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

Public reporting burden of this collection of information is estimated to average 360 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1417).

| Tool item                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Section 1: Current Situation</b>                                                                                                                                  |
| Is the country currently responding to a public health emergency?                                                                                                    |
| Has the IMS been activated in the past 12 months?                                                                                                                    |
| If yes: please elaborate in the "additional notes section" on what situation(s) prompted IMS activation                                                              |
| Is there an existing PHEM Program on the national level?                                                                                                             |
| if yes: please elaborate in the additional notes section on where the PHEM program is organizational MOH structure, NPHI structure, etc.).                           |
| If yes: does the PHEM program have a mission statement?                                                                                                              |
| Based on conversations with country based colleagues (CDC Country Office, MOH colleagues, etc.) does the E capacity development engagement on the subnational level? |
| If yes: please elaborate in the "additional notes" section on why capacity development efforts are app subnational level.                                            |
| <b>Please enter any additional notes on this section here.</b>                                                                                                       |
| enter text here                                                                                                                                                      |

| Section 2: Legal Authorities                                                                                                                 |
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| Does the country have current legal authorities, policies, laws, etc. in place that empower the country's PHEM                               |
| Does the country's PHEM program have a national policy group to provide strategic direction which aligns with guidelines pertaining to PHEM? |
| Does the PHEM program or public health entity have legal, regulatory, or administrative authorities established to carry out the following:  |
| Process for emergency contracting                                                                                                            |
| Process to expedite staffing for responses                                                                                                   |
| Process to expedite procurement (i.e. purchase/acquisition) of goods and services                                                            |
| Process for emergency receipt of funds from donors or other entities                                                                         |
| <b>Please enter any additional notes on this section here.</b>                                                                               |
| enter text here                                                                                                                              |

| Section 3: PHEM Program Infrastructure                                                                             |
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| Is there an existing Public Health Emergency Operations Center (PHEOC)?                                            |
| If yes: Can the PHEOC facility convene PHEM program and appropriate partners/liaisons to meet regularly activated? |

|                                                                                                                                      |
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| If yes: Does the PHEOC facility have audiovisual capability to display information and data for key decision discussion activities?  |
| If yes: Can the PHEOC facility safely and securely house equipment and technological infrastructure and manage data and information? |
| Does the PHEM Program have access to the following equipment:                                                                        |
| Personal Protective Equipment (PPE)                                                                                                  |
| Communications equipment in possession of field personnel                                                                            |
| If yes: communications equipment is tested at least once per year                                                                    |
| <b>Please enter any additional notes on this section here.</b>                                                                       |
| enter text here                                                                                                                      |

| Section 4: International Health Regulations (IHR) and Public Health Emergencies of International Concern                                                    |
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| Does the PHEM program have, or have access to, the following:                                                                                               |
| Subject matter experts (SMEs) able to use the decision matrix in Annex 2 of the IHR (2005) to effectively manage health threat requires notification to WHO |
| The IHR National Focal Point on a 24/7 basis                                                                                                                |
| Standard Operating Procedures (SOPs) to notify the country's IHR National Focal Point regarding potential public health emergencies.                        |
| If yes to D2 and D3: The PHEM program communicates with the IHR NFP on a routine basis (at least once per year)                                             |
| <b>Please enter any additional notes on this section here.</b>                                                                                              |
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| Section 5: Stakeholders and coordination                                                                                                                                                  |
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| Does the PHEM program have access to complete information on up-to-date location, phone number, email, and the following entities stored in an area accessible for all appropriate staff: |
| Hospitals, clinics, treatment centers, etc.                                                                                                                                               |
| Laboratories                                                                                                                                                                              |
| Points of Entry                                                                                                                                                                           |
| Law enforcement, public safety and military                                                                                                                                               |
| Public health services                                                                                                                                                                    |
| Social services                                                                                                                                                                           |
| Refugee/evacuee camps                                                                                                                                                                     |
| Defense government ministries/entities                                                                                                                                                    |
| Animal health government ministries/entities                                                                                                                                              |
| Disaster management government ministries/entities                                                                                                                                        |
| WHO IHR Focal Point, Regional EOC, etc. (as appropriate)                                                                                                                                  |
| Laboratory networks                                                                                                                                                                       |
| Partners (WHO, UNICEF, UK-HSA)                                                                                                                                                            |
| Local and International NGOs located in-country                                                                                                                                           |
| If yes to one or more between E1-E14: are there notification procedures to notify these entities in an emergency?                                                                         |

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| If yes to one or more between E1-E14: these contact lists are exercised/tested or utilized at least once                                                                                                             |
| Does a Steering Committee exist at the strategic level (highest level in jurisdiction), comprised of stakeholder recommendations, and helps champion the PHEOC and PHEM program to other sectors and senior leaders? |
| <b>Please enter any additional notes on this section here.</b>                                                                                                                                                       |
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| Section 6: Risk assessment                                                                                 |
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| Has the country conducted an all-hazards public health risk assessment?                                    |
| If yes: what is the date of the most recent risk assessment?                                               |
| If yes: What of the following risk assessment processes were utilized:                                     |
| Threat and Hazard Identification and Risk Assessment/Stakeholder Preparedness Review (THIRAP)              |
| Strategic Tool for Assessing Risks (STAR)                                                                  |
| Vulnerability Risk Assessment and Mapping (VRAM)                                                           |
| If yes: Is there an official (validated) report of the risk assessment findings?                           |
| If yes: what is the date of most recent report?                                                            |
| Have the main threats, hazards, system vulnerabilities, and related risks been mapped to resources?        |
| If yes: Are risk assessments reviewed annually?                                                            |
| If yes: Are the risk assessments updated every 3-5 years?                                                  |
| Have contingency plans been developed for the following (select yes to maximum of 1 of the options below): |
| All threats identified in the risk assessment                                                              |
| The top three threats identified in the risk assessment, but not all threats                               |
| The top threat identified in the risk assessment only                                                      |
| Has a threat assessment been completed for the sub-national level?                                         |
| If no: Are there plans to carry out a risk assessment at the sub-national level?                           |
| <b>Please enter any additional notes on this section here.</b>                                             |
| enter text here                                                                                            |

| Section 7: Workforce capacity                                                                                                                                                     |
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| Has a workforce development plan outlining staffing and training needs for the first two years been established?                                                                  |
| Are public health subject matter experts (SMEs) and other Ministry of Health (MoH) staff available to fill various response teams, and science roles during a response?           |
| Are public health subject matter experts (SMEs) and other Ministry of Health (MoH) staff listed as "on call" to fill various response teams, and science roles during a response? |
| Does the PHEM program have an established training section/unit to conduct continuous PHEM training at the national level?                                                        |
| Processes for appointing an Incident Manager are established.                                                                                                                     |
| <b>Please enter any additional notes on this section here.</b>                                                                                                                    |
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| Section 8: Evaluation |
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| Are After-Action Reviews (AARs), a qualitative review of actions, conducted after every exercise to document best practices, gaps, and areas for improvement? |
| If yes: Are there reports that document best practices, gaps, and areas for improvement?                                                                      |
| Are intra-action reviews, or in progress reviews, conducted during each IMS activation according to country requirements?                                     |
| Are After-Action Reviews (AARs) conducted after every IMS activation?                                                                                         |
| If yes: Are there reports that document best practices, gaps, and areas for improvement?                                                                      |
| If yes: Is there a corrective action plan based on the AAR that with deadlines and roles and responsibilities for implementation?                             |
| If yes: Have SOPs been updated to reflect the lessons learned from activation?                                                                                |
| If yes: Have training activities been updated to reflect lessons learned from activation?                                                                     |
| <b>Please enter any additional notes on this section here.</b>                                                                                                |
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| Section 9: Surveillance information management                                                                                             |
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| Does the PHEM program maintain or have access to the following data collection systems:                                                    |
| Indicator-based surveillance systems data                                                                                                  |
| Hospital-based data                                                                                                                        |
| Event-based surveillance data                                                                                                              |
| Laboratory results                                                                                                                         |
| Other Ministries, Departments, or Agencies?                                                                                                |
| If yes: please elaborate on which Ministries, Departments, and/or Agencies                                                                 |
| Does the PHEM Program have access to surveillance data from the following groups for timely decision making?                               |
| Sub-national offices/districts/regions                                                                                                     |
| Public health and other laboratories                                                                                                       |
| Field Epidemiology Teams                                                                                                                   |
| Rapid Response Teams                                                                                                                       |
| Non-Governmental Organizations (NGOs)                                                                                                      |
| Community-based sources                                                                                                                    |
| Media and social media                                                                                                                     |
| Other Ministries, Departments, or Agencies?                                                                                                |
| If yes: please elaborate on which Ministries, Departments, and/or Agencies                                                                 |
| Is the core group that manages surveillance part of the PHEM program?                                                                      |
| If no: are there linkages to these teams to ensure the PHEM program has access to accurate information for decision making?                |
| Does the PHEM Program utilize event-based surveillance data to inform notification and reporting processes, information requirements, etc? |
| Does the PHEM program have access to trained staff and systems to disseminate the following to relevant partners?                          |
| Case definitions for all prioritized health threats                                                                                        |
| Case management procedures and guidelines for prioritized public health threats                                                            |
| Infection prevention and control procedures                                                                                                |

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| Reports of reportable and unusual diseases                     |
| <b>Please enter any additional notes on this section here.</b> |
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| <b>Section 10: Information management and situational awareness</b>                                                                                                                           |
| Does the PHEM program have access to the following to track deployed personnel and field teams:                                                                                               |
| Staff                                                                                                                                                                                         |
| Equipment                                                                                                                                                                                     |
| Procedures                                                                                                                                                                                    |
| Ability to ascertain the location and status (e.g., composition, health, supply status, needs, etc.) of deployed field teams                                                                  |
| Is the PHEM program linked to sources for contextual data and information (i.e. weather, population, maps, health status, internally displaced persons) to create a common operating picture? |
| Has the PHEM program pre-identified Essential Elements of Information (EEIs) necessary to develop a Common Operating Picture of all prioritized hazards and risks?                            |
| Has the PHEM program identified Critical Information Requirements (CIRs) which can trigger an activation?                                                                                     |
| Does the PHEM program have data and information sharing agreements in place in order to serve as a central repository and coordination?                                                       |
| A functional mechanism for collaboration and timely and systematic information exchange between public health and law enforcement agencies in case of deliberate and/or accidental events.    |
| Does the PHEM Program have documentation on how information flows into and out of the PHEOC?                                                                                                  |
| If yes: During daily operations?                                                                                                                                                              |
| If yes: During response operations?                                                                                                                                                           |
| <b>Please enter any additional notes on this section here.</b>                                                                                                                                |
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| <b>Section 11: Laboratory information management</b>                                                                                                                                                                                                        |
| Does the PHEM program have access to the following information related to public health and other laboratories:                                                                                                                                             |
| Name, type, location, operating hours, and contact information                                                                                                                                                                                              |
| Types of specimens/ samples tested                                                                                                                                                                                                                          |
| Types of tests performed                                                                                                                                                                                                                                    |
| Specimen testing throughput for routine and priority pathogens                                                                                                                                                                                              |
| Messaging standards and protocols                                                                                                                                                                                                                           |
| Protocols for notification of relevant authorities/agencies regarding positive/confirmatory results                                                                                                                                                         |
| Contact information for international partner laboratories                                                                                                                                                                                                  |
| Laboratory networks and links to MoH surveillance systems                                                                                                                                                                                                   |
| Are there SOPs in place for handling priority pathogens, including proper collection, packaging, shipping, handling, and disposal procedures (including international shipping to other countries, WHO, CDC, etc.); chain of custody; and result reporting? |
| <b>Please enter any additional notes on this section here.</b>                                                                                                                                                                                              |
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| <b>Section 12: PHEM plans and procedures</b> |
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Is there a national public health emergency operations plan (EOP) (also known as All Hazards Plan [AHP]) that the MoH as well as the roles of different agencies during emergencies, at the strategic level?

If yes: Is the plan approved and implemented based on prioritized threats and risks?

Does a concept of operations exist and contain the following:

Identification of all intended levels and stakeholders involved in emergency response, management organization fits into the national response system?

Which agency is the lead for different types of emergencies?

Are there threat specific plans (Biological, Technological, Human-Caused) for the most significant threats identified in the assessment?

Are there plans to issue specific risk communications (e.g., alerts, risk factors, protective actions, guidance, etc.) to the general public or to targeted populations via traditional media (e.g., TV, radio, etc.) established using a mechanism?

Are plans, procedures/checklists for communicating with PHEM program staff in the PHEOC and the field established?

Does a PHEOC Handbook, or other documentation contain the following:

Basic Concept of Operations

General day-to-day staffing requirements

SOPs for watch mode

SOPs for alert mode

SOPs for response mode

SOPs for activation and deactivation

Thresholds or triggers for activation and deactivation

Levels of activation and corresponding IMS structures

Procedures for preliminary assessment to determine activation

Notification procedures for all PHEOC staff, relevant sub-national offices, other ministries, and partners

Layout of PHEOC and workstations

Relevant forms, templates, and other documents routinely used in the PHEOC

Information management capacity and protocols (e.g. emails, data management, etc.)

ToR for daily and response roles

Operational Plans (Communications)

Continuity of Operations Plan (COOP)

Appendices

Are Public Health, Epidemiology, Medical, Science, and other SME roles and functions incorporated into national response plans?

Are liaisons to relevant agencies, sectors, and institutions incorporated into national response plans?

**Please enter any additional notes on this section here.**

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## Section 13: PHEM Staffing

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| Is this role or function included in the PHEM program and formally documented in a Terms of Reference?                       |
| Are these roles or functions incorporated into national response plans?                                                      |
| How many individuals has the PHEM program identified as full time for this position?                                         |
| How many individuals has the PHEM program identified as part time for this position?                                         |
| How many individuals are rostered or identified to backfill the following key IMS roles as surge staff in order with shifts? |
| How many of the individuals identified in P3 and P4 have received foundational training on IMS concepts in the past 3 years? |
| How many of the individuals identified in P3 and P4 have received role-specific training in the past 3 years?                |
| How many of the individuals identified in P3 and P4 have graduated from the PHEM Fellowship?                                 |
| How many of the individuals identified in P3 and P4 served during a response?                                                |
| How many of the individuals identified in P3 and P4 served as IMS section lead during a response?                            |
| How many of the individuals identified in P3 and P4 participated in an exercise?                                             |
| The PHEOC manager is able to carry out the following activities independently:                                               |
| PHEOC activation                                                                                                             |
| watch functions                                                                                                              |
| plan development                                                                                                             |
| training and exercises                                                                                                       |
| <b>Please enter any additional notes on this section here.</b>                                                               |
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| Section 14: Exercises                                                                                         |  |
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| Does the PHEM Program have a dedicated section/unit to exercise public health preparedness and response?      |  |
| If no: is there a plan to have a dedicated section/unit to conduct exercises?                                 |  |
| Does the PHEM program conduct exercises?                                                                      |  |
| Are functional exercises to test IMS activation procedures conducted at least once per year?                  |  |
| If yes: Have SOPs been updated to reflect the lessons learned from drills or exercises?                       |  |
| If yes: Have training activities been updated to reflect lessons learned from drills or exercises?            |  |
| Please provide details on any exercises the PHEM program has led or participated in during the past 12 months |  |
| Exercise type:                                                                                                |  |
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| PHEOC Manager | Incident Manager | Operations Chief | Logistics Chief | Finance/<br>Administration Chief |
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| <b><i>Date<br/>(mm/dd/yyyy)</i></b> | <b><i>Exercise<br/>topic/context</i></b> | <b><i>Plan(s) tested</i></b> |
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| Topic |
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| Training for Core Staff |
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| Training for surge staff |
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| Planning and SOP Development |
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| Exercises |
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| Referral to other CDC programs for technical support (POE, RRT, MCM) |
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| Executive level training |
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**Additional comments/recommendations:**

| Analysis and Next Steps |                          |
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|                         | Comments/recommendations |
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| Tool item                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Section 1: Current Situation</b>                                                                                                                                             |
| Is the country currently responding to a public health emergency?                                                                                                               |
| Has the IMS been activated in the past 12 months?                                                                                                                               |
| If yes: please elaborate in the "additional notes section" on what situation(s) prompted IMS activation?                                                                        |
| Is there an existing PHEM Program on the national level?                                                                                                                        |
| if yes: please elaborate in the additional notes section on where the PHEM program is organized (e.g., MOH structure, NPHI structure, etc.).                                    |
| If yes: does the PHEM program have a mission statement?                                                                                                                         |
| Based on conversations with country based colleagues (CDC Country Office, MOH colleagues, etc.) does the country have capacity development engagement on the subnational level? |
| If yes: please elaborate in the "additional notes" section on why capacity development efforts are at the subnational level.                                                    |

|                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Section 2: Legal Authorities</b>                                                                                                                   |
| Does the country have current legal authorities, policies, laws, etc. in place that empower the country's PHEM program?                               |
| Does the country's PHEM program have a national policy group to provide strategic direction which aligns with national guidelines pertaining to PHEM? |
| Does the PHEM program or public health entity have legal, regulatory, or administrative authorities established to carry out the following:           |
| Process for emergency contracting                                                                                                                     |
| Process to expedite staffing for responses                                                                                                            |
| Process to expedite procurement (i.e. purchase/acquisition) of goods and services                                                                     |
| Process for emergency receipt of funds from donors or other entities                                                                                  |

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Section 3: PHEM Program Infrastructure</b>                                                                                        |
| Is there an existing Public Health Emergency Operations Center (PHEOC)?                                                              |
| If yes: Can the PHEOC facility convene PHEM program and appropriate partners/liaisons to meet and coordinate responses?              |
| If yes: Does the PHEOC facility have audiovisual capability to display information and data for key discussion activities?           |
| If yes: Can the PHEOC facility safely and securely house equipment and technological infrastructure and manage data and information? |
| Does the PHEM Program have access to the following equipment:                                                                        |
| Personal Protective Equipment (PPE)                                                                                                  |
| Communications equipment in possession of field personnel                                                                            |
| If yes: communications equipment is tested at least once per year                                                                    |

#### Section 4: International Health Regulations (IHR) and Public Health Emergencies of International Concern

Does the PHEM program have, or have access to, the following:

Subject matter experts (SMEs) able to use the decision matrix in Annex 2 of the IHR (2005) to effectively manage a health threat requires notification to WHO

The IHR National Focal Point on a 24/7 basis

Standard Operating Procedures (SOPs) to notify the country's IHR National Focal Point regarding public health emergencies.

If yes to D2 and D3: The PHEM program communicates with the IHR NFP on a routine basis (at least monthly)

#### Section 5: Stakeholders and coordination

Does the PHEM program have access to complete information on up-to-date location, phone number, email address, and other contact information for the following entities stored in an area accessible for all appropriate staff:

Hospitals, clinics, treatment centers, etc.

Laboratories

Points of Entry

Law enforcement, public safety and military

Public health services

Social services

Refugee/evacuee camps

Defense government ministries/entities

Animal health government ministries/entities

Disaster management government ministries/entities

WHO IHR Focal Point, Regional EOC, etc. (as appropriate)

Laboratory networks

Partners (WHO, UNICEF, UK-HSA)

Local and International NGOs located in-country

If yes to one or more between E1-E14: are there notification procedures to notify these entities in a timely manner?

If yes to one or more between E1-E14: these contact lists are exercised/tested or utilized at least once a year

Does a Steering Committee exist at the strategic level (highest level in jurisdiction), comprised of stakeholders from all relevant sectors, that reviews and recommends, and helps champion the PHEOC and PHEM program to other sectors and senior leadership?

#### Section 6: Risk assessment

Has the country conducted an all-hazards public health risk assessment?

|                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If yes: what is the date of the most recent risk assessment?                                                                                                           |
| If yes: What of the following risk assessment processes were utilized:                                                                                                 |
| Threat and Hazard Identification and Risk Assessment/Stakeholder Preparedness Review                                                                                   |
| Strategic Tool for Assessing Risks (STAR)                                                                                                                              |
| Vulnerability Risk Assessment and Mapping (VRAM)                                                                                                                       |
| If yes: Is there an official (validated) report of the risk assessment findings?                                                                                       |
| If yes: what is the date of most recent report?                                                                                                                        |
| Have the main threats, hazards, system vulnerabilities, and related risks been mapped to resources?                                                                    |
| If yes: Are risk assessments reviewed annually?                                                                                                                        |
| If yes: Are the risk assessments updated every 3-5 years?                                                                                                              |
| Have contingency plans been developed for the following (select yes to maximum of 1 of the options below)                                                              |
| All threats identified in the risk assessment                                                                                                                          |
| The top three threats identified in the risk assessment, but not all threats                                                                                           |
| The top threat identified in the risk assessment only                                                                                                                  |
| Has a threat assessment been completed for the sub-national level?                                                                                                     |
| If no: Are there plans to carry out a risk assessment at the sub-national level?                                                                                       |
|                                                                                                                                                                        |
| <b>Section 7: Workforce capacity</b>                                                                                                                                   |
| Has a workforce development plan outlining staffing and training needs for the first two years been established?                                                       |
| Are public health subject matter experts (SMEs) and other Ministry of Health (MoH) staff available to fill vacant response teams, and science roles during a response? |
| Are public health subject matter experts (SMEs) and other Ministry of Health (MoH) staff listed as "on call" for response teams, and science roles during a response?  |
| Does the PHEM program have an established training section/unit to conduct continuous PHEM training and exercises?                                                     |
| Processes for appointing an Incident Manager are established.                                                                                                          |
|                                                                                                                                                                        |
| <b>Section 8: Evaluation</b>                                                                                                                                           |
| Does the PHEM Program have a dedicated section/unit to exercise public health preparedness and response plans?                                                         |
| If no: is there a plan to have a dedicated section/unit to conduct exercises?                                                                                          |
| Does the PHEM program conduct exercises?                                                                                                                               |
| Are functional exercises to test IMS activation procedures conducted at least once per year?                                                                           |
| If yes: Have SOPs been updated to reflect the lessons learned from drills or exercises?                                                                                |
| If yes: Have training activities been updated to reflect lessons learned from drills or exercises?                                                                     |
| Are After-Action Reviews (AARs), a qualitative review of actions, conducted after every exercise to document lessons learned and areas for improvement?                |
| If yes: Are there reports that document best practices, gaps, and areas for improvement?                                                                               |
| Are intra-action reviews, or in progress reviews, conducted during each IMS activation according to country-specific protocols?                                        |
| Are After-Action Reviews (AARs) conducted after every IMS activation?                                                                                                  |
| If yes: Are there reports that document best practices, gaps, and areas for improvement?                                                                               |

|                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| If yes: Is there a corrective action plan based on the AAR that with deadlines and roles and responsibilities for implementation?          |
| If yes: Have SOPs been updated to reflect the lessons learned from activation?                                                             |
| If yes: Have training activities been updated to reflect lessons learned from activation?                                                  |
|                                                                                                                                            |
| <b>Section 9: Surveillance information management</b>                                                                                      |
| Does the PHEM program maintain or have access to the following data collection systems:                                                    |
| Indicator-based surveillance systems data                                                                                                  |
| Hospital-based data                                                                                                                        |
| Event-based surveillance data                                                                                                              |
| Laboratory results                                                                                                                         |
| Other Ministries, Departments, or Agencies?                                                                                                |
| If yes: please elaborate on which Ministries, Departments, and/or Agencies                                                                 |
| Does the PHEM Program have access to surveillance data from the following groups for timely decision making:                               |
| Sub-national offices/districts/regions                                                                                                     |
| Public health and other laboratories                                                                                                       |
| Field Epidemiology Teams                                                                                                                   |
| Rapid Response Teams                                                                                                                       |
| Non-Governmental Organizations (NGOs)                                                                                                      |
| Community-based sources                                                                                                                    |
| Media and social media                                                                                                                     |
| Other Ministries, Departments, or Agencies?                                                                                                |
| If yes: please elaborate on which Ministries, Departments, and/or Agencies                                                                 |
| Is the core group that manages surveillance part of the PHEM program?                                                                      |
| If no: are there linkages to these teams to ensure the PHEM program has access to accurate information for decision making?                |
| Does the PHEM Program utilize event-based surveillance data to inform notification and reporting processes, information requirements, etc? |
| Does the PHEM program have access to trained staff and systems to disseminate the following to relevant stakeholders:                      |
| Case definitions for all prioritized health threats                                                                                        |
| Case management procedures and guidelines for prioritized public health threats                                                            |
| Infection prevention and control procedures                                                                                                |
| Reports of reportable and unusual diseases                                                                                                 |
|                                                                                                                                            |
| <b>Section 10: Information management and situational awareness</b>                                                                        |
| Does the PHEM program have access to the following to track deployed personnel and field teams:                                            |
| Staff                                                                                                                                      |
| Equipment                                                                                                                                  |
| Procedures                                                                                                                                 |
| Ability to ascertain the location and status (e.g., composition, health, supply status, needs, etc.) of field teams                        |

### Section 11: Laboratory information management

Does the PHEM program have access to the following information related to public health and other laboratories?

Name, type, location, operating hours, and contact information

Types of specimens/ samples tested

Types of tests performed

Specimen testing throughput for routine and priority pathogens

Messaging standards and protocols

Protocols for notification of relevant authorities/agencies regarding positive/confirmatory results

Contact information for international partner laboratories

Laboratory networks and links to MoH surveillance systems

Are there SOPs in place for handling priority pathogens, including proper collection, packaging, shipping, and storage procedures (including international shipping to other countries, WHO, CDC, etc.); chain of custody; and resiliency?

**Please enter any additional notes on this section here.**

enter text here

### Section 12: Situational awareness

Is the PHEM program linked to sources for contextual data and information (i.e. weather, population, maps, etc.) to create a common operating picture?

Has the PHEM program pre-identified Essential Elements of Information (EIs) necessary to develop a Common Operating Picture (COP) for all prioritized hazards and risks?

Has the PHEM program identified Critical Information Requirements (CIRs) which can trigger an activation of the PHEOC?

Does the PHEM program have data and information sharing agreements in place in order to serve as a central hub for data and coordination?

Does the PHEM Program have documentation on how information flows into and out of the PHEOC?

If yes: During daily operations?

If yes: During response operations?

### Section 13: PHEM plans and procedures

Is there a national public health emergency operations plan (EOP) (also known as All Hazards Plan [AHP]) developed by the MoH as well as the roles of different agencies during emergencies, at the strategic level?

If yes: Is the plan approved and implemented based on prioritized threats and risks?

Does a concept of operations exist and contain the following:

Identification of all intended levels and stakeholders involved in emergency response, management, and how the organization fits into the national response system?

Which agency is the lead for different types of emergencies?

Are there threat specific plans (Biological, Technological, Human-Caused) for the most significant threats identified in the assessment?

Are there plans to issue specific risk communications (e.g., alerts, risk factors, protective actions, guidance) to the general public or to targeted populations via traditional media (e.g., TV, radio, etc.). established using the PHEOC?

Are plans, procedures/checklists for communicating with PHEM program staff in the PHEOC and the field?

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| Does a PHEOC Handbook , or other documentation contain the following:                                     |
| Basic Concept of Operations                                                                               |
| General day-to-day staffing requirements                                                                  |
| SOPs for watch mode                                                                                       |
| SOPs for alert mode                                                                                       |
| SOPs for response mode                                                                                    |
| SOPs for activation and deactivation                                                                      |
| Thresholds or triggers for activation and deactivation                                                    |
| Levels of activation and corresponding IMS structures                                                     |
| Procedures for preliminary assessment to determine activation                                             |
| Notification procedures for all PHEOC staff, relevant sub-national offices, other ministries, and pa      |
| Layout of PHEOC and workstations                                                                          |
| Relevant forms, templates, and other documents routinely used in the PHEOC                                |
| Information management capacity and protocols (e.g. emails, data management, etc.)                        |
| ToR for daily and response roles                                                                          |
| Operational Plans (Communications)                                                                        |
| Continuity of Operations Plan (COOP)                                                                      |
| Appendices                                                                                                |
| Are Public Health, Epidemiology, Medical, Science, and other SME roles and functions incorporated into na |
| Are liaisons to relevant agencies, sectors, and institutions incorporated into national response plans?   |
|                                                                                                           |

## Section 14: PHEM Staffing

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| Is this role or function included in the PHEM program and formally documented in a Terms of Reference?       |
| Are these roles or functions incorporated into national response plans?                                      |
| How many individuals has the PHEM program identified as full time for this position?                         |
| How many individuals has the PHEM program identified as part time for this position?                         |
| How many individuals are rostered or identified to backfill the following key IMS roles as surge staff in or |
| with shifts?                                                                                                 |
| How many of the individuals identified in P3 and P4 have received foundational training on IMS concepts      |
| How many of the individuals identified in P3 and P4 have received role-specific training in the past 3 years |
| How many of the individuals identified in P3 and P4 have graduated from the PHEM Fellowship?                 |
| How many of the individuals identified in P3 and P4 served during a response?                                |
| How many of the individuals identified in P3 and P4 served as IMS section lead during a response?            |
| How many of the individuals identified in P3 and P4 participated in an exercise?                             |
| The PHEOC manager is able to carry out the following activities independently:                               |
| PHEOC activation                                                                                             |
| watch functions                                                                                              |
| plan development                                                                                             |
| training and exercises                                                                                       |

### Section 15: Exercises

Please provide details on any exercises the PHEM program has led or participated in during the past 12 months.

***Exercise type:***

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### Section 16: Subnational level

This question can give important context around what the country can focus on for capacity development

In max 3 sentences, describe the outbreak, event, or emergency that the country activated IMS for.

Is there a PHEM Program (trained staff, plans/SOPs, data and information) in country to manage daily act

Is there a clear understanding of the role the PHEM program plays in relation to the nation's public health

if there are still milestones that need to be achieved for the national PHEM program, those should be prio  
country contexts (decentralized vs. centralized systems, political commitments, etc.) that may be shaping

Identify laws, authorities, and/or legal frameworks that directly relate to enabling aspects of a PHEM prog  
MOH in relation to a public health emergency, such as declaring an emergency, etc.)

To establish a PHEOC, a Member State should develop legislation or an executive directive for the health r  
PHEOC. This mandate will outline the public health agency's roles and responsibilities, its coordination me  
a funding mechanism for the operations of the PHEOC

The agency/organization responsible for the PHEOC should establish a policy group to provide policy guid  
organizations, subject matter experts (including legal counsel and an ethics advisor), government officials  
provide strategic level leadership (WHO Framework (2015)

the public health entity refers to the agency where the PHEOC is housed (for example: Ministry of Health c

Pertains to national level

At a minimum, the PHEOC facility should have space for partners to meet altogether or in smaller groups

At a minimum, the PHEOC facility should have a projector or large enough screen to display information/v

At a minimum, the PHEOC facility can protect equipment and technology so they do not get damaged by t

"access to" means that the PHEM program can contact these individuals at any day/time, they do not necessarily have to be in the country. If the PHEM program plays a role in coordination of PHEIC assessment and notification, please note this in the plan.

Confirm there are contact lists and notification procedures in an accessible location to communicate with the public and other stakeholders.

A steering committee should be established for the planning process when developing a new EOC or enhancing existing EOCs. This should involve other relevant sectors when the hazard has a cross-sectoral impact. The committee must develop clear objectives for the PHEOC to enable effective decision-making and coordination. Reference: Previous reports from prior risk assessments (THIRA, STAR) Risk Assessments refer to identifying and prioritizing risks which may result in emergencies impacting human health and the environment. Risk assessments can be mapped based on existing resources in country. This type of assessment is used to create plans and SOPs for priority risks. This is not the same as a risk assessment for a specific hazard.

Reference: Previous reports from prior risk assessments (THIRA, STAR)  
Risk Assessments refer to identifying and prioritizing risks which may result in emergencies impacting human health and the environment. Risk assessments can be mapped based on existing resources in country.

This type of assessment is used to create plans and SOPs for priority risks. This is not the same as a risk assessment for a specific hazard.

At a minimum, the plan needs to outline positions to be filled, training needed, and estimated timeframes

[illegible]

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|                 | b                                    |
|                 | <b><i>Exercise topic/context</i></b> |
| enter text here |                                      |
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| enter text here |                                      |







[illegible]

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|--------------------------------------|------------------------------|
| c                                    | d                            |
| <b><i>Function(s)<br/>tested</i></b> | <b><i>Plan(s) tested</i></b> |
| <i>enter text here</i>               | <i>enter text here</i>       |
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## PHEOC infrastructure: optional checklist

### PHEOC tele-communications equipment contains the following:

|                                         |
|-----------------------------------------|
| Computer workstations                   |
| Telephones                              |
| Internet connectivity/back-up system    |
| Servers/back-up servers                 |
| Printers and/or plotters                |
| Audiovisual equipment, display screens  |
| Web or video teleconferencing equipment |
| Radios                                  |

**Please enter any additional notes on this section here.**

enter text here

### PHEOC equipment is:

|                                                       |
|-------------------------------------------------------|
| Sufficient in number/quantity to meet needs           |
| Functional and needed applications/security installed |
| Maintained                                            |
| Tested periodically                                   |

**Please enter any additional notes on this section here.**

enter text here

### PHEOC facility contains the following:

|                                                         |
|---------------------------------------------------------|
| An operations area                                      |
| Surge/expansion space                                   |
| Private meeting space for leadership                    |
| Food/dining, rest, and/or storage areas, as appropriate |

**Please enter any additional notes on this section here.**

enter text here

### Audiovisual functionality

|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| There is space and AV capability in the PHEOC to project operational information (e.g., case data, resource status, staff rhythm, etc.) |
| There is AV capability for videoconferencing                                                                                            |

**Please enter any additional notes on this section here.**

enter text here

### PHEOC infrastructure

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| The power supply of the PHEOC takes the following conditions/items into consideration:        |
| Adequate/sufficient quantity of electricity from source to meet all power needs               |
| Reliable, uninterrupted (24/7) power                                                          |
| Backup generator or alternative energy with adequate fuel                                     |
| Generator tested 2x per year                                                                  |
| Issues of electrical compatibility between equipment and power supply identified and resolved |

|                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| There is an adequate potable water supply to the PHEOC                                                                                                                       |
| The PHEOC has adequate functioning environmental controls (e.g., HVAC, etc.) to regulate indoor temperature and keep information technology (IT) equipment sufficiently cool |
| The PHEOC has the following adequate facility infrastructure and services:                                                                                                   |
| Janitorial services                                                                                                                                                          |
| Toilet                                                                                                                                                                       |
| Sanitation/sewage                                                                                                                                                            |
| <b>Please enter any additional notes on this section here.</b>                                                                                                               |
| enter text here                                                                                                                                                              |

|                                                                              |
|------------------------------------------------------------------------------|
| <b>PHEOC safety and security</b>                                             |
| The PHEOC has an evacuation plan                                             |
| The PHEOC contains fire suppression equipment and systems in the building(s) |
| The PHEOC has first aid supplies                                             |
| The PHEOC has the following security measures in place:                      |
| Physical barriers                                                            |
| Controlled access to locked/restricted areas                                 |
| Guards/security personnel                                                    |
| <b>Please enter any additional notes on this section here.</b>               |
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## Milestones

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| <b>Draft milestone:</b> Country leadership approval and mission, roles, and responsibilities of the national PHEOC                                          |
| <b>Draft milestone:</b> Concept of operations outlining staffing of PHEM program, response structure and roles                                              |
| <b>Draft milestone:</b> Establish and resource a workforce development plan outlining staffing and training needs                                           |
| <b>Draft milestone:</b> 50% of identified PHEM staff receive foundational IMS training; 25% of identified PHEM staff receive advanced training              |
| <b>Draft milestone:</b> A dedicated space to serve as the PHEOC for emergency management coordination and communication                                     |
| <b>Draft milestone:</b> PHEM program information sharing and management processes are outlined and, if applicable, implemented                              |
| <b>Draft milestone:</b> Processes for risk assessment are established, and a prioritized list of threats is developed                                       |
| <b>Draft milestone:</b> An emergency operation plan (EOP) describes how the various components and stakeholders will respond                                |
| <b>Draft milestone:</b> A PHEOC plan, manual or handbook is developed and assists assigned personnel to perform their duties                                |
| <b>Draft milestone:</b> 75% of identified PHEM staff receive foundational IMS training and 50% of identified staff receive advanced training                |
| <b>Draft milestone:</b> Staff who are able to serve in an Incident Manager role are identified, and processes for their deployment are established          |
| <b>Draft milestone:</b> The PHEM program maintains access to relevant surveillance and laboratory data for timely analysis                                  |
| <b>Draft milestone:</b> National PHEOC is operational, and serves as a space to effectively monitor threats and coordinate response                         |
| <b>Draft milestone:</b> contingency plan developed for the top threat identified in the risk assessment.                                                    |
| <b>Draft milestone:</b> Medical countermeasures training completed and plan is developed.                                                                   |
| <b>Draft milestone:</b> Plans and SOPs are validated using functional exercises at least once a year.                                                       |
| <b>Draft milestone:</b> 100% of identified PHEM staff receive foundational IMS training and 75% of identified staff receive advanced training               |
| <b>Draft milestone:</b> EOC manager is able to carry out the following independently: PHEOC activation, watch list management, and coordination of response |
| <b>Draft milestone:</b> contingency plans developed for the top three threats identified in the risk assessment.                                            |
| <b>Draft milestone:</b> The PHEM program maintains personnel systems to manage and track deployments, reassignments, and training                           |
| <b>Draft milestone:</b> A dedicated space to serve as the PHEOC for emergency management coordination and communication                                     |
| <b>Draft milestone:</b> An evaluation process for exercises and responses, including AARs and corrective action plans, is established                       |
| <b>Draft milestone:</b> Training and exercise program is established and capable of training staff at subnational level                                     |
| <b>Draft milestone:</b> PHEM staff are able to operate in their functional role during a response with limited assistance                                   |
| <b>Draft milestone:</b> A cadre of PHEM staff is able to serve as champions for the PHEM program, and is able to train and mentor other staff               |
| <b>Draft milestone:</b> Country is able to implement a full-scale exercise demonstrating ability to effectively and efficiently respond to a threat         |
| <b>Draft milestone:</b> contingency plans developed for all threats identified in the risk assessment.                                                      |
| <b>Draft milestone:</b> Subnational PHEOCs are operational, and serve as spaces to effectively monitor threats and coordinate response                      |
| <b>Draft milestone:</b> Training and exercise program is operational and activities are carried out on an annual basis                                      |
| <b>Draft milestone:</b> A cadre of PHEM staff is able to serve as champions for the PHEM program, and is able to train and mentor other staff               |
| <b>Draft milestone:</b> country has established a financing plan to sustain the PHEM program.                                                               |
| <b>Draft milestone:</b> National policy, legal authorities and/or doctrine documents that provide guidance on a PHEM program are established                |

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