

Recovery Toolkit

Supporting countries to achieve
health service resilience

A library of tools & resources available during the recovery
period of a public health emergency



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Note: This Recovery Toolkit is adapted from the Guinea, Liberia and Sierra Leone Recovery Toolkit, issued in December 2015.
It is WHO's intention to make this document available in other UN official languages.

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CONTENTS

List of abbreviations	6
PART A: GENERAL INFORMATION	7
Overview of the Toolkit	8
Structure.....	11
Integration across health-care delivery systems	12
How to use the Toolkit	14
PART B: TOOLKIT RESOURCES BY TECHNICAL AREA	15
General mapping/assessment tools.....	16
Immunizations and vaccinations.....	19
Maternal, newborn child and adolescent health	21
Communicable diseases with a focus on malaria	24
Mental health.....	27
District health management teams.....	30
Infection prevention and control (IPC).....	34
Clinical standards/Case management.....	40
Water, sanitation and hygiene (WASH).....	44
Health workforce	49
Surveillance.....	52
Occupational health.....	57
Civil society and community engagement	60
Emergency and essential surgical care and Emergency, trauma and acute care.....	64
Blood safety	68
Noncommunicable diseases (NCDs)	74
PART C: ANNEXES.....	77
Annex 1: Methods	78
Annex 2: Technical resource – full website links (English and French)	79
Annex 3: Collated case studies	91
Annex 4: The draft Essential Health Services Situation Report	96
Annex 5: Frequently asked questions (FAQs).....	98

LIST OF ABBREVIATIONS

ART	Antiretroviral therapy	ICT	Information and communications technology
BEmONC	Basic Emergency Obstetric and Newborn Care	IHR	International Health Regulations
BTS	Blood transfusion services	ILO	International Labour Organization
CAP	Consolidated appeal process (sometimes also “consolidated appeal”)	IMCI	Integrated Management of Childhood Illness
CCC	Community Care Centre	IPC	Infection, prevention, and control
CEmONC	Comprehensive Emergency Obstetric and Newborn Care	IPTp	Intermittent preventative treatment in pregnancy
CERF	Central Emergency Response Fund (managed by OCHA)	MHPSS	Mental health and psychosocial support
CFSA	Chief Field Security Adviser (UNDSS)	MOSS	Minimum operating security standards
CHAP	Common humanitarian action plan (component of a CAP)	NAF	Needs analysis framework (used in a preparing a CHAP)
CWB	Convalescent whole blood	NGO	Nongovernmental organization
ECU	Ebola Care Units	OCHA	U.N. Office for the Coordination of Humanitarian Affairs
EHA	Emergency and Humanitarian Action (WHO)	PHC	Primary health care
EMT	Emergency Management Team	PIRI	Periodic intensification of routine immunization
ETC	Ebola treatment centre	PMR	Project management, monitoring and reporting
ETAT	Emergency Triage Assessment and Treatment	PSC	Programme support costs
EWARS	Early Warning, Alert and Response System	QMT	Quality Management Training
EVD	Ebola virus disease	RDTs	Rapid diagnostic tests
FSA	Field Security Adviser (UNDSS)	SAT	Situation Analysis Tool
FSCO	Field Security Coordination Officer (assigned by UNDSS to the Designated Official)	Sitrep	Situation report (usually sent by email)
FSO	Field Security Officer (assigned by WHO or any individual UN agency)	SOP	Standard Operating Procedures
HAC	Humanitarian Action in Crises (WHO)	STP	Short-term professional (WHO contract)
HCC	Health Cluster Coordinator	TOR	Terms of reference
HCW	Health care worker	UNCT	UN country team
HeLiD	Health Library for Disasters (CD-ROM produced by PAHO and WHO)	UNDP	UN Development Programme
HWT	Household water treatment	UNDSS	UN Department for Staff Security
IASC	Inter-Agency Standing Committee (for humanitarian action)	UNICEF	United Nations Children’s Fund
ICP	Inter-country programme (WHO)	WASH	Water, sanitation and hygiene
		WFP	World Food Programme
		WHO	World Health Organization
		WISN	Workload Indicators of Staffing Need

PART A: **GENERAL INFORMATION**

1.

OVERVIEW OF THE TOOLKIT

The overall goal of this Toolkit is to support countries in the reactivation of essential health services in the aftermath of a public health emergency. The Toolkit has been constructed to support the implementation of national health plans. The initial target audience are WHO Country Offices, for onward sharing and dissemination to ministries of health and implementation partners in-country.

Brief Introduction

The development of this Toolkit has been driven by the need for normative guidance in the context of a public health emergency and the importance of being able to easily access relevant sources of technical assistance, including appropriate and useful resources. Since February 2014, the World Health Organization (WHO) has been working closely with national governments and the international health community, mobilizing a large-scale response effort in relation to the outbreak of Ebola virus disease (EVD) in West Africa. This involved providing technical experts, strategic support, resource mobilization, guidance development, training and capacity-building, supplies and logistical support and expediting research and development during the response and on into the early recovery period.

Multiple technical resources, including technical expertise, were made available. A version of this Toolkit was developed during 2015 to consolidate all of this information and tools, so that users could easily identify and rapidly access key resources. Through the inclusion of emerging real-time case study examples of implementation activity in each country, the Toolkit also acted as a portal for preserving the institutional knowledge emerging from the early recovery period.

This generic version of the Toolkit has now been adapted from the “Three Country” version and

is something of a “library” of tools and resources, collated into a single source.

To find out more about how the Toolkit was developed and its associated technical inputs, refer to the “Methods” section in annex 1.

Types of technical resources

The term “resource” is used throughout the document to refer to any resource intended to facilitate on-the-ground action/implementation and covers:

- guidance
- checklists
- training aids
- implementation aids
- pocket books
- case study examples.

General purpose and goals

The purpose of the Toolkit is to support countries in the reactivation of essential health services. In particular, the Toolkit has been constructed to support implementation of national health plans during the early recovery phase in the context of a public health emergency. It brings together all relevant technical expertise and resources on safe essential services into a single source.

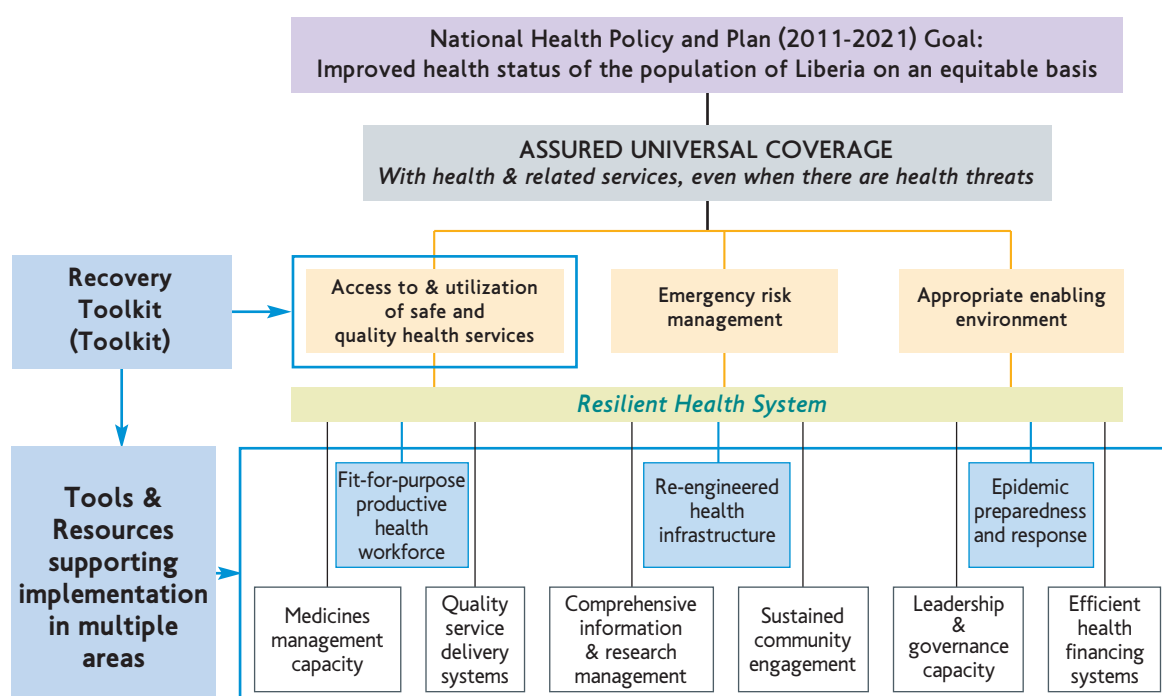
Specific objectives

1. The Toolkit is intended to support overall coordination and implementation of national health plans, with a focus on (not exclusively):
 - a. the reactivation and strengthening of an essential package of health services, with a focus on
 - i. immunization and vaccinations;
 - ii. maternal, newborn, child and adolescent health;
 - iii. communicable diseases with a focus on malaria;

- and within the context of the six building blocks of health systems and primary care;
- b. the establishment of strategies, including the development and implementation of national programmes, policies, standard operating procedures, guidelines and training regimes, focusing primarily on
 - i. health workforce
 - ii. surveillance and information
 - iii. patient safety and infection prevention and control (including case management and WASH)
 - iv. mental health
 - v. civil society and community engagement
 - vi. emergency and essential surgical care
 - vii. trauma and acute care
 - viii. blood safety
 - ix. noncommunicable diseases (NCDs).
2. The toolkit is also an instrument that collates all available sources of technical support including highlighting available human resources and tools. It is not intended to be “yet another assessment tool”, but rather a single source of information that is easy to navigate, and aims to support those tasked with implementing national plans, using the resources available:
 3. By bringing together all of the major technical programmes across WHO, it is intended to assist country offices through enhancing and harmonizing multisectoral collaboration, in particular across the three levels of WHO - to prevent duplication of effort and maximize efficiency.

The illustration below uses the example of Liberia’s Investment Plan Strategic Framework¹ to highlight the utility of the Toolkit

Figure 1: How the Toolkit links with national plans



1. Republic of Liberia Investment Plan for Building a Resilient Health System 2015 to 2021

Target audience

The main target audience of this Toolkit is the Leads for specific technical areas within WHO country offices. It is anticipated that the Toolkit will support country offices by acting as a practical resource in support of ministries of health and international partners involved in implementation of national health plans.

Technical leads can also share the Toolkit with counterparts in ministries and with implementation partners, to ensure it is accessible by those who need to access its contents.

Existing gaps

It is clear that there are still gaps in both the evidence and the availability of some tools and resources in a number of technical areas presented here. It is envisaged that as new implementation tools and approaches emerge they will be incorporated within future versions of this Toolkit.

The Toolkit also offers a mechanism to share emerging tools and approaches across countries. If you have a tool/resource or examples of implementation approaches that might benefit colleagues, contact TA_EarlyRecovery@who.int

2. STRUCTURE

Each section addresses a technical area and is structured in a standardized way

For further information contact
TA_EarlyRecovery@who.int

SECTION TITLE (Technical area)		
1	Type of technical support	Summarizes the type of support available in support of early recovery.
2	Key points/ checks	Summarizes the important elements needed to be in place to support safe health service functioning, informed by the basic package of essential services and available minimum standards/checklists.
3	Key technical resources	List of resources considered key to support early recovery. Where applicable an embedded URL is provided. The full website URL is provided in annex 2 and where available links to French versions of resources are provided here.
4	Example application of resource	Where available, a brief case study, outlining use of the resource/approach in the field in an outbreak/post-disaster context, is presented. This section will be expanded as more examples are gathered. Annex 3 presents all examples to date.

Remember, if after reviewing the Toolkit you:

- need more information
- want to discuss a specific request for technical support, or
- are unable to locate the resource or information you need

Contact TA_EarlyRecovery@who.int and your question/request will be rapidly directed to the most appropriate technical programme Lead

3.

INTEGRATION ACROSS HEALTH CARE DELIVERY SYSTEMS

The reactivation and strengthening of essential health services involves simultaneous coordinated approaches aimed at priority diseases (Malaria, TB, HIV and AIDS) and populations (pregnant women, newborns and children), as well as explicit attention to the structure of people-centred delivery of integrated health services. This Toolkit addresses the goal of restoring essential services from these complementary perspectives, providing both disease-specific programmatic guidance and frameworks to advance the health of specific vulnerable groups, as well as system-level approaches for the restoration of critical services.

In order to address the priority areas identified by countries, critical early actions include both:

- re-establishing access to longitudinal primary provider relationships to deliver preventive and chronic care, such as vaccines; and
- re-establishing access to acute and emergency care services for symptomatic ill and injured patients.

Matching the delivery mechanism to health needs is essential to providing continuity, coordination and timely intervention.

Universal access to longitudinal care at the primary level is key to reducing morbidity by preventing the onset of disease, averting complications and disability, and improving quality of life. Longitudinal primary care encompasses a comprehensive range of integrated diagnostic, curative, rehabilitative and palliative services. Effective primary care providers are empowered to coordinate local networks of primary and secondary care, increasing the efficient use of existing resources, especially around referral.

A direct and enduring relationship between the provider and the community is essential to incorporate the social context of patients and their families, ensuring continuity of care over

time and across services. Giving primary care providers responsibility for the health of a defined population allows them to consider the needs of even those who do not present to services.

Another essential part of health service delivery is the acute and emergency care platform that serves as the first point of contact with the health system for so many people. Whenever there are logistical or financial barriers to health care access, many patients will often present for care only when they are symptomatic with acute illness or injury. In most cases, they present to frontline providers responsible for the care of both children and adults with medical, surgical and obstetric emergencies, including communicable and noncommunicable diseases, injuries and acute exacerbations of chronic diseases. Prioritizing a patient-centred and integrated approach to early resuscitation and stabilization substantially reduces the morbidity associated with all of these conditions.

Pre-hospital and facility-based emergency care is a high-impact and cost-effective form of secondary prevention, and disease surveillance at facilities delivering emergency care is essential to guide primary prevention and outbreak response. The Disease Control Priorities project estimates that nearly half of deaths and over a third of disability in low- and middle-income countries could be addressed by the implementation of effective emergency care, and World Health Assembly resolution 60.22 back in 2007 already called on all Member States to prioritize the establishment of integrated emergency care systems.

In 2011, the World Health Assembly agreed a resolution on strengthening national health emergency and disaster management and resilience of health systems. In 2014, poorly integrated health services limited the ability of policy-makers and providers to respond to the Ebola virus disease

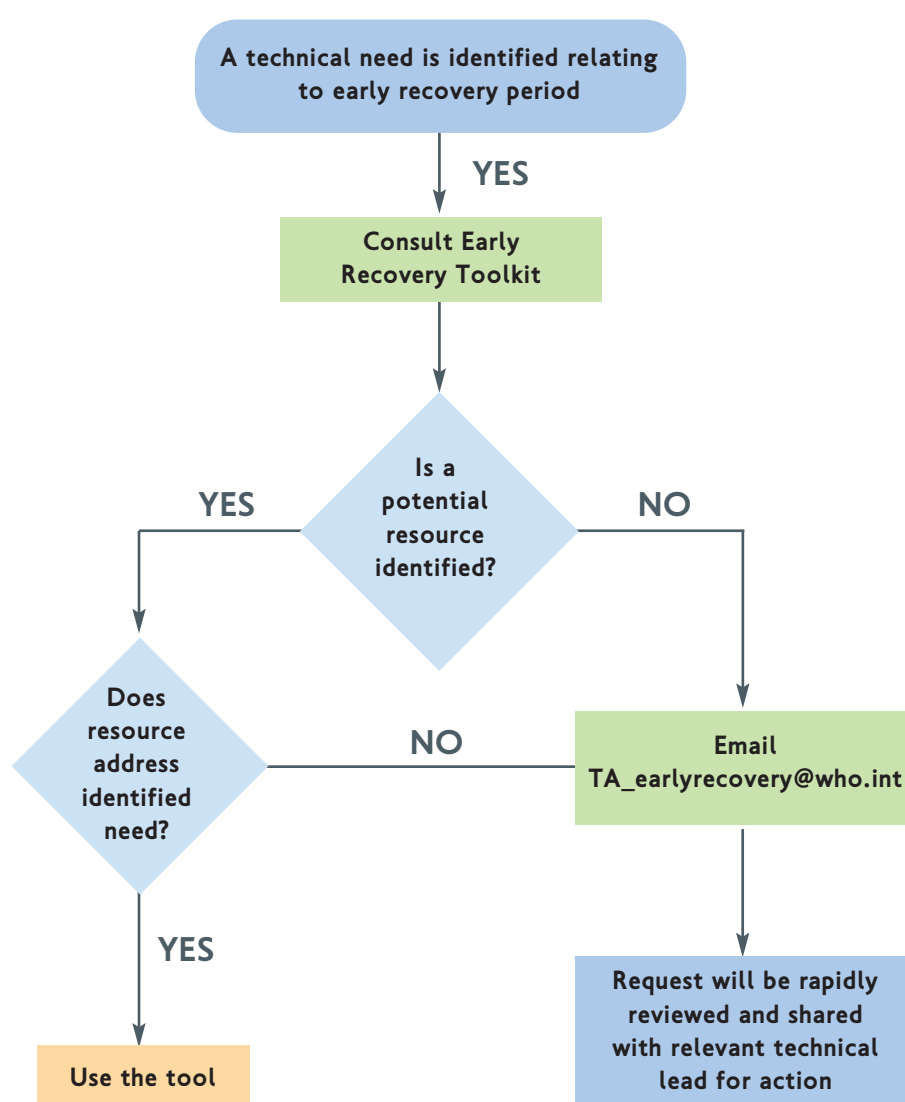
outbreak. Health care system failures resulted in excessive and avoidable mortality from vaccine-preventable and easily-treatable conditions, compounding the impact of the outbreak. There are clear implications for health service delivery across the world and in particular, for fragile systems. A renewed focus on resilient sub-national delivery systems, on quality improvement and on fully integrated core public health capacities has emerged from these recent experiences. The ultimate aim is the delivery of people-centred integrated health services, and as the Toolkit evolves, its content and structure will increasingly reflect this.

4.

HOW TO USE THIS TOOLKIT

Figure 2 illustrates the role the Toolkit is intended to play in facilitating access to sources of technical support.

Figure 2



In summary:

1. WHO country office leads for a specific technical area identify the need for technical support
2. Consult the Toolkit index (Part B)
3. Go to relevant pages and review sections 1,2,3 and 4 (see “structure” on page 10)
4. Access the resource - or if a gap is identified, contact TA_EarlyRecovery@who.int
5. Technical leads can also share the Toolkit with counterparts in the ministry with implementation partners to ensure it is accessible by those who need to access its contents.

A list of frequently asked questions (FAQs) is being developed based on common themes which have been emerging following the Toolkit’s issue (annex 5).

PART B:
**TOOLKIT
RESOURCES
BY TECHNICAL
AREA**

1.

GENERAL MAPPING/ASSESSMENT TOOLS

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	The tools listed in this section are available for health service assessments in a post-outbreak/post-disaster context. The technical assistance available can support: • Coordination of assessment process including consultation and adaptation of the questionnaire • Training on HeRAMS online application – Ministry of Health, WHO Country Office and other health partners • Automated data analysis and support for data interpretation • Support for ongoing monitoring of health services during the recovery period
2	Key points/ checks	• Assessments should be rapid enough to be completed during the time-limited recovery period. • They should be sensitive enough to capture the needs and gaps of the health care system following the epidemic. • Presence of leadership, capacity and resources to convert results and recommendations of the assessments into actions.
3	Key technical resources	resource + link + summary information + year/version (refer to table below)

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Health Resources Availability Mapping System (HeRAMS)	A rapid assessment and a monitoring tool to map and monitor availability of health resources and services in emergencies, early recovery and recovery. HeRAMS facilitates information for decision-making and rapid response where time, resource and access constraints prevail. The online data collection tool and automated data analysis matches the rapidness, depth and complexity of information demanded by health partners responding to emergency, early recovery and recovery phases.	2015

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Service Availability and Readiness Assessment (SARA)	A tool to assess and monitor service delivery in terms of availability and readiness of the health sector and to generate evidence to support the planning and managing of a health system. The survey objective is to generate reliable and regular information on service delivery (such as the availability of key human and infrastructure resources), on the availability of basic equipment, basic amenities, essential medicines and diagnostic capacities, and on the readiness of health facilities to provide basic health care interventions relating to family planning, child health services, basic and comprehensive emergency obstetric care, HIV, TB, malaria, and noncommunicable diseases	2015
Essential Health Service Situation Report (SitRep) – see Annex 4	A tool to assess immediate needs in EVD-affected countries and in the longer-term support of health systems strengthening efforts including the health systems resilience agenda. The tool has two objectives: To monitor trends on priority diseases or conditions and to monitor the provision of essential health services. The primary audience are those responsible for leading, managing and delivering essential health services in the Ebola-affected countries, especially government authorities at national and subnational levels and their implementing partners. In addition, a number of other audiences are envisaged: WHO at all levels of the organization and across technical programmes; UN agencies involved in early recovery efforts; global partners involved in early recovery efforts; global academic institutions; international NGOs involved in advocating for action on early recovery efforts.	2015
Guidance for health sector assessment to support the post-disaster recovery process	WHO post-disaster assessment guidance to help formulate a national recovery framework. This guidance takes into account an in-depth analysis of the impact on communities and the performance of national systems to deliver services and goods.	2014
Ebola Virus Disease Consolidated Preparedness Checklist	Aims to assist countries assess and test their level of readiness, and can then be used as a tool for identifying concrete actions to be taken by countries to address identified gaps. It outlines 11 key components and tasks for both countries and the international community to be completed within 30, 60 and 90 days, respectively, from the date of assessment.	2015
Hospital preparedness for epidemics	Provides information on how hospitals and health care facilities can fulfill their role in national and local responses to emergencies, such as communicable disease epidemics. It is also of use to hospitals with existing plans for managing epidemics, since it can be used to review preparedness plans. The main target audience is hospital management, hospital emergency committees and staff with responsibility for establishing and maintaining preparedness plans.	2014

4

Example applications of the technical resource in an outbreak/post-disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
http://who.int/hac/crises/sdn/sudan_darfur_herams_1q_2012.pdf HeRAMS	Sudan	Continue to use the HeRAMS as a monitoring tool beyond recovery phase, enabling development.
http://www.who.int/hac/crises/mli/execute_summary_herams_mali_18december2013.pdf HeRAMS	Mali	Continue to use the HeRAMS as a monitoring tool beyond recovery phase, enabling development.
http://www.wpro.who.int/philippines/typhoon_haiyan/maps/herams_easter_n_leyte_and_tacloban_city_summary.pdf?ua=1 HeRAMS	Philippines	Use during recovery period.
https://prime.shinyapps.io/herams_prototype?surveyId=695195&locale=fr HeRAMS	Central African Republic	Uses the automated tool and analysis. Please click on the link to see the illustrative presentations.
https://prime.shinyapps.io/herams_prototype?surveyId=695195&locale=fr HeRAMS	Nigeria	Ongoing assessment and monitoring
https://prime.shinyapps.io/herams_prototype?surveyId=695195&locale=fr HeRAMS	Yemen	Ongoing assessment and monitoring

2.

IMMUNIZATION AND VACCINATION

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	The tools contained in this section aim to support for integrated campaigns including planning and distribution of guidelines, tools and training.
2	Key points/ checks	The following areas are flagged for consideration alongside nationally agreed plans: • Initiation of quarterly coordination mechanism on Periodic Intensification of Routine Immunization (PIRIs) • Commencement of increased training and capacity-building on routine immunization • Provision of IPC and other essential materials needed for safe immunization and vaccination (see section IPC - page 20) • Provision of cold chain and other logistical support being addressed
3	Key technical resources: resource + link + summary information + year/version (refer to table below)	

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Guidance for immunization programmes in the African Region in the context of Ebola: WHO information note	This document aims to assist countries to: Maintain and/or restart immunization services; Continue to disseminate educational and social mobilization messages and contribute to Ebola surveillance; Provide guidance on infection prevention and control during vaccination. As the situation evolves, this guidance will be revised if necessary.	March 2015
Immunization, vaccines, biological and service delivery	Collection of resources and guidance to support and help ensure valuable and reliable vaccine service delivery, including on planning to reach every child; vaccine supply and handling; immunization safety; training and supervision; data collection and monitoring and social mobilization and advocacy.	Various

4

Example applications of the technical resource in an outbreak/post-disaster context (refer to table below)

Example applications of the technical resource in an outbreak/post disaster context

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
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To be added as examples emerge

3.

MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	A range of technical assistance is available – the tools in sections 3 and 4 below provide specific examples.
2	Key points/ checks	• Family planning commodities (and training) are dependent on national guidelines • SOP for the safe provision of care for pregnant women as per country guidelines, based on the WHO Pregnancy, Childbirth and Post Natal Care (PCPNC) guideline (listed below) • Trained midwives educated and trained to ICM definition to provide full package of midwifery care (Antenatal clinical services, childbirth, post-natal and family planning) • Availability of safe delivery kits as per the country guidelines, where these exist (including PPE with elbow gloves) – see IPC section, page 20. • Essential newborn care kits; bag and mask, adequate stocks of SP for IPTp and ARVs for B+ for HIV+ women at antenatal clinic services; adequate stocks of ITNs (see page 16) blood pressure measurement apparatus and stethoscopes, iron and folic acid, deworming, doppler or pinard horn, blood sugar measurement and urine dip slides at antenatal clinic services; <i>rapid tests for HIV/Syphilis/hemoglobin available at antenatal clinical services; adequate stocks of Tetanus toxoid at antenatal clinic services; IM oxytocin and Oral Misoprostol available (NB: oxytocin requires a functioning cold chain)</i> • Equipment required for deliveries including for vacuum extraction or forceps; blood transfusion; partographs; oxygen (both for maternal, newborn and child care)
3	Key technical resources: resource + link + summary information + year/version (refer to table below)	

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Service Availability and Readiness Assessment (SARA)	The Service Availability and Readiness Assessment (SARA) is a health facility assessment tool designed to assess and monitor the service availability and readiness of the health sector and to generate evidence to support the planning and managing of a health system. SARA is designed as a systematic survey to generate a set of tracer indicators of service availability and readiness. An important consideration is the need to determine which facilities have the human resources with the necessary skills acknowledging that not all can/are providing childbirth services, and where the nearest facilities exist for Basic Emergency Obstetric and Newborn Care (BEmONC) or Comprehensive Emergency Obstetric and Newborn Care (CEmONC). The Service availability and readiness assessment (SARA) surveys provide details on supplies and equipment with the EmOC module.	2015
WHO integrated maternal, neonatal and child quality of care assessment and improvement tool (Assessment tool) <i>Working draft</i>	This generic tool is based on standards derived from the WHO Pocket Book of Hospital Care for Children and the WHO Integrated Management of Pregnancy and Childbirth (IMPAC) Guidelines.	In draft
WHO Save the Children UNICEF A guide to the provision of safe delivery and immediate newborn care in the context of an Ebola outbreak (Guideline)	This briefing note provides information to policy-makers and programme managers on how to deliver critical health services for safe delivery and immediate newborn care to prevent increased maternal and newborn mortality due to preventable causes within the context of the Ebola outbreak in West Africa	2015
Provision of Training to Support Restoration of Reproductive, Maternal and Newborn Health Services in Liberia (Training)	Describes an approach to strengthen the capacity of health facility staff to provide high quality RMNH services for women and newborns through training	2015
Ebola virus disease in pregnancy: Screening and management of Ebola cases, contacts and survivors: Interim guidance	Provides guidance for: screening and triage of pregnant women in the context of an Ebola outbreak; infection prevention and control (IPC) precautions for pregnant women at risk of EVD transmission during childbirth and complication management; management of pregnant EVD cases, contacts and survivors; lactation and Ebola virus disease.	September 2015
Essential interventions, commodities and guidelines for Reproductive, Maternal, Newborn and Child Health	A global review of the key interventions related to reproductive, maternal, newborn and child health	2011
WHO Safe Childbirth Checklist	Pilot edition to support the delivery of essential maternal and perinatal care practices.	2013

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
WHO Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice (PCPNC)	Provides a full range of updated, evidence-based norms and standards that will enable health care providers to provide high quality care during pregnancy, childbirth and the postpartum period, considering the needs of the mother and her newborn baby.	2015
Managing Complications in Pregnancy and Childbirth	Written for midwives and doctors working in district hospitals when confronted with obstetric emergencies	2003
Packages of interventions (for family planning, safe abortion care, maternal, newborn and child health)	The document lists all key effective interventions organized in packages across the continuum of care (pre-pregnancy, pregnancy, childbirth, newborn period and child care).	2010

4

Example applications of the technical resource in an outbreak/post disaster context

Example applications of the technical resource in an outbreak/post disaster context		
Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
Latest version of training compilation package	Sierra Leone	Sierra Leone has developed a Basic Package of Essential Health Services to be implemented across the country - the aim is to achieve uniformity in service provision by the different service providers. For RMNCH this includes FP, ante natal clinic/Delivery, essential newborn care and postnatal care, (BmONC and EmONC), postnatal care and IMNCI, iCCM. In support of this, the UN agencies WHO, UNICEF, UNFPA have regular meetings, have collated their plans for training/other support, and compiled all training materials and have started updating in light of the need to include IPC.

4.

COMMUNICABLE DISEASES WITH A FOCUS ON MALARIA

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	• Logistical - support for logistical aspects of equipment distribution • Evaluation - of e.g. mass drug administration • Monitoring - of supplies and procurement • Technical support in rapid fever triage and outpatient treatment • Support to organization of malaria-relevant health events e.g. Child Health Day (vaccinations, anti-malaria treatments, etc)
2	Key points/ checks	MALAIRIA: • Clinical teams trained on malaria case management in the context of an Ebola outbreak • Adequate stocks of artemisinin-based combination therapies and Rapid Diagnostic tests (RDTs) available at all facilities [state desired number per population/bed capacity] • Long-lasting insecticidal mosquito nets • Anti-malarial treatments available • Delivery systems in place (essential drug programme should be supported) • Population needs assessment undertaken (i.e. number of villages, etc.) • Outreach service in place to bring RDTs to rural or remote areas • Trained professionals in place to conduct rapid diagnostic testing (numbers?) • Health professionals to monitor general health services in place • Outreach services in place to bring rapid diagnostic tests to rural or remote areas • Trained professionals in place to conduct rapid diagnostic testing (numbers?) AIDS • Availability of ART for HIV cases TB • Availability of anti-tuberculosis treatment for TB cases • Availability of DOT programme and anti-tuberculosis treatment for TB cases Common diseases • Availability of ORT for treatment of diarrhoeal disease in young children • Availability of antibiotics for the treatment of pneumonia/acute respiratory infection in young children • 60 days' supply of essential medicines and equipment available within the facility (may need to be more specific) • Secure, managed and monitored storage for supplies and drugs exists (can this be more specific)

3

**Key technical resources: resource + link + summary information
+ year/version (refer to table below)**

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
WHO Guidelines for the Treatment of Malaria 3rd Edition	Provides evidence-based and up-to-date recommendations for countries on malaria diagnosis and treatment which help countries formulate their policies and strategies	2015
Malaria control in complex emergencies. An interagency field handbook. Geneva, World Health Organization, 2005. (Handbook)	Handbook focuses on the effective malaria control responses to complex emergencies, and also provides policy-makers, planners, field programme managers and medical coordinators with practical guidance on designing and implementing measures to reduce malaria morbidity and mortality.	2005
Management of severe malaria: A practical handbook. 2013 (Handbook)	Handbook provides new and revised practical guidance on the diagnosis and management of severe malaria. It is mainly used by clinical professionals and other health staff responsible for centres with inpatient facilities in malaria-endemic countries and in non-endemic areas.	2013
Universal access to malaria diagnostic testing – An operational manual 2013 (Operational Manual)	Provides practical guidance to national malaria control programme managers and other stakeholders for rapidly increasing access to malaria diagnostic testing with RDTs and microscopy in malaria-endemic countries.	2013
Good practices for selecting and procuring rapid diagnostic tests for malaria. 2011 (Checklist)	Encompasses a 12-step checklist and provides guidance on the selection and procurement of quality rapid diagnostic tests for malaria.	2011
WHO informal consultation on fever management in peripheral health care settings: A global review of evidence and practice. 2013 (Guidelines, Lessons Learned, Implementation Guides)	Provides: (1) a global review of evidence and practice regarding the correct management of febrile illnesses in primary health care facilities and at the community level as well as (2) existing WHO guidance and research priorities on these issues.	2013
The microscopic diagnosis of malaria. 2009 (Training Package)	Intended for microscopists, laboratory technicians and trainers involved in teaching malaria microscopy in endemic countries as well as in malaria-free countries. The CD ROM should be used as a training aid and can be downloaded using the link provided.	2009

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV	This early-release guideline makes available two key recommendations. First, antiretroviral therapy (ART) should be initiated in everyone living with HIV at any CD4 cell count. Second, the use of daily oral pre-exposure prophylaxis (PrEP) is recommended as a prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches. The recommendations in this guideline will form part of the revised consolidated guidelines on the use of ARV drugs for treating and preventing HIV infection to be published by WHO in 2016. The full update of the guidelines will consist of comprehensive clinical recommendations together with revised operational and service delivery guidance to support implementation.	September 2015

4

Example applications of the technical resource in an outbreak/post-disaster context (refer to table below)

Example applications of the technical resource in an outbreak/post disaster context		
Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges

To be added as examples emerge

5.

MENTAL HEALTH

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	Technical assistance and the tools listed in section 3 relate to situation analysis/assessments; training of trainers; support in coordination; advice on policy, planning, programme development and implementation, and linkages to networks/partners to: • support the availability of basic psychosocial supports; • ensure assessment and clinical management of selected mental, substance abuse and neurological disorders; • facilitate the protection of people with severe mental disorder from neglect and human rights violations; • ensure referral pathways – linking community psychosocial support activities, general health services, and, if needed specialized care; • facilitate that short-term post-emergency interest in mental health is converted into sustainable mental health care.
2	Key points/ checks	• The prevalence of various mental disorders increases due to emergencies • These needs have too often been ignored within humanitarian and developmental assistance • Clear guidelines, technical instruments and country examples are available to show that it is possible to build back better sustainable mental health care after emergencies • The response in general health care can be largely delivered by non-specialized workers • Emergencies can be used as opportunities for mental health system reform
3	Key technical resources: resource + link + summary information + year/version (refer to table below)	

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
<i>Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know?</i> (Summary of interagency policy)	Based on the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007), this document gives an overview of essential knowledge that humanitarian health actors should have about mental health and psychosocial support (MHPSS) in humanitarian emergencies.	IASC Reference Group 2010
<i>Assessing mental health and psychosocial needs and resources: Toolkit for humanitarian settings</i> (Assessment Toolkit)	Although a range of assessment tools exist in the area of mental health, what has been missing is an overall approach that clarifies when to use which tool and for what purpose. It includes a checklist for integrating mental health in PHC (tool 5) and a template to assess formal mental health system resources (tool 7).	WHO & UNHCR 2012
<i>Psychological first aid: Guide for field workers</i> (Manual)	This guide covers psychological first aid, which involves humane, supportive and practical help to fellow human beings suffering serious crisis events. It gives a framework for supporting people in ways that respect their dignity, culture and abilities. A separate publication with training materials is available.	WHO, WTF, WVI 2011
<i>mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical management of mental, neurological and substance use conditions in humanitarian emergencies</i> (Clinical Guide)	This guide, written for humanitarian settings, describes assessment and clinical management of acute stress, grief, depression, post-traumatic stress disorder, psychosis, epilepsy, intellectual disability, harmful use of alcohol and drugs, and suicide.	WHO & UNHCR 2015
<i>mhGAP Intervention Guide (mhGAP-IG) for mental, neurological and substance use disorders in non-specialized health settings</i> (Clinical Guide)	This guide, written for development settings, describes assessment and clinical management of depression, bipolar disorder, psychosis, epilepsy, developmental and behavioural disorders, dementia, alcohol and drug use disorders, and suicide. Training materials available upon request.	WHO 2010
<i>Building back better: Sustainable mental health care after emergencies</i> (Case Book)	Emergencies, in spite of their tragic nature and adverse effects on mental health, are unparalleled opportunities to build better mental health systems for all people in need. This WHO publication shows how this was done in 10 diverse emergency-affected areas with 10 lessons learned.	WHO 2013
<i>Mental Health and Psychosocial Support in Ebola Virus Disease Outbreaks: A Guide for Public Health Planners</i>	This document provides information to strengthen preparedness and response plans regarding the mental health and psychosocial consequences of an Ebola virus disease (EVD) outbreak.	

4

Example applications of the technical resource in an outbreak/post-disaster context (refer to table below)

Example applications of the technical resource in an outbreak/post disaster context		
Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
<i>Building back better: Sustainable mental health care after emergencies</i> (WHO, 2013) (Case Book)	10 countries/areas: Afghanistan, Burundi, Indonesia, Iraq, Jordan, Somalia, Sri Lanka, Timor-Leste, The West Bank and Gaza	The case book was shown to major decision-makers early in the crisis and led to substantial investment into mental health system recovery. Lesson learned: acute emergencies are a good moment of time for decision makers to agree to change the status quo of neglect of mental health care.
Scaling up mental health care in general health care (2014, 2015)	Lebanon, Liberia, The Philippines, Syria	Scale up of mental health training in general health care during and after emergencies.
Community Healing Dialogue training	Liberia	WHO has worked with ministry and county health teams to conduct Community Healing Dialogue (CHD) refresher trainings for facilitators in multiple counties, after which 4 new CHDs were established.

6.

DISTRICT HEALTH MANAGEMENT TEAM

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	Strategic level: • Leadership, management and coordination • Strategy development and implementation • Programme planning and evaluation • Decision-making • Resource mobilization Operational level: • Operational management • Management cycle • Budgeting, accounting and financing • Stakeholder engagement and coordination • Health information systems • Community engagement
2	Key points/ checks	• Delivering safe and quality health care services starts at the primary and district level. Local systems providing essential health services underpin national health care systems. • Allocation and mandate of a skilled and dedicated district health management team must be based on needs and in full alignment with national and sub-national health sector policy and implementation plans. • National leadership must create an enabling environment, identify and drive district health system strengthening as a priority within its national health sector plans and operational budget. • Ensuring that all people have access to promotive, preventive, curative, rehabilitative and palliative health services that are affordable and of good quality, requires strong health systems at the sub-national level. • Without strong concerted efforts to strengthen both the technical and administrative functions of local systems, the promise of achieving universal health coverage for all with quality of care as a precondition will not be attained. • To continuously improve the performance of district health management teams in driving the delivery of high quality services, health workforce development requires competency-development exercises coupled with supportive supervision, mentoring and coaching at the frontline.

3

Key technical resources: resource + link + summary information
+ year/version (refer to table below)

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Sub-national and district management: District health system for frontline managers	This document covers management topics and issues relevant to health authorities responsible for a collection of services and facilities, such as a region, province or district. The package of resources developed by WHO to assist frontline managers in strengthening district health systems includes: • A district communication strategy for health: Scope of strategy, principles for computerization, lessons from health link (1997) • Administration in the health district: principles for effective administration, framework of functions, strategy for improvement (1998) • An efficient secretary for a well-functioning district office: Role, skills and equipment for a secretary to support coordinated functioning of the district health office (1999) • The registry at district level - A vital part of administration in the health district: What is a registry, why is it important, roles of people involved, steps to set up (1999) • Cross-site visits: Purpose of and making arrangements for visits between different areas or facilities (1999) • Can managing district services be separated from managing its finances?: Rationale and processes for integrating the service and financial management cycles (1999) The Story of Integration in the Brakpan District: Advantages of integrating services, essential factors, challenges (2000)	1997-2000
Sub-national and district management: District health system	This document covers management topics and issues relevant to health authorities responsible for a collection of services and facilities, such as a region, province or district. This <u>technical resource</u> aims to guide health systems moving towards a decentralized approach to health systems strengthening. Areas covered include: • Health system Performance in developing countries: Management matters, not just resources: Even in resource-poor settings, it is possible to deliver quality care through better health system management and organization and to use additional resources effectively. (2006) • A well-functioning district health system includes community health centers offering primary care services and outreach, and district hospitals that receive referrals from health centres. This organizational structure is fundamental to effective health care, and failure to recognize the interrelationship between local- and district-level facilities has resulted in high health costs and inefficiency. (2006) • The Role of the District Hospital in the DHS: 10 features of a good district hospital, district-wide support function of the hospital, relationship between the hospital and district management (1998) The District Health System, Experiences and Prospects in Africa, Manual for Public Health Practitioners (2004)	1998-2004

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Sub-national and district management: District health system: District Management Teams	This document covers management topics and issues relevant to health authorities responsible for a collection of services and facilities, such as a region, province or district. This technical resource guides health systems moving towards a decentralized approach to health systems strengthening. Areas covered include: • Setting up a district management team: Lessons from Impendle/Pholela/Underberg: Role of the district team, consultation with the community and other sectors, lessons from South Africa (2007) An assessment of the service delivery capacity of the district health in Kenya (2005)	2005-2007
Sub-national and district management: District health system: Access to Services	Areas addressed in this document: • Designing Health & Population Programs to Reach the Poor (2006) • Vouchers for Health (2002) • User Fees and Catastrophic Expenditures • User Fees - Key Issues Guide	2002-2006
Tools for Assessing the Operationality of District Health Systems	The assessment tools in this manual consist of a guideline and two questionnaires. The guideline contains background information on the objectives and the assessment criteria and provides practical guidance and suggestions on how the assessment can be conducted. It is divided into four parts: • Part I: General introduction. • Part II: Role of the central level of the ministry of health in the preparation and facilitation of the assessments within the districts. • Part III: Guidance for the preparation, implementation and follow-up of the assessment at the district level. • Part IV: Guidelines for filling in the questionnaires.	2003
The Health Manager's Website	This website addresses key concepts, guidance and tools related to strengthening the management capacity of health workers. Its main target audiences are: health workers who work in limited resource settings; health workers who make decisions on how best to use staff, budgets, drugs and other resources; and health workers in support roles to managers. Areas addressed in this website: • Working with staff • Budgeting and monitoring expenditure • Collecting and using information • Obtaining and managing drugs and equipment • Maintaining equipment, vehicles and buildings • Interacting with the community and other partners	2006

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Meeting report: Regional Workshop on Sub-national/District Health Management Development	The report summarizes strategies on how to maximize the effectiveness of district and sub-district managers by building capacity and strengthening the management of Member States health organizations	2008
Making Health Systems Work: Series	The “Making Health Systems Work” working paper series is designed to make current thinking and actual experience on different aspects of health systems available in a simple and concise format for busy decision-makers. The papers are available in hard copy and on the WHO health system website. • Strengthening management in low-income countries: lessons from Uganda • Towards better leadership and management in health • Aid effectiveness and health • Managing the health millennium development goals - the challenge of management strengthening: lessons from three countries • Economics and financial management: What do district managers need to know? • Improving health services and strengthening health systems: adopting and implementing innovative strategies - an exploratory review in twelve countries • Opportunities for global health initiatives in the health systems action agenda • Working with non-state actors to achieve public health goals • Strengthening management in low-income countries	Various

4

Example applications of the technical resource in an outbreak/post-disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
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To be added as examples emerge

7.

CROSS-CUTTING AREAS – INFECTION PREVENTION AND CONTROL (IPC)

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support • Deployment of IPC specialists to support IPC capacity-building at a national and sub-national level including development of strategy, programmes, policies, guidelines, training (including delivery of training) and assessment e.g. to support newly established IPC programmes, teams and strengthen the ability of health facilities to perform safely with an emphasis on triage capabilities; • Support with development of core standards and indicators and associated IT requirements; • Support resource mobilization to address infrastructure deficits; • Contribute to the development and implementation of a three-country network supported by a web platform, regular teleconference communications and periodic face to face meetings; • Ensure a coordinated response to control community-acquired infectious diseases, endemic or epidemic, that may be amplified via health care; • Act as a remote source of technical support to WHO Country Offices; WHO Regional Offices and ISTs
2	Key points/ checks The implementation of IPC standardized and evidence-based approaches in healthcare facilities is essential for health service resilience and for long-term capacity-building. The important elements that are required to be in place to ensure adequate IPC standards and indicators to support safe health service delivery are detailed in this section.
3	Key technical resources: resource + link + summary information + year/version (refer to table below)

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Core Components for Infection Control Programmes Note: The core Components is currently undergoing a revision and update with a plan to re launch early 2016	The Core Components for Infection Prevention and Control Programme paper produced by WHO in 2008 identifies those components of an infection control programme which are considered as essential and “ <i>of the utmost importance, being basic, indispensable and necessary for any IPC programme to meet its objectives</i> ”. The core components are constructed around Organization of IPC programmes; Technical guidelines; Human resources; Surveillance of infections and assessment of compliance with IPC practices; Microbiology laboratory; Environment; Monitor and evaluation of programmes; Links with public health or other services.	2008
Core components for infection prevention and control programmes: Assessment tools for IPC programmes To access the excel version of the tools contact TA_EarlyRecovery@who.int	The WHO infection prevention and control (IPC) core components assessment tools (IPCAT) are based on the WHO <i>Core components for infection prevention and control programmes</i> . They correspond to the 8 core components of IPC programmes, which are essential in strengthening capacity for the prevention of health care-associated infections (HAI) and in preparing an effective response to emergencies involving communicable diseases.	2011
Core components of infection prevention and control programmes in health care Aide Memoire	Presents a checklist and at-a-glance list of actions to be implemented by national authorities and health-care facilities	2011
Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola	Provides updated guidance on best IPC practices to be followed in Ebola care facilities.	2014
Liberia Health System Minimum Standards for Safe Care Provision by Healthcare Facilities in the Context of Ebola (Checklist) To access the tool contact TA_EarlyRecovery@who.int	Developed by IPC taskforce this checklist that can be used to determine if clinics, health centers and hospital can safely operate during the Ebola outbreak at the same time as providing the path for sustainable safe health care. Provides a checklist of minimum standards that ensures that a health facility can operate and provide care in an environment that is safe for both patients and staff.	2015
Ebola Infection Control Assessment at Peripheral Health Units (PHUs) – CDC (Assessment) (Sierra Leone) To access the tool contact TA_EarlyRecovery@who.int	Designed to assess IPC capacity and practices of PHU facilities that will potentially encounter a suspect EVD patient: • To ensure that appropriate IPC structures are in place to allow healthcare personnel (HCP) to provide safe care. • To assess adherence to IPC procedures and practices	2015

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Manual for the care and management of patients in Ebola Care Units/Community Care Centres - interim emergency guidance (Guideline)	Provides guidance on best practices to be followed in Ebola Care Units (ECUs)/Community Care Centres (CCCs). Aimed at HCWs (including junior nurses and community health-care workers) and others providing care. While the focus is on Ebola Virus Disease (EVD), the care of patients with other causes of fever is also described.	2015
Rapid Guidance and Checklist on Decommissioning of Ebola Care facilities guidance document	Developed jointly with the Governments of Guinea, Liberia and Sierra Leone; WHO; CDC; ICAN and UNICEF. The guidance provides an overview of the measures for the planning, demolition and completion of the decontamination of Ebola care facilities.	2015
Standard precautions in health care (Aide Memoire)	Two page summary of standard IPC precautions.	2007
AIDE-MEMOIRE For infection prevention and control in a health care facility	Provides an overall approach to an infection prevention and control policy at the health care facility level. It contains checklist on management, equipment and supply, surveillance.	2004
WHO guidelines on hand hygiene in health care (2009)	Provide health-care workers (HCWs), hospital administrators and health authorities with a thorough review of evidence on hand hygiene in health care and specific recommendations to improve practices and reduce transmission of pathogenic microorganisms to patients and HCWs.	2009
WHO Hand hygiene Self Assessment Framework	A critical first-step in improving hand hygiene in a health facility is to complete this assessment. It is a systematic tool with which to obtain a situation analysis of hand hygiene promotion and practices within an individual health-care facility intended to be repeated periodically to track progress and provide information to advocate for continued improvement action.	2010
WHO implementation strategy and tools	A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy and broad range of tools are available to implement the WHO hand hygiene recommendations in healthcare facilities and at the point of care	WHO various years
Guide to Local Production -WHO-recommended Handrub Formulations (2009)	This guide provides a practical guide for use at the pharmacy bench during the actual preparation of the formulation and summarizes essential background technical information.	2009

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
WHO Hand Hygiene Tools for Evaluation and feedback	Tools to aid evaluation of hand hygiene practices and related perception and knowledge at a health-care facility as a vital element of the strategy to improve hand hygiene. Includes: Hand Hygiene Technical Reference Manual; Observation Form; Ward Infrastructure Survey; Soap/Handrub Consumption Survey; Perception Survey for Health-Care Workers; Perception Survey for Senior Managers; Hand Hygiene Knowledge Questionnaire for Health-Care Workers	2009
ABHR Planning and costing tool	Tool to help determine the feasibility of implementing alcohol-based handrub at your health-care facility.	2009
Protocol for evaluation of tolerability and acceptability of ABHR in Use of planned to be introduced – Methods 1 and 2	Tool to evaluate alcohol-based handrub usage and skin condition following use and to compare the acceptability of different alcohol-based handrubs.	2009
Local Production of Alcohol Based Handrub: Training Workshop Report	Summary report of a training workshop to increase capacity for local alcohol based handrub (ABHR) production in five African hospitals to support the sustainable supply of ABHR for hand hygiene improvement. Two pharmacists in each hospital were trained production and quality control of the WHO formula.	2013
Implementation aid for introducing ABHR into a facility To access the tool contact TA_EarlyRecovery@who.int	An advocacy resource to support the introduction of ABHR following local production. Outlines the case for ABHR, the value that increased access to ABHR brings to patients and health workers.	2015
Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities	A useful training resource for enhancing understanding of the break down flow of care for different settings and explains where hand hygiene should occur, based on a microbiological risk assessment and human factors thinking - aims to visualize hand hygiene in the context of care delivery.	2012
Consolidated Ebola virus disease preparedness checklist	Aims to assist countries assess and test their level of readiness, and be used as a tool for identifying concrete actions to be taken by countries and identifying potential gaps. Outlines 11 key components and tasks for both countries and the international community that should be completed within 30, 60 and 90 days, respectively, from the date of assessment.	2015

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
WHO Best Practices for Injections and Related Procedures Toolkit	The toolkit covers elements of standard precautions relevant to the transmission of bloodborne pathogens through unsafe injection practices in health-care settings.	2010
Injection Safety: First Do No Harm	An advocacy resource summarizing the rationale for action on unsafe injections and including success stories.	2001
Guiding principles to ensure injection device security	Summarizes best practice recommendations and practices	2012
WHO Patient Safety Curriculum Guide	The patient safety curriculum features infection prevention and control and has been tested and rolled out across many academic settings across the world.	2011

4

Example applications of the technical resource in an outbreak/post-disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
National IPC Guidelines To access the tool contact TA_EarlyRecovery@who.int	Sierra Leone	The first national IPC guidelines of the Ministry of Health and Sanitation have been developed as a collaborative project between WHO, CDC and the ministry. They will be tested across Sierra Leone with a view to undergoing further refinement and contextual adaptation in the future.
National IPC Training Modules, developed by ministry of health in conjunction with WHO/CDC To access the tool contact TA_EarlyRecovery@who.int	Sierra Leone	This module provides a range of presentations on IPC standards to be implemented in healthcare facilities covering several IPC topics including one module on IPC to be applied in an Ebola outbreak.
National IPC policy manual To access the tool contact TA_EarlyRecovery@who.int	Guinea	New national guidelines on IPC: “Normes et procédures de prévention et contrôle des infections pour les établissements de santé »;
National IPC training curriculum. To access the tool contact TA_EarlyRecovery@who.int	Guinea	New training curricula targeting medical and non-medical health workers: “Ministère de l’emploi, de l’Enseignement technique et de la formation Professionnelle : Module de formation en prévention et contrôle de l’infection » « Curricula de formation en prévention et contrôle de l’infection : Faculté des sciences médicales »

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
Keep safe, keep serving training package Ministry of Health and Social Welfare To access the tool contact TA_EarlyRecovery@who.int	Liberia	National EVD-focused IPC training package using hands-on scenario approach.
Safe & Quality Health Service Training Package To access the tool contact TA_EarlyRecovery@who.int	Liberia	IPC training packages on Safe & Quality Health Service - SQS. SQS training is an example of integration of IPC, case management, surveillance, psycho-social support, and EVD. It has been used to train front line clinical and non-clinical health workers.
Local production of ABHR	Liberia	Summarizes a collaborative project between the ministry of health and The Swiss Agency for Development and Cooperation (SDC) that included: recording ABHR as part of the national pharmaceutical products list; provision of 10 kits for local production of ABHR; provision of technical support for training from University Hospitals of Geneva and 3 pilot hospitals: Redemption Hospital, Monrovia, James N. Davis Jr. Memorial Hospital (JDJ), Monrovia, Phebe Hospital N'Bonga, that has resulted in the production of ABHR according to WHO standards.
ICAN training courses For more information contact TA_EarlyRecovery@who.int	Sierra Leone	The Infection Control Africa Network have trained over 2000 workers across the African Region in recent years, most recently supporting the “Train the Trainer” program in Sierra Leone with plans to expand across the three countries affected by the 2014/15 outbreak of Ebola virus disease, including addressing French speaking countries.
IPC/WASH common indicators To access the tool contact TA_EarlyRecovery@who.int	Guinea, Liberia and Sierra Leone	Work in progress. A set of common IPC/WASH indicators have been agreed as a complementary approach to monitoring by colleagues across Guinea, Liberia and Sierra Leone. A simple set of common indicators, based already collected data provides added value in a number of ways (not exclusively): provides a validated framework to strengthen and enhance national monitoring activity and data quality and provide a basis for making improvements and prioritizing efforts in relation to IPC and WASH; assists with resource mobilization; assist with implementation of quality improvement in the field of IPC and WASH; strengthens alignment and efficiency of IPC and WASH activity; assists the multiple global agencies working across countries; rationalizes certain aspects of reporting and reduces the reporting burden in relation to indicators not currently captured but sought by, for example, development organizations; enables progress to be measured globally and therefore assists with ongoing advocacy efforts; acts as an alert system to provide information on trends that are of relevance internationally

8.

CROSS-CUTTING AREAS – CLINICAL STANDARDS AND CASE MANAGEMENT

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	Range of TA available – see section 3 for examples of the available tools and approaches.
2	Key points/ checks	• Clinical standards and case management guidance assists health workers to provide the best medical care to improve patient survival, and to provide symptom relief and palliation when required. • In the context of patients with Ebola and other viral haemorrhagic fever diseases, clinical care must be strengthened whilst minimizing the risk of onwards transmission to others, including health workers. It is critical that health workers improve their understanding of the disease and adhere to best practices of infection control at all times (i.e. during and outside of outbreaks).
3	Key technical resources: resource + link + summary information + year/version (refer to table below)	

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Manual for the care and management of patients in Ebola Care Units/ Community Care Centres	This manual provides guidance on best practices to be followed in Ebola Care Units/ Community Care Centres. It is intended for health aid workers (including junior nurses and community health-care workers) and others providing care for patients. While the focus is on the care and management of patients with Ebola virus disease, the care of patients with other causes of fever is also described.	January 2015
Clinical management of patients with viral haemorrhagic fever. A pocket guide for the front-line health worker	This pocketbook provides clear guidance on current best management practices for Viral Haemorrhagic Fevers across health-care facilities, to establish a systematic approach to comprehensive clinical management of VHF cases and to build capacity in health workers to use current practices in managing VHFs	April 2014

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Interim list of WHO essential medicines necessary to treat Ebola cases based on existing guidelines	Informed by the WHO Model List of Essential Medicines, (2013), Clinical Management of Patients with Viral Haemorrhagic Fever: A Pocket Guide for the Front-line Health Worker (2014), Infection prevention and control guidance for care of patients in health-care settings, with focus on Ebola (2014), Filovirus haemorrhagic fever guideline, MSF (2008) and the Ebola response roadmap, WHO (2014) this list can be used for donation, procurement and preparedness for Ebola care.	November 2014
Interim list of WHO medical devices for Ebola care - medical devices (not including personal preventive equipment)	Informed by Clinical Management of Patients with Viral Haemorrhagic Fever: A Pocket Guide for the Front-line Health Worker, WHO (2014), Infection prevention and control guidance for care of patients in health-care settings, with focus on Ebola (2014), Laboratory Guidance for the Diagnosis of Ebola Virus Disease Interim Recommendations, WHO (2014) and the Ebola response roadmap, WHO (2014) This list can be used for donation, procurement and preparedness for Ebola care.	October 2014
Use of convalescent whole blood or plasma collected from patients recovered from Ebola virus disease	This interim guidance to national health authorities and blood transfusion services outlines the steps required to collect convalescent whole blood or plasma from Ebola virus disease recovered patients for transfusion to patients with early EVD, as an empirical treatment modality. The chapters cover: guidance on donor selection, screening, donation and handling of blood and plasma units; and guidance on transfusion of convalescent whole blood or plasma.	September 2014
Nutritional care of children and adults with Ebola virus disease in treatment centres: Interim guideline	This interim guideline lays out some basic principles of optimal nutritional care for adults and paediatric patients during treatment and convalescence in Ebola treatment units, community care centres or to other centres where Ebola patients are receiving care and support. It highlights the key clinical problems in patients affected by Ebola virus disease (EVD) that may interfere with their nutritional status and overall clinical support in the context of the current Ebola crisis, and summarizes their nutritional needs. It does not provide specific advice on fluid management in cases of vomiting, diarrhoea and dehydration or parenteral nutrition. This interim guideline should be adapted accordingly.	2014
Psychological first aid during Ebola virus disease outbreaks	This guide focuses on psychological first aid, which involves humane, supportive and practical help to fellow human beings suffering serious crisis events. It is an adaptation of the Psychological first aid: Guide for field workers adapted to better respond to the challenges of Ebola virus disease outbreaks.	2014
Potential Ebola therapies and vaccines: Interim guidance	This document builds on the Background document prepared for the September 4-5, 2014 Consultation. It includes proposed elements to consider during the development of a framework to assist decision-making at global and national level.	November 2014

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Pocket book of hospital care for children: Second edition: Guidelines for the management of common childhood illnesses	For doctors, nurses and other health workers responsible for the care of young children at the first level referral hospitals, supporting the Integrated Management of Childhood Illness (IMCI). Focuses on the management of the major causes of childhood mortality in most developing countries, such as newborn problems, pneumonia, diarrhoea, malaria, meningitis, septicaemia, measles and related conditions, severe acute malnutrition and paediatric HIV/AIDS. It also covers common procedures, patient monitoring and supportive care on the wards and some common surgical conditions that can be managed in small hospitals.	2013
Core competencies in adolescent health and development for primary care providers: including a tool to assess the adolescent health and development component in pre-service education of health-care providers	This resource aims to help countries develop competency-based educational programmes in adolescent health and development in both pre-service and in-service education. In addition, it provides guidance on how to assess and improve the structure, content and quality of the adolescent health component of pre-service curricula. By fostering the capacity of health-care providers in adolescent health care and development, the document supports the implementation in countries of the Global Standards for Quality Health-Care Services for Adolescents.	2015
MAI district clinician manual: Hospital care for adolescents and adults: Guidelines for the management of common illnesses with limited resources	For clinicians working at the district hospital (first-level referral care) who diagnose and manage sick adolescents and adults in resource constrained settings. It aims to support clinical reasoning, and to provide an effective clinical approach and protocols for the management of common and serious or potentially life-threatening conditions at district hospitals. The target audience thus includes doctors, clinical officers, health officers, and senior nurse practitioners. NB HIV/AIDS section requires revision.	2011
Ebola virus disease in pregnancy: Screening and management of Ebola cases, contacts and survivors: Interim guidance	Provides guidance for: screening and triage of pregnant women in the context of an Ebola outbreak; infection prevention and control (IPC) precautions for pregnant women at risk of EVD transmission during childbirth and complication management; management of pregnant EVD cases, contacts and survivors; lactation and Ebola virus disease.	September 2015
Triage / Screening pathways To access the tool contact TA_EarlyRecovery@who.int	Currently under development	
Treatment of pediatric patients with Ebola To access the tool contact TA_EarlyRecovery@who.int	Short interim guidance is under development	

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Clinical care for survivors of Ebola virus disease Interim guidance	A document to guide health services on how to provide quality care to survivors of Ebola virus disease. The resource addresses: planning follow-up of the Ebola survivor; common sequelae of Ebola virus disease and recommended evaluation and clinical management; considerations for special populations; monitoring for persistent Ebola virus infection in survivors; guidelines for testing and counseling; infection prevention and control considerations in survivors and risk communication considerations.	2016

4

Example applications of the technical resource in an outbreak/post-disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
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Add country examples

9.

CROSS-CUTTING AREAS – WATER, SANITATION AND HYGIENE (WASH)

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	Guidelines and standards • Normative guidelines on water, sanitation (in development); Standards for health care facilities and safe management of health care waste; Tools and training ; Global performance assessments of household water treatment technologies according to WHO health-based standards Monitoring and evidence • Data on access to water and sanitation in homes and health care facilities (WHO/UNICEF Joint Monitoring Programme); Data on financial, governance and human resource inputs into water, sanitation and hygiene (UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water led by WHO); Data on burden of disease associated with water, sanitation and hygiene Training, tools and Networks • Tools to select water treatment technologies, for conducting water quality assessments and household water treatment monitoring; Tools and training materials to manage and assess risks (water and sanitation safety planning) in communities and health care facilities; WASH technical notes for emergencies; Improving financial tracking in the WASH sector (TrackFin); Connections to stakeholders through WHO hosted Networks (Regulation Network, Network on Household Water Treatment and Safe Storage, Small Community Network) and the WHO/UNICEF global initiative on WASH in health care facilities (www.washinhcf.org)
2	Key points/ checks	Water: The water source or piped supply of the facility provides sufficient water to meet daily demands. This water protected or treated and is available in all places where care is provided. Sanitation: There are sufficient latrines or toilets which are functional, clean and accessible for staff, patients and visitors. There is also a fecal waste management plan to safely contain and dispose or treat fecal waste from any VHF (including Ebola) or cholera patients. Hand hygiene; There is water and soap or alcohol-based hand-rub (ABHR) available at all times at point of care and near latrines/toilets.

Health-care waste: Health care waste is segregated, collected, treated and disposed of safely and appropriately. Personal protective equipment generates a large amount of waste and specific consideration and funding should be devoted to safely destroying through incineration or autoclaving.

Operation and maintenance: WASH infrastructure requires a dedicated person, Safety Plan and funding to ensure that infrastructure is functional and well maintained.

Community WASH: Most communities have a dedicated water and sanitation committee. Engage with this group to facilitate delivery of important messages such as hand hygiene and because the health care facility may rely on them for water and sanitation infrastructure and technical support.

Summary points:

- Improved water source located on premises (e.g. borehole or regulated piped supplies) supplying sufficient water to meet demands of staff, patients and their families
- Regularly filled water tank(s) which provide storage of up to 48 hours of water demand
- Water and soap or ABHR for hand hygiene is available at point of care and at key points for patients and visitors (e.g. next to toilets)
- Functioning, clean and accessible toilets or latrines specifically for staff and patients/visitors which are separated by gender; separate latrines designated for VHF (including Ebola) or cholera patients
- Medical waste separated (organics, sharps, non-sharp infectious) at point of care and regularly and safely treated and disposed of: organic waste disposed of into separate organics pit and sharps and non-sharp infectious waste encapsulated, burned in incinerator and ashes deposited in designated ash pit, or autoclaved (and preferably shredded) and disposed of with other non-infectious waste
- Drinking-water meeting the WHO drinking water quality standards available in the waiting area and patient rooms
- Energy infrastructure (e.g. solar or grid) able to meet power needs for all electricity dependent medical and communication equipment and sufficient to provide lighting and continuous electricity supply, including at night.
- National standards for water and sanitation in health care facilities exist and are being enforced: if not refer to WHO standards as a starting point
- National monitoring for WASH is functional and reporting occurs: if not consider including one or more WASH indicators in HMIS
- Continuous quality improvement plans to assess and manage risks (WASH safety plans) are in place and linked with relevant IPC plans and policies
- Sufficient human resources to operate and maintain water and sanitation are in place
- Sufficient funds at the facility level to operate and maintain water, sanitation and electrical supplies

3

Key technical resources: resource + link + summary information + year/version (refer to table below)

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Essential environmental health standards in health care. (WHO, 2008) (Standards)	Contains guidelines for setting standards of safety conditions to provide adequate health care. Also recommends measures for minimizing the risk of health care-associated diseases for patients, staff and caregivers. Covers water supply, excreta disposal, drainage, health-care waste management, cleaning and laundry, food storage and preparation, control of vector-borne disease, building design, construction and management, and hygiene promotion. Designed primarily for use in health-care settings in precarious situations, and in situations where simple and affordable measures can improve hygiene and health significantly.	2008
Safe management of wastes from health-care activities.(WHO, 2014) (Handbook)	Provides comprehensive guidance on safe, efficient, and environmentally sound methods for the handling and disposal of health-care wastes in normal situations and emergencies. Future issues such as climate change and the changing patterns of diseases and their impacts on health-care waste management are also discussed.	2014
Guidelines on drinking-water quality, 4th edition (WHO, 2011) (Guidelines)	The fourth edition of the World Health Organization's Guidelines for Drinking-water Quality builds on over 50 years of guidance by WHO on drinking-water quality, which has formed an authoritative basis for the setting of national regulations and standards for water safety in support of public health.	2011
Water Safety Plans (Various documents) (Implementation Tools)	The WHO Guidelines for Drinking-water Quality recommends Water Safety Plans (WSPs) as the most effective means of consistently ensuring the safety of a drinking-water supply. WSPs require a risk assessment encompassing all steps in water supply from catchment to consumer, followed by implementation and monitoring of risk management control measures. WSPs should be implemented within a public health context, responding to clear health-based targets and quality-checked through independent surveillance.	Various
Sanitation Safety Planning (Implementation tool)	Sanitation Safety Planning (SSP) is a step-by-step risk based approach to systematically identify and manage health risk along the sanitation chain, guide investment based on actual risks, promote health benefits, minimize adverse health impacts and provide assurance to authorities and the public on the safety of sanitation-related products and services.	2015

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
WHO/UNICEF JMP Update on access to water and sanitation-2014 (Monitoring data - household access to water and sanitation)	The JMP is the official arrangement within the UN System to produce information for the UN Secretary General on the progress of achieving the Millennium Development Goals related to water supply and sanitation. The JMP reports globally on the status of the water supply and sanitation sector, and supports countries in improving their monitoring performance to enable better planning and management at the country level. Starting in 2016, JMP will also report on monitoring of water and sanitation in health care facilities and schools as part of the post-2015 Sustainable Development Goals.	2014
UN Water Global Analysis and Assessment of Sanitation and Drinking-Water (WHO, 2014) (Monitoring data - policies, plans, human resources and finances)	The Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS 2014) presents data from 94 countries and 23 external support agencies. It offers a comprehensive analysis of the status of national planning, and policy and financing mechanisms for water, sanitation and hygiene, including human resources and monitoring practices. It also summarizes external financing and aid and external fund commitments, disbursements and absorption.	2015
WHO International Scheme to Evaluate Household Water Treatment Technologies (Performance data and standards)	Based on World Health Organization (WHO) global household water treatment (HWT) microbiological recommendations the WHO International Scheme to Evaluate Household Water Treatment Technologies has two main objectives: 1. Promote and coordinate independent and consistent testing and evaluation of HWT products based on WHO recommended criteria to determine their level of performance in removing pathogens, and in so doing, guide WHO Member States and procuring UN Agencies in the selection of HWT; and 2. Support national governments in building the technical capacity of research and laboratory institutions for conducting complimentary assessments of HWT and applying WHO Guidelines on Drinking-water Quality recommendations at the national level.	Live initiative
Management of Solid Health-Care Waste at Primary Health-Care Centres: A Decision-Making Guide	Provides guidance for selecting the most appropriate for option safely managing solid waste generated at Primary Health-Care centres (PHCs) in developing countries.	2006

4

Example applications of the technical resource in an outbreak/post disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
Essential Environmental Health Standards in health care	Liberia; all health care facilities Liberia	The standards were used to develop checklists on the minimum requirements for WASH in both Ebola treatment centers and general health care facilities. They also were used to create a questionnaire for a national assessment of WASH services in all health care facilities. The assessment identified where there were big gaps (e.g. 19% of facilities had no water supply) requiring larger infrastructure improvements and where there were specific deficiencies (e.g. 50% of toilets had no hand hygiene facilities) that could be addressed at the facility level through simple buckets with taps and bars of soap. The results can be used to inform priorities and health sector planning. However, further efforts are needed to sensitize health actors on the importance of WASH and to ensure that there are sufficient funds devoted not only to infrastructure and equipment but also to the human resources needed to operate and maintain the services.
Safety plans for health care facilities: A field guide to improving water, sanitation, and hygiene in health care facilities in low income countries (2015)		In November 2015, WHO, UNICEF and the Ministry of Health and Social Welfare of Liberia organized a national training of trainers on WASH safety plans for health-care facilities. These plans provide a framework for assessing, addressing and managing risks associated with WASH through 5 steps: 1) Assembling a facility safety plan; 2) Conducting a thorough assessment of WASH throughout each facility; 3) Identifying and prioritizing areas for improvement; 4) Developing and implementing an incremental improvement plan; and 5) Continuously evaluating and improving the plan. The training will be rolled out to 8,000 health workers. Implementing the plans will require continued collaboration among all health-care actors and engagement with broader quality of care and health systems strengthening efforts.
National Solid Waste Management Policy	Liberia	Validation exercise relating to the National Solid Waste Management policy

10.

CROSS-CUTTING AREAS – HEALTH WORKFORCE

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	• Support the development of HRH policies, strategies and plans that address safety and quality in a holistic manner. • Support countries in health workforce analysis, modeling, projections and policy simulations. • Support countries in the inclusion of updated protocols and standards on infection control in pre-service education and continuing professional development curricula (following proper assessment of curricula). • Support countries in strengthening health workforce information in support of the delivery of safe essential services. • Support countries in the revision of job descriptions to include essential components related to <u>worker (IPC, Occupational Health and Safety)</u> and patient safety. • Linkages to networks including academics and international professional associations.
2	Key points/ checks	• Health care facility staffing is determined based on needs relative to the national package of essential health services and in alignment to the national health sector plan. • Staff salaries are secured for all health workers involved in early recovery. Salary strategies are developed for the medium to long-term, including strategies for harmonization of allowances across sources of funding to minimize pay inequities. • Health workers are trained according to national requirements for occupational health/safety and IPC. Pre-service and continuing professional development curricula are reviewed to include modules on occupational safety and IPC. • Health workers are adequately equipped to carry out duties and tasks safely and securely (stocks, hand hygiene, guidelines). • Health workforce data availability, completeness and quality is assessed at national and sub-national levels and across sectors to determine data gaps and develop medium to long-term strategies to address them in support of the delivery of safe essential services. • Prioritization of actions and agreement on a set criterion to monitor progress. Initiating actions related to medium to long-term priorities such as health workforce analysis, modeling, projections and policy simulations; HRH financing strategies, deployment and retention strategies etc.

3

Key technical resources: resource + link + summary information
+ year/version (refer to table below)

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Human resources for health through conflict and recovery: lessons from African countries (Guidance or reference document) – accessible at: Pavignani E. Disasters. 2011 Mar 4. doi: 10.1111/j.1467-7717.2011.01236.x.	This module is part of a manual that provides guidance to analysts of health sectors in crisis (countries on the verge of an economic, political and/or military catastrophe, protracted crisis and situations of transition from disaster to recovery). The HRH module covers all aspects that need to be considered in assessing the health workforce situation in disrupted health sectors.	2011
WHO: analyzing disrupted health sectors- a modular manual. Module 10: human resources for health	A module contained within WHO's Analyzing Disrupted Health Sectors Manual. The manual aims to provide guidance to analysts of health sectors in crisis. The intended users are apprentice analysts, already with field experience, familiar with quantitative techniques, attempting to analyse a disrupted health sector. Module 10 reviews the many aspects to be considered in the study of a health workforce including training, attrition, job descriptions, deployment, staffing patterns and staff performance.	2009
WHO – Joyce Smith. Guide to health workforce development in post-conflict environments	This guide provides relevant evidence, tools and experience of countries that have experienced conflict and disrupted environments over prolonged periods. It is designed to act as a bridge between post conflict human resources development scenario and the more advanced workforce strategies and tools that can be used in the development phase.	2005
WHO: Workload Indicators of Staffing Need (WISN) – User's Manual	The Workload Indicators of Staffing Need (WISN) method is a human resource management tool. It provides health managers a systematic way to make staffing decisions in order to manage their valuable human resources well. The WISN method determines how many health workers of a particular type are required to cope with the workload of a given health facility; and assesses the workload pressure of the health workers in that facility. This can be applied at all levels of the health system to guide decisions on staffing for the delivery of services for early recovery and beyond.	2015

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
WHO: Minimum Data Set for Health Workforce Registry: Human Resources for Health Information System	The minimum data set for health workforce registry provided is a standard-based tool for health workforce planners and decision-makers developing an electronic system or modifying an existing information system to count and document all health workers within national and subnational contexts. In early recovery, updating the health workforce information, enabling data interoperability and addressing data gaps is important to ensuring effective and efficient health worker payments based on up to date workforce registry, and workforce and service delivery planning and management, particularly where they may have been attrition in the workforce and changes in the distribution of health needs.	2015
WHO Global Surgical Workforce Database	WHO Global Surgical Workforce Database contains numbers of licensed qualified surgeons, obstetricians and anesthesiologists from WHO member countries. Completed data on global surgical workforce is entered into the WHO Global Surgical Workforce Database.	2015

4

Example applications of the technical resource in an outbreak/post disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successses and challenges
<i>Examples being collated from in-country application</i>		

11.

CROSS-CUTTING AREAS – SURVEILLANCE

For further information contact TA_EarlyRecovery@who.int

1

Type of technical support

- Training of appropriate staff on surveillance of EVD and priority diseases (case-definitions, case-investigations, reporting lines, etc.)
- Availability of investigation and reporting forms, logbooks, phones, computers (wherever possible)
- Standardized registration, recording, reporting, labeling and EVD triage forms and in-patient EVD surveillance forms available
- Written technical guidance on surveillance activities across all levels, including community, regional, subnational and national levels
- Written technical guidance on case definitions for community, regional and national surveillance
- Tools for training on integrated disease surveillance and response training (IDSR) at district levels
- Written guidance on surveillance policy and capacity-building under the International Health Regulations (IHR)
- Written technical guidance to the global reference list on key health indicators
- Surveillance strategy during phase 3 of the Ebola response
- Written guidance in countries with no reported cases of Ebola virus disease (EVD)
- Written guidance on verbal autopsies in the context of EVD

2

Key points/ checks

- National disease strategy plans in place
- National integrated disease surveillance and response (IDSR) guidelines and strategy plans in place
- MPA and CPA should include surveillance functions at respective levels.
- Strengthening surveillance of notifiable conditions of public health significance at the national and sub-national level
- Reliability and timeliness of reporting of surveillance data at the central and sub-national level
- Laboratory confirmation of cases and rapid detection
- Supply chain data – ability of countries to determine supply needs

2

**Key points/
checks**

- Availability of lab testing supplies for priority disease. eg. EVD, polio, malaria
- For facilities with isolation wards: suspected EVD sample appropriately and safely labeled, packaged and transported to an approved laboratory within 6 hours to the designated laboratory
- Availability of investigation and reporting forms, logbooks, phones, computers, etc.
- Standardized registration, recording, reporting, labeling and EVD triage forms and in-patient EVD surveillance forms available.
- Surveillance mechanisms in place for dense population areas. Eg. Border crossing, airports, hospitals

3

**Key technical resources: resource + link + summary information
+ year/version (refer to table below)**

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Early detection, assessment and response to acute public health events: Implementation of Early Warning and Response with a focus on Event-Based Surveillance	Provides national health authorities, and stakeholders supporting them, with guidance for implementing or enhancing all-hazards early warning and response mechanisms within national surveillance systems. It aims to provide direction regarding the implementation of surveillance capacities, especially event-based surveillance, in order to detect and to respond rapidly to all acute health events and risks from any origin.	2014
Early Warning, Alert and Response System (EWARS)	Supports the establishment of facility-based early warning system to detect and react rapidly to suspected disease outbreaks. This goes beyond the provision of technical guidelines, by also offering an easy-to-use, customizable application that can collect, manage and analyze data on epidemic prone diseases. It provides immediate feedback to decision-makers on disease trends and alerts. The application also covers the continuum from surveillance to response, by supporting case-based surveillance and line-listing of cases in the event a confirmed outbreak is declared. It is lightweight and built for resource poor settings, offering offline modes and options for mobile-based data collection where indicated. It is also designed to offer interoperability with other national health information management systems (e.g. DHIS2).	

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
The WHO Laboratory Assessment Tool 2012	The Tool offers guidance to assess laboratories and national laboratory systems. The target audience is any stakeholder performing laboratory assessments: national health authorities, multilateral agencies, Non-Governmental Organizations (NGOs), laboratory managers, etc. This document describes a general process for assessing laboratories and provides two questionnaires to help assess national laboratory systems and individual laboratories. Assessors can use it as such or customize the available materials to meet local requirements or specificities and better fit the assessment context. The tool aims to identify what capacities exist for early warning and response in-country. Once validated, it is complemented by an information technology (IT) tool that facilitates collection and analysis of data. The assessment should be followed by the development of an action plan and national SOPs for surveillance. The questionnaires are provided in PDF format that can easily be printed and as Excel files that enable automatic calculations of module indicators when answering to questions and analysis of data. In Excel format, the questionnaires are available in English, French, Spanish and Russian.	2012
Technical guidance for Integrated Disease Surveillance and response in the African Region (IDSR)	It aims highlight the link between surveillance and response. It is a strategy under IHR which aims to consolidate data received from health facilities in district, regional and national levels. It integrates multiple activities with similar surveillance functions, populations, resources, etc. at various levels. This facilitates early detection and response of communicable diseases and combines information gathering mechanisms into one approach so that the various data is not repeated.	2nd edition; 2010
Integrated disease surveillance and response – District level training course; participant module	Introduces staff to the skills and activities required for functional disease surveillance system in preparation for public health threats. This training focuses upon district level skills and activities required for detecting and responding to priority diseases and conditions.	2011
Integrated disease surveillance and response – District level training course; facilitator guide	This training is for district level health officers who conduct IDSR activities. It explains teaching methods, key concepts of adult learning, development of a teaching plan and logistical needs in order to make training programs on IDSR successful.	2011
Global Reference List of 100 Core Health Indicators	Provides prioritized and concise information on health situations and trends at the national and global levels. The 100 global indicators are listed and categorized by <i>Health status</i>, <i>Risk Factors</i>, <i>Service coverage</i>, and <i>Health systems</i>; and provided with full definitions, numerators, denominators. The aim of the 100 global indicator list is to reduce reporting requirements while encouraging improved alignment with one country-led health sector platform for results and accountability that forms the basis for global reporting. It considers the most important and critical indicators.	2015

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
International Health Regulations (2005)	The International Health Regulations (IHR) aim to prevent, protect, control and provide public health response and support in order to mitigate the international spread of disease. IHR also aims to strengthen national capacity for surveillance and response by utilizing the national health systems that are already set into place. Within the WHO toolkit for surveillance, the tools are meant to provide ways that information can be reliably supplied to the national level within countries. By strengthening the national surveillance mechanisms, health information can be better consolidated and coordinated.	2nd edition; 2005
Surveillance strategy during Phase 3 of the Ebola response	The goals of EVD surveillance during Phase 3 of the Ebola response are to promptly detect new, suspected EVD cases and deaths so as to trigger appropriate response, including rapid diagnosis, case isolation and management, contact tracing, safe burials, and the identification of transmission chains. ²	2015
Case definition recommendations for Ebola or Marburg virus disease	Current recommendations on case definition of routine surveillance and community-based surveillance in addition to contact persons definitions of Ebola or Marburg cases.	2014
Ebola surveillance in countries with no reported cases of Ebola virus disease	Provides guidance on early surveillance actions to be established in countries where no cases of EVD have been reported; giving suggestions on border crossings and large population areas including, for example, cities, airports, seaports and hospitals.	2014
Investing cause of death during an outbreak of Ebola virus haemorrhagic fever: draft verbal autopsy instrument	Guidance on verbal autopsy during an EVD outbreak setting which includes a selection of interviewers, adapting the questionnaire to the local situation, selecting respondents, rescheduling interviews and coding the questionnaires. This guidance also provides a methodology on how to complete a validation study following the verbal autopsies.	2012
Early detection, assessment and response to acute public health events – Implementation of early warning and response with a focus on Event-Based surveillance	Provides national health authorities and stakeholders with guidance for implementing or enhancing all-hazards early warning and response mechanisms within national surveillance systems. It provides direction regarding the implementation of surveillance capacities in order to detect and respond rapidly to all acute health events and risks from any origin.	2014
Rapid risk assessment of acute public health events	Provides guidance on rapid risk assessments of acute public health risks from any type of hazard. This manual is intended for national departments with health-protection responsibilities, national focal points for IHR and WHO staff, and for multidisciplinary risk assessment teams (ie. Clinicians, field epidemiologist, veterinarians, chemist, food-safety, etc).	2012

2. Surveillance strategy during Phase 3 of the Ebola response. Geneva: World Health Organization; 2015.

4

Example applications of the technical resource in an outbreak/post disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
EWARS	Sierra Leone	A limited version of EWARS (just the response module) was used in Sierra Leone to support the management of line list data on confirmed cases and the laboratory specimen data. It demonstrated how using standardized tools with automated links to mapping and analysis can be deployed rapidly and effectively even during a large and complex outbreak response.
EWARS	South Sudan	The full EWARS application will be deployed in South Sudan in Aug/Sep 2015 to support surveillance, alert and response activities in all conflict-affected states within the country.
<i>Border crossing Assessment Tool</i>	Guinea, Liberia and Sierra Leone	An assessment tool that uses standardized means to keep track of border crossings. This tool, along with the necessary supplies (e.g. thermometer), was given to staff at various crossing points between districts. The tool tracked many variables, such as the number of border crossings that occurred, as well as the number of people who had a fever.

12.

CROSS-CUTTING AREAS – OCCUPATIONAL HEALTH

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	• Workplace assessments for prevention of occupational health and safety risks in health care facilities and for health workers • Development of policies, procedures and protocols for protection of occupational health and safety of health workers in healthcare facilities and high risk occupations – collective and personal protection • Training and education of health workers about safer and healthier ways of working • Technical input on SOP, checklists, and guidelines • Training trainers in workplace improvement for the health sector with WHO/ILO HealthWISE manual and WHO toolkit for prevention and control of health worker exposure to blood borne pathogens • Supporting WHO and ILO manuals and checklists for protection of occupational health and safety in the health sector • Development of national programmes for protection of occupational health and safety of health workforce. • Building capacity of primary care providers to implement essential intervention for protecting workers' health in the informal work settings (recovery of livelihoods)
2	Key points/ checks	• Every healthcare facility should identify a responsible person with authority for occupational health and safety. This person should receive appropriate training (e.g. the three-day standard WHO/ILO training on workplace improvement in the health sector) • Written policy on safety, health and working conditions for health workforce protection • Equipment and supplies for collective and personal protection according to the risk assessment and standard precautions, such as adequate ventilation and lighting, safe needle devices, sharps containers, stretchers and trolleys, safety sign posts, first aid toolboxes, personal protective equipment, hand hygiene equipment and supplies • Immunization of health workers against hepatitis B and other vaccine preventable diseases, HIV and TB prevention and control, including post-exposure prophylaxis

2

**Key points/
checks**

- Social protection for sickness absence and employment injury (accident insurance for occupational diseases and injuries), procedures for notification of occupational diseases, injuries and exposure incidents
 - Joint labour-management health and safety committee with appropriate participation from workers, management and persons responsible for occupational health and safety, infection control, security, and staff health care.
 - Access of health workers to general healthcare and psychological support
- Primary care providers able to provide advice for work-place improvement in informal work settings, detect and notify suspected cases of work-related diseases and injuries and carry out preventive medical examinations of workers

3

**Key technical resources: resource + link + summary information
+ year/version (refer to table below)**

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
WHO/ILO HealthWISE–work improvement in health services, 2014 (Assessment and training)	An integrated approach to planning and develop safety in the workplace including modules on: controlling occupational hazards, musculoskeletal hazards and ergonomic solutions, biological hazards and infection control, staff support and management, selecting, storing and managing equipment and supplies	2014
WHO/PAHO Workers health and safety in the health sector 2006 (Assessment and training) Available as CD	Tool to protect workers' health and safety by decreasing workers vulnerability to serious occupational and environmental risks, biological agents and physical ones and emotional issues. Develop an occupational health and safety system for health care facilities.	2006
WHO/ILO Improving health workers access to HIV, TB – prevention, treatment, care and support services – a guidance note 2011	Guidance in support of training relating to protecting and preventing HIV and TB in health care workers	2011
WHO Protecting Healthcare workers: toolkit 2006 Available as CD	Guidelines on Health Services Prevention of HIV/AIDS, needle stick and other health and safety issues	2006
WHO/EMRO, Occupational health: a manual for primary health care workers, 2001 (training)	By training primary care providers to protect and promote health in informal sector workers (recovery of livelihoods) and in primary health care facilities (recovery of health services)	2001

4

Example applications of the technical resource in an outbreak/post disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
HealthWise Training	Liberia, training district environmental health officers	An integrated program from Occupational Health and Safety, WASH, Ministry of Health and Infection Prevention and Control to enhance the capacities of district environmental health officers in all 15 counties to inspect and provide advice for improving occupational health and safety in health care facilities. The training provided support for the development of national policy and strategy for workers' health, including protection of health care workers (as per recovery of health services) and informal sector workers (as per recovery of livelihoods). Ongoing work will develop the (pre-Ebola) national policy on occupational health, updated with the lessons learned with on the two vulnerable groups mentioned previously. <i>Positive feedback received from participants</i>

13.

CROSS-CUTTING AREAS – CIVIL SOCIETY COMMUNITY ENGAGEMENT

For further information contact TA_EarlyRecovery@who.int

1

Type of technical support

Technical support is available to assist in building necessary frameworks through;

- Country specific community engagement strategies and implementation frameworks;
- Mapping community engagement opportunities;
- Development of training materials for health staff;
- Revision of plans for community engagement activity
- Development of materials such as terms of reference for community member engagement at different levels

2

Key points/ checks

Building blocks – Community and health leadership:

Enabling environment and targeted policies that foster and promote collaboration; Management modeling behaviours, demonstrating competencies and skills reinforcing and validating effective engagement; Acknowledging/rewarding staff/teams/programmes that demonstrate constructive engagement and collaboration

Building blocks – Community and health system processes, planning and priority setting:

Cadre of public health professionals who are “process specialists” able to design and manage engagement strategies and who provide technical expertise to others focusing on the health system and the interface between the community and the health system; Engagement capacities in key roles/ job functions (managerial, technical, administrative); Participatory communication techniques, tools, methodologies and skills that support collaborative data gathering, data analysis, information sharing, decision-making, priority-setting and strategy development, implementation and evaluation.

Building blocks - Relationships and partnerships:

Interventions that build and maintain strategic relationships between technical units/programmes and partners e.g. advocacy, networking, alliance building etc; Periodic assessments and routine monitoring of key relationships e.g. between healthcare workers and communities, between stakeholders etc; Targeted communication strategies with built-in monitoring and feedback indicators

Priority settings - Institutional/programmatic settings:

Has information about current community understanding, perceptions, needs, wants, concerns/fears been solicited and fed into health planning and delivery?; Is there access to disciplinary and professional expertise to understand and address the behavioural, cultural, organizational and political factors that influence the acceptability and uptake of health programmes and services?; Is there a common understanding of strategic, technical and operational priorities between stakeholders?

Priority settings - Clinical settings:

Are the interactions and relationships between health care provider and patient/clients optimal?; Is there ongoing work to manage and improve interactions between frontline health staff and service users?; Have monitoring and feedback mechanisms been established?

Priority settings - Community settings:

Have existing community structures and organizations been consulted and involved in planning, delivery and monitoring of services?; Is there a formal mechanism for consultation, joint planning, implementation and review with community organizations that deliver health care?; Are there formal and/or informal networks connecting community workers from different sectors?

Entry points - Ministry of Health:

Health Education/Promotion Divisions (primary technical expertise); Medical, nursing and allied services (who directly engage with patients and their families); Programme Managers (responsible for designing and implementing strategies and activities to embed community engagement)

Surveillance and rapid response staff (who need skills and tools to directly engage with communities and team members)

Entry points - Professional disciplines that contribute to community engagement:

Anthropology; Communication; Health Promotion; Health Education; Psychology; Sociology; Epidemiology; Medicine; Neuroscience

Community leaders, women and community decision-making mechanisms need to be factored into all aspects of early recovery strategies to bridge the divide and distrust that currently exists between communities and health care providers. It is important to systematically address and manage engagement processes at critical interfaces between community systems and health systems in parallel to accelerate recovery. The skills, tools and methodologies important for effective engagement are generally not taught in medical and public health training. WHO, therefore, has an essential technical role. Although there are many interpretations of “community engagement” (CE), it is generally accepted to be a collaborative process to work in partnership and is often initiated by an outside agency. There is no common definition of CE, its role and function in public health, therefore there is a recognized urgency to develop a CE framework that brings together multiple disciplines to define essential knowledge, skills, tools and methodologies that will guide WHO’s work in this area. Important considerations are listed around three areas: building blocks of effective community engagement; priority setting and entry points.

3

Key technical resources: resource + link + summary information + year/version (refer to table below)

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Application of APPS Community Engagement Approach (ACE) for strengthening Ebola preparedness, response and recovery	Describes a simple systematic approach to support hospitals to effectively engage and include local community members in their efforts to improve the safety of care. The strategies described in the approach are applicable to the current situation in West Africa as it responds to the immediate and future needs associated with Ebola Virus Disease (EVD).	2015
Engaging Communities: making it real APPS Community Engagement Implementation Pack	Describes a 7-steps approach including examples, questions and ideas to support designing and planning community engagement activities	
Communication for Behavioural Impact (COMBI): A toolkit for behavioural and social communication in outbreak response	A comprehensive interagency toolkit (WHO/FAO/UNICEF) that describes a 7-step approach with tools, examples and case studies for planning and implementing community level health communication in outbreaks. Anthropological approaches and tools are integrated.	2012
Enhanced Capacity Building: Training for Frontline Staff on Building Trust and Communication (2015) – <i>Being finalized ready for public dissemination.</i>	A video on managing fear and a facilitators guide developed for a pilot project in Sierra Leone for the current Ebola outbreak. Requires experienced facilitators as it is based on adult learning principles. Can be adapted to any staff who needs to engage with communities.	
Communication and culture: improving engagement of EVD affected people in the health setting - <i>Not yet available.</i>	A curricula that integrates trust building, communication, culture and mental health to improve engagement between health staff and patients. Piloted in Sierra Leone and to be curricula to be finalized and produced.	
Framework for developing model integrated community level health promotion interventions in support of WHO priority programmes (2009)	A document to facilitate comprehensive responses to various underlying determinants of health at individual, family, and community levels. The main part of the document, the framework, describes the essential processes and content needed for integrated development and implementation of core interventions relating to various WHO priority programmes at community level. The framework identifies key principles and values, strategies, activities, defines the roles of various actors; lists the core interventions for each programme as well as cross-cutting activities and also proposes mechanisms for monitoring and evaluation.	2009

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Working with individuals, families and communities to improve maternal and newborn health: • Main document (2010) • Toolkit for implementation (2015) - <i>currently being finalized.</i>	The main document was published in 2010 and establishes a common vision and approach, as well as the role of the WHO in the Making Pregnancy Safer initiative, for working with women, men, families and communities to improve maternal and newborn health. Part 1 of the document defines the concepts, values and guiding principles. Part 2 presents strategies, settings, and priority areas for intervention. Part 3 proposes an implementation process; and, finally, Part 4 considers the role and functions of WHO.	2010
Counselling for maternal and newborn health care: A handbook for building skills	MNH Counselling Handbook is to strengthen counselling and communication skills of health providers including skilled birth attendants, helping them to effectively discuss with women, their husbands/partners and families and communities the important issues surrounding pregnancy, childbirth, postpartum, postnatal and post-abortion care. Key information from the clinical guide “Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice” (PCPNC) has been integrated.	2013
Ebola stigma toolkit: Accepting and supporting Ebola survivors, orphans and families of Ebola patients in the community - A toolkit for social mobilizers and communicators	Prepared by Women’s Campaign International for United States Agency for International Development Ebola-Community Action Platform, Liberia the toolkit is written to help the mobilizer and communicator talk about concerns and fears in their community. The toolkit includes Exercises and Group Discussions where community members can talk about their fears and how these fears affect survivors, family members, orphans and health workers. The toolkit also has Exercises for what community members can do to reduce discrimination against survivors and support a positive community for them.	Feb 2015
Psychological first aid – guide for field workers	By WHO, War Trauma Foundation and World Vision International the guide was developed in order to have widely agreed upon psychological first aid materials for use in low and middle income countries. The information is a model and intended to be adapted appropriately to the local context and the culture. It is supported by multiple international partners.	2011

4

Example applications of the technical resource in an outbreak/post disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
Enhanced Capacity Building: Training for Frontline Staff on Building Trust and Communication (Facilitator’s Guide 2015)	Sierra Leone	Includes an 11-minute technical video on understanding and managing fear.

14.

CROSS-CUTTING AREAS – EMERGENCY AND ESSENTIAL SURGICAL CARE AND EMERGENCY, TRAUMA AND ACUTE CARE

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	Emergency, Trauma and Acute Care: • Technical guidance for the assessment, planning and development of emergency and trauma care systems • Standards for delivery of emergency and trauma care services including disaster situations • Tools for trauma and emergency care system assessment • Tools for training in trauma care, emergency care and trauma quality improvement • Linkage to additional technical input via WHO Global Alliance for Care of the Injured, and global collaborating partners in emergency care implementation
2	Key points/ checks	Emergency and Essential Surgical Care: • Monitoring availability of safe surgical services (equipment, supplies, trained surgical health workforce to make evidence-based decisions and perform emergency and essential surgical procedures in EVD context) • SOPs for safe surgical care in the injured, pregnant women and all other surgical conditions as per country guidelines Emergency, Trauma and Acute Care: The considerations below focus on establishing the basic components of an effective frontline system to safely manage acutely ill and injured patients from the site of illness or injury to the point of delivery to the best available definitive care. • Publicly accessible mechanism for activation of the emergency care system (eg, Universal Access call number) • Designated, purpose-designed emergency/acute care areas in healthcare facilities • Dedicated emergency care training for frontline providers treating acutely ill and injured patients • Pre-hospital and transfer care system providing both physical transport, and care during transport Community-based first aid (including infection prevention) training

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Emergency and Essential Surgical Care:		
WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC) toolkit	Developed by WHO EESC This tool contains WHO recommendations for minimum standards, best practice protocols, emergency essential equipment to improve quality and safety of emergency, surgery, trauma, obstetrics and anaesthesia at first-referral level health-care facilities	
WHO EESC eLearning Programme	eLearning programme is a 12 module on-line learning programme that can be used for simple self review, to classroom teaching, to train-the-trainer situations. There are embedded videos, clinical scenarios and pre- and post-module quizzes. An anticipated launch date is late 2015/early 2016	Early 2016
WHO Guidelines for care of surgical patients with Ebola	Guideline addressing: Evidence-informed decision making for patients with surgical conditions in the context of Ebola Virus Disease is currently undergoing finalization and is anticipated to be available early 2016	Due early 2016
Emergency, Trauma and Acute Care:		
WHO Situation Analysis Tool (SAT) to Assess EESC	WHO SAT (different languages) is utilised by 55 LMICs to assess surgical, obstetrics, trauma and anesthesia services including human resources and equipment. LMICs assessment with ministry of health and WHO Country Office is available on website under Publications. Completed WHO SAT is entered into the WHO EESC Global Database	
WHO Emergency and Trauma Care Course	WHO ETC is a 5 module training course that can be used for training healthcare workforce for emergency situations or in a train-the-trainer situation. It covers basic surgical skills for emergencies, obstetrics, fractures, burns, and other injuries; basic anaesthesia techniques; and health system and emergency management skills.	2012
WHO Global Surgical Workforce Database	WHO Global Surgical Workforce Database (GSWD) contains numbers of licensed qualified surgeons, obstetricians and anesthesiologists from WHO member countries. Completed data on global surgical workforce is entered into the WHO Global Surgical Workforce Database and accessible to all.	2015
Prehospital Trauma Care Systems http://www.who.int/violence_injury_prevention/media/news/04_07_2005/en/	Prepared with a network of experts from all regions, the manual focuses on the most promising interventions and components of prehospital trauma care systems, particularly those that are affordable and sustainable and that require minimal training and relatively little in the way of equipment or supplies. The main areas covered include the organization of the prehospital trauma care system, capacity development, data collection, transportation and communication, as well as ethical and legal considerations.	2005

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
WHO Trauma System Assessment Tool	This is a survey-based tool with roadmap functionality designed to help policy makers assess a national or regional trauma system and set priorities for system development. It can be used either as an tool to support internal priority setting, or in a convened external assessment and priority setting process.	2004
Guidelines for Trauma Care	These guidelines seek to set achievable standards for trauma treatment services that could realistically be made available to almost every injured person in the world, and define the human and physical resources necessary to assure such care.	2009
Guidelines for Trauma Quality Improvement Programmes	Quality improvement programmes enable health care institutions to better monitor their trauma care services, detect problems, and enact and evaluate corrective measures. To give guidance in this area, these guidelines review the most common methods of quality improvement in trauma care in a how-to-do fashion, covering a wide range of techniques. The Guidelines also address the appropriateness of different techniques at different levels of the health care system.	
Essential Components of Emergency Care Systems Toolkit (for copies contact TA_EarlyRecovery@who.int)	This manual on Emergency Care Systems provides a framework to guide ministries, policy makers, and health system administrators responsible for improving the quality of emergency care for people of all ages with a range of communicable, non-communicable, traumatic, and pregnancy-related conditions. This framework identifies essential components and functions of emergency care systems, and is linked with an emergency care system assessment tool and associated system development roadmap.	Feb 2010
WHO Basic Emergency Care Course (for copies contact TA_EarlyRecovery@who.int)	The course is designed for frontline pre-hospital or facility-based providers delivering emergency care, and provides a basic initial approach to acutely ill or injured children and adults. It is aligned with the WHO <i>Emergency Triage Assessment and Treatment</i> for children, and the <i>IMAI Quick Check and Emergency Treatments</i> for adults.	2011
Strengthening care for the injured: success stories and lessons learned from around the world	In response to WHA Resolution 60.22 on Emergency Care Systems, WHO collected this set of case studies, documenting success stories and lessons learned from several countries. Included in the publication are case studies from prehospital, hospital-based, rehabilitation, and system-wide settings, and from countries in all regions of the world and at all socioeconomic levels.	2010
Emergency Triage Assessment and Treatment (ETAT)	The Emergency Triage Assessment and Treatment (ETAT) course is designed to familiarize health workers with the ETAT guidelines and to provide them with the necessary knowledge and skills to triage sick children on arrival at a health facility, and to deliver emergency treatment for life-threatening conditions in children. The course materials include a participant and a facilitator manual.	2005

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Quick Check and Emergency Treatments (from the IMAI District Clinician Manual)	The manual is written for clinicians working at the district (first-level referral) facility who diagnose and manage sick adolescents and adults in resource constrained settings. The Quick Check and Emergency Treatments (section 2 of Volume 1) covers emergency assessment and treatment, and acute care for a severely ill or injured patient for approximately the first 24 hours of care. It describes the clinical procedures commonly used in emergency and acute care, and gives a summary of the medicines used and the steps necessary for infection control.	2011
Pocket book of hospital care for children: Guidelines for the management of common childhood illnesses	The Pocket Book is for use by health workers who are responsible for the care of young children at first level referral hospitals and is one of a series of documents and tools that support the Integrated Management of Childhood Illness (IMCI). It presents up-to-date evidence based clinical guidelines for use in both inpatient and outpatient care in facilities with basic laboratory capacity and essential medicines. Its focus is the management of the major causes of childhood mortality in most developing countries, such as newborn problems, pneumonia, diarrhoea, malaria, meningitis, septicaemia, measles and related conditions, severe acute malnutrition and paediatric HIV/AIDS.	2013

4

Example applications of the technical resource in an outbreak/post disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
IMAI Quick Check and ETAT recommendations	Sierra Leone	Sierra Leone has implemented country-wide training using the IMAI Quick Check and ETAT recommendations to prepare health care workers to safely screen and provide initial emergency care to acutely ill patients.

15.

CROSS-CUTTING AREAS – BLOOD SAFETY

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	TA relates to supporting and strengthening blood services and systems.
2	Key points/ checks	The provision of an adequate supply of safe blood and blood products, and their safe and rational use is the responsibility of government and should be an integral part of each country's national health care policy and health care infrastructure. The ministry of health should establish a sustainable national blood system which is recognized through a national blood policy , strategic plan and appropriate legal instruments. Essential functions of a national blood system include policy formulation and standard setting, strategic and operational planning, provision of sufficient resources and national coordination and management to ensure an adequate supply of blood and blood products and safe clinical transfusion.
3	Key technical resources: resource + link + summary information + year/version (refer to table below)	

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
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1. National Blood Policy

[Aide-Mémoire for Ministries of Health: Developing a National Blood System](#)

The one page document which was developed in a “aide-memoire” style targeted policy maker in the ministry of health on developing an effective national blood system to ensure an adequate supply of safe blood and blood products and their safe and rational use. It summarize the key elements for the development of a strong blood system in the counties: leadership and governance, coordination and collaboration, provision of safe blood and blood products and the clinical transfusion in patient management.

2011

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
2. Voluntary Blood Donation		
Towards 100% Voluntary Blood Donation: A global framework for action	This global framework for action to achieve 100% voluntary blood donation has been developed jointly by the World Health Organization and the International Federation of Red Cross and Red Crescent Societies. It is designed to provide guidance and support to countries seeking to establish effective voluntary blood donor programmes, phase out family/replacement blood donation and eliminate paid donation. This document aims to: 1. provide information and guidance on the vital role of voluntary blood donors in assuring the availability of stable and sufficient supplies of safe blood for transfusion; and 2. propose a series of interlinking strategies and suggestions for concrete action at national and community levels to scale up voluntary blood donor programmes with heightened commitment and support from governments, partners and other stakeholders.	2010
Guidelines on assessing donor suitability for blood donation	These WHO guidelines have been developed to assist blood transfusion services in countries that are establishing or strengthening national systems for the selection of blood donors¹. They are designed for use by policy makers in national blood programmes in ministries of health, national advisory bodies such as national blood commissions or councils, and blood transfusion services.	2012
Blood Donor Counselling: WHO-CDC-IFRC Implementation guidelines	The guidelines were jointly developed by WHO, US CDC and IFRC. The aim of guidelines is to support countries in establishing effective national systems for blood donor counselling where they do not yet exist. The specific objectives are to provide: 1. Policy guidance on providing blood donor counselling as an essential component of quality donor service and care and as a requirement for a safe blood supply. 2. Information and technical guidance on the specific measures and actions needed to promote donor care and the safety of blood donors and transfusion recipients.	2014
3. Blood Testing and Processing		
Screening Donated Blood for Transfusion-Transmissible Infections: Recommendations for blood transfusion services English	The aim of the WHO document is to provide policy guidance on ensuring safe and sufficient blood supplies through effective blood screening to minimize the risk of transmission of bloodborne infections through the route of transfusion. It provide key recommendations and technical advice on the specific measures and actions needed to: • Develop and implement efficient, national blood screening programmes in which 100% of blood donations are screened • Identify TTIs to be screened for in blood donations • Develop appropriate screening strategies and algorithms • Develop systems for the selection and evaluation of assay • Implement quality systems in all aspects of blood screening • Develop policies and systems to manage positive or reactive blood donors.	2009

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Aide-Mémoire for National Health Authorities: Safe Blood Components	The one page document which was developed in a “aide-memoire” style targeted national blood programme/director of national blood transfusion services on developing an effective and sustainable blood component programme to ensure an adequate supply of safe and quality blood components to meet the clinical transfusion need. It summarize the key elements for the development of a strong blood system in the counties: organizational requirements for an effective blood component programme; blood donors and blood collection; component preparation, testing and distribution; storage and transportation; blood component stock management; and blood component therapy.	2005
Manual on the Management, Maintenance and Use of Blood Cold Chain Equipment	Manual has been especially produced for laboratory technical staff in blood transfusion centres, public health laboratories and hospital blood banks who are responsible for the installation, monitoring and routine maintenance of blood cold chain equipment. It focuses particularly on the training needs of staff in small blood banks where responsibility for the monitoring and maintenance of blood cold chain equipment rests with employees who are unlikely to have been trained in basic refrigeration mechanics. The Manual may also serve colleges that train technical staff who will work in blood banks. The materials can help other personnel, such as managers of blood banks or hospitals who procure blood bank equipment, and can act as a resource to familiarize refrigeration engineers with the special requirements for the blood cold chain in a hospital setting.	2005
4. The Clinical Blood Transfusion		
Developing a National Policy and Guidelines on the Clinical use of blood: recommendations	These Recommendations to assist Member States in developing, implementing and monitoring national policies and guidelines on the clinical use of blood and ensuring active collaboration between the blood transfusion service and clinicians throughout the management of patients who may require transfusion. The document was designed to promote good transfusion practice in accordance with national guidelines on the clinical use of blood. They will form a valuable resource both in the development of national policies and guidelines and in the education and training of providers and prescribers of blood at all levels of the health care system.	2001
The Clinical Use of Blood: Handbook	The pocket handbook that accompanies the module is designed for quick reference when urgent decisions on transfusion are needed.	2002

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
5. Training and Quality Management		
Aide-Mémoire for National Blood Programmes: Quality Systems for Blood Safety	The one page document which was developed in a “aide-memoire” style targeted national blood programme/director of national blood transfusion services on developing an developing a quality system within the national blood programme. It summarize the key elements for the development of a strong blood system in the counties • Organizational management; • Standards; • Documentation; • Training; • Assessment	2002
Quality Management Training for Blood Transfusion Services: Facilitator’s Toolkit: CD-ROM • Facilitator’s Guide • Modules 1–5 • Modules 6–8 • Modules 9–12 • Modules 13–15	The Quality Management Training (QMT): facilitator’s toolkit is a comprehensive set of teaching materials to support an 18-day training course for quality managers in blood transfusion services. It contains guidance for QMT facilitators, a course curriculum, Microsoft PowerPoint presentations, activities, presentation notes, resource materials and glossary. Facilitators are encouraged to add local resource materials, such as national standards and examples of documentation. Part 1 of the course introduces general concepts of quality and Part 2 focuses on quality in the specific context of blood transfusion, from blood donor recruitment to the transfusion of blood and blood products to the patient. The course consists of 15 modules containing 57 presentations and 69 activities.	2005
Safe Blood and Blood Products: Distance Learning Materials	These learning materials, Safe Blood and Blood Products, are designed to provide an alternative means of rapidly improving the knowledge and technical skills of staff in blood transfusion services in developing countries. They have been designed for use in distance learning programmes in blood safety, although they can also be used for independent study or as resource materials in conventional training courses and in-service training programmes. They will enable blood transfusion services to update and upgrade staff in a practical and cost-effective way and to make effective use of limited training resources. The materials have been produced for staff with responsibility for donor recruitment and retention, and for the collection, testing and issue of blood for transfusion. They comprise the following modules: • Safe Blood and Blood Products: Trainer’s Guide • Introductory Module: Guidelines and Principles for Safe Blood Transfusion Practice • Module 1: Safe Blood Donation • Module 2: Screening for HIV and Other Infectious Agents • Module 3: Blood Group Serology	2009

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
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[Establishing a Distance Learning Programme in Blood Safety: A guide for programme coordinators](#)

Distance learning offers a flexible way of increasing the coverage and quality of training in blood safety. This approach enables training to be provided for larger numbers of staff and with less disruption to services than is possible with conventional courses. This manual has been prepared for national blood programmes wishing to set up a distance learning programme in blood safety, using learning materials developed by WHO blood safety programme

4

Example applications of the technical resource in an outbreak/post disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
Meeting on Developing Plans to Strengthen the Blood Systems in Ebola-Affected Countries, 25-27 February 2015. Who-HQ, Geneva, Switzerland	Guinea, Liberia, Sierra Leone	Directors and programme managers of the national blood transfusion services of Guinea, Liberia and Sierra Leone participated in a consultation, the main goal of which was to develop strategic short-term activities for the post-Ebola recovery, and long-term plans to rebuild the countries' blood systems beyond their pre-Ebola capacities. The report describes the discussions and outputs of the meeting.
Use of convalescent whole blood or plasma collected from patients recovered from Ebola virus disease	All	This 2014 interim guidance to national health authorities and blood transfusion services outlines the steps required to collect convalescent whole blood or plasma from Ebola virus disease recovered patients for transfusion to patients with early EVD, as an empirical treatment modality. The chapters cover: guidance on donor selection, screening, donation and handling of blood and plasma units; and guidance on transfusion of convalescent whole blood or plasma
Community Engagement, Education, Recruitment and Retention of People Recovered from Ebola as Potential Donors for CWB and CP	All	This 2015 interim guidance for National Health Authorities, Blood Transfusion Services and Researchers This document provides interim guidance and outlines key considerations to enable national health authorities, programme managers in the ministries of health, blood transfusion services (BTS) and organizations conducting clinical trials, to effectively inform, educate and engage people recovered from Ebola and the communities in which they live, to consider donations of convalescent whole blood (CWB) and convalescent plasma (CP) for use in the treatment of EVD, including for use in clinical trials in the affected countries. Many of the same considerations are also relevant to the acceptability of CWB/CP treatment among patients with EVD. Inappropriate and/or insufficient community awareness, information and engagement can place additional pressure and cause anxiety and distress to these already vulnerable groups.

Resource	Country/ context	Summary of key lessons learned on utility including successses and challenges
Maintaining a Safe and Adequate Blood Supply during and after Ebola Virus Disease Outbreaks	All	Currently undergoing finalization

16.

CROSS-CUTTING AREAS – NONCOMMUNICABLE DISEASES (NCDs)

For further information contact TA_EarlyRecovery@who.int

1	Type of technical support	• Support for integrating an essential package of very cost-effective NCD interventions into primary health care • Guidance on core essential NCD medicines and technologies required to implement these interventions • Support in estimating prevalence and need, through existing WHO country surveys and data on prevalence of NCDs and NCD risk factors
2	Key points/ checks	• Very cost-effective non communicable diseases interventions included in the basic primary health care package • Health workers in PHC trained in essential NCD prevention and management interventions • Essential NCD medicines and technologies available in PHC facilities, to deliver WHO PEN interventions • Catchment populations, for screening and early detection, defined for each health facility. • Protocols and treatment guidelines for NCD (in WHO PEN) available in all PHC facilities
3	Key technical resources: resource + link + summary information + year/version (refer to table below)	

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
WHO Package of Essential Noncommunicable Diseases Interventions (WHO PEN)	A prioritized set of cost-effective interventions that can be delivered to an acceptable quality of care, even in low resources settings. It defines a minimum set of essential NCD interventions, medicines and technologies, for managing heart disease, stroke, cardiovascular risk, diabetes, cancer, asthma and chronic pulmonary diseases in primary health care in low resource settings. This package reinforces health system strengthening by contributing to the building blocks of the health system.	

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Avoiding Heart attacks and Strokes	This publication explains why heart attacks and strokes happen and how you can avoid them.	
The STEPS Instrument and Support Materials	A manual for population based surveys. Modules from the tool can be used if a survey on NCDs have to be undertaken.	
Comprehensive cervical cancer control: a guide to essential practice	This publication gives a broad vision of what a comprehensive approach to cervical cancer prevention and control means. In particular, it outlines the complementary strategies for comprehensive cervical cancer prevention and control, and highlights the need for collaboration across programmes, organizations and partners.	December 2014
WHO guidance note: comprehensive cervical cancer prevention and control: a healthier future for girls and women	This WHO Guidance Note advocates for a comprehensive approach to cervical cancer prevention and control and is aimed at senior policy makers and programme managers. It describes the need to deliver effective interventions across the female life course from childhood through to adulthood.	2013
WHO guidelines for screening and treatment of precancerous lesions for cervical cancer prevention	This guideline provides recommendations for strategies for a screen-and-treat programme.	2013
WHO guidelines for treatment of cervical intraepithelial neoplasia 2–3 and adenocarcinoma in situ: cryotherapy, large loop excision of the transformation zone, and cold knife conization	This guideline provides recommendations for the use of cryotherapy versus LEEP versus CKC for the treatment of histologically confirmed CIN2+, and additional recommendations for the treatment of histologically confirmed adenocarcinoma in situ (AIS).	2014
Monitoring national cervical cancer prevention and control programmes: quality control and quality assurance for visual inspection with acetic acid (VIA)-based programmes	This guide outlines quality control (QC) and quality assurance (QA) considerations to support introduction or scale-up of visual inspection with acetic acid (VIA) as a screening test for cervical cancer, within the context of national comprehensive cervical cancer prevention and control programmes.	2013
WHO guidelines: use of cryotherapy for cervical intraepithelial neoplasia	This document summarizes the new evidence-based WHO recommendations about the use of cryotherapy to treat women with CIN. It also addresses the use of different techniques of cryotherapy for CIN and provides recommendations for treatment of CIN in women who are pregnant, as well as for women who are HIV-positive.	2011
Integrated management of adolescent and adult illness (IMAI) modules	IMAI provides tools (standardized guidelines and standard training packages to teach these guidelines) for rapid country adaptation and use in their efforts to achieve the 3x5 goals.	Various

Resource and web link (where available)	How the resource supports early recovery	Year of issue/version
Palliative care includes symptom management during both acute and chronic illness and end-of-life (terminal) care	This module provides guidelines to prepare health workers to provide palliative care treatment and advice in clinic and to back up community caregivers and family members who need to provide home-based palliative care.	2004
Cancer control: knowledge into action: WHO guide for effective programmes. Module 5: palliative care	A practical guide for programme managers on how to implement effective palliative care for cancer, with a particular focus on community-based care.	2007
WHO guidance on ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines	Provides guidance on policies and legislation with regards to <i>availability, accessibility, affordability and control</i> of medicines made from substances regulated under the international drug control conventions. Their scope encompasses “all controlled medicines”, but with a specific focus on essential medicines. Controlled medicines play an important role in several areas of medicine, including pain treatment, treatment of opioid dependence, emergency obstetrics, psychiatry and neurology.	2011

4

Example applications of the technical resource in an outbreak/post disaster context (refer to table below)

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
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To be added

PART C: **ANNEXES**

1.

ANNEX 1: METHODS (how the Toolkit was developed)

The early recovery phase focuses on the restoration of essential health services, including immunization and vaccination, communicable diseases with a focus on malaria, maternal, child and adolescent health services and mental health. In addition, a number of cross-cutting areas are focused on, including surveillance and information, infection prevention and control and the health workforce. The Toolkit has been developed around these broad areas. In addition, it also embraces a number of related technical areas including WASH, occupational health, civil society and community engagement, emergency care including emergency and essential surgical care and emergency, trauma and acute care, blood safety and NCDs.

Technical areas

Technical areas referred to in the Toolkit were informed by the national plans of Guinea, Liberia and Sierra Leone within the context of Ebola early recovery, and the basic packages of essential health services of each of the three countries.

Structure

The structure was developed using similar resources and toolkits available, such as the WHO African Partnerships for Patient Safety Resource Map¹.

Resources

Various technical programmes across WHO were consulted and asked to submit examples of what they consider to be the essential resources currently available to assist in the establishment of a safe functional health service in support of national plans - focused on the early recovery period. Inclusion of a resource is based on the following criteria:

- Perceived likelihood of utility of the resource in addressing early recovery.
- Some evidence of practical application in an early recovery or similar context.

The term “resource” covers (not exclusively) standards, norms and guidance and associated training and implementation aids to support access and essential dimensions of quality: safety, effectiveness, integration, continuity, and people-centredness.

Inclusion of a resource does not imply endorsement by WHO of any specific organization associated with the resource.

Case studies

A number of technical programmes across WHO were consulted and requested to share any examples of application of a technical resource or approach in the context of early recovery.

Technical inputs

This Toolkit was developed by a WHO HQ Taskforce with input from the following teams:

Noncommunicable Diseases and Mental Health (NMH)

- NCDs, Disability, Violence and Injury Prevention
- Mental Health and Substance Abuse

Health Systems and Innovation (HIS)

- Essential Medicines and Health Products
- Service Delivery and Safety
- Health Systems Governance and Financing
- Knowledge, Ethics and Research

Family, Women’s and Children’s Health (FWC)

- Maternal, Newborn, Child and Adolescent Health
- Public Health, Environmental and Social Determinants of Health
- Reproductive Health and Research
- Immunization, Vaccines and Biologicals

Polio and Emergencies (PEC)

- Emergency Risk Management and Humanitarian Response

Health Security (HS)

- Pandemic and epidemic diseases

2.

ANNEX 2: TECHNICAL RESOURCE – FULL WEBSITE LINKS (in English and French)

General mapping and assessment tools

Health Resources Availability Mapping System (HeRAMS)

English: http://www.who.int/hac/network/global_health_cluster/herams_services_checklist_eng.pdf

French: http://www.who.int/hac/network/global_health_cluster/herams_services_checklist_fr.pdf?ua=1

Service Availability and Readiness Assessment (SARA)

English:

http://www.who.int/healthinfo/systems/SARA_OverviewPresentation.pdf?ua=1%20%20http://www.who.int/healthinfo/systems/sara_introduction/en/

Essential Health Service Situation Report (SitRep)

[Guidance for health sector assessment to support the post-disaster recovery process](#)

English: http://www.who.int/hac/techguidance/tools/manuals/pdna_health_sector_17dec10.pdf

Ebola Virus Disease Consolidated Preparedness Checklist

English: http://apps.who.int/iris/bitstream/10665/137096/1/WHO_EVD_Preparedness_14_eng.pdf?ua=1

French:

https://extranet.who.int/iris/restricted/bitstream/10665/139712/1/WHO_EVD_Preparedness_14_fre.pdf

Hospital Preparedness for Epidemics

English: http://apps.who.int/iris/bitstream/10665/151281/1/9789241548939_eng.pdf

Immunization and vaccination

Guidance for immunization programmes in the African Region in the context of Ebola: WHO information note

English: http://apps.who.int/iris/bitstream/10665/137330/1/WHO_IVB_14.08_eng.pdf?ua=1

French: https://extranet.who.int/iris/restricted/bitstream/10665/137511/1/WHO_IVB_14.08_fre.pdf

Immunization, vaccines, biological and service delivery:

http://www.who.int/immunization/programmes_systems/service_delivery/en/

Maternal, newborn, child and adolescent health (RNMCH and IMCI)

Service Availability and Readiness Assessment (SARA)

English:

http://www.who.int/healthinfo/systems/SARA_OverviewPresentation.pdf?ua=1%20%20http://www.who.int/healthinfo/systems/sara_introduction/en/

WHO integrated maternal, neonatal and child quality of care assessment and improvement tool (Assessment tool)

Working draft

WHO Save the Children UNICEF A guide to the provision of safe delivery and immediate newborn care in the context of an Ebola outbreak (Guideline)

http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/EbolaGuidanceReport.pdf

Provision of Training to Support Restoration of Reproductive, Maternal and Newborn Health Services in Liberia (JHPIEGO) (Training)

Ebola virus disease in pregnancy: Screening and management of Ebola cases, contacts and survivors
Interim guidance

English: <http://www.who.int/csr/resources/publications/ebola/pregnancy-guidance/en/>

French: <http://www.who.int/csr/resources/publications/ebola/pregnancy-guidance/fr/>

Essential interventions, commodities and guidelines for Reproductive, Maternal, Newborn and Child Health

English: http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/

French: http://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/fr/

WHO Safe Childbirth Checklist

English: <http://www.who.int/patientsafety/implementation/checklists/MockSCCChecklist.pdf?ua=1>

Managing Complications in Pregnancy and Childbirth

English: http://www.who.int/maternal_child_adolescent/documents/9241545879/en/

French: http://www.who.int/maternal_child_adolescent/documents/9241545879/fr/

Packages of interventions (for family planning, safe abortion care, maternal, newborn and child health)

http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/fch_10_06/en

Communicable diseases with a focus on malaria

WHO Guidelines for the Treatment of Malaria 3rd Edition

English: <http://www.who.int/malaria/publications/atoz/9789241549127/en/>

Malaria control in complex emergencies. An interagency field handbook.
Geneva, World Health Organization, 2005. (Handbook)

English: http://whqlibdoc.who.int/publications/2005/924159389X_eng.pdf

Management of severe malaria: A practical handbook. 2013 (Handbook)

English: http://apps.who.int/iris/bitstream/10665/79317/1/9789241548526_eng.pdf

French: http://apps.who.int/iris/bitstream/10665/87012/1/9789242548525_fre.pdf?ua=1

Universal access to malaria diagnostic testing – An operational manual 2013 (Operational Manual)

English: <http://www.who.int/malaria/publications/atoz/9789241502092/en/>

French: <http://www.who.int/malaria/publications/atoz/9789241502092/fr/>

Good practices for selecting and procuring rapid diagnostic tests for malaria. 2011 (Checklist)

English: http://whqlibdoc.who.int/publications/2011/9789241501125_eng.pdf

French: http://apps.who.int/iris/bitstream/10665/75237/1/9789242501124_fre.pdf

WHO informal consultation on fever management in peripheral health care settings: A global review of evidence and practice. 2013 (Guidelines, Lessons Learned, Implementation Guides)

English: http://apps.who.int/iris/bitstream/10665/95116/1/9789241506489_eng.pdf

The microscopic diagnosis of malaria. 2009 (Training Package)

English: http://www.who.int/malaria/areas/diagnosis/microscopy_cd_rom/en/

Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV

English: <http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/>

Mental health

Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know? (IASC Reference Group, 2010) (Summary of interagency policy)

English:

http://www.who.int/mental_health/emergencies/what_humanitarian_health_actors_should_know.pdf

Assessing mental health and psychosocial needs and resources: Toolkit for humanitarian settings WHO & UNHCR 2012) (Assessment Toolkit)

English: http://apps.who.int/iris/bitstream/10665/76796/1/9789241548533_eng.pdf?ua=1

French: http://apps.who.int/iris/bitstream/10665/97944/1/9789242548532_fre.pdf

Psychological first aid: Guide for field workers (WHO, WTF, WVI, 2011) (Manual)

English: http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf?ua=1

French: http://whqlibdoc.who.int/publications/2012/9789242548204_fre.pdf?ua=1

mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical management of mental, neurological and substance use conditions in humanitarian emergencies (WHO & UNHCR, 2015) (Clinical Guide)

English: http://www.who.int/mental_health/publications/mhgap_hig/en/

mhGAP Intervention Guide (mhGAP-IG) for mental, neurological and substance use disorders in non-specialized health settings (WHO, 2010) (Clinical Guide)

English: http://whqlibdoc.who.int/publications/2010/9789241548069_eng.pdf

French: http://www.who.int/mental_health/publications/mhGAP_intervention_guide/fr/

Building back better: Sustainable mental health care after emergencies (WHO, 2013) (Case Book)

English: http://www.unesco.org/library/PDF/mentalhealth_eng.pdf

French: http://apps.who.int/iris/bitstream/10665/85618/1/WHO_MSD_MER_13.1_fre.pdf?ua=1

Mental Health and Psychosocial Support in Ebola Virus Disease Outbreaks: A Guide for Public Health Planners

English: http://www.who.int/mental_health/emergencies/ebola_guide_for_planners.pdf

District health management teams (DHMTs)

Sub-national and district management: District health system for frontline managers

English: <http://www.who.int/management/district/overall/en/>

Sub-national and district management: District health system

English: <http://www.who.int/management/district/overall/en/index2.html>

Sub-national and district management: District health system: District Management Teams

English: <http://www.who.int/management/district/overall/en/index3.html>

Sub-national and district management: District health system: Access to Services

English: <http://www.who.int/management/district/overall/en/index4.html>

Tools for Assessing the Operationality of District Health Systems

English: http://www.who.int/management/district/assessment/assessment_tool.pdf

The Health Manager's Website

English: <http://www.who.int/management/en/>

French: <http://www.who.int/management/fr/>

Meeting report: Regional Workshop on Sub-national/District Health Management Development

English: http://www.who.int/management/district/overall/SEARO_Regional_workshop_for_trainers.pdf

Making Health Systems Work: Series

English: <http://www.who.int/management/mhswork/en/>

French: <http://www.who.int/management/mhswork/en/index1.html>

Infection prevention and control

Core Components for Infection Control Programmes

English: http://www.who.int/csr/resources/publications/WHO_HSE_EPR_2009_1/en/

French: http://www.who.int/csr/resources/publications/WHO_HSE_EPR_2009_1/fr/

Core components of infection prevention and control programmes: Assessment Tools for IPC programmes

English: http://apps.who.int/iris/bitstream/10665/70766/1/WHO_HSE_GAR_BDP_2011.3_eng.pdf

Core components of infection prevention and control programmes in health care Aide Memoire

English: http://www.who.int/csr/resources/publications/AM_core_components_IPC/en/

Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health –Care Settings, with Focus on Ebola.

English: http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/

French: http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/fr/

Liberia Health System Minimum Standards for Safe Care Provision by Healthcare Facilities in the Context of Ebola (Checklist)

Ebola Infection Control Assessment at Peripheral Health Units (PHUs) – CDC (Assessment)

Manual for the care and management of patients in Ebola Care Units/ Community Care Centres - interim emergency guidance 2015 (Guideline)

English: <http://www.who.int/csr/resources/publications/ebola/patient-care-CCUs/en/>

French: <http://www.who.int/csr/resources/publications/ebola/patient-care-CCUs/fr/>

Rapid Guidance and Checklist on Decommissioning of Ebola Care facilities guidance document

English: http://apps.who.int/iris/bitstream/10665/160198/1/WHO_EVD_Guidance_Strategy_15.1_eng.pdf

French: <http://www.who.int/csr/resources/publications/ebola/decommissioning-care-facilities/fr/>

Standard precautions in health care WHO 2007 (Aide Memoire)

English: http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf?ua=1

French: http://www.who.int/csr/resources/publications/EPR_AM2_FR3rA.pdf?ua=1

AIDE-MEMOIRE For infection prevention and control in a health care facility

English: http://www.who.int/injection_safety/toolbox/docs/en/AideMemoireInfectionControl.pdf

WHO guidelines on hand hygiene in health care (2009)

English: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf

French: <http://www.who.int/gpsc/5may/tools/9789241597906/fr/>

WHO Hand hygiene Self Assessment Framework

English: http://www.who.int/gpsc/country_work/hhsa_framework.pdf

French: http://www.who.int/gpsc/5may/hhsa_framework/fr/

WHO implementation strategy and tools

English: <http://www.who.int/gpsc/5may/tools/en/>

French: <http://www.who.int/gpsc/5may/tools/fr/>

Guide to Local Production - WHO-recommended Handrub Formulations (2009)

English: http://www.who.int/gpsc/5may/Guide_to_Local_Production.pdf

French:

http://www.who.int/gpsc/5may/tools/system_change/guide_production_locale_produit_hydro_alcoolique.pdf?ua=1

WHO Hand Hygiene Tools for Evaluation and feedback

English: http://www.who.int/gpsc/5may/tools/evaluation_feedback/en/

French: http://www.who.int/gpsc/5may/tools/evaluation_feedback/fr/

ABHR Planning and costing tool

English: http://www.who.int/gpsc/5may/tools/system_change/en/

French: http://www.who.int/gpsc/5may/tools/system_change/fr/

Protocol for evaluation of tolerability and acceptability of ABHR in Use of planned to be introduced – Methods 1 and 2

English: http://www.who.int/gpsc/5may/tools/system_change/en/

French: http://www.who.int/gpsc/5may/tools/system_change/fr/

Local Production of Alcohol Based Handrub: Training Workshop Report

English: <http://who.int/patientsafety/implementation/apps/events/ABHR-workshop-report.pdf>

Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities

English: http://www.who.int/gpsc/5may/EN_GPSC1_PSP_HH_Outpatient_care/en/

French: http://www.who.int/gpsc/5may/EN_GPSC1_PSP_HH_Outpatient_care/fr/

Consolidated Ebola virus disease preparedness checklist

English: <http://www.who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/>

French:

http://apps.who.int/iris/bitstream/10665/139712/1/WHO_EVD_Preparedness_14_fre.pdf?ua=1&ua=1

WHO Best Practices for Injections and Related Procedures Toolkit

English: http://apps.who.int/iris/bitstream/10665/44298/1/9789241599252_eng.pdf

Injection Safety: First Do No Harm

English: http://www.who.int/injection_safety/about/en/InjectionSafetyFirstDoNoHarm.pdf

Guiding principles to ensure injection device security

English: <http://apps.who.int/medicinedocs/en/d/j/s4886e/>

French: <http://apps.who.int/medicinedocs/fr/d/j/s4886e/>

WHO Patient Safety Curriculum Guide

English: <http://www.who.int/patientsafety/education/curriculum/en/>

Clinical standards and case management

Manual for the care and management of patients in Ebola Care Units/ Community Care Centres

English: <http://www.who.int/csr/resources/publications/ebola/patient-care-CCUs/en/>

French: <http://www.who.int/csr/resources/publications/ebola/patient-care-CCUs/fr/index.html>

Clinical management of patients with viral haemorrhagic fever: A pocket guide for the front-line health worker

English: <http://www.who.int/csr/resources/publications/clinical-management-patients/en/>

French: <http://www.who.int/csr/resources/publications/clinical-management-patients/fr/>

Interim list of WHO essential medicines necessary to treat Ebola cases based on existing guidelines

English: http://www.who.int/medicines/areas/medicines_list_ebola_07nov.pdf?ua=1

Interim list of WHO medical devices for Ebola care- medical devices (not including personal preventive equipment)

English: http://www.who.int/medical_devices/WHO_list_MDs_Ebola_Ver2.pdf?ua=1

Use of convalescent whole blood or plasma collected from patients recovered from Ebola virus disease

English: <http://www.who.int/csr/resources/publications/ebola/convalescent-treatment/en/>

French: <http://www.who.int/csr/resources/publications/ebola/convalescent-treatment/fr/>

Nutritional care of children and adults with Ebola virus disease in treatment centres: Interim guideline

English:

http://www.who.int/entity/nutrition/publications/guidelines/nutritionalcare_with_ebolavirus/en/index.html

French: http://www.who.int/nutrition/publications/guidelines/nutritionalcare_with_ebolavirus/fr/

Psychological first aid during Ebola virus disease outbreaks

English: <http://www.who.int/csr/resources/publications/ebola/psychological-first-aid/en/>

Potential Ebola therapies and vaccines: Interim guidance

English: <http://www.who.int/csr/resources/publications/ebola/potential-therapies-vaccines/en/>

French: <http://www.who.int/csr/resources/publications/ebola/potential-therapies-vaccines/fr/>

Pocket book of hospital care for children: Second edition: Guidelines for the management of common childhood illnesses

English: http://www.who.int/maternal_child_adolescent/documents/child_hospital_care/en/

Core competencies in adolescent health and development for primary care providers

English: http://apps.who.int/iris/bitstream/10665/148354/1/9789241508315_eng.pdf?ua=1&ua=1

French: http://apps.who.int/iris/bitstream/10665/181465/1/9789242508314_fre.pdf

IMAI district clinician manual: Hospital care for adolescents and adults: Guidelines for the management of common illnesses with limited resources

English: <http://www.who.int/hiv/pub/imai/imai2011/en/>

Ebola virus disease in pregnancy: Screening and management of Ebola cases, contacts and survivors
Interim guidance

English: <http://www.who.int/csr/resources/publications/ebola/pregnancy-guidance/en/>

Water, sanitation and hygiene (WASH)

Essential environmental health standards in health care. (WHO, 2008) (Standards)

English: http://www.who.int/water_sanitation_health/hygiene/settings/ehs_health_care.pdf.pdf

Safe management of wastes from health-care activities. (WHO, 2014) (Handbook)

English: http://apps.who.int/iris/bitstream/10665/85349/1/9789241548564_eng.pdf?ua=1

Guidelines on drinking-water quality, 4th edition (WHO, 2011) (Guidelines)

English: http://www.who.int/water_sanitation_health/publications/2011/dwq_guidelines/en/

Water Safety Plans (Various documents) (Implementation Tools)

English: http://www.who.int/water_sanitation_health/dwq/wsp170805.pdf

Sanitation Safety Planning (Implementation tool)

English: http://www.who.int/water_sanitation_health/publications/ssp-manual/en/

WHO/UNICEF JMP Update on access to water and sanitation-2014 (Monitoring data - household access to water and sanitation)

English: http://apps.who.int/iris/bitstream/10665/112727/1/9789241507240_eng.pdf?ua=1

UN Water Global Analysis and Assessment of Sanitation and Drinking-Water (WHO, 2014) (Monitoring data - policies, plans, human resources and finances)

English: http://www.who.int/water_sanitation_health/glaas/en/

WHO International Scheme to Evaluate Household Water Treatment Technologies (Performance data and standards)

English: http://www.who.int/household_water/scheme/HarmonizedTestProtocol.pdf

Management of Solid Health-Care Waste at Primary Health-Care Centres: A Decision-Making Guide

English: http://www.who.int/water_sanitation_health/medicalwaste/decisionmguide_rev_oct06.pdf

Health workforce

Human resources for health through conflict and recovery: lessons from African countries (Guidance or reference document)

WHO: analyzing disrupted health sectors- a modular manual. Module 10: human resources for health.

English: http://www.who.int/hac/techguidance/tools/disrupted_sectors/adhsm_en.pdf

WHO – Joyce Smith. Guide to health workforce development in post-conflict environments.

English:

<http://www.who.int/hac/techguidance/tools/guide%20to%20health%20workforce%20development.pdf>

WHO: Workload Indicators of Staffing Need (WISN) – User's Manual.

English: http://www.who.int/hrh/resources/wisn_user_manual/en/

French: http://www.who.int/hrh/resources/WISN_FR_UsersManual.pdf?ua=1

WHO: Minimum Data Set for Health Workforce Registry: Human Resources for Health Information System

English: http://www.who.int/hrh/statistics/minimun_data_set/en/

WHO Global Surgical Workforce Database

English: http://who.int/surgery/eesc_database/en/

Surveillance and information systems

Early detection, assessment and response to acute public health events: Implementation of Early Warning and Response with a focus on Event-Based Surveillance

English: http://apps.who.int/iris/bitstream/10665/112667/1/WHO_HSE_GCR_LYO_2014.4_eng.pdf?ua=1

French: http://apps.who.int/iris/bitstream/10665/144804/1/WHO_HSE_GCR_LYO_2014.4_fre.pdf?ua=1

Early Warning, Alert and Response System (EWARS)

The WHO Laboratory Assessment Tool 2012

English: http://whqlibdoc.who.int/hq/2012/WHO_HSE_GCR_LYO_2012.2_eng.pdf?ua=1

French: http://apps.who.int/iris/bitstream/10665/76768/1/WHO_HSE_GCR_LYO_2012.2_fre.pdf

Technical guidance for Integrated Disease Surveillance and response in the African Region (IDSR)

English: <http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/2775-technical-guidelines-for-integrated-disease-surveillance-and-response-in-the-african-region.html>

French:

http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=6183&Itemid=2593

Integrated disease surveillance and response – District level training course; participant module
English: <http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/3582-participant-modules-integrated-disease-surveillance-and-response-district-level-training-course.html>

Integrated disease surveillance and response – District level training course; facilitator guide
English: <http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/3583-facilitator-guide-integrated-disease-surveillance-and-response-district-level-training-course.html>

Global Reference List of 100 Core Health Indicators
<http://www.who.int/healthinfo/indicators/2015/en/>

International Health Regulations (2005)
English: <http://www.who.int/ihr/publications/9789241596664/en/>
French: http://apps.who.int/iris/bitstream/10665/43982/1/9789242580419_fre.pdf

Surveillance strategy during Phase 3 of the Ebola response
English: <http://www.who.int/csr/resources/publications/ebola/surveillance-strategy-phase3/en/>

Case definition recommendations for Ebola or Marburg virus disease
English: <http://www.who.int/csr/resources/publications/ebola/case-definition/en/>
French: <http://www.who.int/csr/resources/publications/ebola/case-definition/fr/>

Ebola surveillance in countries with no reported cases of Ebola virus disease
English: <http://www.who.int/csr/resources/publications/ebola/ebola-surveillance/en/>

Investing cause of death during an outbreak of Ebola virus haemorrhagic fever: draft verbal autopsy instrument
English: <http://www.who.int/csr/resources/publications/ebola/Corrected%20CoverEboladoc1.pdf?ua=1>

Investing cause of death during an outbreak of Ebola virus haemorrhagic fever: draft verbal autopsy instrument
English: <http://www.who.int/csr/resources/publications/ebola/Corrected%20CoverEboladoc1.pdf?ua=1>

Early detection, assessment and response to acute public health events – Implementation of early warning and response with a focus on Event-Based surveillance
English: http://www.who.int/ihr/publications/WHO_HSE_GCR_LYO_2014.4/en/
French: http://www.who.int/ihr/publications/WHO_HSE_GCR_LYO_2014.4/fr/

Rapid risk assessment of acute public health events
English: http://www.who.int/csr/resources/publications/HSE_GAR_ARO_2012_1/en/

Occupational health

WHO/ILO HealthWISE–work improvement in health services, 2014 (Assessment and training)
English: http://www.ilo.org/global/docs/WCMS_237276/lang—en/index.htm

WHO/PAHO Workers health and safety in the health sector 2006 (Assessment and training)
English: http://www.bvsde.paho.org/ssmanual/English/Main_Document.pdf

WHO/ILO Improving health workers access to HIV, TB – prevention, treatment, care and support services – a guidance note 2011
English:
http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/publication/wcms_149714.pdf

WHO Protecting Healthcare workers: toolkit 2006

English: http://www.who.int/occupational_health/activities/pnitoolkit/en/#

WHO/EMRO, Occupational health: a manual for primary health care workers, 2001 (training)

English: http://www.who.int/occupational_health/regions/en/oehemhealthcareworkers.pdf

Civil society/community engagement

Application of APPS Community Engagement Approach (ACE) for strengthening Ebola preparedness, response and recovery

English: <http://www.who.int/patientsafety/apps/SummaryBriefingACE-Ebola.pdf>

Engaging Communities: making it real APPS Community Engagement Implementation Pack

English: <http://www.who.int/patientsafety/implementation/apps/resources/ACE-package.pdf>

Communication for Behavioural Impact (COMBI) : A toolkit for behavioural and social communication in outbreak response

English: http://www.who.int/ihr/publications/combi_toolkit_outbreaks/en/

French: http://www.who.int/ihr/publications/combi_toolkit_outbreaks/fr/

Enhanced Capacity Building: Training for Frontline Staff on Building Trust and Communication (2015)

Communication and culture: improving engagement of EVD affected people in the health setting
Framework for developing model integrated community level health promotion interventions in support of WHO priority programmes (2009)

English: http://www.afro.who.int/en/downloads/doc_download/3774-framework-for-health-promotion-and-support-of-who-priority-programmes.html

Working with individuals, families and communities to improve maternal and newborn health:
Main document (2010)

English: http://www.who.int/maternal_child_adolescent/documents/who_fch_rhr_0311/en/

Toolkit for implementation (2015)

Counselling for maternal and newborn health care: A handbook for building skills

English: http://www.who.int/maternal_child_adolescent/documents/9789241547628/en/

French: http://www.who.int/maternal_child_adolescent/documents/9789241547628/fr/

Ebola stigma toolkit: Accepting and supporting Ebola survivors, orphans and families of Ebola patients in the community - A toolkit for social mobilizers and communicators

English: http://another-option.com/wp-content/uploads/2014/07/AO_EBOLA_Stigma_Toolkit_Final_4.pdf

Psychological first aid – guide for field workers

English: http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf?ua=1

French: http://whqlibdoc.who.int/publications/2012/9789242548204_fre.pdf?ua=1

Emergency and essential surgical care; Emergency, trauma, and acute care

WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC) toolkit

English: <http://www.who.int/surgery/publications/imeesc/en/>

WHO Situation Analysis Tool (SAT) to Assess EESC

English: http://www.who.int/surgery/publications/WHO_EESC_SituationAnalysisTool.pdf

Who Emergency and Trauma Care Course

English: <http://www.who.int/surgery/publications/s16382e.pdf>

WHO Global Surgical Workforce Database

English: http://www.who.int/surgery/survey_id3069.pdf

Prehospital Trauma Care Systems

English: http://www.who.int/violence_injury_prevention/media/news/04_07_2005/en/

Guidelines for Trauma Care

English: http://www.who.int/violence_injury_prevention/publications/services/en/guidelines_traumacare.pdf

Guidelines for Trauma Quality Improvement Programmes

English: http://whqlibdoc.who.int/publications/2009/9789241597746_eng.pdf

Essential Components of Emergency Care Systems Toolkit

Not yet web based – contact: TA_EarlyRecovery@who.int

WHO Basic Emergency Care Course

Not yet web based – contact: TA_EarlyRecovery@who.int

Strengthening care for the injured: success stories and lessons learned from around the world

English: http://whqlibdoc.who.int/publications/2010/9789241563963_eng.pdf

Emergency Triage Assessment and Treatment (ETAT)

English: http://www.who.int/maternal_child_adolescent/documents/9241546875/en/

French: http://www.who.int/maternal_child_adolescent/documents/9241546875/fr/

Quick Check and Emergency Treatments (from the IMAI District Clinician Manual)

English: <http://www.who.int/hiv/pub/imai/imai2011/en/>

Pocket book of hospital care for children: Guidelines for the management of common childhood illnesses

English: http://apps.who.int/iris/bitstream/10665/81170/1/9789241548373_eng.pdf

Blood safety

National Blood Policy

Aide-Mémoire for Ministries of Health: Developing a National Blood System

English: http://www.who.int/bloodsafety/publications/am_developing_a_national_blood_system.pdf

Voluntary Blood Donation

Towards 100% Voluntary Blood Donation: A global framework for action

English: http://www.who.int/bloodsafety/publications/9789241599696_eng.pdf?ua=1

French: http://www.who.int/bloodsafety/publications/9789241599696_eng.pdf?ua=1

Guidelines on assessing donor suitability for blood donation

English: http://apps.who.int/iris/bitstream/10665/76724/1/9789241548519_eng.pdf?ua=1

Blood Donor Counselling: WHO-CDC-IFRC Implementation guidelines

English: http://www.who.int/bloodsafety/voluntary_donation/Blooddonorcounselling.pdf

Blood Testing and Processing

Screening Donated Blood for Transfusion-Transmissible Infections: Recommendations for blood transfusion services

English: <http://www.who.int/bloodsafety/ScreeningTTI.pdf>

Aide-Mémoire for National Health Authorities: Safe Blood Components

English: http://www.who.int/bloodsafety/testing_processing/Aide-MemoireSBCEn.pdf

French: http://www.who.int/bloodsafety/processing/who_eht_05_01_fr.pdf?ua=1

Manual on the Management, Maintenance and Use of Blood Cold Chain Equipment

English:

http://www.who.int/bloodsafety/Manual_on_Management,Maintenance_and_Use_of_Blood_Cold_Chain_Equipment.pdf

French: http://www.who.int/bloodsafety/ManuelGestionMaint_web.pdf?ua=1

The Clinical Blood Transfusion

Developing a National Policy and Guidelines on the Clinical use of blood: recommendations

English: http://www.who.int/bloodsafety/clinical_use/en/who_bct_bts_01_3.pdf?ua=1

French:

<http://www.who.int/entity/bloodsafety/Recommandations%20Politique%20et%20Directives.pdf?ua=1>

The Clinical Use of Blood in General Medicine, Obstetrics, Paediatrics, Surgery and Anaesthesia, Trauma and Burns: Module

English: http://www.who.int/bloodsafety/clinical_use/en/Manual_EN.pdf?ua=1

French: http://www.who.int/bloodsafety/clinical_use/Manual_F.pdf?ua=1

The Clinical Use of Blood: Handbook

English: http://www.who.int/bloodsafety/clinical_use/en/Handbook_EN.pdf?ua=1

Training and Quality Management

Aide-Mémoire for National Blood Programmes: Quality Systems for Blood Safety

English: http://www.who.int/bloodsafety/transfusion_services/en/Blood_Safety_Eng.pdf

French: http://www.who.int/bloodsafety/quality/en/Quality_Aide-Memoire_French.pdf?ua=1

Quality Management Training for Blood Transfusion Services: Facilitator's Toolkit: CD-ROM

- Facilitator's Guide
- Modules 1–5
- Modules 6–8
- Modules 9–12
- Modules 13–15

English: http://www.who.int/bloodsafety/publications/qmp_toolkit/en/

French: http://www.who.int/bloodsafety/publications/qmp_toolkit/fr/

Safe Blood and Blood Products: Distance Learning Materials

English: http://www.who.int/bloodsafety/transfusion_services/Module1.pdf

Establishing a Distance Learning Programme in Blood Safety: A guide for programme coordinators

English: http://www.who.int/bloodsafety/education_training/en/BTSLearningProgrammeEn.pdf?ua=1

French: http://www.who.int/bloodsafety/education_training/en/BTSLearningProgrammeFr.pdf?ua=1

Noncommunicable diseases

WHO Package of Essential Noncommunicable Diseases Interventions (WHO PEN)

English: http://www.who.int/nmh/publications/essential_ncd_interventions_lr_settings.pdf

Avoiding Heart attacks and Strokes

English: <http://whqlibdoc.who.int/publications/2005/9241546727.pdf?ua=1>

French: http://whqlibdoc.who.int/publications/2005/9242546720_fre.pdf?ua=1

The STEPS Instrument and Support Materials

English: <http://www.who.int/chp/steps/instrument/en/>

Comprehensive cervical cancer control: a guide to essential practice

English: <http://www.who.int/reproductivehealth/publications/cancers/cervical-cancer-guide/en/>

WHO guidance note: comprehensive cervical cancer prevention and control: a healthier future for girls and women

English: <http://www.who.int/reproductivehealth/publications/cancers/9789241505147/en/>

French: <http://www.who.int/reproductivehealth/publications/cancers/9789241505147/fr/>

WHO guidelines for screening and treatment of precancerous lesions for cervical cancer prevention

English:

http://www.who.int/reproductivehealth/publications/cancers/screening_and_treatment_of_precancerous_lesions/en/

French:

http://www.who.int/reproductivehealth/publications/cancers/screening_and_treatment_of_precancerous_lesions/fr/

WHO guidelines for treatment of cervical intraepithelial neoplasia 2–3 and adenocarcinoma in situ: cryotherapy, large loop excision of the transformation zone, and cold knife conization

English: http://www.who.int/reproductivehealth/publications/cancers/treatment_CIN_2-3/en/

Monitoring national cervical cancer prevention and control programmes: quality control and quality assurance for visual inspection with acetic acid (VIA)-based programmes

English: <http://www.who.int/reproductivehealth/publications/cancers/9789241505260/en/>

WHO guidelines: use of cryotherapy for cervical intraepithelial neoplasia

English: <http://www.who.int/reproductivehealth/publications/cancers/9789241502856/en/>

French: <http://www.who.int/reproductivehealth/publications/cancers/9789241502856/fr/>

Integrated management of adolescent and adult illness (IMAI) modules

English: http://www.who.int/hiv/capacity/modules_description/en/

Palliative care includes symptom management during both acute and chronic illness and end-of-life (terminal) care

English: <http://www.who.int/hiv/pub/imai/genericpalliativecare082004.pdf?ua=1>

French: http://www.who.int/hiv/pub/imai/imai_palliative_2008_fr.pdf?ua=1

Cancer control: knowledge into action: WHO guide for effective programmes. Module 5: palliative care

English: http://apps.who.int/iris/bitstream/10665/44024/1/9241547345_eng.pdf

WHO guidance on ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines

English: <http://apps.who.int/medicinedocs/documents/s18050en/s18050en.pdf>

French: <http://apps.who.int/medicinedocs/documents/s18050fr/s18050fr.pdf>

3.

ANNEX 3: COLLATED CASE STUDIES

Resource		
Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
General mapping/assessment tools		
HeRAMS	Sudan	Continue to use the HeRAMS as a monitoring tool beyond recovery phase, enabling development.
HeRAMS	Mali	Continue to use the HeRAMS as a monitoring tool beyond recovery phase, enabling development.
HeRAMS	Philippines	Used during recovery period.
HeRAMS	Central African Republic	Uses the automated tool and analysis. Please click on the link to see the illustrative presentations.
HeRAMS	Nigeria	Ongoing assessment and monitoring
HeRAMS	Yemen	Ongoing assessment and monitoring
Reproductive, newborn, maternal, child and adolescent health (RNMCAH and IMCI)		
Latest version of training compilation package	Sierra Leone	Sierra Leone has developed a Basic Package of Essential health Services to be implemented across the country - the aim is to have uniformity in service provision by the different service providers. For RMNCH this includes FP, ANC/Delivery, essential newborn care and postnatal care, (BmONC and EmONC), postnatal care and IMNCI, iCCM. In support of this the UN agencies WHO, UNICEF, UNFPA have regular meeting, have collated their plans for training/other support, and compiled all training materials and have started updating in light of the need to include IPC.
Mental Health		
Building back better: Sustainable mental health care after emergencies (WHO, 2013) (Case Book)	Afghanistan, Burundi, Indonesia, Iraq, Jordan, Sri Lanka, Somalia, Sri Lanka, Timor-Leste, West Bank and Gaza	The case book was shown to major decision-makers early in the crisis and led to substantial investment into mental health system recovery. Lesson learned: acute emergencies are a good moment of time for decision makers to agree to change the status quo of neglect of mental health care.
Scaling up mental health care in general health care (2014, 2015)	Lebanon, Liberia, Philippines, Syria	Scale up of mental health training in general health care during and after emergencies
Community Healing Dialogue training	Liberia	WHO has worked with ministry and county health teams to conduct Community Healing Dialogue (CHD) refresher trainings for facilitators in multiple counties, after which 4 new CHDs were established.

Resource

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
IPC		
National IPC Guidelines To access the tool contact TA_EarlyRecovery@who.int	Sierra Leone	The first national IPC guidelines of the Ministry of Health and Sanitation have been developed as a collaborative project between WHO, CDC and the ministry. They will be tested across Sierra Leone with a view to undergoing further refinement and contextual adaptation in the future.
National IPC Training Modules, developed by ministry of health in conjunction with WHO/CDC To access the tool contact TA_EarlyRecovery@who.int	Sierra Leone	This module provides a range of presentations on IPC standards to be implemented in healthcare facilities covering several IPC topics including one module on IPC to be applied in an Ebola outbreak.
National IPC policy manual To access the tool contact TA_EarlyRecovery@who.int	Guinea	New national guidelines on IPC: “Normes et procédures de prévention et contrôle des infections pour les établissements de santé »;
National IPC training curriculum. To access the tool contact TA_EarlyRecovery@who.int	Guinea	New training curricula targeting medical and non-medical health workers: “Ministère de l’emploi, de l’Enseignement technique et de la formation Professionnelle : Module de formation en prévention et contrôle de l’infection » « Curricula de formation en prévention et contrôle de l’infection : Faculté des sciences Médicales »
Keep safe, keep serving training package Ministry of Health and Social Welfare To access the tool contact TA_EarlyRecovery@who.int	Liberia	National EVD-focused IPC training package utilizing hands on scenario approach.
Safe & Quality Health Service Training Package To access the tool contact TA_EarlyRecovery@who.int	Liberia	IPC training packages on Safe & Quality Health Service - SQS. SQS training is an example of integration of IPC, case management, surveillance, psycho-social support, and EVD. It has been used to train front line clinical and non-clinical health workers.
Local production of ABHR	Liberia	Summarizes a collaborative project between ministry of health and The Swiss Agency for Development and Cooperation (SDC) that included: recording ABHR as part of the national pharmaceutical products list; provision of 10 kits for local production of ABHR; provision of technical support for training from University Hospitals of Geneva and 3 pilot hospitals: Redemption Hospital, Monrovia, James N. Davis Jr. Memorial Hospital (JDJ), Monrovia, Phebe Hospital N'Bonga, that has resulted in the production of ABHR according to WHO standards.
ICAN training courses For more information contact TA_EarlyRecovery@who.int	Sierra Leone	Infection Control Africa Network have trained over 2000 workers across the African Region in recent years, most recently supporting the “Train the Trainer” program in Sierra Leone with plans to expand across Guinea and Liberia including addressing French speaking countries.

Resource

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
IPC		
IPC/WASH common indicators To access the tool contact TA_EarlyRecovery@who.int	Guinea, Liberia and Sierra Leone	Work in progress. A set of common IPC/WASH indicators have been agreed as a complementary approach to monitoring by colleagues across Guinea, Liberia and Sierra Leone. A simple set of common indicators, based already collected data provides added value in a number of ways (not exclusively): provides a validated framework to strengthen and enhance national monitoring activity and data quality and provide a basis for making improvements and prioritizing efforts in relation to IPC and WASH; assists with resource mobilization; assist with implementation of quality improvement in the field of IPC and WASH; strengthens alignment and efficiency of IPC and WASH activity; assists the multiple global agencies working across countries; rationalises certain aspects of reporting and reduces the reporting burden in relation to indicators not currently captured but sought by, for example, development organizations; enables progress to be measured globally and therefore assists with ongoing advocacy efforts; acts as an alert system to provide information on trends that are of relevance internationally
WASH		
Essential Environmental Health Standards in health care.	Liberia; all health care facilities	The standards were used to develop essential checklists on the minimum requirements for WASH in both Ebola treatment centers and general health care facilities. They also were used in creating a questionnaire for a national assessment of WASH services in all health care facilities. The assessment identified where there were big gaps (e.g. 19% of facilities had no water supply) requiring larger infrastructure improvements and where there were specific deficiencies (e.g. 50% of toilets had no handwashing facilities) that could be addressed at the facility level through simple buckets with taps and bars of soap. While the results ought to be used to inform priorities and health sector planning, it is not clear how such evidence is feeding into larger recovery plans and/or vertical health programme efforts. Thus, the challenge will be to streamline this work into broader health systems work and ensure there is sufficient budget devoted not only to infrastructure but also to human resources needed to operate and maintain such services.
Safety plans for health care facilities: A field guide to improving water, sanitation, and hygiene in health care facilities in low income countries (2015)	Liberia	An implementation support tool for developing and implementing a facility safety plan focusing on 5 steps: 1/ Assembling a facility safety plan; 2) Conducting a thorough assessment of WASH throughout facility; 3) Identifying and prioritizing areas for improvement; 4) Developing and implementing an incremental improvement plan and 5) Continuously evaluating and improving the plan. The resource contains a range of templates including situational analysis tools and improvement plan templates.

Resource

Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
WASH		
National Solid Waste Management Policy	Liberia	Validation exercise relating to the National Solid Waste Management policy
Surveillance and Information Systems		
EWARDS	Sierra Leone	A limited version of EWARS (just the response module) was used in Sierra Leone to support the management of line list data on confirmed cases and the laboratory specimen data. It demonstrated how using standardized tools with automated links to mapping and analysis can be deployed rapidly and effectively even during a large and complex outbreak response.
EWARDS	South Sudan	The full EWARS application will be deployed in South Sudan in Aug/Sep 2015 to support surveillance, alert and response activities in all conflict-affected states within the country.
<i>Border crossing Assessment Tool</i>	Guinea, Liberia and Sierra Leone	An assessment tool that uses standardized means to keep track of border crossings. This tool, along with the necessary supplies (e.g. thermometer), was given to staff at various crossing points between districts. The tool tracked many variables, such as the number of border crossings that occurred, as well as the number of people who had a fever.
Occupational Health		
HealthWise Training	Liberia, training district environmental health officers	An integrated program from Occupational Health and Safety, WASH, Ministry of Health and Infection Prevention and Control to enhance the capacities of district environmental health officers in all 15 counties to inspect and provide advice for improving occupational health and safety in health care facilities. The training provided support for the development of national policy and strategy for workers' health, including protection of health care workers (as per recovery of health services) and informal sector workers (as per recovery of livelihoods). Ongoing work will develop the (pre-Ebola) national policy on occupational health, updated with the lessons learned with on the two vulnerable groups mentioned previously. <i>Positive feedback received from participants</i>
Civil society and community engagement		
Enhanced Capacity Building: Training for Frontline Staff on Building Trust and Communication (Facilitator's Guide 2015)	Liberia, training district environmental health officers	Includes an 11-minute technical video on understanding and managing fear.
Emergency care including Emergency and Essential Surgical Care and Emergency, Trauma and Acute Care		
IMAI Quick Check and ETAT recommendations	Sierra Leone	Sierra Leone has implemented country-wide training using the IMAI Quick Check and ETAT recommendations to prepare health care workers to safely screen and provide initial emergency care to acutely ill patients

Resource		
Resource	Country/ context	Summary of key lessons learned on utility including successes and challenges
Blood safety		
Meeting on Developing Plans to Strengthen the Blood Systems in Ebola-Affected Countries, 25-27 February 2015. Who-HQ, Geneva, Switzerland	Guinea, Liberia, Sierra Leone	Directors and programme managers of the national blood transfusion services of Guinea, Liberia and Sierra Leone participated in a consultation, the main goal of which was to develop strategic short-term activities for the post-Ebola recovery, and long-term plans to rebuild the countries' blood systems beyond their pre-Ebola capacities. The report describes the discussions and outputs of the meeting.
Use of convalescent whole blood or plasma collected from patients recovered from Ebola virus disease	All	This 2014 interim guidance to national health authorities and blood transfusion services outlines the steps required to collect convalescent whole blood or plasma from Ebola virus disease recovered patients for transfusion to patients with early EVD, as an empirical treatment modality. The chapters cover: guidance on donor selection, screening, donation and handling of blood and plasma units; and guidance on transfusion of convalescent whole blood or plasma
Community Engagement, Education, Recruitment and Retention of People Recovered from Ebola as Potential Donors for CWB and CP	All	This 2015 interim guidance for National Health Authorities, Blood Transfusion Services and Researchers This document provides interim guidance and outlines key considerations to enable national health authorities, programme managers in the ministries of health, blood transfusion services (BTS) and organizations conducting clinical trials, to effectively inform, educate and engage people recovered from Ebola and the communities in which they live, to consider donations of convalescent whole blood (CWB) and convalescent plasma (CP) for use in the treatment of EVD, including for use in clinical trials in the affected countries. Many of the same considerations are also relevant to the acceptability of CWB/CP treatment among patients with EVD. Inappropriate and/or insufficient community awareness, information and engagement can place additional pressure and cause anxiety and distress to these already vulnerable groups.
Maintaining a Safe and Adequate Blood Supply during and after Ebola Virus Disease Outbreaks	All	Currently undergoing finalization

4.

ANNEX 4: DRAFT ESSENTIAL HEALTH SERVICES SITUATION REPORT

Reporting period:

Year

Total number of hospitals:

Total number of clinics and health centers:

Number and % of hospitals reported on:

Number and % of health clinics reported on:

Month:

	<i>Annual population</i>
Est. Population	
Expected deliveries	
Expected pregnancies	
Under 1 Pop	
Under 5 Pop	
Expected TB cases	

N° INDICATORS	DATA		DATA Source	Reporting Period
	#	%		
CORE INDICATORS				
Maternal and child health				
1 # of maternal death in health facilities				Monthly
2 # of neonatal deaths in health facilities				Monthly
3 # and % of institutional deliveries by skilled birth attendants				Monthly
4 # and % of children < 5 years treated for malaria with Artemisinin-based Combination Treatments (ACTs)				Monthly

N° INDICATORS	DATA		DATA Source	Reporting Period
	#	%		
CORE INDICATORS				
EPI				
5	# total cases of measles for under one (confirmed)			Monthly
6	Pentavalent vaccine 3rd dose (Penta3) immunization coverage among infants less than 12 months of age (%)			Monthly
Health Services Delivery System				
7	# and % of Health Centres with bore hole water on their premises			Annually
8	# and % of Hospitals with 24 hours running water			Annually
9	# and % of facilities meeting minimum IPC standards			Annually
10	# and % of facilities with triage			Annually
11	# and % of health facilities meeting EPHS staffing standard			Annually
ADDITIONAL SUPPLEMENTARY INDICATORS				
Maternal and child health				
12	# of children < 5 years with pneumonia treated with antibiotics			Monthly
TB and HIV				
13	# and % of new smear TB cases placed on treatment (over those diagnosed during the same period)			Quarterly (April-June 2015)
14	# and % of people (PLHIV) receiving antiretroviral therapy			Quarterly
Mental Health				
15	# of health facilities with at least one mental health clinician			Annually
16	# and % of health facilities (public) without stock-outs tracer drugs and commodities (amoxicillin, clotrimazole, paracetamol, ORS, iron folate, ACT, FP commodity) on the day of a facility assessment/or reporting day			Quarterly (April-June)
17	Number of OPD visits per 10,000 pop.			Monthly
18	Number and % of facilities that submit HMIS reports within the required deadline for the period reported on			Monthly
19	Number % of facilities having submitted timely all the weekly surveillance reports during the reporting period			

5.

ANNEX 5: FREQUENTLY ASKED QUESTIONS (FAQs)

Who should use the Toolkit?

The initial target audience is WHO Country Office Technical Leads involved in supporting the recovery phase following a global public health emergency. Technical Leads are encouraged to disseminate the Toolkit to counterparts/colleagues working within their ministry of health and also implementation partners/NGOs.

Do I need to be online to use the Toolkit?

In the first instance, the Toolkit can be consulted as a printed document. However, to access the resources it is necessary to be connected to the internet. The vast majority of the resources within the Toolkit are available online. Where this is not the case, contact TA_EarlyRecovery@who.int.

What is the difference between the Toolkit and searching the web?

Each of the technical areas contained within the Toolkit are housed within WHO's vast website. Feedback received from the field tells us that it is sometimes challenging to access the right resource for the specific needs of the early recovery phase quickly and easily. The Toolkit brings all of the available resources together in a single, easy-to-navigate source.

How is the Toolkit different from existing resources such as the International Recovery Platform (IRP)?

The International Recovery website acts as an international source of knowledge on good recovery practice and is an established "international mechanism for sharing experience and lessons associated with build-back-better" following disasters (e.g. natural disasters such as hurricanes, earthquakes and floods). The WHO Early Recovery Toolkit has been developed specifically to address early recovery in the context of a public health emergency caused by the outbreak of a highly transmissible disease such

as Ebola. For more information on IRP visit <http://www.recoveryplatform.org>.

What if I cannot find the resource I am looking for?

Contact TA_EarlyRecovery@who.int

We have had some success in implementing an approach in this early recovery period that may be useful to share – what should we do next?

If you have used any of the resources contained within the Toolkit or if you have developed additional resources during this early recovery phase, we would be most grateful if you could share this with us, so that we can use the Toolkit as a mechanism to speed up learning and knowledge-sharing. This will help to prevent "reinventing the wheel" and enable colleagues to progress more quickly in their implementation approaches.

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Please visit us at:

www.who.int/csr/resources/publications/ebola/recovery-toolkit/en/

WHO is devoted to supporting countries in early recovery activities as they work to rebuild their health systems following crisis events. The WHO early recovery website highlights the four pillars of the WHO recovery effort, which include infection prevention & control and patient safety; surveillance; health workforce and an essential package of health services. These four pillars are underpinned by six cross-cutting technical areas, namely integrated people-centred services; institutional twinning partnerships; information, communication & technology (ICT); supply chain; health financing; and knowledge harvesting.

More information on WHO early recovery efforts can be found at:

<http://who.int/csr/disease/ebola/health-systems-recovery/en/>