.

AVOID THESE COMMON ERRORS:
- Not delegating tasks.
- Not sharing information.
- Not using outside assistance.
- Not heeding technical advice of experts.
- Giving into pressure from media and political forces.