

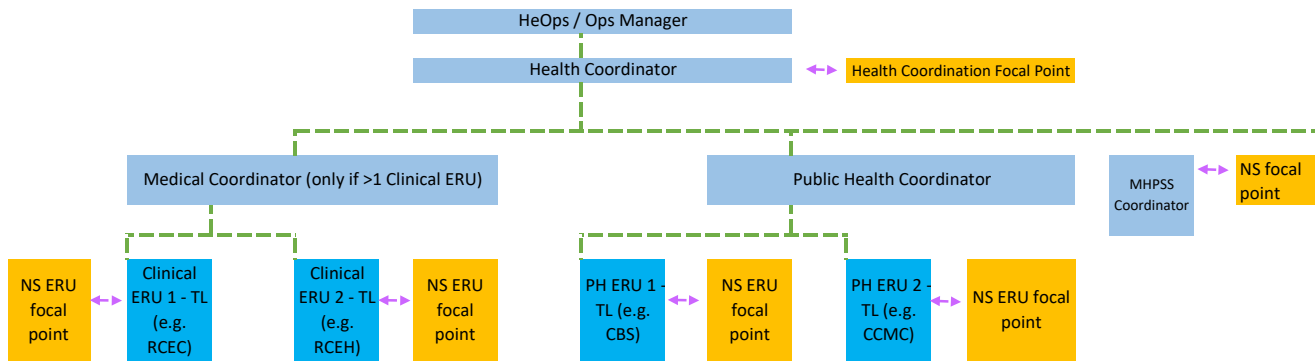
## Health and PH Leadership Positions in Emergencies: Structure of IFRC emergency response tools and recommended roles

The organigrams in this document are a suggested structure to ensure that Health Coordinators, PH Coordinators and PH Delegate candidates' level of experience and competencies **match** the requirements of the field operation as per the scale and type of emergency. This is also to ensure that there is clarity on hierarchical and functional lines across movement actors including staff deployed as part of one or more IFRC emergency tools (Surge/ERUs) and members of a Host National Society



### LARGE SCALE - SCENARIO A:

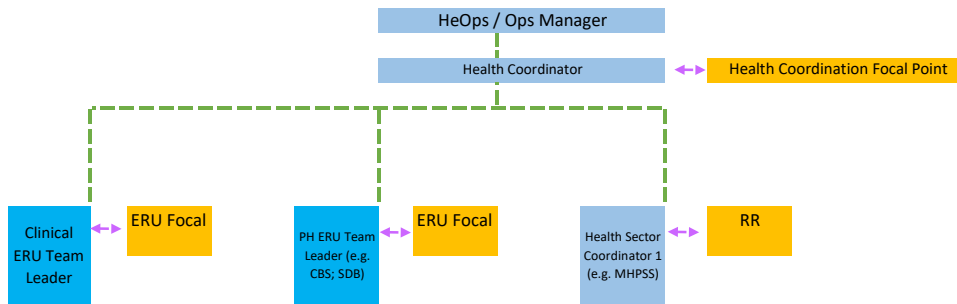
**Largest scale / most complex emergency (including health emergencies) with both clinical and public health components**



In a large scale emergency where there are both significant clinical and public health components, the Health Coordinator provides strategic leadership to the health intervention as a whole, with a medical coordinator to oversee the multiple clinical interventions, and a public health coordinator responsible for the various public health interventions. The med-co and PH-co provide line management to the team leader of any ERU (whether clinical or PH ERU). The Health Coordinator also ensures that all leadership positions within health have an appointed counterpart to work alongside with from the Host NS. Where there is a PNS in country working in the same clinical or public health domain, the Health Coordinator is responsible for ensuring relevant communication and coordination.

### LARGE SCALE - SCENARIO B:

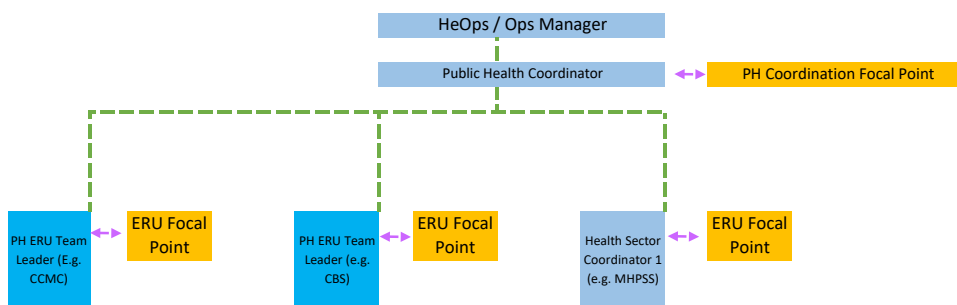
**Large scale / Complex emergency with simple clinical and public health response**



In large scale emergencies, the health coordinator is responsible for external and internal coordination, and responsible for the implementation, design and monitoring of all field activities. In operations with fewer ERUs or programmatic areas of health intervention, a single health coordinator will line manage both ERUs (clinical and public health) and RR health surge personnel. The Health Coordinator also ensures that all leadership positions within health have an appointed counterpart to work alongside with from the Host NS. Where there is a PNS in country working in the health domain, the Health Coordinator is responsible for ensuring relevant communication and coordination.

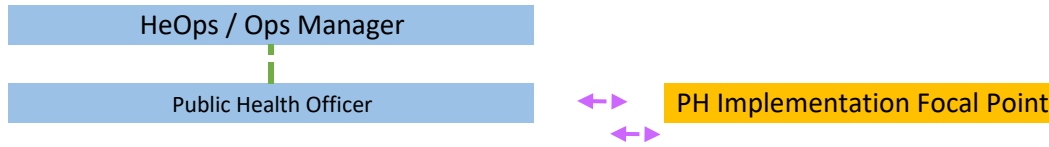
### SCENARIO C:

**Large scale / Complex emergency with no clinical response and large scale public health response**



### SMALL TO MEDIUM SCALE - SCENARIO D:

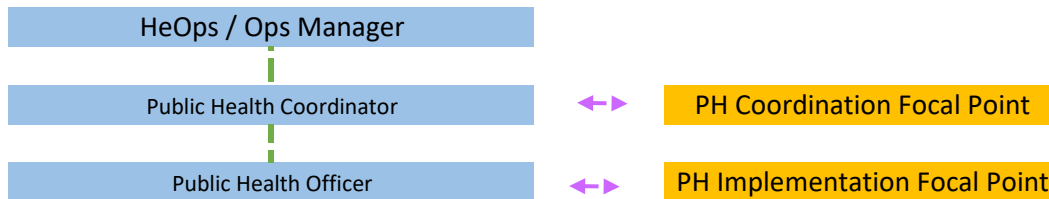
**Small to medium scale emergency with a public health component only (e.g. dengue fever outbreak)**



*This is the most frequent scenario for deployments. In a small to medium scale emergency, a public health in emergencies (PHiE) delegate designs, implements and monitors an intervention. S/he may have to take on coordination tasks but these will usually be limited (when compared to the level of coordination required in a large scale emergency). The PH Delegate also ensures that all leadership positions within health have an appointed counterpart to work alongside with from the Host NS. Where there is a PNS in country working in the public health domain, the Public Health Delegate is responsible for ensuring relevant communication and coordination*

### SMALL TO MEDIUM SCALE - SCENARIO E:

**Small to medium scale emergency with a public health component only (e.g. EVD in a country with previous response experience)**



*In a small to medium scale emergency where there is a large need for external coordination (e.g., for EVD interventions in countries that have responded before), a PH coordinator ensures strategic vision and external coordination, while a public health delegate designs, implements and monitors an intervention. The PH Coordinator ensures that all leadership positions within health have an appointed counterpart to work alongside with from the Host NS. Where there is a PNS in country working in the public*