Technical Working Group on Rapid Response Capacities

Concept Note and Terms of Reference

Problem statement
Based on accumulated experience in health and other emergencies and to ensure enhanced predictability and reliability of response to emergencies, health emergency response actors have been developing different types of rapid response capacities (RRC) at country, regional and global levels. While different approaches exist, many focus on training as the primary or sole activity to build such response capacities which does not represent the scope of activities required to achieve sustained improvements rapid response.

Several initiatives and guidance documents exist in this field\(^1\), placing emphasis on types and compositions of teams required. Whilst facing similar challenges and sharing common functional elements, such teams are oftentimes managed through separate deployment mechanisms, and supported by different stakeholders at country, regional and global levels.

Background
Strong national RRC are the primary and most critical building block to an effective response, including their ability to respond to a sudden or incremental demand for (health) services, such as in a health emergency or mass casualty incident, where additional capacities (in terms of staff, supplies and space) and/or capabilities (in terms of specialized expertise) are required.

Every country requires RRC defined as medical, healthcare, and public health services and functions that can be deployed at short-notice and on a non-routine basis to address health needs during and/or after a health emergency. This can encompass a wide range of capacities, including emergency medical teams, specialized care teams, public health rapid response teams, mobile laboratories, and community-based interventions and resources.

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\(^1\) USCDC (2020), *Guidance for US CDC staff for the establishment and management of Public Health Rapid Response Teams for Disease Outbreaks*,
WHO (2021) *Classification and Minimum Standards for Emergency Medical Teams*,
WHO (2021) *A Guidance Document for Medical Teams responding to health emergencies in armed conflicts and other insecure environments*,
WHO (2021) *Guidance for Rapid Response Mobile Laboratory (RRML) classification*. 
Under the umbrella of the Global Health Emergency Corps (GHEC), existing global emergency response networks\(^2\) and regional entities have committed to supporting countries in developing strong and scalable rapid response capacities based on commonly developed and shared guidance.

**Why do we need common guidance for sustainable development of rapid response capacities?**

Whilst training is a key component in developing effective and deployable response capacities for health emergencies, it is but one of many areas. Additional crucial areas include identification and recruitment of personnel, optimal team composition, roster management, standard operational procedure development, supplies and logistics support, joint exercising, and governance frameworks.

Furthermore, despite the type of team or deployment mechanism, there are many common functional elements across pre-deployment, deployment, and post-deployment phases in the emergency response cycle. Development of common guidance would help maximize human, material and financial resources as well as ensure coherence across capacity strengthening efforts by different actors.

**Proposal**

Building on the experience and expertise that exist through the different networks that make up the GHEC and expanding on a project already underway between the Emergency Medical Teams (EMT) Initiative and US CDC to strengthen the joint implementation of Rapid Response Teams (RRT) and EMT, this project aims to:

1. Develop common guidance and benchmarks for developing RRC at country level, including specific guidance on financial sustainability of such capacities both for the maintenance of the response capacities on deployable stand-by mode as well as for response operations.

2. Identify areas of collaboration and sharing of resources across different response teams, such as training, leadership and coordination functions, and deployment support functions in terms of logistics, finance, human resource management and others.

3. Develop or expand existing assessment tools to evaluate the level of national RRC with a common methodology.

4. Develop or expand existing guidance, tools, approaches for validation of national RRC, including testing the approach in several countries.

**A time-bound technical working group (TWG) will be established with representation of experienced individuals from global emergency response networks.**

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\(^2\) Including: Emergency Medical Teams initiative (EMT), Global Outbreak Alert and Response Network (GOARN), Standby Partnership Networks, International Association of National Public Health Institutes (IANPHI), Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), Public Health Emergency Operations Centre Network (EOC-NET), Global Health Cluster
Terms of reference: Technical Working Group for Rapid Response Capacities

Purpose
The purpose of this TWG is to develop common guidance and benchmarks for establishing national RRC and to provide considerations for sustainability of capacities in stand-by mode and activation during response operations.

Terms of reference
- Map and review existing guidance, recommendations, benchmarks, and tools on developing and assessing national RRC correlating to the eight key domains and their enabling systemic elements as displayed in the figure below.
- Develop new guidance, recommendations, benchmarks, and tools in each of eight domains; and/or adapt existing ones. This may include original content developed by content experts and based on published literature, case studies, and other partner resources.
- Identify and propose related recommendations on areas of potential integration, such as human resource management, finance, leadership, and others.
- Ensure a more consistent and evidence-based approach across RRC using existing materials and accepted best practice (such as existing/new guidelines listed above, and others).
- Support the joint testing and implementation of the guidance at country level in partnership with relevant global emergency response networks.

Meetings and operational procedure
- The working group will collaborate via email, hold up to 3 face-to-face meetings and additional virtual meetings on an as-needed basis. Virtual meetings will be held on MS Teams or Zoom.
- Draft minutes of the meetings will be taken by a member of the TWG and once circulated and reviewed by its members within a period of 10 days, shared with the GHEC working group.
- Members of the TWG will be invited to the governance bodies of the GHEC networks to provide updates on the work.
- Meetings will be conducted in English
- Members will not be remunerated for their participation in the TWG. However, they will be supported to attend face to face meetings (when/if needed) if not sponsored to do so by their own organization.

Outputs
It is expected that the TWG produces the following:
- Guidance document on sustainable planning and development of rapid response capacities for health emergencies.
- Related implementation tools, such as a national surge capacities assessment tool.

Guidance will be practical, ensuring an operational perspective and that benchmarks are realistic and relevant at country level. The document will follow the relevant internal WHO procedures.
**Timeframe**

Working group members and the organization supporting them commit to actively support the development and publication of the work for a tentative timeframe of 6 months or until completion.

*Figure 1: The eight domains of building rapid response capacities and enabling systemic factors*