

RESPONSE PREPAREDNESS PROGRAMME

Dr Ong-orn Prasarnphanich

Health Emergency Preparedness Department

WHO Geneva



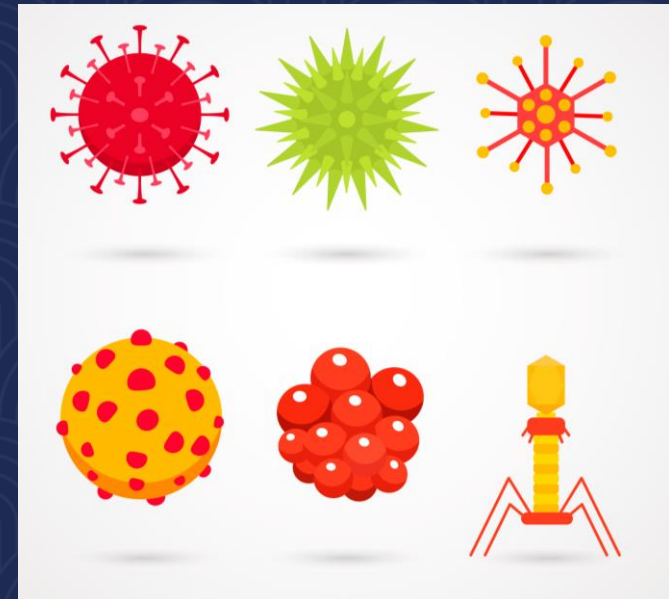
Outline

- Response Preparedness (RePrep) Programme in OTK context
- Objective and results of RePrep
- RePrep components
- Resources

Outbreak (unknown, zoonotic disease)



Outbreak (unknown, zoonotic disease)





OTK

Outbreak (unknown, zoonotic disease)

Disease-specific resources and case investigation forms

These pages contain links to critical guidelines, technical documents, tools and resources needed to investigate and respond to outbreaks.

C

[Chemical Hazards Outbreak Toolbox](#)

[Chikungunya Outbreak Toolbox](#)

[Cholera Outbreak Toolbox](#)

[COVID-19 Outbreak Toolbox](#)

[Crimean-Congo Hemorrhagic Fever Outbreak Toolbox](#)

D

[Diphtheria Outbreak Toolbox](#)

L

[Lassa Fever Outbreak Toolbox](#)

[Leptospirosis Outbreak Toolbox](#)

[Legionellosis Outbreak Toolbox](#)

M

[Marburg Outbreak Toolbox](#)

[Measles Outbreak Toolbox](#)

[Middle East Respiratory Syndrome Outbreak Toolbox](#)

OTK

Outbreak (unknown, zoonotic disease)

How to use the Toolbox



Get basic information on the suspected disease from key reference documents, such as

- Disease fact sheets
- Disease information page, with links to technical documents, reports, guidelines, WHO position papers, press releases and updated news
- WHO outbreak response guidelines (if available)



Confirm the outbreak with a laboratory

Read the updated guidance for:

- Specimen collection
- Storage conditions and shipment procedures
- Laboratory testing



Develop the case definition

- Find updated case definitions validated by WHO expert groups
- Adapt the case definition – include persons, time and place boundaries
- Adapt the medical signs to fit with



Learn about response tools and resources

- Support national and sub-national authorities for effective management of outbreak



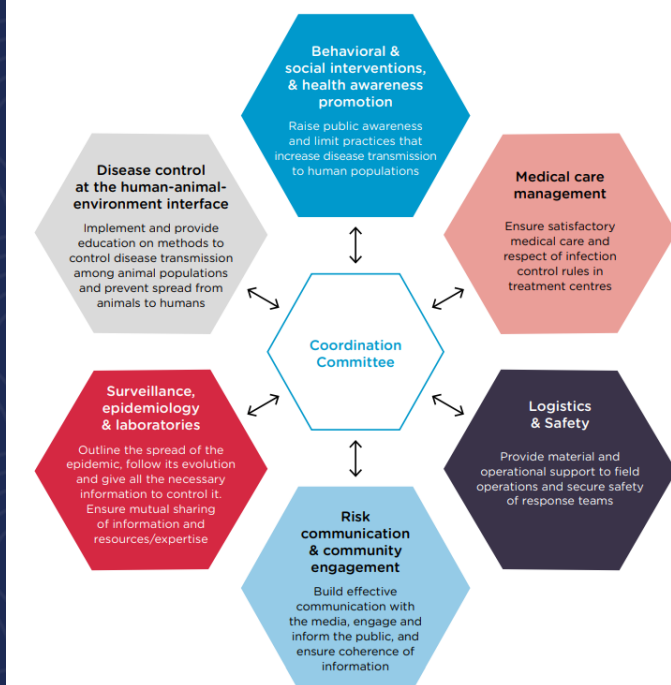
Watch online training on the latest specific knowledge



Response Preparedness

Joint framework and structure for a coordinated response

Figure 5. Groups that may be established in an operational response framework



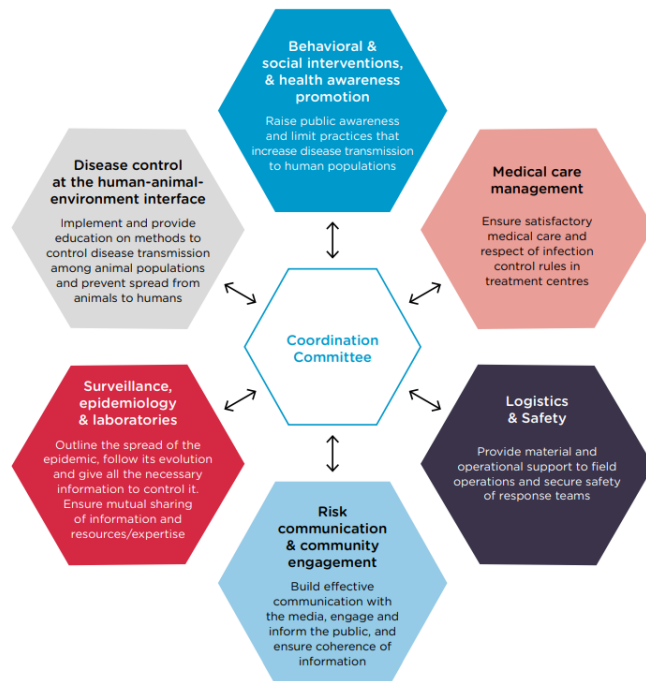
Response Preparedness

Joint framework and structure for a coordinated response

OTK

Outbreak
(unknown, zoonotic disease)

Figure 5. Groups that may be established in an operational response framework



Disease-specific resources and case investigation forms

These pages contain links to critical guidelines, technical documents, tools and resources needed to investigate and respond to outbreaks.

C

Chemical Hazards Outbreak Toolbox
Chikungunya Outbreak Toolbox
Cholera Outbreak Toolbox
COVID-19 Outbreak Toolbox
Crimean-Congo Hemorrhagic Fever Outbreak Toolbox

D

Diphtheria Outbreak Toolbox

L

Lassa Fever Outbreak Toolbox
Leptospirosis Outbreak Toolbox
Legionellosis Outbreak Toolbox

M

Marburg Outbreak Toolbox
Measles Outbreak Toolbox
Middle East Respiratory Syndrome Outbreak Toolbox

Toolbox

: basic information on the expected disease from key reference documents, such as

- Disease fact sheets
- Disease information page, with links to technical documents, reports, guidelines, WHO position papers, press releases and updated news
- WHO outbreak response guidelines (if available)

Develop the case definition

- Find updated case definitions validated by WHO expert groups
- Adapt the case definition – include persons, time and place boundaries
- Adapt the medical signs to fit with

Confirm the outbreak with a laboratory
Read the updated guidance for:

- Specimen collection
- Storage conditions and shipment procedures
- Laboratory testing

Learn about response tools and resources

- Support national and sub-national authorities for effective management of outbreak

Watch online training on the latest specific knowledge

RePrep Programme

Objective: to develop a joint framework for a coordinated response to zoonotic disease outbreaks.



RePrep Programme



Elements of RePrep Programme

- 1.** *Online Introduction*
- 2.** *Face to Face Workshop*
- 3.** *Post-Workshop*



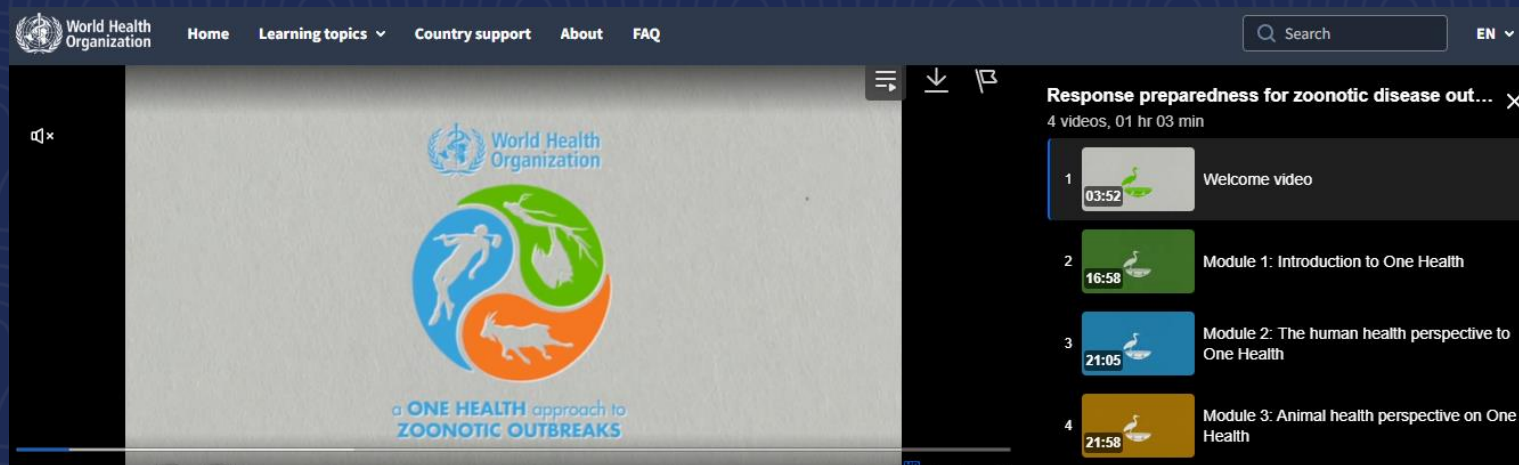
RePrep: Online training

RePrep Introduction

Module 1: the One Health approach

Module 2: the human health perspective

Module 3: the animal health perspective



https://openwho.org/playlist/dedicated/525718/0_drmgsh37/0_7hsnn5w1

RePrep: in-person workshop

Review current national zoonotic disease plans

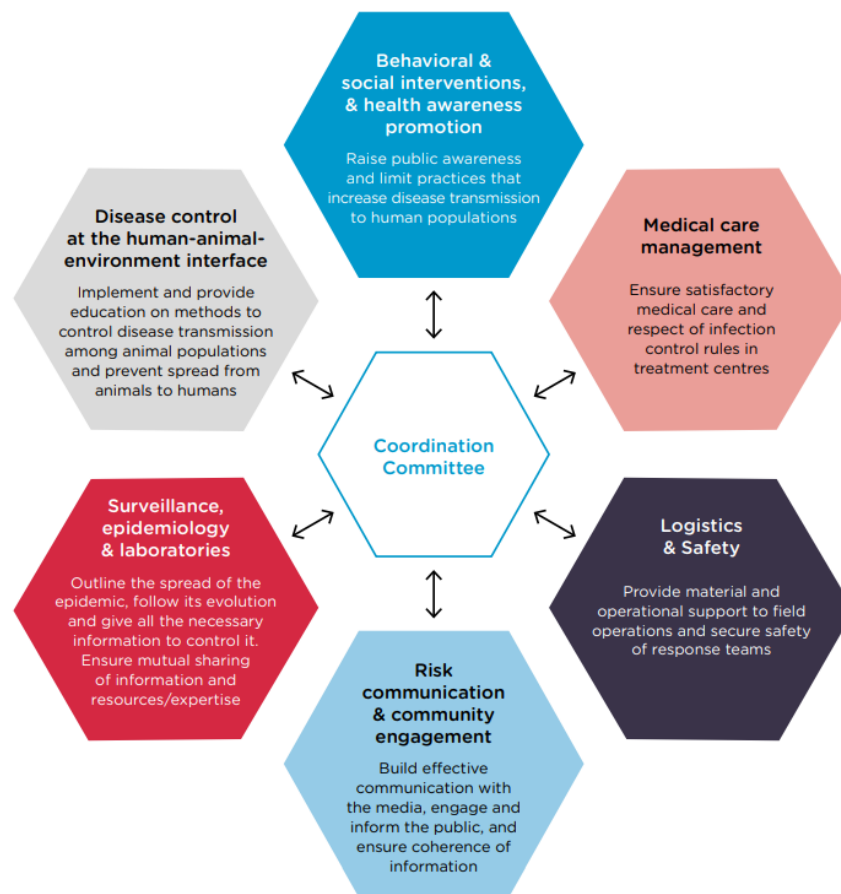
Go through zoonotic disease outbreak scenario

Draft a coordinated response framework



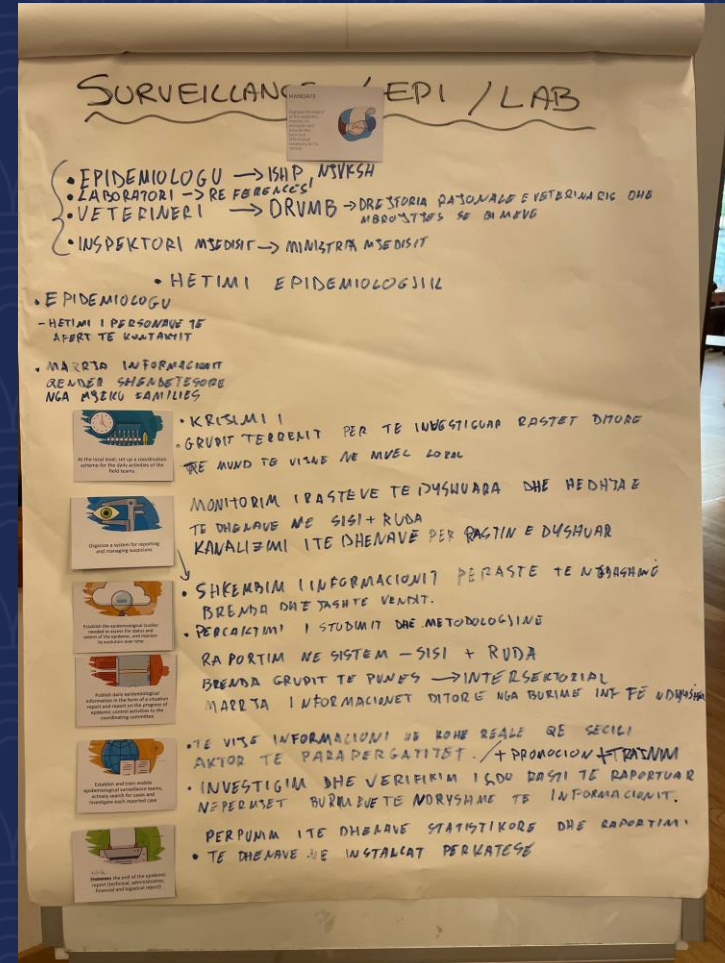
Coordinated response framework

Figure 5. Groups that may be established in an operational response framework



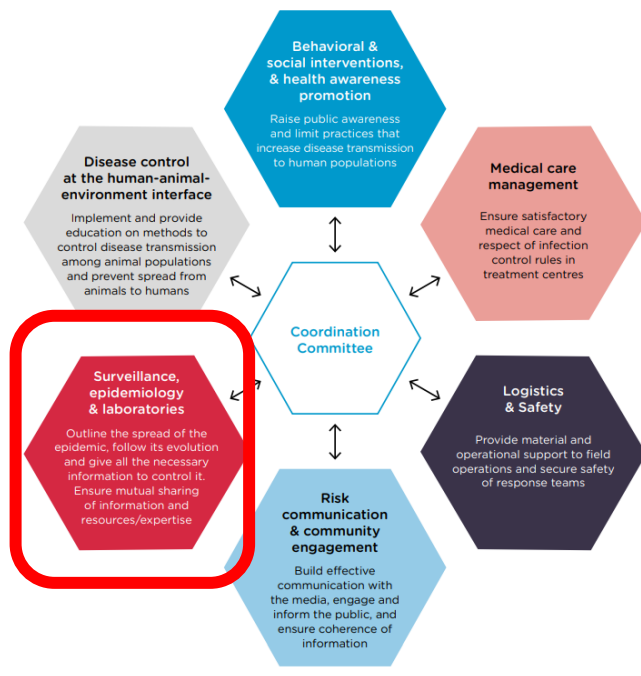
Coordinated response framework

Figure 5. Groups that may be established in an operational response framework



Coordinated response framework

Figure 5. Groups that may be established in an operational response framework



Subcommittee for Social and Behavioural Interventions

Mandate and composition

The main objective of this subcommittee is to listen to and address community concerns and to rapidly promote the adoption of practices that reduce the risk of transmission within the community. In the absence of effective treatment and vaccines for humans, the only option to reduce the risk of infection is to raise awareness among the community and at-risk populations of measures that can be taken to reduce exposure to the virus. The mandate of this subcommittee is to organise such campaigns, and it includes experts from social sciences (sociologists, anthropologists) and refers to the method COMBI (Communication for Behavioural Impact) developed by WHO, FAO and UNICEF (33).

Responsibilities

- i) identifying key specific behavioural targets that support outbreak control objectives; this should be the foundation around which community dialogue and social mobilisation strategies will be based
- ii) conducting active listening and dialogue with communities in the affected and surrounding areas about the disease, its transmission modes, the control measures in use and the behaviours that are being promoted to reduce risk and protect local communities, and using these results to disseminate tailored messages using the appropriate channels (education of village leaders, use of printed support materials such as posters and brochures, and/or radio messages and public meetings)
- iii) identifying at-risk populations (farmers, slaughterhouse workers, butchers, veterinarians, health care workers, etc.) and carrying out specific communication activities with those groups
- iv) feeding back community concerns and potential barriers to compliance with control measures to the Coordination and Resource Mobilisation Committee.

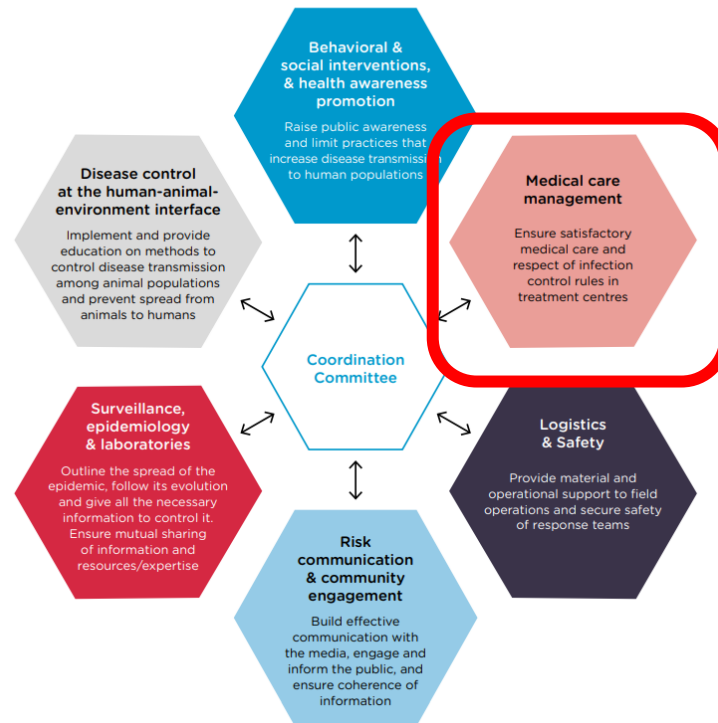
RePrep: in-person workshop

Figure 5. Groups that may be established in an operational response framework



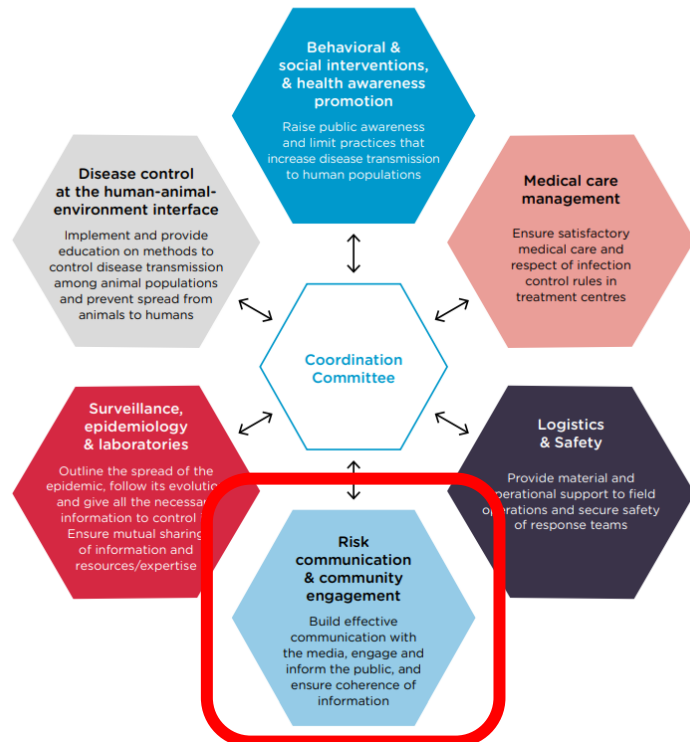
RePrep: in-person workshop

Figure 5. Groups that may be established in an operational response framework



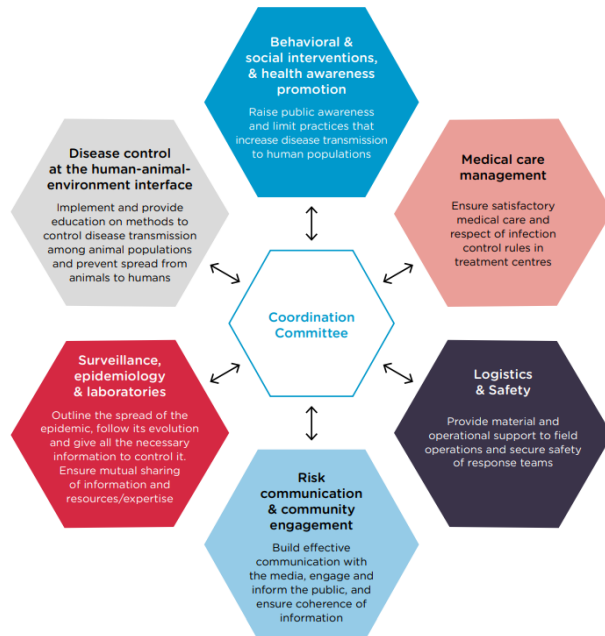
RePrep: in-person workshop

Figure 5. Groups that may be established in an operational response framework



Coordinated response framework

Figure 5. Groups that may be established in an operational response framework



Subcommittee for Social and Behavioural Interventions

Mandate
The main objective of this subcommittee is to listen to and address community concerns and to rapidly promote the adoption of practices that reduce the risk of transmission within the community. In the absence of effective treatment and vaccines for humans, the only option to reduce the risk of infection is to raise awareness among the community and at-risk populations of measures that can be taken to reduce exposure to the virus. The mandate of this subcommittee is to organise such campaigns, and it includes experts from social sciences (sociologists, anthropologists) and refers to the method COMBI (Communication for Behavioural Impact) developed by WHO, FAO and UNICEF (33).

Responsibilities
i) identifying key specific behavioural targets that support outbreak control objectives; this should be the foundation around which community dialogue and social mobilisation strategies will be based
ii) conducting active listening and dialogue with communities in the affected and surrounding areas about the disease, its transmission modes, the control measures in use and the behaviours that are being promoted to reduce risk and protect local communities, and using these results to disseminate tailored messages using the appropriate channels (education of village leaders, use of printed support materials such as posters and brochures, and/or radio messages and public meetings)
iii) identifying at-risk populations (farmers, slaughterhouse workers, butchers, veterinarians, health care workers, etc.) and carrying out specific communication activities with those groups
iv) feeding back community concerns and potential barriers to compliance with control measures to the Coordination and Resource Mobilisation Committee.

Subcommittee for Social and Behavioural Interventions

Mandate and composition

The main objective of this subcommittee is to listen to and address community concerns and to rapidly promote the adoption of practices that reduce the risk of transmission within the community. In the absence of effective treatment and vaccines for humans, the only option to reduce the risk of infection is to raise awareness among the community and at-risk populations of measures that can be taken to reduce exposure to the virus. The mandate of this subcommittee is to organise such campaigns, and it includes experts from social sciences (sociologists, anthropologists) and refers to the method COMBI (Communication for Behavioural Impact) developed by WHO, FAO and UNICEF (33).

Responsibilities
i) identifying key specific behavioural targets that support outbreak control objectives; this should be the foundation around which community dialogue and social mobilisation strategies will be based
ii) conducting active listening and dialogue with communities in the affected and surrounding areas about the disease, its transmission modes, the control measures in use and the behaviours that are being promoted to reduce risk and protect local communities, and using these results to disseminate tailored messages using the appropriate channels (education of village leaders, use of printed support materials such as posters and brochures, and/or radio messages and public meetings)
iii) identifying at-risk populations (farmers, slaughterhouse workers, butchers, veterinarians, health care workers, etc.) and carrying out specific communication activities with those groups
iv) feeding back community concerns and potential barriers to compliance with control measures to the Coordination and Resource Mobilisation Committee.

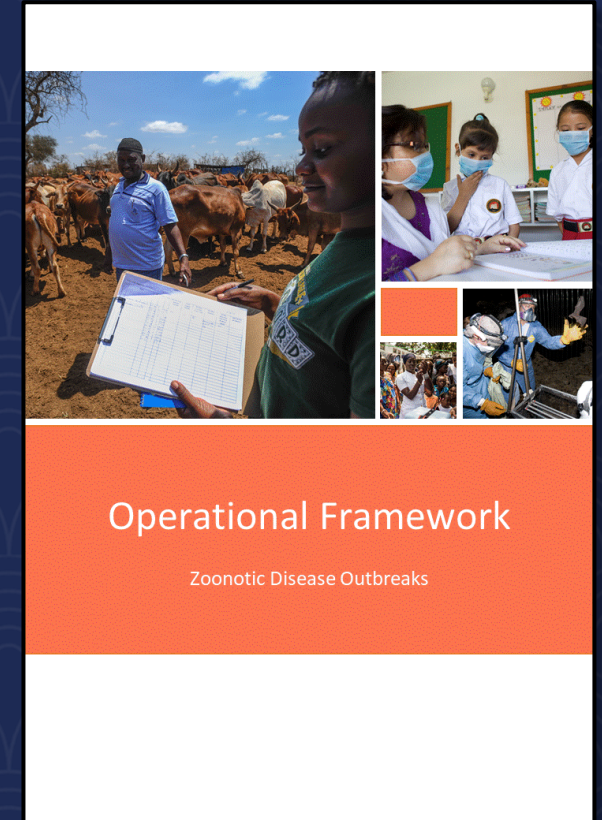
Subcommittee for Social and Behavioural Interventions

Mandate and composition

The main objective of this subcommittee is to listen to and address community concerns and to rapidly promote the adoption of practices that reduce the risk of transmission within the community. In the absence of effective treatment and vaccines for humans, the only option to reduce the risk of infection is to raise awareness among the community and at-risk populations of measures that can be taken to reduce exposure to the virus. The mandate of this subcommittee is to organise such campaigns, and it includes experts from social sciences (sociologists, anthropologists) and refers to the method COMBI (Communication for Behavioural Impact) developed by WHO, FAO and UNICEF (33).

Responsibilities

- i) identifying key specific behavioural targets that support outbreak control objectives; this should be the foundation around which community dialogue and social mobilisation strategies will be based
- ii) conducting active listening and dialogue with communities in the affected and surrounding areas about the disease, its transmission modes, the control measures in use and the behaviours that are being promoted to reduce risk and protect local communities, and using these results to disseminate tailored messages using the appropriate channels (education of village leaders, use of printed support materials such as posters and brochures, and/or radio messages and public meetings)
- iii) identifying at-risk populations (farmers, slaughterhouse workers, butchers, veterinarians, health care workers, etc.) and carrying out specific communication activities with those groups
- iv) feeding back community concerns and potential barriers to compliance with control measures to the Coordination and Resource Mobilisation Committee.



RePrep: Post workshop

Finalize the coordinated response framework

Implement the framework in the national context

Test and adjust the framework

Resources

[One Health Outbreak Toolbox](#)

[Response Preparedness \(RePrep\) Programme](#)

[Health Security at the Human-Animal Interface](#)

Email: HAI@who.int