Health Systems Resilience
Tabletop Exercise

Exercise A - Local

Health Services Resilience, Integrated Health Services Department 2020
© World Health Organization 2021. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license.
Acknowledgements

This simulation exercise package was developed by Gillian Dacey, Zandile Zibwowa, Frederik Copper, Redda Seifeldin, Andrew Black, Yu Zhang and Geraldine McDarby, under the overall supervision of Sohel Saikat. Appreciation goes to colleagues at WHO headquarters, the WHO Regional Office for Africa and the WHO Country Office in Zimbabwe: Louis Ako-Egbe, Gertrude Avortri, Mekdim Ayana, Moses Bolongei, Stella Chungong, Faiqa Ebrahim, Nonso Ejiofor, Tarcisse Elongo, Alex Gasasira, Abiy Girmay, Dirk Horemans, Pierre Kariyo, Ed Kelley, Haroon Khan, Juliet Nabyonga, Jennifer Nyoni, Raj Sreedharan, Mary Stephens, Shams Syed, Ambrose Talisuna, Prosper Tumusiime, and Ali Yahaya.

Special thanks to WHO partners: Department of Health, United Kingdom of Great Britain and Northern Ireland (Helen Tomkys), Public Health England (Dr Elena Skryabina, Dr Neil Squires, Paul Sutton, and Charles Turner), and the United Kingdom Foreign, Commonwealth and Development Office (Sam Beckwith, Meredith Bradbury, Lisha Lala, and Martin McKenna) for their support in the development of the package.

Appreciation also goes to local and national authorities from the nine countries as well as the respective WHO country office colleagues (from Cote d’Ivoire, Ethiopia, Ghana, Kenya, Liberia, Nigeria, South Sudan, United Republic of Tanzania and Zimbabwe) who participated in the review and pilot workshop held in Harare, Zimbabwe on 19–21 November 2019. Special thanks go to Sam Beckwith and Martin McKenna for representing the United Kingdom Foreign, Commonwealth and Development Office at the workshop, along with Charles Turner of Public Health England. We also appreciate the participation of Rhea Bright from the United States Agency for International Development office in Washington, D.C.

This work was undertaken in the context of the Tackling Deadly Diseases in Africa Programme, funded by the United Kingdom Foreign, Commonwealth and Development Office, which seeks to strengthen collaboration between the health system and health security clusters to promote health security and build resilient health systems.
Dumela
Dumelang
‘aleykum
Hallo
Jambo
Hujambo
Salam
Molo
Molo
Manao
Sannu
Sawubona
Salaam
Tadiyala
Salaam
Tadiyala
Selam
As-salaam
Bonjour
Introductions
## Exercise Timetable *(indicative)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00</td>
<td>Welcome (~10 mins)</td>
</tr>
<tr>
<td>09:10</td>
<td>Introductions and scene setting (~10 mins)</td>
</tr>
<tr>
<td>09:20</td>
<td>Exercise briefing (~10 mins)</td>
</tr>
<tr>
<td>09:30</td>
<td>Session 1 (~60 mins)</td>
</tr>
<tr>
<td>10:15</td>
<td>Feedback (~15 mins)</td>
</tr>
<tr>
<td>10:30</td>
<td>Coffee break (~15 mins)</td>
</tr>
<tr>
<td>10:45</td>
<td>Session 2 (~60 mins)</td>
</tr>
<tr>
<td>11:30</td>
<td>Feedback (~15 mins)</td>
</tr>
<tr>
<td>11:45</td>
<td>Session 3 (~60 mins)</td>
</tr>
<tr>
<td>12:30</td>
<td>Lunch (~30 mins)</td>
</tr>
<tr>
<td>13:00</td>
<td>Exercise debrief (~90 mins)</td>
</tr>
<tr>
<td>14:30</td>
<td>Exercise feedback and next steps (~15 mins)</td>
</tr>
<tr>
<td>14:45</td>
<td>Close</td>
</tr>
</tbody>
</table>
Exercise purpose and objectives

The purpose of this exercise is:

• To develop knowledge to support health system strengthening within the context of preparedness for public health emergencies.

The objectives of this exercise are:

• To review, test and practice the functionality of relevant health systems at the policy and operational levels, before, during and after public health emergencies.

• To explore the linkage and coordination between health care facilities and public health authorities when disruptive emergencies occur that impact on health systems.

• To examine how considerations for health service preparedness is maintained and embedded within the building blocks of health systems and national preparedness and response frameworks.
How to participate

Rules

• Use your practices, procedures, guidelines and regulations to inform your responses
• Participate as yourself
• Work as a team
• Focus on solutions
• Record discussions and responses to questions
• Be prepared to feedback
• There are no ‘role plays’
How to participate

• The exercise is not to test or evaluate individual participants.

• Don’t fight the scenario – focus is not on the clinical aspects

• Keep discussions for the exercise to participants in the room – if there is need to contact anyone outside the exercise – please prefix all communications with “Exercise Exercise....”

• This is a safe learning environment
Session 1

Scenario Summary (day 1):
• Five children aged 6-11 have arrived at their local health centre presenting with influenza-like symptoms.
• The children are all friends and spent the last weekend playing together outside.
• Swab samples have been sent for testing.
• The children have been sent home with antipyretics.
• Health workers did not consider the need for any special precaution or measures.

NB: Refer to the scenario handout for further details
**Tasks**

❖ Considering the small group of children with flu-like symptoms:
  
  • How would you assess the situation and the risk of the disease spreading?
  
  • What diagnostic algorithms and clinical guidelines are available and what actions would you take according to the available guidelines and diagnostic?
  
  • What impact do you think a potential infectious respiratory disease outbreak would have on existing health services?
Tasks

❖ What are your options to organize a coordinated response, in case of an emergency?

• What relevant plans, or procedures do you have locally in case of an infectious (respiratory) disease outbreak?
  – Does the health facility staff have access and training/orientation on the existing plan/protocol
  – What readiness measures are included in the available plans or emergency protocols to ensure routine service continuity in the event of an emergency?
Task

• What are the triggers and procedures to activate your response and contingency plans for health service continuity, if any?

• What was the role of the health facilities (public and private) in developing the existing local emergency plans?

❖ **Identify the organizational structures or teams responsible for public health emergencies in the facility and locality (district)?**

  • Who would have the overall responsibility for managing a response, at facility and local levels?
Tasks

❖ What resources (human, material, facilities, structures and financial) are available in your area (facility, catchment, district) to manage a respiratory illness outbreak while maintaining routine essential health services?

• What options are in place for surge capacity and how can they be utilized to ensure availability of additional support and consumables when needed?

• What arrangements can be made for referral and transfer to other facilities based on existing protocol, if any?

• What measures are in place to ensure that available resources can be utilized to prevent disruption of routine health services during an emergency?
Tasks

❖ Would you report this situation as an event of public health concern?
  • Have staff been trained on notifiable diseases and reporting mechanisms?
  • What would be the process for documenting and reporting the event?
  • At this stage, do you think that there is need for further investigation?
  • What are the existing mechanisms for early warning and alert investigation and how can they be applied in this situation?
  • How would you follow-up to ensure timely turn-around and feedback from the laboratory tests, based on existing protocols and guidelines?
At this stage would you consider communicating with other units in health sector to understand the possible risks and threats to health services?

- Which units would you consider in your communications?
- How does your local healthcare facilities normally coordinate with public health institutes/authorities for routine disease surveillance?
Feedback (15 min)
Coffee Break (15 min)
Session 2

• <Show video here>

• Participants should note down key information derived from the video that may be useful
Session 2

- How would this media coverage affect your assessment of the situation?
  - How do you think this media coverage might affect the public perception of health care facilities and workers in relation to the reported event?
Session 2

Scenario Summary (day 6):

• Of the original five cases, one child has died.
• More cases of the flu-like illness are presenting at the local health centre and in the neighbouring town.
• The health centre is located amongst a small group of shops, including a pharmacy.
• The first group of children report playing near local waterways and touched dead birds in the water.
• Locals report seeing unusually high numbers dead migratory birds at the nearby waterways
Session 2

Scenario Summary (day 6) – Continued

• Families of the patients and local communities are worried and requesting more information

• Results from the laboratory tests show a strain of avian influenza A(H7N11), also commonly known as “bird flu”

NB: Refer to the scenario handout for further details
Tasks

❖ Now there is a confirmed case of avian influenza A(H7N11):

• As part of the public health reporting requirements, what steps will you take to alert national/subnational health officials?

• What measures would you put in place at your healthcare facility to manage the cases and ensure staff and patient safety?
Tasks

- What surveillance and contact tracing measures would you put in place?
- What mechanisms are available to share regular updates from health facilities to public health organisations and receive feedback during an emergency?
- At this time, how can you assess the current and potential pressures on existing routine services?
Tasks

❖ What systems exist to enable short notice purchase and procurement of medicines and supplies including PPE for the response and to ensure that routine supplies are not depleted?
  • Is there a standard protocol for supply chain management during emergency response?
  • What additional contingencies are in place to get supplies from other facilities in the same district or region, if necessary?
Task

• How long does it take for emergency supplies orders to arrive?
• Is there sufficient capacity including appropriate storage and skills to accommodate and manage supplies?
• Is there a clear mechanism for systematically assessing and reporting effect of an emergency on stocks for routine health services to inform interventions? Explain, if any.
Tasks

• Some of the ill people initially attended other health facilities including a private healthcare facility
  • How is communication and coordination ensured between health facilities (public and private) at all levels (primary to tertiary) in the event of an emergency?
  • What information would you need to send to other facilities (including private and primary level facilities), local and national authorities at this time?
  • What reciprocal information would you expect to receive from them?
Tasks

❖ What action would public health officials and health facilities take to engage, communicate with and provide public health advice to the public/community?
   • How would you determine the communities’ perception and understanding of the current outbreak to inform messaging?
   • As the district health office, how can you establish contacts with the media and other influencers to get your message to the public?
   • What key messages would you include in the communication with patients, families and community?
   • Is there an option to set up a help line for people to call for information?
   • Who leads in communication with the public and the media during this type of outbreak? How do you contribute to public communication?
Tasks

❖ This incident involves working with other organisations in various sectors such as animal health, schools and local authorities:
  • How will you coordinate the response with these external stakeholders, at the district level?
  • What incident management functions or structures exist locally to enable this coordination?
Tasks

❖ The head teacher from the local primary school has contacted you. She is worried that as the children who are unwell attended her school, there might be others there who have also contracted avian influenza and could also be infectious. She wants to know whether she should close the school and for how long.

• What would be your advice to her?
• Would this advice apply to all schools and how will you communicate this?
• What would be the role of the school health services, community health workers and public health officials in ensuring the safety of children in schools and communities?
Tasks

❖ Community health workers attached to your facility have raised concern that pregnant women are afraid to visit the health facilities because of the risk of getting infected by bird flu from other patients

• What would the health professionals and management do to assure the community health workers?

• How would the community health workers and facility health workers earn and maintain the trust and confidence of the pregnant mothers, to ensure that they continue to seek necessary health services?
Feedback (15 min)
Session 3

Scenario Summary (day 12):

- **Cases:**
  - 18 children and 23 adults from the original community
  - 9 children and 15 adults in the neighbouring town.
  - 3 children and 17 adults in a new location are unwell
  - Deaths: 6 deaths in total, 3 children and 3 adults.

- Human-human transmission may have occurred.

- Reports of sickness amongst health workers

- More dead birds being seen across the regions waterways.
Session 3 (contd.)

• Poultry are becoming ill/dying.
• Animal health officials trying to contain the problem, but the disease continues to spread.
• Social media is saying there is little support from the authorities
• More members of the community are expressing concern about going to healthcare facilities

NB: Refer to the scenario handout for further details
Tasks

❖ As part of the incident management process, outline the priorities, specific objectives and response strategy for managing this incident
With regards to routine health service continuity
• Is there a list of essential health services to be considered if facilities are overwhelmed with the demand of managing this emergency?
• How will you assemble necessary resources to maintain essential health services while still responding to this emergency?
Tasks

❖ The national response team at the MoH are requesting a situation report on events so far. Provide a short summary report.

• Would you typically include information on the possible impacts of the emergency on routine services, when preparing situation reports/updates to subnational or national authorities?

• What aspects of the impact on routine services would be included in such formal communications/reports to responsible authorities?

• How is information on impact of emergencies on routine services collected and used for decision making and action in a timely manner, at various subnational administrative levels?
Task

❖ Your communications team has given you some of the latest social media posts (see handout).

• How will you respond to these, and what further public health advice will you issue?
• How would you assess and communicate any risks associated with the selling of live birds, meat and eggs?
• How do you ensure that you maintain communication with veterinary officers about disease risk and public communication
Tasks

❖ Communities are asking for vaccinations for this outbreak. They have heard that it is possible to get a flu injection.

• How will you respond to their request (considering that there is no vaccine currently available) and what would be the preventive and health promotion measures to reassure the community?
Task

❖ Before this outbreak, some health posts (primary health facilities) in hard to reach areas in one of the most affected districts have not been open for several months due to lack of basic infrastructure

• How would this situation impact on the ongoing response and overall health services?

• What emergency support measures can be used to resume services in these facilities?

• In the long-term how can the local politicians/members of parliament be influenced to enhance funding for local health services to including access to health services in hard-to-reach areas?
Tasks

❖ There are unconfirmed reports of sickness amongst healthcare workers.
  • What has been done to ensure that health workers are competent and confident in IPC practices in their routine work?
  • What extra measures can you put in place to reduce the possibility of a spread of infections in health facilities (among health workers, patients and visitors)?
  • Some staff are being told by managers that they will have to work extra hours, how would you deal with this e.g. additional capacity, incentives?
  • What psycho-social care and welfare processes are in place to support healthcare staff during and after the incident?
Tasks

- What is the mechanism for ensuring quality of care in the management of cases in healthcare facilities (including isolation units)?
- How is quality of care monitored, documented and reported in emergency response?
Tasks

❖ What coordination arrangements are in place for working with and mobilizing resources from partner organisations?
  • What additional resources or mutual aid support could partners provide to ensure continuity of essential health services during response and recovery periods?

❖ What mechanisms are in place to access contingency resources and finance for the longer term response and recovery as well as routine health service continuity?
Task

- What processes are in place to identify lessons and best practices from recent emergency experience to inform health system strengthening actions during and after the outbreak?
  - How are lessons learnt from health systems performance in emergencies and recommendations for improvement documented and included in health sector planning?
  - How do you ensure follow-up actions and implementation of recommendations from past emergency experiences for health systems strengthening?
  - Are there plans to regularly test the health service resilience through SimEx and how often is this done?
Task

- Considering SimEx and AAR conducted in the past 1 year in the district or region (if any) to what extent did health facilities and non-emergency focused teams and organizations participate?
- Did past AAR include review and documentation of the impacts of the emergency on routine health services. If not, how can this be included moving forward?
EndEx
Lunch (30 min)
Debrief

Consider, based on the exercise objectives:

• What went well?
• What didn’t go so well?
• What areas exist for improvement?

Be prepared to feedback
Feedback
This product was funded with UK aid from the UK government through the Tackling Deadly Disease in Africa Programme (TDDAP)
Thank you