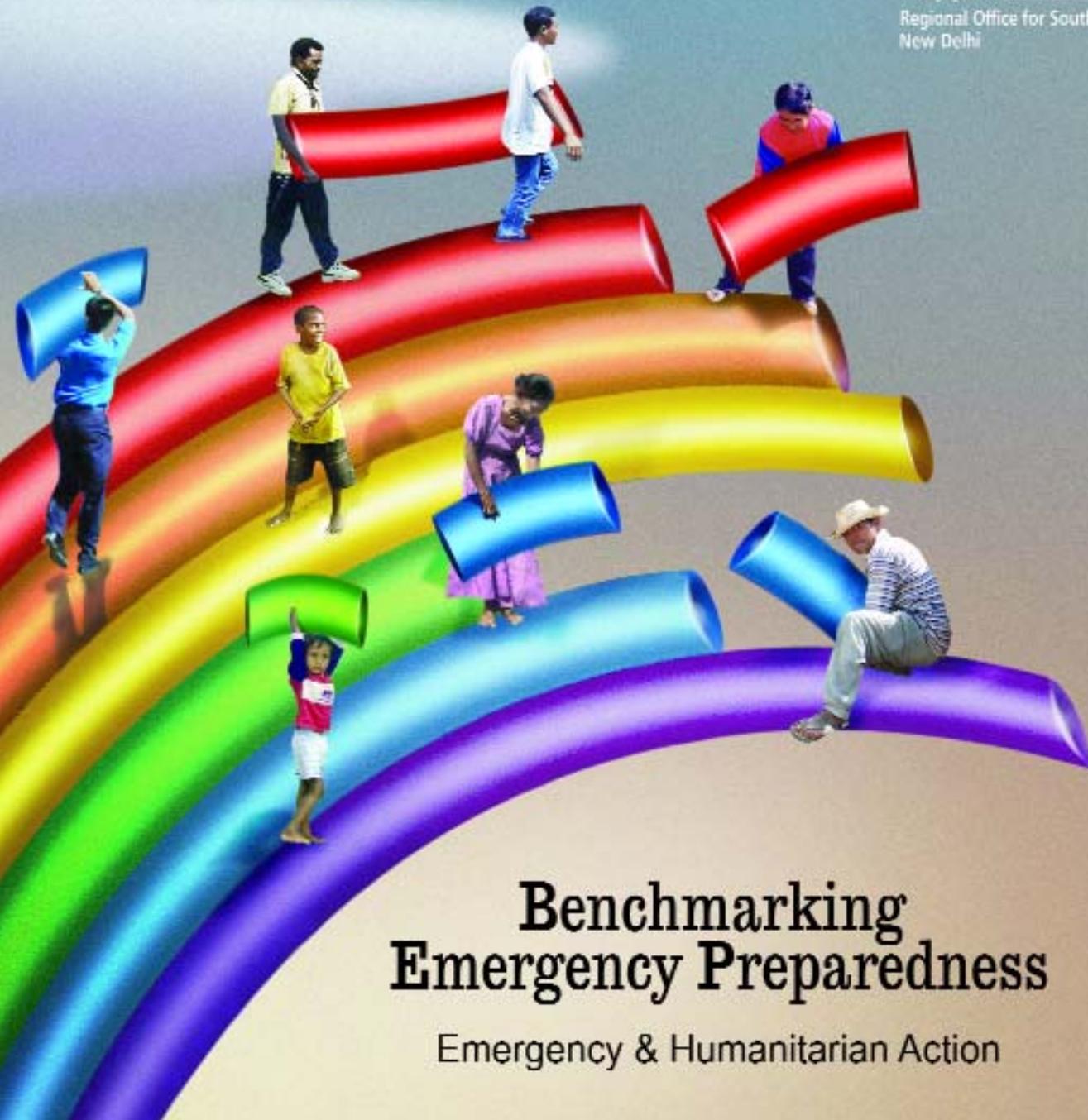




World Health
Organization

Regional Office for South-East Asia
New Delhi



Benchmarking Emergency Preparedness

Emergency & Humanitarian Action



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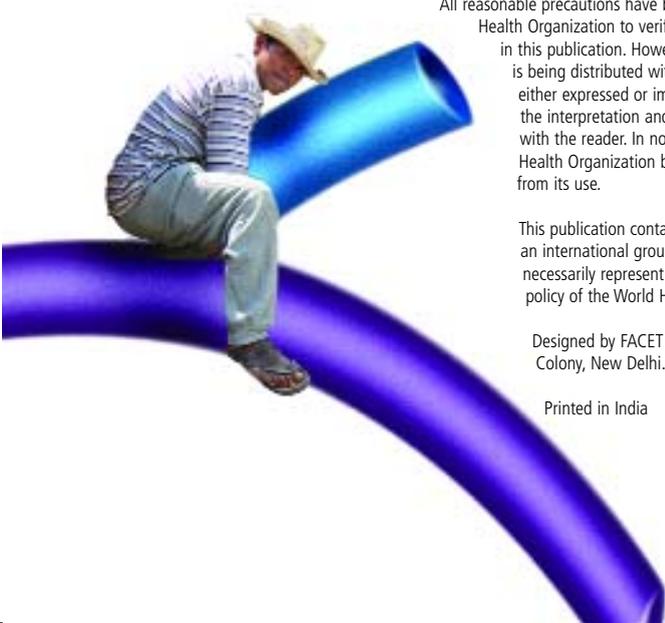
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**The benchmarks
are an
expression of the
consensus and
commitment of
the countries.**

WHAT ARE benchmarks

- Benchmarking is a strategic process often used by businesses to evaluate and measure performance in relation to the best practices of their sector. The Emergency and Humanitarian Action Programme (EHA) of the WHO South-East Asia Regional Office (SEARO) and its partners have applied the process of setting benchmarks as a tool to increase performance in emergency preparedness and response.
- The SEARO Benchmarks Framework consists of 12 benchmarks, developed through a participatory process that involved all 11 member countries. Each benchmark has a corresponding set of standards and indicators that further elaborates the best practices of the specific benchmark.
- The benchmarks are broad in nature as they reflect the consensus of all 11 countries on the desired performance for improving emergency preparedness and response. The 12 benchmarks fall into the categories of: 1) human resource development, training and education; 2) planning; 3) legislation and policy; 4) funding; 5) vulnerability assessment; 6) information systems; 7) surveillance; 8) absorbing and buffering capacities and responses; 9) patient care; and 10) coordination.
- The benchmarks integrate multisectoral concerns at community, sub-national and national levels. This means that if all benchmarks are achieved, the level of preparedness of the country will be extremely high and intersectoral linkages and wide participation by all stakeholders ensured.

The *World Disaster Report 2006* highlighted the discouraging fact that around 58% of the total number of people killed in natural disasters during the decade 1996-2005 was from SEAR countries. In 2005, three countries of the SEA Region (India, Bangladesh and Indonesia) were among the top-10 countries most affected by natural disasters.



WHY benchmarks

- The Benchmarks Framework is a response to the collective experiences of five SEAR countries during the earthquake and tsunami of 26 December 2004, the recurring emergencies in all SEAR Member countries and the global call for improved emergency preparedness.
- The benchmarks facilitate political commitment through a uniform framework for planning and evaluating emergency preparedness actions across countries to which all countries are committed.
- The benchmarks were formulated to set standards for emergency preparedness through a participatory approach and to be applicable to the specific situations in the countries of the Region.
- The Benchmarks Framework facilitates planning, monitoring and evaluation in a uniform manner across the 11 countries while allowing for country-specific approaches.



HOW WERE THE **benchmarks** DEVELOPED

- The benchmarks are the product of a regional consultation in Bangkok in November 2005. All 11 SEAR member countries were represented at the consultation. In addition to Ministries of Health (MOH), a number of other stakeholders were present, notably from Ministries of Home Affairs, Foreign Affairs and Education as well as UN agencies, International Federation of Red Cross, International Non-Governmental Organizations (INGO), donors and universities.
- The consultation's main objective was to identify gaps in addressing response, preparedness and recovery for health needs of affected and vulnerable populations. The 12 benchmarks address the key issues necessary to establish a disaster preparedness mechanism as identified by the participants at the consultation.
- Following a regional consultation in Bali in June 2006, the Benchmarks Framework was further refined to include standards and indicators to make planning, monitoring and evaluation more accurate.



"The ultimate goal is to enable countries to plan and coordinate effectively all activities relating to emergency preparedness and response".

Dr. Samlee Plianbangchang,
Regional Director,
WHO Regional Office for
South-East Asia



THE 12 benchmarks

1. Legal framework and functioning coordination mechanisms and an organizational structure in place for health EPR at all levels involving all stakeholders.
2. Regularly updated disaster preparedness and emergency management plan for health sector and Standard Operating Procedures (SOP) (emergency directory, national coordination focal point) in place.
3. Emergency financial (including national budget), physical and regular human resource allocation and accountability procedures established.
4. Rules of engagement (including conduct) for external humanitarian agencies based on needs established.
5. Community plan for mitigation, preparedness and response developed, based on risk identification and participatory vulnerability assessment and backed by a higher level of capacity.
6. Community-based response and preparedness capacity developed, and supported with training and regular simulation/ mock drills.
7. Local capacity for emergency provision of essential services and supplies (shelters, safe drinking water, food, communication) developed.
8. Advocacy and awareness developed through education, information management and communication, including media relations (pre-, during and post-event).
9. Capacity to identify risks and assess vulnerability at all levels established.
10. Human resource capabilities continuously updated and maintained.
11. Health facilities built/modified to withstand expected risks.
12. Early warning and surveillance systems for identifying health concerns established.



THE standards

- Each benchmark has two to three standards and each standard has one to four health sector indicators against which monitoring can take place.
- The standards denote the technical reference level of quality or attainment of the benchmark. The standards are qualitative and universal in nature and applicable in any operating environment as they specify the minimum level to be attained.
- The standards related to each benchmark were derived from the benchmark itself and further define the technical quality of all components of the benchmark.

"While the Bangkok Meeting Benchmarks are a good starting point, in order to ensure multi-hazard disaster preparedness in the Region, they need to be converted into strategic action points with quantifiable indicators and specific timelines"

Bali Declaration
June 2006



health

SECTOR INDICATORS

- Each standard is equipped with tools to measure the progress towards achieving the standards - i.e. a set of indicators.
- The indicators provide a way to measure and determine progress in achieving the standards. As the indicators are formulated to be very specific to the standards, they can also be used to guide strategic thinking and planning.
- The health sector indicators all refer to health-related issues that various partners ranging from MoH, district health authorities, hospitals, UN agencies, NGOs and community partners have a mandate to ensure.
- The indicators are as specific as possible to make them measurable, but as they have to cater to 11 different countries, they remain somewhat generic.



"Multi-sectoral collaboration in the countries is not easy. However, we do know that water and sanitation is not with us [the health sector], but it is a major problem in emergencies and we know that we need to work with them. The same is the case for nutrition and food safety. In the planning process, there is very often a disconnect, and it is important that we bring sectors together".

Dr. Poonam Khetrpal Singh,
Deputy Regional Director,
WHO Regional Office for South-East Asia
closing remarks at EHA focal points meeting,
29-30 march 2007
New Delhi



OTHER SECTORS indicators

- For each standard, a set of non-health sector or "other sectors indicators" has been included.
- The other sectors indicators refer to essential preparedness issues that are not within the means of the health sector to achieve but that nonetheless will have a crucial impact on the overall preparedness levels of the country.
- Although their implementation might not be the mandate of the health sector, they are important to consider when planning and evaluating the health sector emergency preparedness activities.
- Some of these indicators point to key areas of intersectoral coordination and collaboration and highlight the importance of including public health concerns in areas such as national emergency planning, capacity building and community disaster mitigation.





THE **checklist** QUESTIONS

- The last tool in the Benchmarks Framework is a checklist.
- The checklist consists of pertinent questions for each standard that can help guide analysis of the existing situation.
- By asking the questions when planning interventions in line with the Benchmarks Framework, the checklist facilitates the establishment of a baseline against which progress can be evaluated.
- The questions predominantly relate to health sector issues but also refer to important factors outside the health sector when the absence or presence of these is a potentially determining factor for the overall vulnerabilities and capacities of the national and local systems.

HOW WILL THE MEMBER COUNTRIES USE THE **benchmarks** FRAMEWORK

- To achieve the benchmarks is a long-term process, and the guiding principle is that not all countries will devote equal attention to all 12 benchmarks simultaneously.
- Each country should prioritize its interventions based on specific hazard scenarios, areas with high vulnerability and the existing capacity of the country.
- Within the WHO collaborative framework with the Member countries, strategic objective 5 provides the means for applying the Benchmarks Framework. SO5 is: To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.
- In the coming years, the gradual achievement of the benchmarks at various levels will serve to build capacity, secure intersectoral linkages, improve planning and legislation and ultimately reduce the vulnerability of communities and systems.



The **benchmarks** provide a guide for sustained regional and national action. Now it is up to the countries to plan and evaluate the appropriate action within the framework provided by the benchmarks. The development of country-specific roadmaps is the end result.





THE **next** STEPS

- The Benchmarks Framework is not the start of emergency preparedness initiatives in the Region, which have been going on for a number of years. The benchmarks did, however, mark the beginning of a new, comprehensive and measurable approach to health sector emergency preparedness and response.
- The work towards achieving the benchmarks has been ongoing since their formulation at the end of 2005. With the framework of standards and indicators in place, planning, evaluation and gap analysis across the countries of the region enters a new phase.
- The benchmarks, standards and indicators provide an overall framework for the South-East Asia Region. To apply this framework at the country level requires that countries go through the process of developing country specific indicators through a consultative process between EHA focal points, government counterparts and other key partners.
- The fact that benchmarks have been integrated into the 2008-09 work plans of the countries under SO5 will give the process momentum. Achievements and remaining gaps must be thoroughly monitored and evaluated, and findings used to fine-tune both the framework and the long-term planning.
- For SEARO, the challenge will be to keep the momentum, to support and assist the process and, not least, to carefully analyse the application of the Benchmarks Framework in the years to come. As a novel approach, it is imperative that lessons learned and best practices are distilled, and that the framework is continually adjusted to a changing reality.

global DEVELOPMENTS

- The SEAR benchmarks are increasingly being looked to by other partners. In May 2007, Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR), the Joint Commission, the Pan American Health Organization (PAHO) and the University of Wisconsin, Department of Surgery/World Association for Disaster and Emergency Medicine (WADEM) used six of the benchmarks as the basis for discussion during a workshop on "The Safe and Resilient Hospitals: Preparing for the Next Disaster".
- EHA EURO (WHO Regional Office for Europe) is planning to introduce the benchmarks as part of the framework of upcoming country assessments of health security capacities. In the initial phase, assessments are planned for three countries (Armenia, Azerbaijan and either Ukraine or Georgia).



For more information on the SEARO Benchmarks, refer to the reports:

- *Health Aspects of Emergency Preparedness and Response*, Report of the Regional Meeting Bangkok, 21-23 November 2005.
- *Emergency Preparedness and Response: From Lessons to Action*, Report of the Regional Consultation, Bali, Indonesia, 27-29 June 2006.
- "Special Report: Health Aspects of Disaster Preparedness and Response". Report from a Regional Meeting of Countries of South East Asia, Bangkok, Thailand, 21-23 November 2005 in the journal *Prehospital and Disaster Medicine*, Vol. 21, no. 5, September - October 2006

All can be accessed at the SEARO EHA website:
www.searo.who.int/eha









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