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.

Public Health Emergency Management Capacity Assessment Tool (PHEM Tool)

	Public Health Emergency Management Capacity Assess	ment 1001 (PHEM 1001)					
		Form No - 0920-XXXX Exp. Date - xx/xx/2026					
Coi	untry and location (city):	Project Year (FY and GHSA project year [if applicable]):					
EM	TA(s) Conducting PHEM Tool (Name, email, phone number):	Date Survey Started:					
		Date Survey Ended:					
sou req col	olic reporting burden of this collection of information is estimated to average 360 minutes per response, including the aurces, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agenuired to respond to a collection of information unless it displays a currently valid OMB control number. Send commen lection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Cl A (0920-xxxx).	ncy may not conduct or sponsor, and a person is not ts regarding this burden estimate or any other aspect of this					
	Current Situation						
	a. Geographic Location:						
	b. Population:						
1	c. CDC Travel Health Notice(s) and/or Other Health Concerns:						
	d. Current Transnational and/or Security Issues:						
	e. Other:						
	a. Does the country have trained PHEM Fellowship Alumni?	Yes No					
2	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
	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
3	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 site visits):	Assistance	(TA),
	Is there an existing Public Health Emergency Operations Center (PHEOC)?	Yes	No
5	If yes, where is the PHEOC located?		
	If yes, was the PHEOC established prior to the COVID-19 pandemic?	Yes	No
	Is there an existing PHEM program?	Yes	No
	If yes, does the PHEM program have a mission statement?	Yes	No
6	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 P	HEOC:	

7	b. Describe if and how the COVID-19 pandemic changed the current legal authorities, country's PHEM program and PHEOC:	policies, lav	ws, etc.	that empow	ver the					
8	List all pending authorities (laws, policies, decrees) related to the country's PHEM pro	gram or PH	EOC:							
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?										
	If yes, did the national Steering Committee exist prior to the COVID-19 pandemic?			Yes	No					
	Does public health have legal, regulatory, or administrative authorities established pric following:	or to an incid	dent to	carry out the	Э					
	a. Process for emergency contracting	Yes	No	Other						
	b. Process to expedite staffing for responses	Yes	No	Other						
10	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	Other								
	e. Describe if and how the COVID-19 pandemic changed the above processes:									
	Does the country require TA in the area of legal authorities?			Yes	No					
11	If yes, please provide a brief description:									
	International Health Regulations (IHR) and Public Health Emergencies of Int	ernational	Conce	rn (PHEIC)						
	Does the PHEM program have, or have access to, the following:									
12	a. Subject matter experts (SMEs) able to use the decision matrix in Annex 2 of the IHF effectively determine whether a health threat requires notification to WHO	R (2005) to		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 P	oint regardi	ng	Yes	No					

	potential PHEICs and other public health emergencies.									
	PHEM Program: Stakeholders and Coordination									
	Does the PHEM program have access to complete information on up-to-date location, phone number, emacontact 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									
	a. Has the country conducted a public health risk assessment?	Yes	No							
17	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/SI	PR)								

18	Strategic Tool for Assessing Risks ((STAR)							
	Vulnerability Risk Assessment and	Mapping (VRA	M)						
	Other								
19	Is there an official (validated) report of t	the risk assess	sment	find	ings?		Yes	No	
19	If yes, what is the date of most recent re	eport?							
	a. Have the main threats, hazards, syste and mapped to resources? If yes, pleas			nd re	elated risks been identified, prioritized	l,	Yes	No	
	Threats, hazards, vulnerabilities, an	nd risks not ide	ntified	d.					
	Threats, hazards, vulnerabilities, an	nd risks identifie	ed BL	JT no	ot mapped.				
20	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 how change how they were prioritized?	ne ability to ide	ntify t	hrea	ts, hazards, vulnerabilities, and risks	and \Box	Yes	No	
	a. Are the risk assessments reviewed on at least an annual basis?							No	
21	b. Did the COVID-19 pandemic affect the country's ability to review the risk assessments on at least an annual basis?							No	
	Has a threat assessment been complete	ed for the sub-	natio	nal le	evel?		Yes	No	
22	If yes, what was the date of the sub-nati	ional risk asse	ssme	nt?					
	If yes, how many regions/districts/provir	nces were inclu	uded?)					
			PHEC	oc s	taff				
	es the PHEM program have Terms of Re ormation for each of the following pre-ide								
		Da	aily O	pera	tions				
	Are the roles and functions listed below	included in the	e PHE	ЕМ р	rogram's routine activities:				
	PHEOC Manager	Yes		No	Other (specify):				
	Watch Staff	Yes		No	Other (specify):				
23	Plans Chief	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 to risk communications, media and social me communication?	eam respons dia monitori	sible for co	ommunity engagement and emergency management and external facing	Yes No						
		Resp	onse Ope	erations							
	Does the PHEOC response staff include the following positions:										
	Incident Manager	Yes	No	Other (specify):							
	Public Information Officer	Yes	No	Other (specify):	Other (specify):						
25	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):							
	Are response operations or surge staff rost support operations with shifts or rotational			ill and/or backup the following key IMS	roles in order to						
	Incident Manager	Yes	No	Other (specify):							
	Public Information Officer	Yes	No	Other (specify):							
	Liaison Officer	Yes	No	Other (specify):							
26	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 rost	er that is up	dated/veri	ified at least quarterly?	Yes No						
21					Other						
20	Is there surge capacity to respond to public	health eme	ergencies	of national and international concern?	Yes No						

۷٥		Other
		scribe access to and availability of public health subject matter experts (SMEs) and other Ministry of Health (MoH) staff o can fill various IMS, rapid response teams, and science roles during a response:
29		
	_	Training
30	Doe and	es the PHEM program have a dedicated training section/unit to conduct PHEM training at national Yes No sub-national levels?
	The	e following trainings have been conducted at the 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
31		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):
Τł	he 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
	Pricing 103 intro to Public nearth Law
	PHEM 110 Incident Manager
	PHEM 110 Incident Manager
	PHEM 110 Incident Manager PHEM 111 Public Information Officer
	PHEM 110 Incident Manager PHEM 111 Public Information Officer PHEM 112 Safety Officer
	PHEM 110 Incident Manager PHEM 111 Public Information Officer PHEM 112 Safety Officer PHEM 113 Liaison Officer
	PHEM 110 Incident Manager PHEM 111 Public Information Officer PHEM 112 Safety Officer PHEM 113 Liaison Officer PHEM 120 Operations
	PHEM 110 Incident Manager PHEM 111 Public Information Officer PHEM 112 Safety Officer PHEM 113 Liaison Officer PHEM 120 Operations PHEM 130 Plans
	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 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

32		PHEM 203 Laws and A	utho	ritie	es												
		PHEM 204 Concept of	Ope	ratio	ons (CC	NOP	'S)										
		PHEM 211 Public Infor	matio	on C	Officer (PIO)	and	d Joint I	nfor	mati	on Ce	nter	(JIC	;)			
		PHEM 212 Safety Offic	er														
	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	Haza	ard	Identific	ation	an	ıd Risk	Asse	essn	nent/S	takel	nold	ler	Prepa	redr	ness Review (THIRA/SPR)
		PHEM 500 Executive P	rinci	ples	s of PH	ΞΜ											
		Other (explain):															
		Other (explain):															
PHI	EM i	raining for daily operat	tions	a n	d respo	nse	ор	eration	s sta	aff							
								Daily (Ope	ratio	ons						
	Ple	ase select the proficienc	y lev	vel i	in PHEN	/I trai	nin	g and o	ther	role	-speci	fic tra	ainir	าg	for the	foll	owing staff:
	PHI	EOC Manager		No ti	raining	F	-our	ndational		Inter	mediat	9	Ad	vai	nced		Other:
33	Wa	ch Staff		No ti	raining	F	-our	ndational		Inter	mediat	9	Ad	vai	nced		Other:
	Pla	ns Chief		No ti	raining	F	-our	ndational		Inter	mediat	9	Ad	vai	nced		Other:
	Оре	erations Chief		No ti	raining	F	-our	ndational		Inter	mediat	9	Ad	vai	nced		Other:
							R	espons	e O	pera	tions						
	Ple	ase select the proficienc	y lev	vel i	in PHEN	/I trai	nin	g and o	ther	role	-speci	fic tra	ainir	าg	for the	foll	owing staff:
	Inci	dent Manager		No ti	raining	F	-our	ndational		Inter	mediat	9	Ad	vai	nced		Other:
	Pub	lic Information Officer		No t	raining	<u></u> F	-our	ndational		Inter	mediat	9	Ad	vai	nced		Other:
24	Liai	son Officer		No t	raining	F	-our	ndational		Inter	mediat	9	Ad	vai	nced		Other:

34	Safety Officer	No training	g Foundational	Intermediat	e Advanced	Other:					
	Operations Chief	No training	g Foundational	Intermediat	e Advanced	Other:					
	Plans Chief	No training	g Foundational	Intermediat	e Advanced	Other:					
	Logistics Chief	No training	g Foundational	Intermediat	e Advanced	Other:		_			
35	Are trained individuals n	naintained in a r	oster?	-			Yes	No			
36	What is the total number	r of people train	ed?								
			Exe	ercises							
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 h	ave a dedicated	d section/unit to cor	nduct training	and exercises?		Yes	No			
38	Are exercises are condu	icted in the PHE	EOC?				Yes	No			
30		Other	Other								
	Are exercises are condu	Yes	No								
39											
	If yes, did the COVID-19 pandemic change the frequency that exercises are conducted?										
	Has the PHEOC led or participated in the following exercises in the last year?										
	Exercise Type [Date I	Exercise Topic/Co	ntext Func	tion(s) Tested	Pla	n(s) Tested				
	Table-Top Exercise										
	Drill										
40	Functional Exercise										
	Full-Scale Exercise										
	Other										
	None										

	(Functions examples include: activation, notion	fication,	IMS	role	s, d	eployment of staff, deployment of cou	ıntermeasure	s, etc.)	
		Monitor	ing a	and	Eva	aluation			
41	Is there a system of monitoring and evaluatior management program capability and performa		e to a	ısse	ess t	he public health emergency	Yes	No	
	If yes, was the system in place prior to the CO	VID-19	oand	emi	ic?		Yes	No	
	Does the PHEM program use scheduled drills assesses staff and system responses to identi						Yes	No	
42	a. Have SOPs been updated to reflect the less	sons leai	ned	fror	n dr	ills or exercises?	Yes	No	
	b. Have training activities been updated to refl	ect lesso	ons le	earr	ned	from drills or exercises?	Yes	No	
	c. Did the COVID-19 pandemic change how d	rills or ex	cerci	ses	are	conducted?	Yes	No	
	Are After-Action Reviews (AARs), a qualitative review of actions, conducted after every exercise to document best practices, gaps, and areas for improvement?								
	a. Are there reports that document best practices, gaps, and areas for improvement?						Yes	No	
44	Are Inter-Action Reviews (a qualitative review	of action	ns) co	ond	ucte	d during each IMS activation?	Yes	No	
45	Are After-Action Reviews (AARs) conducted after every IMS activation?							No	
43	a. Are there reports that document best practices, gaps, and areas for improvement?							No	
	Information I	Manager	nent	t an	d Si	tuational Awareness			
	Does the PHEOC maintain or have access to	the follow	wing	dat	a cc	ollection systems?			
	Indicator-based surveillance systems data	l							
	Hospital-based data								
46	Event-based surveillance data								
	Early warning systems data								
	Laboratory results								
	Other Ministries, Departments, or Agencie	s? (plea	se sp	oeci	fy)				
	Does the PHEOC/PHEM program have dedicated share surveillance data from the following:	ated staf	f and	d pro	oces	sses to receive, analyze, manage, rep	ort/display , a	and	
	Sub-national offices/districts/regions	Yes		No		Other (specify):			
	Public health and other laboratories	Yes		No		Other (specify):			

	Field Epidemiology Teams	Yes		No	Other (specify):					
	Rapid Response Teams	Yes		No	Other (specify):					
47	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 approp above groups?	riate grou	ıp/unit	ts res	ponsible for collecti	ng data from the	Yes	No		
48	Are forms and templates for data collection briefing in place?	pecify):								
	If yes, were the forms and templates in pla	Yes	No							
49	Does the PHEOC have the staff, systems a conduct event-based surveillance such as rumors, informal reporting of clusters of dismedia reports, etc.?	monitorin	g of		Yes No Other (please sp	pecify):				
	If yes, was event-based surveillance in pla	Yes	No							
	If no, is the PHEOC is linked to the approp	Yes	No							
F.C.	Has the PHEOC linked to sources for conte hospitals, number of internally displaced pe						Yes	No		
50	If no, is the PHEOC linked to the appropriator 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	n in place	?				Yes	No		
L	Does mandatory reporting system provide			PH	EOC?		Yes	No		
52	Has the PHEOC/PHEM PROGRAM pre-identification Information Requirements (CIRs) which call activation?				Yes No Other (please sp	pecify):				

"	activation:		
	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?	In Developr	nent
	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:		
	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
56	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 actions, guidance, recommendations, etc.) to the general public or media (e.g., TV, radio, etc.). established using a multi-hazard appre	to targ				
	b. Internal: Are plans, procedures/checklists for communicating with PHEOC staff and responders within the EOC and field established and utilized?	Yes Other (No please s	pecify):		
	PHEOC Handbook					
	Does a PHEOC Handbook , or other documentation contain the fol	llowing:				
	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 Yes No In progress sub-national offices, other ministries, and partners					
59	g. Layout of PHEOC and workstations		Yes	No	In progress	
	h. Relevant forms, templates, and other documents routinely used the PHEOC	in	Yes	No	In progress	
	i. Information management capacity and protocols (e.g. emails, damanagement, etc.)	ta	Yes	No	In progress	
	i. ToR for daily and response roles		V	NIC	In progress	
	k. Operational Plans (Communications)	_	Yes	No No	In progress	
		_	Yes	No No	In progress	
	I. Continuity of Operations Plan (COOP)	-	Yes	No	In progress	
	m. Appendices		Yes	No	In progress	
	Incident Management System	به منابع ما	/ o u tlo o : u	a au iii rala ata	٧.	
	a. Do plans describe an IMS or similar structure that include the folic. Incident Manager		i i	equivalents).	
	l	Yes Other (No please s	pecify):		

	ii. Operations Section		Yes		No						
			Other (plea	se spe	cify):					
	iii. Plans Section		Yes		No						
			Other (plea	se spe	cify):					
	iv. Finance Section		Yes		No						
			Other (plea	se spe	cify):					
	v. Public Information Officer (PIO), Communication, and/or		Yes		No						
60	public information center		Other (plea	se spe	cify):					
	vi. Public Health, Epidemiology, Medical, Science, and other		Yes		No						
	SME's that are integrated into IMS structure		Other (please specify):								
	vii. Public Health SMEs are on call to augment the PHEOC		Yes		No						
	roster of trained personnel, equipment, and supplies for deployment to field teams (e.g., rapid response)		Od (-1		-:r \					
	viii. Liaisons to relevant agencies, sectors, and institutions	-	Other (_		спу):					
	viii. Liaisons to relevant agencies, sectors, and institutions	-	Yes		No	-:r \					
	ix. Safety Officer	\blacksquare	Other (сіту):					
	ix. Salety Officer		Yes		No	-:£ .\.					
	b. Activation Criteria are established and are utilized (Yes/No)		Other (piea	se spec	ciiy):				—	I
	,	ı+ili-	ad (Va	-/NIO					Yes		No
	c. SOPs for Activation and De-Activation of IMS exist and are ud. Levels of activation are described with corresponding organi				<u> </u>				Yes	—	No
\vdash		igrai	iiiies (165/	NO)				Yes		No
	Standard Operating Procedures Standard Operating Procedures for activities during each mode	o of	oporati	00.0	vict on	d are uti	lizod	for follo	wina:		
	a Watch Mode	e ui	operali	1		7					
61	b. Alert Mode		-	Yes		No	-	In progr			
			+	Yes		No	-	In progress			
	c. Response Mode		+	Yes		No	In progress				
\vdash	d. Deactivation			Yes		No	\perp	In progr	USS		
60	PHEOC Location										
02	a. National PHEOC Location:										

	b. Subnational PHEOC Location(s):					
	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				
63		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):				
	Equipment					
	a. Sufficient in number/quantity to meet needs	Yes No				
		Other (explain):				
	b. Functional and needed applications/security installed	Yes No				
64		Other (explain):				
	c. Maintained	Yes No				
		Other (explain):				
	d. Tested periodically	Yes No				
		Other (explain):				
	Equipment for Field or Deployed Personnel					

	a. Communications equipment in possession of field personnel is tested at least once per year b. Personal Protective Equipment (PPE) c. Additional Comments:	Yes No Other (explain): Yes No Other (explain):
	PHEOC Facility	
	The PHEOC contains the following:	
	a. An operations area	Yes No
		Other (explain):
	b. Surge/expansion space	Yes No
66		Other (explain):
66	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	
	a. There is space and AV capability in the PHEOC to project	Yes No
67	operational information (e.g., case data, resource status, staff rhythm, etc.).	Other (evaleis):
1	b. There is AV capability for videoconferencing	Other (explain):
	5. There is Av capability for videocornerencing	Yes No
	DI ITOC Infra atm rate was	Other (explain):
I	PHEOC Infrastructure	

	a. The power supply of the PHEOC takes the following condition	litems into consideration:	
	i. Adequate/sufficient quantity of electricity from source to meet all power needs		Yes No
	meet all power needs		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		Yes No
	power supply identified and resolved		Other (explain):
Ī	b. There is an adequate potable water supply to the PHEOC		Yes No
68			Other (explain):
	c. The PHEOC has adequate functioning environmental		YesNo
	controls (e.g., HVAC, etc.) to regulate indoor temperature and keep information technology (IT) equipment sufficiently cool		Other (explain):
	33 () 1 1	0.00	ad consisce:
	d. The PHEOC has the following adequate facility infrastructure i. Janitorial Services		
	i. Janitoriai Services		Yes No
			Other (explain):
	ii. Toilets		YesNo
			Other (explain):
	iii. Sanitation/Sewage		YesNo
			Other (explain):
	e. Additional Comments:		

	PHEOC Safety & Security	
	a. The PHEOC has an evacuation plan	Yes No
		Other (explain):
	b. The PHEOC contains fire suppression equipment and syste	e Yes No
		Other (explain):
	c. The PHEOC has first aid supplies	Yes No
69		Other (explain):
09	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	s Questions
	The PHEM program has, or has access to, trained staff and sy	
	The PHEM program has, or has access to, trained staff and sy a. Case definitions for all prioritized health threats	systems to disseminate the following to relevant partners:
	The PHEM program has, or has access to, trained staff and sy a. Case definitions for all prioritized health threats b. Case management procedures and guidelines for	systems to disseminate the following to relevant partners: Yes No
70	The PHEM program has, or has access to, trained staff and sy a. Case definitions for all prioritized health threats b. Case management procedures and guidelines for prioritized public health threats	yes No Other (explain):
70	The PHEM program has, or has access to, trained staff and sy a. Case definitions for all prioritized health threats b. Case management procedures and guidelines for	Yes No Other (explain): Yes No
	The PHEM program has, or has access to, trained staff and sy a. Case definitions for all prioritized health threats b. Case management procedures and guidelines for prioritized public health threats c. Infection prevention and control procedures	Yes No Other (explain): Yes No Other (explain):
	The PHEM program has, or has access to, trained staff and sy a. Case definitions for all prioritized health threats b. Case management procedures and guidelines for prioritized public health threats	yes No Other (explain): Yes No Other (explain): Yes No Other (explain): Yes No
	The PHEM program has, or has access to, trained staff and sy a. Case definitions for all prioritized health threats b. Case management procedures and guidelines for prioritized public health threats c. Infection prevention and control procedures	yes No Other (explain):
	The PHEM program has, or has access to, trained staff and sy a. Case definitions for all prioritized health threats b. Case management procedures and guidelines for prioritized public health threats c. Infection prevention and control procedures d. Reports of reportable and unusual diseases Does the PHEM program have, or have access to staff, equipres and is it able to:	yes No Other (explain):
	The PHEM program has, or has access to, trained staff and sy a. Case definitions for all prioritized health threats b. Case management procedures and guidelines for prioritized public health threats c. Infection prevention and control procedures d. Reports of reportable and unusual diseases Does the PHEM program have, or have access to staff, equipring the program has access to staff.	yes No Other (explain):

	responder personner:					
	Does the PHEOC/PHEM program have access to the following information related to public health and o	ther laborato	ries:			
	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			
72	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					
_						
	raining for Core Staff raining 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/recommendation	
	5.

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	
МоН	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	