Public Health Emergency Management Capacity Assessment Tool (PHEM Tool) Overview

Rationale and Purpose

The purpose of the Public Health Emergency Management (PHEM) Capacity Assessment Tool (PHEM Tool) is to enable Emergency Management Technical Advisers (EMTAs) on the Global Emergency Management Capacity Development (GEMCD) Team to understand strengths and gaps in existing PHEM capacities in partner countries where the Centers for Disease Control and Prevention (CDC) provides technical assistance. GEMCD can use this data to prioritize resources and activities for country technical assistance work plans and to highlight changes in capacities over time in countries of interest, both individually and in aggregate.

Target Audience

The current focus is on Global Health Security Agenda (GHSA) partner countries where the CDC, GEMCD, or Division of Emergency Operations (DEO) either provides or will provide technical assistance to strengthen PHEM capacities under GHSA.

Timing

EMTAs will administer the tool annually for the duration of GHSA implementation (expected to be a minimum of 5 years).

Data Collection

EMTAs will collect PHEM Tool data in the following ways, with support from other CDC partners as appropriate:
• Discussions with key informants in country; key informants may include, but are not limited to, decision-makers and technical experts within the country Ministry of Health (MoH).
• Reviews of documents provided by the country government.
• Direct observations during country visits.

Limitations

Data collected using the tool can provide a snapshot in time of the country's PHEM capacity. However, availability and accessibility of data sources and/or in-country experts for tool items, as well as time constraints, can pose challenges for EMTAs. In-country interviewees and data providers may change over time, and some aspects of the capacities may not be consistent from year to year. As a result, one limitation of this data collection effort is that EMTAs may need to evaluate different workforces and systems during follow-on administrations of the tool.

DRAFT as of 30 NOV 22

Public Health Emergency Management Capacity Assessment Tool (PHEM Tool)

Country and location (city):	Project Year (FY and GHSA project year [if applicable]):
EMTA(s) Conducting PHEM Tool (Name, email, phone number):	Date Survey Started:
	Date Survey Ended:

Current Situation

1	a. Geographic Location:				
	b. Population:				
	c. CDC Travel Health Notice(s) and/or Other Health Concerns:				
	d. Current Transnational and/or Security Issues:				
	e. Other:				
2	a. Does the country have trained PHEM Fellowship Alumni?		☐ Yes		☐ No
	If yes, how many have completed the Fellowship?				
	If yes, what cohort(s)/year(s)?				

	b. Is there a current participant in the residential PHEM Fellowship ?		☐	Yes	☐ No
3	a. Is the country currently responding to a public health emergency and/or has the Incident Management System (IMS)in the previous calendar or FY?		☐	Yes	☐ No
	If yes, for what situation(s) was the IMS activated?				
	b. Did the country activate IMS for the COVID-19 pandemic?		☐	Yes	☐ No
4	Overview of capacity development activities that have been completed in the last FY (trainings, Technical Assistance (TA), site visits):				
5	Is there an existing Public Health Emergency Operations Center (PHEOC)?		☐	Yes	☐ No
	If yes, where is the PHEOC located?				
	If yes, was the PHEOC established prior to the COVID-19 pandemic?		☐	Yes	☐ No
6	Is there an existing PHEM program?		☐	Yes	☐ No
	If yes, does the PHEM program have a mission statement?		☐	Yes	☐ No
	If yes, did the COVID-19 pandemic change the PHEM program and mission?		☐	Yes	☐ No
	PHEM program mission statement (if applicable):				

Legal Authorities

a. Describe current legal authorities, policies, laws, etc. that empower the country's PHEM program and PHEOC:

7	b. Describe if and how the COVID-19 pandemic changed the current legal authorities, policies, laws, etc. that empower the country's PHEM program and PHEOC:					

8	List all pending authorities (laws, policies, decrees) related to the country's PHEM program or PHEOC:					

9	Does the country's PHEM program have a national Steering Committee to provide strategic direction which aligns with national policies and guidelines pertaining to PHEM?	☐ Yes	☐ No
	If yes, did the national Steering Committee exist prior to the COVID-19 pandemic?	☐ Yes	☐ No

10	Does public health have legal, regulatory, or administrative authorities established prior to an incident to carry out the following:						
	a. Process for emergency contracting	☐ Yes	☐ No	☐ Other			
	b. Process to expedite staffing for responses	☐ Yes	☐ No	☐ Other			
	c. Process to expedite procurement (i.e. purchase/acquisition) of goods and services	☐ Yes	☐ No	☐ Other			
	d. Process for emergency receipt of funds from donors or other entities	☐ Yes	☐ No	☐ Other			
	e. Describe if and how the COVID-19 pandemic changed the above processes:						

11	Does the country require TA in the area of legal authorities?	☐ Yes	☐ No
	If yes, please provide a brief description:		

International Health Regulations (IHR) and Public Health Emergencies of International Concern (PHEIC)

12	Does the PHEM program have, or have access to, the following:		
	a. Subject matter experts (SMEs) able to use the decision matrix in Annex 2 of the IHR (2005) to effectively determine whether a health threat requires notification to WHO	☐ Yes ☐ Other	☐ No
	b. The IHR National Focal Point on a 24/7 basis	☐ Yes	☐ No
	c. Standard Operating Procedures (SOPs) to notify the country's IHR National Focal Point regarding	☐ Yes	☐ No

	potential PHEICs and other public health emergencies.		☐	Other	
	PHEM Program: Stakeholders and Coordination				
	Does the PHEM program have access to complete information on up-to-date location, phone number, email, points of contact for the following entities:				
13	a. Hospitals, clinics, treatment centers, etc.	☐	Yes	☐	No
	b. Laboratories	☐	Yes	☐	No
	c. Ports of Entry	☐	Yes	☐	No
	d. Law enforcement, public safety and military	☐	Yes	☐	No
	e. Public health and health/human/social services, including sub-national offices, shelters, refugee/evacuee camps, etc.	☐	Yes	☐	No
	f. Other key government ministries (defense, animal health, disaster management)	☐	Yes	☐	No
	g. International Health Regulations (IHR) National Focal Point (NFP)	☐	Yes	☐	No
	h. WHO IHR Focal Point, Regional EOC, etc. (as appropriate)	☐	Yes	☐	No
	i. Laboratory networks	☐	Yes	☐	No
	j. Partners (WHO, UNICEF, UK-HSA)	☐	Yes	☐	No
	k. Local and International NGOs located in-country	☐	Yes	☐	No
14	If yes to question #14, are there notification procedures to notify these entities in an emergency?	☐	Yes	☐	No
15	If yes to question #14, how often are these contact lists tested (exercised) and updated?				
16	Does a Steering Committee exist at the strategic level (highest level in jurisdiction), comprised of stakeholders, to provide guidance, recommendations, and helps champion the PHEOC and PHEM program to other sectors and senior leaders?	☐	Yes	☐	No
	PHEM Program: Risk Assessment				
17	a. Has the country conducted a public health risk assessment?	☐	Yes	☐	No
	If yes, what is the date of the most recent risk assessment?				
	b. Did the COVID-19 pandemic affect the country's ability to adequately perform a public health risk assessment?	☐	Yes	☐	No
	What risk assessment process was utilized?				
	☐ Threat and Hazard Identification and Risk Assessment/Stakeholder Preparedness Review (THIRA/SPR)				

18	☐ Strategic Tool for Assessing Risks (STAR)
	☐ Vulnerability Risk Assessment and Mapping (VRAM)
	☐ Other

19	Is there an official (validated) report of the risk assessment findings?	☐ Yes	☐ No
	If yes, what is the date of most recent report?		

20	a. Have the main threats, hazards, system vulnerabilities, and related risks been identified, prioritized, and mapped to resources? If yes, please specify below:	☐ Yes	☐ No
	☐ Threats, hazards, vulnerabilities, and risks not identified.		
	☐ Threats, hazards, vulnerabilities, and risks identified BUT not mapped.		
	☐ Threats, hazards, vulnerabilities, and risks identified AND mapped.		
	☐ Threats, hazards, vulnerabilities, and risks prioritized AND approved by national officials.		
	☐ Other (explain):		
	b. Did the COVID-19 pandemic affect the ability to identify threats, hazards, vulnerabilities, and risks and how change how they were prioritized?	☐ Yes	☐ No

21	a. Are the risk assessments reviewed on at least an annual basis?	☐ Yes	☐ No
	b. Did the COVID-19 pandemic affect the country's ability to review the risk assessments on at least an annual basis?	☐ Yes	☐ No

22	Has a threat assessment been completed for the sub-national level?	☐ Yes	☐ No
	If yes, what was the date of the sub-national risk assessment?		
	If yes, how many regions/districts/provinces were included?		

PHEOC Staff

*Does the PHEM program have Terms of Reference (ToRs) that describe roles, responsibilities, key tasks and other pertinent information for each of the following pre-identified roles for **daily operations** and **response operations** (i.e. IMS structure)?*

Daily Operations

23	Are the roles and functions listed below included in the PHEM program's routine activities:				
	PHEOC Manager	☐ Yes	☐ No	☐ Other (specify):	
	Watch Staff	☐ Yes	☐ No	☐ Other (specify):	
	Plans Chief	☐ Yes	☐ No	☐ Other (specify):	

			Yes		No		Other (specify):
	Operations Chief		Yes		No		Other (specify):
	Logistics Chief		Yes		No		Other (specify):
	Preparedness Officer		Yes		No		Other (specify):
24	Is the PHEOC linked to a dedicated core team responsible for community engagement and emergency risk communications, media and social media monitoring, rumor management and external facing communication?					☐ Yes	☐ No

Response Operations							
	Does the PHEOC response staff include the following positions:						
25	Incident Manager		Yes		No		Other (specify):
	Public Information Officer		Yes		No		Other (specify):
	Liaison Officer		Yes		No		Other (specify):
	Operations Chief		Yes		No		Other (specify):
	Plans Chief		Yes		No		Other (specify):
	Logistics Chief		Yes		No		Other (specify):
	Finance/Administration Chief		Yes		No		Other (specify):
26	Are response operations or surge staff rostered or identified to fill and/or backup the following key IMS roles in order to support operations with shifts or rotational backfills if needed:						
	Incident Manager		Yes		No		Other (specify):
	Public Information Officer		Yes		No		Other (specify):
	Liaison Officer		Yes		No		Other (specify):
	Safety Officer		Yes		No		Other (specify):
	Operations Chief		Yes		No		Other (specify):
	Plans Chief		Yes		No		Other (specify):
	Logistics Chief		Yes		No		Other (specify):
	Finance/Administration Chief		Yes		No		Other (specify):
27	Are surge staff pre-identified and on a roster that is updated/verified at least quarterly?			☐ Yes	☐ No		
				☐ Other			
28	Is there surge capacity to respond to public health emergencies of national and international concern?			☐ Yes	☐ No		

28		
		Other

29	Describe access to and availability of public health subject matter experts (SMEs) and other Ministry of Health (MoH) staff who can fill various IMS, rapid response teams, and science roles during a response:

Training

30	Does the PHEM program have a dedicated training section/unit to conduct PHEM training at national and sub-national levels?	☐ Yes	☐ No

	The following trainings have been conducted at the national level: (Dropdown menu and text)
31	☐ PHEM 100 Foundations of PHEM
	☐ PHEM 101 Intro to PHEOC
	☐ PHEM 103 Intro to Public Health Law
	☐ PHEM 110 Incident Manager
	☐ PHEM 111 Public Information Officer
	☐ PHEM 112 Safety Officer
	☐ PHEM 113 Liaison Officer
	☐ PHEM 120 Operations
	☐ PHEM 130 Plans
	☐ PHEM 140 Logistics
	☐ PHEM 150 Intro to Finance and Administration
	☐ PHEM 160 Situational Awareness
	☐ PHEM 170 Intro to Crisis Emergency Risk Communication (CERC)
	☐ PHEM 180 Intro to PHEM Training
	☐ PHEM 203 Laws and Authorities
	☐ PHEM 204 Concept of Operations (CONOPS)
	☐ PHEM 211 Public Information Officer (PIO) and Joint Information Center (JIC)

- [ ] PHEM 212 Safety Officer
- [ ] PHEM 213 Liaison Officer
- [ ] PHEM 214 Decision Making and Problem Solving
- [ ] PHEM 220 Operations
- [ ] PHEM 230 Plans
- [ ] PHEM 231 Planning Process
- [ ] PHEM 240 Logistics
- [ ] PHEM 250 Finance and Administration
- [ ] PHEM 270 Risk Communication
- [ ] PHEM 280 Threat and Hazard Identification and Risk Assessment/Stakeholder Preparedness Review (THIRA/SPR)
- [ ] PHEM 500 Executive Principles of PHEM
- [ ] Other (explain):
- [ ] Other (explain):

The following trainings have been conducted at the sub-national level: (Dropdown menu and text)

- [ ] PHEM 100 Foundations of PHEM
- [ ] PHEM 101 Intro to PHEOC
- [ ] PHEM 103 Intro to Public Health Law
- [ ] PHEM 110 Incident Manager
- [ ] PHEM 111 Public Information Officer
- [ ] PHEM 112 Safety Officer
- [ ] PHEM 113 Liaison Officer
- [ ] PHEM 120 Operations
- [ ] PHEM 130 Plans
- [ ] PHEM 140 Logistics
- [ ] PHEM 150 Intro to Finance and Administration
- [ ] PHEM 160 Situational Awareness
- [ ] PHEM 170 Intro to Crisis Emergency Risk Communication (CERC)
- [ ] PHEM 180 Intro to PHEM Training

32	☐	PHEM 203 Laws and Authorities
	☐	PHEM 204 Concept of Operations (CONOPS)
	☐	PHEM 211 Public Information Officer (PIO) and Joint Information Center (JIC)
	☐	PHEM 212 Safety Officer
	☐	PHEM 213 Liaison Officer
	☐	PHEM 214 Decision Making and Problem Solving
	☐	PHEM 220 Operations
	☐	PHEM 230 Plans
	☐	PHEM 231 Planning Process
	☐	PHEM 240 Logistics
	☐	PHEM 250 Finance and Administration
	☐	PHEM 270 Risk Communication
	☐	PHEM 280 Threat and Hazard Identification and Risk Assessment/Stakeholder Preparedness Review (THIRA/SPR)
	☐	PHEM 500 Executive Principles of PHEM
	☐	Other (explain):
	☐	Other (explain):

PHEM training for **daily operations** and **response operations** staff

Daily Operations

Please select the proficiency level in PHEM training and other role-specific training for the following staff:

	Role									
	PHEOC Manager	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐	Other:
33	Watch Staff	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐	Other:
	Plans Chief	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐	Other:
	Operations Chief	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐	Other:

Response Operations

Please select the proficiency level in PHEM training and other role-specific training for the following staff:

	Role									
	Incident Manager	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐	Other:
	Public Information Officer	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐	Other:
34	Liaison Officer	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐	Other:

34									
Safety Officer	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐ Other:
Operations Chief	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐ Other:
Plans Chief	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐ Other:
Logistics Chief	☐	No training	☐	Foundational	☐	Intermediate	☐	Advanced	☐ Other:

35	Are trained individuals maintained in a roster?	☐ Yes	☐ No

36	What is the total number of people trained?

Exercises

37	Does the PHEM Program have a dedicated section/unit to exercise public health preparedness and response systems?	☐ Yes ☐ No ☐ In progress ☐ Other (specify):
	If no, is there a plan to have a dedicated section/unit to conduct training and exercises?	☐ Yes ☐ No

38	Are exercises are conducted in the PHEOC?	☐ Yes ☐ No
		Other

39	Are exercises are conducted 2 or more times per year to test IMS activation procedures?	☐ Yes ☐ No
		Other
	If yes, did the COVID-19 pandemic change the frequency that exercises are conducted?	☐ Yes ☐ No

Has the PHEOC led or participated in the following exercises in the last year?

Exercise Type	Date	Exercise Topic/Context	Function(s) Tested	Plan(s) Tested
Table-Top Exercise				
Drill				
Functional Exercise				
Full-Scale Exercise				
Other				
None				

(Row 40 spans the exercise table above)

	(Functions examples include: activation, notification, IMS roles, deployment of staff, deployment of countermeasures, etc.)		

Monitoring and Evaluation

41	Is there a system of monitoring and evaluation in place to assess the public health emergency management program capability and performance?	☐ Yes	☐ No
	If yes, was the system in place prior to the COVID-19 pandemic?	☐ Yes	☐ No
42	Does the PHEM program use scheduled drills and exercise activities to test developed plans and assesses staff and system responses to identify areas for process improvement?	☐ Yes	☐ No
	a. Have SOPs been updated to reflect the lessons learned from drills or exercises?	☐ Yes	☐ No
	b. Have training activities been updated to reflect lessons learned from drills or exercises?	☐ Yes	☐ No
	c. Did the COVID-19 pandemic change how drills or exercises are conducted?	☐ Yes	☐ No
43	Are After-Action Reviews (AARs), a qualitative review of actions, conducted after every exercise to document best practices, gaps, and areas for improvement?	☐ Yes	☐ No
	a. Are there reports that document best practices, gaps, and areas for improvement?	☐ Yes	☐ No
44	Are Inter-Action Reviews (a qualitative review of actions) conducted during each IMS activation?	☐ Yes	☐ No
45	Are After-Action Reviews (AARs) conducted after every IMS activation?	☐ Yes	☐ No
	a. Are there reports that document best practices, gaps, and areas for improvement?	☐ Yes	☐ No

Information Management and Situational Awareness

46	Does the PHEOC maintain or have access to the following data collection systems?		
	☐ Indicator-based surveillance systems data		
	☐ Hospital-based data		
	☐ Event-based surveillance data		
	☐ Early warning systems data		
	☐ Laboratory results		
	☐ Other Ministries, Departments, or Agencies? (please specify)		

Does the PHEOC/PHEM program have dedicated staff and processes to receive, analyze, manage, report/display , and share surveillance data from the following:			
Sub-national offices/districts/regions	☐ Yes	☐ No	☐ Other (specify):
Public health and other laboratories	☐ Yes	☐ No	☐ Other (specify):

47	Field Epidemiology Teams	☐ Yes ☐ No	Other (specify):
	Rapid Response Teams	☐ Yes ☐ No	Other (specify):
	Non-Governmental Organizations (NGOs)	☐ Yes ☐ No	Other (specify):
	Community-based sources	☐ Yes ☐ No	Other (specify):
	Media and social media	☐ Yes ☐ No	Other (specify):
	Other Ministries (please specify):		
	If none, is the PHEOC linked to the appropriate group/units responsible for collecting data from the above groups?	☐ Yes ☐ No	
48	Are forms and templates for data collection, reporting, and briefing in place?	☐ Yes ☐ No ☐ Other (please specify):	
	If yes, were the forms and templates in place prior to the COVID-19 pandemic?	☐ Yes ☐ No	
49	Does the PHEOC have the staff, systems and equipment to conduct event-based surveillance such as monitoring of rumors, informal reporting of clusters of disease or death, media reports, etc.?	☐ Yes ☐ No ☐ Other (please specify):	
	If yes, was event-based surveillance in place prior to the COVID-19 pandemic?	☐ Yes ☐ No	
	If no, is the PHEOC is linked to the appropriate group/unit responsible for event-based surveillance?	☐ Yes ☐ No	
50	Has the PHEOC linked to sources for contextual data and information (i.e. weather, population, maps, hospitals, number of internally displaced persons) to create a common operating picture?	☐ Yes ☐ No	
	If no, is the PHEOC linked to the appropriate group/unit responsible for contextual data and information for a common operating picture?	☐ Yes ☐ No	
51	Has the PHEOC pre-identified Essential Elements of Information (EEIs) necessary to develop a Common Operating Picture for all prioritized hazards and risks?	☐ Yes ☐ No ☐ Other (please specify):	
	If no, is there a mandatory reporting system in place?	☐ Yes ☐ No	
	Does mandatory reporting system provide information the PHEOC?	☐ Yes ☐ No	
52	Has the PHEOC/PHEM PROGRAM pre-identified Critical Information Requirements (CIRs) which can trigger an activation?	☐ Yes ☐ No ☐ Other (please specify):	

	If yes, did the COVID-19 pandemic change the CIR activation process?	☐ Yes	☐ No
53	Does the PHEOC have data and information sharing agreements in place in order to serve as a central hub for information and coordination?	☐ Yes	☐ No
	If yes, were the sharing agreements in place prior to the COVID-19 pandemic?	☐ Yes	☐ No

	Does the PHEOC have documentation on how information flows into and out of the PHEOC?		
54	During daily operations?	☐ Yes	☐ No
	During response operations?	☐ Yes	☐ No

PHEM and PHEOC Systems (Plans and Procedures)

Emergency Operations Plan

55	a. Is there a national public health emergency operations plan (EOP) (also known as All Hazards Plan [AHP]) that describes the role of the MoH as well as the roles of different agencies during emergencies, at the strategic level?	☐ Yes	☐ No	☐ In Development
	b. Is the plan approved and implemented based on prioritized threats and risks?	☐ Yes	☐ No	
	c. Was there an EOP prior to the COVID-19 pandemic?	☐ Yes	☐ No	

Concept of Operations

	Does a concept of operations exist and contain the following:		
56	a. Identification of all intended levels and players involved in emergency response, management and how each organization fits into the national response system	☐ Yes	☐ No
	b. Identification of an authority structure or matrix for decision making	☐ Yes	☐ No
	c. When and what level and by whose authority the PHEOC is activated	☐ Yes	☐ No
	d. Which agency is the lead for different types of emergencies?	☐ Yes	☐ No
	e. Did the concept of operations exist prior to the COVID-19 pandemic?	☐ Yes	☐ No

Hazard or Threat Specific Plans and Annexes

57	Are there threat specific plans (Biological, Technological, Human-Caused) for the most significant threats identified in the risk assessment?	☐ Yes	☐ No

Communication Plans

58	a. **External:** Are there plans to issue specific risk communications (e.g., alerts, risk factors, protective actions, guidance, recommendations, etc.) to the general public or to targeted populations via traditional media (e.g., TV, radio, etc.). established using a multi-hazard approach?	☐ Yes ☐ No		
	b. **Internal:** Are plans, procedures/checklists for communicating with PHEOC staff and responders within the EOC and field established and utilized?	☐ Yes ☐ No ☐ Other (please specify):		

	PHEOC Handbook			
	Does a PHEOC Handbook , or other documentation contain the following:			
59	a. Basic Concept of Operations	☐ Yes	☐ No	☐ In progress
	b. General day-to-day staffing requirements	☐ Yes	☐ No	☐ In progress
	c. SOPs for daily operations	☐ Yes	☐ No	☐ In progress
	d. Thresholds or triggers for activation and deactivation	☐ Yes	☐ No	☐ In progress
	e. Levels of activation and corresponding IMS structures	☐ Yes	☐ No	☐ In progress
	f. Activation and notification procedures for all PHEOC staff, relevant sub-national offices, other ministries, and partners	☐ Yes	☐ No	☐ In progress
	g. Layout of PHEOC and workstations	☐ Yes	☐ No	☐ In progress
	h. Relevant forms, templates, and other documents routinely used in the PHEOC	☐ Yes	☐ No	☐ In progress
	i. Information management capacity and protocols (e.g. emails, data management, etc.)	☐ Yes	☐ No	☐ In progress
	j. ToR for daily and response roles	☐ Yes	☐ No	☐ In progress
	k. Operational Plans (Communications)	☐ Yes	☐ No	☐ In progress
	l. Continuity of Operations Plan (COOP)	☐ Yes	☐ No	☐ In progress
	m. Appendices	☐ Yes	☐ No	☐ In progress

	Incident Management System		
	a. Do plans describe an IMS or similar structure that include the following (or their equivalents):		
	i. Incident Manager	☐ Yes ☐ No ☐ Other (please specify):	

60	ii. Operations Section	☐ Yes ☐ No ☐ Other (please specify):	
	iii. Plans Section	☐ Yes ☐ No ☐ Other (please specify):	
	iv. Finance Section	☐ Yes ☐ No ☐ Other (please specify):	
	v. Public Information Officer (PIO), Communication, and/or public information center	☐ Yes ☐ No ☐ Other (please specify):	
	vi. Public Health, Epidemiology, Medical, Science, and other SME's that are integrated into IMS structure	☐ Yes ☐ No ☐ Other (please specify):	
	vii. Public Health SMEs are on call to augment the PHEOC roster of trained personnel, equipment, and supplies for deployment to field teams (e.g., rapid response)	☐ Yes ☐ No ☐ Other (please specify):	
	viii. Liaisons to relevant agencies, sectors, and institutions	☐ Yes ☐ No ☐ Other (please specify):	
	ix. Safety Officer	☐ Yes ☐ No ☐ Other (please specify):	
	b. Activation Criteria are established and are utilized (Yes/No)	☐ Yes	☐ No
	c. SOPs for Activation and De-Activation of IMS exist and are utilized (Yes/No)	☐ Yes	☐ No
	d. Levels of activation are described with corresponding organigrammes (Yes/No)	☐ Yes	☐ No

Standard Operating Procedures

	Standard Operating Procedures for activities during each mode of operation exist and are utilized for following:			
61	a Watch Mode	☐ Yes	☐ No	☐ In progress
	b. Alert Mode	☐ Yes	☐ No	☐ In progress
	c. Response Mode	☐ Yes	☐ No	☐ In progress
	d. Deactivation	☐ Yes	☐ No	☐ In progress

PHEOC Location

62	a. National PHEOC Location:

	b. Subnational PHEOC Location(s):				
63	*PHEOC tele-communications equipment*				
	a. Computer workstations	☐	Yes	☐	No
			Other (gaps):		
	b. Telephones	☐	Yes	☐	No
			Other (gaps):		
	c. Internet connectivity/back-up system	☐	Yes	☐	No
			Other (gaps):		
	d. Servers/back-up servers	☐	Yes	☐	No
			Other (gaps):		
	e. Printers and/or plotters	☐	Yes	☐	No
			Other (gaps):		
	f. Audiovisual equipment, display screens	☐	Yes	☐	No
			Other (gaps):		
	g. Web or video teleconferencing equipment	☐	Yes	☐	No
			Other (gaps):		
	h. Radios	☐	Yes	☐	No
			Other (gaps):		
64	*Equipment*				
	a. Sufficient in number/quantity to meet needs	☐	Yes	☐	No
			Other (explain):		
	b. Functional and needed applications/security installed	☐	Yes	☐	No
			Other (explain):		
	c. Maintained	☐	Yes	☐	No
			Other (explain):		
	d. Tested periodically	☐	Yes	☐	No
			Other (explain):		
	Equipment for Field or Deployed Personnel				

65	a. Communications equipment in possession of field personnel is tested at least once per year	☐ Yes ☐ No
		Other (explain):
	b. Personal Protective Equipment (PPE)	☐ Yes ☐ No
		Other (explain):
	c. Additional Comments:	

PHEOC Facility

The PHEOC contains the following:

66	a. An operations area	☐ Yes ☐ No
		Other (explain):
	b. Surge/expansion space	☐ Yes ☐ No
		Other (explain):
	c. Private meeting space for leadership	☐ Yes ☐ No
		Other (explain):
	d. Food/dining, rest, and/or storage areas, as appropriate	☐ Yes ☐ No
		Other (explain):
	e. Additional Comments:	

Audiovisual Functionality

67	a. There is space and AV capability in the PHEOC to project operational information (e.g., case data, resource status, staff rhythm, etc.).	☐ Yes ☐ No
		Other (explain):
	b. There is AV capability for videoconferencing	☐ Yes ☐ No
		Other (explain):

PHEOC Infrastructure

68		
a. The power supply of the PHEOC takes the following conditions/items into consideration:		
i. Adequate/sufficient quantity of electricity from source to meet all power needs	☐ Yes ☐ No	
	☐ Other (explain):	
ii. Reliable, uninterrupted (24/7) power	☐ Yes ☐ No	
	☐ Other (explain):	
iii. Backup generator or alternative energy with adequate fuel	☐ Yes ☐ No	
	☐ Other (explain):	
iv. Generator tested 2x per year	☐ Yes ☐ No	
	☐ Other (explain):	
v. Issues of electrical compatibility between equipment and power supply identified and resolved	☐ Yes ☐ No	
	☐ Other (explain):	
b. There is an adequate potable water supply to the PHEOC	☐ Yes ☐ No	
	☐ Other (explain):	
c. The PHEOC has adequate functioning environmental controls (e.g., HVAC, etc.) to regulate indoor temperature and keep information technology (IT) equipment sufficiently cool	☐ Yes ☐ No	
	☐ Other (explain):	
d. The PHEOC has the following adequate facility infrastructure and services:		
i. Janitorial Services	☐ Yes ☐ No	
	☐ Other (explain):	
ii. Toilets	☐ Yes ☐ No	
	☐ Other (explain):	
iii. Sanitation/Sewage	☐ Yes ☐ No	
	☐ Other (explain):	
e. Additional Comments:		

	PHEOC Safety & Security			
69	a. The PHEOC has an evacuation plan	☐ Yes ☐ No		
		☐ Other (explain):		
	b. The PHEOC contains fire suppression equipment and syste	☐ Yes ☐ No		
		☐ Other (explain):		
	c. The PHEOC has first aid supplies	☐ Yes ☐ No		
		☐ Other (explain):		
	d. The PHEOC has the following security measures in place:			
	i. Physical barriers	☐ Yes ☐ No		
		☐ Other (explain):		
	ii. Controlled access to locked/restricted areas	☐ Yes ☐ No		
		☐ Other (explain):		
	iii. Guards/security personnel	☐ Yes ☐ No		
		☐ Other (explain):		

Miscellaneous Questions

	The PHEM program has, or has access to, trained staff and systems to disseminate the following to relevant partners:			
70	a. Case definitions for all prioritized health threats	☐ Yes ☐ No		
		☐ Other (explain):		
	b. Case management procedures and guidelines for prioritized public health threats	☐ Yes ☐ No		
		☐ Other (explain):		
	c. Infection prevention and control procedures	☐ Yes ☐ No		
		☐ Other (explain):		
	d. Reports of reportable and unusual diseases	☐ Yes ☐ No		
		☐ Other (explain):		
71	Does the PHEM program have, or have access to staff, equipment, and procedures to track deployed personnel and field teams and is it able to:			
	Ascertain the location and status (e.g., composition, health, supply status, needs, etc.) of deployed field teams and other responder personnel?	☐ Yes ☐ No		
		☐ Other (explain):		

responder personnel?

72	Does the PHEOC/PHEM program have access to the following information related to public health and other laboratories:			
	a. Name, type, location, operating hours, and contact information		☐ Yes	☐ No
	b. Types of specimens/ samples tested		☐ Yes	☐ No
	c. Types of tests performed		☐ Yes	☐ No
	d. Specimen testing throughput for routine and priority pathogens		☐ Yes	☐ No
	e. Messaging standards and protocols		☐ Yes	☐ No
	f. Protocols for notification of relevant authorities/agencies regarding positive/confirmatory results		☐ Yes	☐ No
	g. Contact information for international partner laboratories		☐ Yes	☐ No
	h. Laboratory networks and links to MoH surveillance systems		☐ Yes	☐ No
73	Are there SOPs in place for handling priority pathogens, including proper collection, packaging, shipping, handling, and testing procedures (including international shipping to other countries, WHO, CDC, etc.); chain of custody; and results reporting?	☐ Yes ☐ No ☐ Other (explain):		

Assessment Analysis and Next Steps

Topic	Comments/recommendations
Training for Core Staff	
Training for surge staff	

Planning and SOP Development	
Exercises	
Referral to other CDC programs for technical support (POE, RRT, MCM)	
Executive level training	
THIRA	
CONOPS	

Other	

Additional comments/recommendations:

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Acronyms and Definitions	
Acronym	**Meaning**
AHP	All Hazards Plan
AV	Audio Visual
CIRs	Critical Information Requirements
DEO	Division of Emergency Operations
EMTA	Emergency Management Technical Advisor
EOP	Emergency Operations Plan
EEI	Essential Elements of Information
FY	Fiscal Year
GEMCD	Global Emergency Management Capacity Development
GHSA	Global Health Security Agenda
HVAC	Heating Ventilation and Air Conditioning
IMS	Incident Management System
IM	Incident Manager
IHR	International Health Regulations
MoH	Ministry of Health
NGO	Non-Governmental Organization
PPE	Personal Protective Equipment
PIO	Public Information Officer
PHEIC	Public Health Emergency of International Concern
PHEOC	Public Health Emergency Operations Center
SOP	Standard Operating Procedure
STAR	Strategic Tool for Assessing Risks
SME	Subject Matter Expert
ToR	Terms of Reference
THIRA	Threat and Hazard Identification and Risk Assessment
UNICEF	United Nations Children's Fund
VRAM	Vulnerability Risk Assessment and Mapping
WHO	World Health Organization