Executive Summary:
Humanitarian System-wide Scale-Up Activation Protocol for the Control of Infectious Disease Events
4 April 2019

At a glance

The IASC Humanitarian System-Wide Scale-Up Protocols are a set of measures designed to enhance the humanitarian response in view of increasing humanitarian needs and ensure that IASC member organizations and partners can rapidly mobilize the necessary capacity and resource to respond to humanitarian needs. These activation procedures set out how the humanitarian system will respond for infectious disease events, reflecting the potential evolution of an infectious event, the roles of the World Health Organization (WHO) and Member States under the International Health Regulations (IHR) (2005), and the importance of non-IASC organizations in responding to infectious disease events.

Key information for field leaders

1. **The designation of a Scale-Up response to an infectious disease event will be issued by the Emergency Relief Coordinator in collaboration with WHO**, in consultation with IASC Principals, amongst others. Activation should be based on WHO's risk assessment plus an analysis of scale, urgency, complexity, capacity, and risk of failure to deliver.

2. Activation commits IASC members to rapidly put in place systems, capacities, and resources to contribute to an effective response given their mandates, Cluster Lead Agency responsibilities, and commitments made in the Statement of Key Strategic Priorities. In addition, **an infectious disease Scale-Up automatically triggers the following actions** (as appropriate to the context and pathogen):

Immediately	Within 5 days	Later
• Activation of the empowered leadership model. • Establishment of an HCT and designation of a Humanitarian Coordinator (HC) and, if appropriate, appoint a WHO official as Deputy HC a.i.. • Deployment of supplies and logistics, ideally sufficient for the activation period. • Establishment of sub-national hubs/coordination mechanisms as required. • IASC member organizations deploy surge capacity. • WHO establish an inter-agency epidemiology and response Situation Report to be updated at least weekly.	• (Within 48 hrs) Designation of a Senior Emergency HC to lead the response in support of national authorities and a WHO Incident Manager to direct technical human health aspects of the event. • (Within 4 days) Development of a *Statement of Key Strategic Priorities* by the HC/HCT with the technical direction of WHO to set out priorities, a common strategic approach, and serve as a basis for the Flash Appeal and monitoring. • (Within 72 hrs) Announcement of Central Emergency Response Fund and Country-Based Pooled Fund (CBPF) if available, to be issued by the ERC (or HC for CBPFs). • (Within 5 days) Launch Flash Appeal.	• (Within 14 days) Complete a Multi-Cluster Rapid Assessment (or similar). • (Within 21 days) Launch full Strategic/ Humanitarian Response Plan and revised Appeal. • (within 3-6 months) Conduct an Operational Peer Review. • (within 9-12 months) Conduct an Inter-Agency Humanitarian Evaluation (IAHE), if in line with the IAHE Steering Group Terms of Reference.

3. The initial duration of the activation (maximum 6 months) is defined by the IASC Principals during their first meeting. A transition plan is drawn up by the HCT, in consultation with the Emergency Directors Group, in the 3 weeks after activation. **The IASC Principals convene at the end of the activation period to formally deactivate the Scale-Up or, if deemed appropriate, extend it.**

The full IASC product is available at https://iasc.ch/infectious-disease-scale-up-2019
For support using this product, or to provide feedback on the product or this summary, contact the IASC secretariat at: iasccorrespondence@un.org.
Summary drafted by: IASC secretariat

Note: in the case of any differences to this summary, the full product is the authoritative version