

# Emergency Preparedness & Planning Training

Training Handbook



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**Public Health Education and Training**

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## Training Timetable

	Theme	Session 1 9:00-10:15 UK		Session 2 10:30-12:00 UK		Session 3 12:30-15:30 UK		Session 4 15:40-16:10 UK
Day 1 22/11	Overview and planning for public health emergencies	<b>Ice Breaker and Introduction to Public Health Emergencies</b> (National or International emergency)  (Ms Ela Augustyniak/ Professor Salman Rawaf)	Break	<b>The Emergency Plan</b>  (Professor Salman Rawaf)	Lunch	<b>Exercise session on planning resources for emergencies</b>  (Professor Salman Rawaf/ Ms Celine Tabche)	Break	Assignment Task
Day 2 29/11	<b>Managing and disseminating information on emergencies</b>	<b>Emergencies Communication</b>  (Ms Heini Utunen)		<b>Stakeholder's Mobilisation</b>  (Dr Deena Alasfoor/ Ms Celine Tabche)		<b>Feedback from day 1 and Exercise session on communicating emergencies</b>  (Ms Celine Tabche/ Ms Noor Al-Rubaye)		Assignment Task
Day 3 06/12	<b>Evaluation and feedback for improvement of plans</b>	<b>Emergency Impact Assessment</b>  (Professor Salman Rawaf)		<b>Surveillance, Continuous learning process (Alert, Feedback, and improvement cycle)</b>  (Dr Pierre Nabeth)		<b>Reporting and Feedback from day 2</b>  <b>Case based exercise - Presenting your own strategy</b>  (Ms Celine Tabche)		<b>Assessment MCQs</b> (Ms Celine Tabche)  <b>Wrap up</b> (Professor Salman Rawaf)

# Training Outline

## Public Health Emergencies

*“Emergency preparedness is a programme of long-term development activities whose goals are to strengthen the overall capacity and capability of a country to manage all types of emergencies efficiently and to bring about an orderly transition from relief through recovery and back to sustainable development.”*

### **The World Health Organization**

In today's challenging and complex public health landscape, public health professionals need to become part of a new generation equipped with new skills and appropriate attributes to serve the population better. Today's successful public health professionals can manage complex health services and delivery by developing valuable collaborations with departmental, organisational, national and international stakeholders. This is particularly important in terms of preparing and planning for health emergencies. The capacity to respond rapidly and effectively to pandemics and humanitarian emergencies is now more critical than ever.

Natural disasters and infections (such as SARS, H1N1, H1N5, MERS-CoV, Ebola, and the current COVID-19), as well as re-current climate changes (hurricanes, floods, wildfires etc.) and man-made disasters like chemical poisoning, terrorism-related incidents, have taught us the importance of preparedness and the investment in resilient health systems that can lead to effective responses that save lives.

This sustained threat calls for better investment in human resources for health. Those involved in acute events surveillance to employ better command and control, more apt technical skills, tactical communication/coordination, and enhanced community engagement are needed. As such, Imperial College London WHO Collaborating Centre for Public Health Education and Training (ICL-WHO CC) are poised to meet this need and have designed a three-day intensive training course tailored to develop and build senior health professionals' capacity to prepare and plan for emergencies.

## Course Overview

The aim of the Emergencies Planning and Preparedness course is to equip public health professionals with the essential tools needed to prepare their organisations, services, and health systems in the event of adverse circumstances. Course content organised around the WHO Guidance for Emergencies Preparedness, and Response and the UK experience in preparing for with emergencies. It aims to skill up participants to become more successful leaders in these contexts. The course will address:

1. Plans and procedures for disaster management and emergency response coordination
2. Resource mobilisation planning
3. National legislation and policy for disaster management
4. Strengthening institutional and human resources for disaster management
5. Establishing and managing stocks of relief supplies and equipment
6. Identifying transportation options
7. Public education, awareness, and community participation in disaster management
8. The collection, analysis, and dissemination of emergency and disaster-related information likely to occur in the region.

## Course Aims

The course aims to enable participants to plan effective preparedness for their organisations in the event of an emergency. Additionally, it will enable participants to apply critical thinking, evidence-based decision-making, and creative solutions to prepare for emergencies modelled key global experiences and how they were led and managed in acute events settings.

## Target Audience

This course is designed to meet the needs of health managers and professionals responsible for emergency plans and policies during acute events. This could be the director of surveillance/ acute event preparedness at the Ministry of Health and other relevant ministries and organisations. All participants should be leaders in their fields and within the organisation. Those who are aspiring to lead on emergency preparedness in their organisations are welcomed too.

## Course Leads and Facilitators



**Professor Salman Rawaf** is the chair of Public Health, Director of WHO Collaborating Centre in the Department of Primary Care and Public Health at Imperial College London and Honorary Consultant Physician in the NHS. He acquired his qualification in medicine, with training in paediatrics and public health, and spent the breadth of his career in leading roles in the NHS; including 26 years as an Executive Director: County Medical Adviser, Medical Director, District Medical Officer and Director of Public Health. In the latter 23 years of his service in the NHS, he served as the Director of Health in South-West London with full responsibility for the health service in and outside the NHS, from which he then moved to Imperial College as Professor of Public Health, and the Director of the WHO Collaborating Centre for Public Health Education and Training, which supports several WHO Regions and their Member States.

Professor Rawaf is a globally recognised for his international work and contribution to global public health, health systems development and primary care in research and service delivery. His work is well documented in supporting countries to strengthen their health systems, service development and medical education.

He is an adviser to the World Health Organisation on primary care, public health, health systems, medical education and training, human resource for health and Covid-19; a Fellow of the Royal Colleges of Physicians London and the UK Faculty of Public Health; a Member of the Faculty of Public Health Medicine Ireland; and the UK Faculty of Public Health Global Health Adviser. He is also involved in many national and international advisory committees. He supported many governments in strengthening their health system through reviews and educational programmes. These include most countries in the Middle East and North Africa, Eastern Europe, Malaysia, China, Brazil, Hong Kong, among many others. He worked closely with Chinese colleagues to develop primary care in Shanghai, delivered training programmes in collaboration with Development Foundations, large hospitals, and provinces across China.

Professor Rawaf led on development of many educational (Health System Development Module for MPH, Advanced Leadership, NCD, Acute Events and Emergency Responses and other bespoke Training) and research programmes. His research interests are in health systems organisation and management, primary care organisation, public health, Diabetes and other NCD, Covid-19, patient safety, training and medical education, and translation of research findings.

He is the Founder and Editor-in-Chief of the journal Public Health Medicine and a member of several editorial boards. He published over 250 scientific papers, five books and many international reports and received many awards and recognitions including in 2015 a Life Achievement Award for innovative works in shaping health services, research, and medical education.

He is a Member of WHO Technical Advisory Committee On Covid-19; Member of Scientific Advisory Group on Covid-19 Department of Health UAE; Imperial College Covid-19 Group; and Supreme Advisory Group on Covid-19 Iraq; published 4 papers so far on the subject and runs a weekly Webinar.



**Ms Heini Utunen** oversees the COVID-19 online learning response in the World Health Organization's Health Emergencies Programme. Her other functions cover

workforce capacity building, learning solutions and simulation exercise management. Mrs Utunen joined the WHO during the Ebola West Africa outbreak as pre-deployment training staff in 2014 and provided to cascade training curriculum development, face-to-face trainings, and e-learning. During 2009-2013 Mrs Utunen served the United Nations country team in Vietnam, working in the natural disaster preparedness and response. Mrs Utunen has prior experience with the Finnish government, functioning as Training Officer at the Crisis Management Centre Finland, mainly involved with post-conflict missions. She served as Communication Officer of the Minister of Health in Finland. Mrs Utunen has master's degree in information studies and bachelor's in political science. She is conducting doctoral studies in Information Sciences.

**Dr Deena Al Asfoor** is a freelance public health expert. Over the span of her 30 years of experience she made significant national and international contributions. She earned a BSc in Chemistry from the University of Jordan, an MSc in Nutrition Cornell University, MSc in Evidence Based Health Care from the University of Oxford; and a DPhil in Population Health from the University of Oxford, and she is a Fellow of the Royal Society of Public Health (UK). Deena established and led the Department of Nutrition from 1992 to 2013. During that time, she initiated several highly praised public health programs. For example, Oman was the first country in EMRO (and worldwide) to mandate food fortification. Deena also oversaw the establishment of several maternal and child health programs such as the Child nutrition program, the Baby Friendly Hospitals Initiative, and child supplementation programs. She also led the Oman centre in the WHO growth reference study. In addition, Deena participated actively in the national plan of action for health from 1992-2016 and remains an active member of the civil society. In 2013, Deena was promoted as a public health expert in the Ministry of Health and served in an advisory role.

Internationally, Deena served as a WHO consultant in several groups, including the WHO Nutrition Guidance Expert Advisory Group (NUGAG) from 2009-2012, the WHO EMRO Regional Consultative Group on Nutrition, Food Safety and Security (2009-2013), the Global Burden of Diseases study since 2013, and the WHO guidelines development group (2013-2015) to name a few. Deena is a published author of over 30 peer reviewed articles and 20 reports and papers. Deena has several contributions as a health systems consultant for WHO and the MENA Health Policy Forum.





**Dr Pierre Nabeth** graduated as a Medical Doctor from the University of Paris, France, with a specialization in biostatistics and epidemiology.

He started his professional life in hospital settings and in general practice, then worked for medical NGOs in Liberia, Guinea, and Malawi, as coordinator and head of mission.

He worked as a researcher at Epicentre, as a technical adviser in the Ministry of Health, Nouakchott, Mauritania, and as Head of the Epidemiology Unit, in the Pasteur Institute in Dakar, Senegal. His focus was on viral haemorrhagic fevers, nutrition, drug resistance, health information systems, and epidemiological surveillance. He coordinated several surveillance projects as well as International training courses in Epidemiology.

In 2006, he joined WHO. In Headquarters, he was leading a team strengthening national surveillance systems. He developed guidance on Early Warning And Response and Event-Based Surveillance, which is used as a reference document by many Ministries of Health and WHO partners.

Since 2017, he is leading the Health Emergency and Risk Assessment Unit of the WHO Health Emergencies Programme in the WHO Regional Office for the Eastern Mediterranean, in Cairo (Egypt). This unit is in charge of detection, verification and risk assessment of signals and events affecting the region, response monitoring, communication on events, and strengthening of national surveillance systems. Last achievement was the development of the Eastern-Mediterranean regional (EMR) integrated disease surveillance strategy that was adopted by EMR Member States during the 68th Regional Committee, in October 2021.

Dr Pierre Nabeth is also leading the information management and surveillance pillar in the EMRO team that is coordinating the response to COVID-19.



**Ms Noor Al-Rubaye MPH** is a nutritionist by training and a budding public health specialist holding a Master's degree in Public Health (MPH) from Imperial College London (ICL). Prior to her MPH, she acquired some experience in quantitative research methods by enrolling in a National Institute of Health (NIH-funded) Scholars in Health Research graduate program (SHARP) at the American University in Beirut (AUB). Beginning of March 31, she joined the WHO Collaborating Centre for Public Health Education and Training and have been working on public health and primary care research and education programs development.

Noor's specialty is in health systems and services and the key themes of her focus are health economics and policy, quality improvement in healthcare, health intelligence, and population health improvement. Her research interests lie at the nexus between epidemiologists and health policy makers.



**Ms Celine Tabche, MSc, ANtr** is a postgraduate researcher in the School of Public Health at Imperial College London. She has a background in Biology with a Master's degree in Eating Disorders and Clinical Nutrition at University College London (UCL), she is certified as an Associate Nutritionist in the UK. She is also a student member of the Royal Society for Public Health. She currently works with the WHO Collaborating Centre at Imperial College which helps WHO with multiple projects in Public Health. She has been working on multiple reports and articles involving bariatric surgery and obesity, COVID-19, maternal mortality rates, the public health system, health policies, health system development, medical education, and many more. Celine has given multiple conferences about preventative medicine and nutrition and has over

two years of experience in clinical nutritional consultation. She has volunteered her free time over the past year for the NHS GoodSam responder to provide support to the vulnerable groups during the pandemic.



**Ms Ela Augustyniak MA**, is a Project Manager at the WHO Collaborating Centre for Public Health Education and Training, Imperial College London. She holds a Masters degree from the University of Warsaw in Applied Linguistics. She has worked in Adult (and children) education for 17 years supporting teaching, playing active part in curricula design, coordinating trainings and teaching. She has also been working on the design, production and delivery of the online Masters of Public Health module on Health Systems Development, and is a vital link between the students, trainees, fellows and the Centre.

## Public Health Competencies addressed by this Course

During the course of the training the candidates will have developed the following competencies:

1. Develop and implements strategies based on relevant evidence, legislation, emergency planning procedures, regulations, and policies
2. Act effectively in mobilising resources and people needed for the emerging situation.
3. Understand the local implications of the One Health\* approach, its global interconnectivity and how it affects health conditions in the population
4. Critically analyse the changing nature, key factors and resources that shape One Health to influence actions (emergency preparedness planning and response) at the local and international levels

5. Know and apply, where needed, the International Health Regulations to coordinate and develop strategic partnerships and resources in key sectors and disciplines for health security purposes
6. Contribute to or leads community-based health needs assessments, ensuring that these assessments consider biological, social, economic, cultural, political, and physical determinants of health and broader determinants of health such as deprivation.
7. Evaluate continuously plans, actions and results and ensures a continuous learning process.

\* One Health: One Health is an approach that recognizes that the health of people is closely connected to the health of animals and our shared environment. One Health is not new, but it has become more important in recent years and in particular during Covid-19 Pandemic. This is because many factors have changed interactions between people, animals, plants, and our environment.

## Course Learning Objectives

### General objectives:

By the end of this course, participants will be able to:

1. Identify the main elements and tools needed for emergency preparedness
2. Demonstrate a universal understanding of legislation and policy for disaster management.
3. Recognise best practices of resources management and mobilisation in planning for an acute event.
4. Effectively tackle real problems from situational interpretation to high-level decision-making with a clear frame of accountability and responsibility during an acute event setting.
5. Effectively lead, whilst maintaining services, during an acute event (including a pandemic)
6. Effectively deliver public information relating to potential emergencies.
7. Produce a full emergency plan for their organisations.

The specific objectives for this course are to enable the participants to:

1. Recognise and reproduce leadership roles within the health sector during acute events and emergencies settings.

2. Effectively prepare coordination of stakeholders during acute events outbreaks
3. Plan successful mobilisation of resources in the event of an emergency.
4. Explain the importance of successful teamwork in dealing with acute events and pandemics.
5. Identify key elements in drawing up emergency and contingency emergency plans.
6. Recognise the importance of good communication and information dissemination during public health crisis.
7. Establish capabilities to contribute fully to a range of roles, both individually and as part of a team, as effective communicators, and leaders.
8. Distinguish between different methodologies for reasoning the causes of sub-optimal performance.
9. Analyse specific country experiences in transforming health services delivery in the event of an emergency.
10. Apply a root-cause approach for identifying and responding to bottlenecks.
11. Demonstrate an ability to plan for tools and resources utilisation to support effective response to an acute event.

## Course Structure

The curriculum is based on the science and art of acute event and health emergencies management at all stages from planning, preparation, execution, and look-back exercises. All are taken in management and leadership disciplines: decision making, operations management, and communication skills. At its core, the teaching and learning in this course are interactive in nature and based on participants' involvement and engagement. Learning will take place in the form of a small group work, self-directed learning, and lectures. The course is divided into three main themes, within which a series of sessions have been designed to encapsulate the most current issues relevant to the themes:

1. Planning and contingency plans
2. Preparing resources to minimise the impact of emergencies
3. Measures of success

# Sessions' outline

## **Day 1**

Session 1: Introduction to Public Health Emergencies

- Introduction to public health emergency types yielding national or international response plans

Session 2: The Emergency Plan

- Emergency plans with resources mobilization, roles, and responsibilities in the event of an emergency

Session 3: Exercise session on planning resources for emergencies

- Planning for the unexpected in practice

## **Day 2**

Session 1: Emergencies communication

- Managing emergency communication to the public

Session 2: Stakeholder's mobilization

- Engaging with stakeholders, and policy makers

Session 3: Feedback from day 1 and Exercise session on communicating emergencies

- Learning and applying ways of effective emergencies communication strategies

## **Day 3**

Session 1: Emergency impact assessment

- Measuring the impact: the how and who

Session 2: Continuous learning process (Feedback and improvement cycle)

- Re-assessing the preparedness plans based on the feedback for improvement

Session 3: Case based exercise

- Presenting your own plan on a hypothetical event

## Assessment and Feedback

Within each theme, feedback on individual sessions will be sought. Both quantitative and qualitative assessments of the content, delivery and effectiveness will be assessed.

Additionally, a pre- and post-course knowledge-based evaluation will be integrated alongside practical assignments. All participants are required to sit the final online exam.

## Faculty

WHO Collaborating Centre for Public Health Education and Training

Imperial College London

Public Health England

Public Health Authority KSA and Others

## Participants

As this course is highly interactive, the proposed maximum number of people involved is around 20.

## Certificates

A certificate of Completion of Training will be awarded upon completing all required assessments and active participation in the course activities.

## Assessment grid: Project 1

Criteria	Assessment	Mark Range
Content [50%]	Provides little insight, understanding, and information regarding the resources planning, its principles and elements. Inappropriate use of main principles and little or no justification for their use.	<50

	Provides some insight, understanding, and information regarding the resources planning, its principles and elements. Appropriate use of main principles and some justification for their use.	50-59.9
	Provides good, insight, understanding, and information regarding resources planning, its principles and elements. Appropriate use of main principles and good justification for their use.	60-69.9
	Provides excellent, comprehensive, and detailed insight, understanding, and information regarding resources planning, its principles and elements. Appropriate use of main principles with great justification for their choice.	≥70
Accuracy [20%]	Describes resources planning poorly and with inaccuracies. Draws on no evidence. Presents no rationale for proposed interventions to mitigate effects.	<50
	Describes resources planning practices somewhat clearly with some errors or inconsistencies. Draws on existing evidence in some detail. Presents a rationale for the practices discussed.	50-59.9
	Describes resources planning practices clearly and accurately. Draws on existing evidence in a lot of detail. Presents well-argued rationale for the practices discussed.	60-69.9
	Describes resources planning practices very clearly and accurately. Draws on existing evidence in considerable detail. Presents extremely well-argued rationale for the practices discussed.	≥70
Style [15%]	Speech not at all engaging, not convincing or persuasive	<50
	Speech is moderately engaging.	50-59.9
	Speech is dynamic, clear, and entertaining, captures the audience.	60-69.9
	Speech is extremely dynamic, clear, and entertaining, captures the audience.	≥70
Organisation [15%]	Visual elements are not used well and detract from the message. Does not deliver all content within allotted time.	<50
	Visual elements are used but not in a way that adds to the message. Struggles to deliver all content within allotted time.	50-59.9
	Visual elements are used quite well in a way that adds to rather than detracts from the message. Delivers all content within allotted time.	60-69.9



	Visual elements are used extremely well in a way that adds to rather than detracts from the message. Delivers all content within allotted time.	≥70
Total	Fail	0-49
	Pass	50-59
	Merit	60-69
	Distinction	70-79
	Outstanding Distinction	80-100

## Assessment grid: Project 2

Criteria	Assessment	Mark Range
Content [50%]	Provides little insight and understanding regarding communication strategies for emergencies and identifies/ deal with no or very little challenges. Presents no feasible interventions.	<50
	Provides some insight, understanding, and information regarding communication strategies for emergencies. Appropriately identifies some challenges but provides no or very few feasible interventions.	50-59.9
	Provides good, insight, understanding, and information regarding communication strategies for emergencies. Appropriately identifies a spectrum of challenges and proposes/ tackles them with feasible interventions.	60-69.9
	Provides excellent, comprehensive, and detailed insight, understanding regarding communication strategies for emergencies. Appropriately identifies a spectrum of challenges and prepares feasible interventions to identified challenges.	≥70
Accuracy [20%]	Communicates emergencies poorly. Presents no rationale for selected communication strategies.	<50
	Communicates emergencies somewhat clearly with some errors or inconsistencies. Presents a rationale for selected communication strategies.	50-59.9
	Communicates emergencies clearly and accurately. Presents well-argued rationale for selected communication strategies.	60-69.9

	Communicates emergencies very clearly and accurately. Presents extremely well-argued rationale for selected communication strategies,	≥70
Style [15%]	Speech not at all engaging, not convincing or persuasive	<50
	Speech is moderately engaging.	50-59.9
	Speech is dynamic, clear, and entertaining, captures the team members.	60-69.9
	Speech is extremely dynamic, clear, and entertaining, captures the team members.	≥70
Organisation [15%]	Visual elements are not used well and detract from the message. Does not deliver all content within allotted time.	<50
	Visual elements are used but not in a way that adds to the message. Struggles to deliver all content within allotted time.	50-59.9
	Visual elements are used quite well in a way that adds to rather than detracts from the message. Delivers all content within allotted time.	60-69.9
	Visual elements are used extremely well in a way that adds to rather than detracts from the message. Delivers all content within allotted time.	≥70
Total	Fail	0-49
	Pass	50-59
	Merit	60-69
	Distinction	70-79
	Outstanding Distinction	80-100

## Final MCQ test:

0-59% Fail

≥60 % Pass





