
in Accordance with Annex 1 of the IHR

A Guide for Assessment Teams

December 2010

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ii. ACRONYMS

EBS    Event based surveillance
FELTP  Field epidemiology and laboratory training programme
FETP   Field epidemiology training programme
GIS    Geographic information system
GLEWS  Global Early Warning System
GPHIN  Global Public Health Information Network
IATA   International Air Transport Association
ICAO   International Civil Aviation Organization
IHR    International Health Regulations
IHR NFP National IHR Focal Point
MoH    Ministry of Health
MoU    Memorandum of understanding
NGO    Non-governmental organization
PHEIC  Public health emergency of international concern
PoE    Point of entry
PPE    Personal protective equipment
ProMED-Mail Program for Monitoring Emerging Diseases
RRT    Rapid response team
SARS   Severe acute respiratory syndrome
SOP    Standard operating procedure
SWOT   Strengths, weaknesses, opportunities and threats
ToR    Terms of reference
WHO    World Health Organization
I. Introduction

1.1. Purpose of this document
This document proposes guidance to States Parties on the assessment of their national IHR core capacities for surveillance and response, in accordance with the core capacity strengthening requirements of Annex 1A of the International Health Regulations (IHR) 2005. This in-depth assessment protocol will need to be adapted on a country-by-country basis. The assessment will be supported by WHO with an external team, if requested by the country.

1.2. Background of the IHR
The IHR was first adopted by the World Health Assembly in 1969 and initially covered six diseases. It was amended in 1973 and 1981 to cover three diseases: cholera, yellow fever and plague. Due to the increase in international travel and trade, and the emergence and re-emergence of international disease threats, a substantial revision of the IHR was carried out; the revised regulations came into force on 15 June 2007.

The purpose of the IHR (2005) is to prevent, protect against, control and provide a public health response to the international spread of disease, in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade. States Parties are required to develop national core public health capacities and to notify WHO of all events that may constitute a public health emergency of international concern (PHEIC). PHEICs are not restricted to communicable diseases with epidemic and pandemic potential; they may include emergencies following contamination with microbes, toxins, chemicals or radioactive material due to industrial leaks or intentional release.

The IHR provide a global framework for strengthening WHO’s and States Parties’ capacity to manage national and international processes, activities and information during public health emergencies. The procedures it sets out for interaction, communication and joint risk assessment between WHO and States Parties facilitate the process of notification, risk assessment and collective action envisaged in the WHA resolutions on compliance with the IHR. The IHR requires countries to strengthen their core surveillance and response capacities at all levels to meet the challenges posed by public health events of national or international concern, including early detection and response to national priority events. The IHR is not a separate and distinctive vertical programme but a framework; its implementation should help build the capacity of a country’s existing health system.

1.3. National core capacities for surveillance and response as defined by the IHR
Each State Party is expected to develop, strengthen and maintain, no later than five years from the entry into force of the Regulations, the capacity to detect, assess, notify and report PHEICs. This should also be done for designated airports, ports and ground crossings. Within two years following the entry into force of the Regulations, States

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1 See International Health Regulations (2005), WHO.
Parties should assess the ability of existing national structures and resources to meet the minimum requirements. Based on the results of this assessment, States Parties are expected to develop and implement plans of action to ensure that these capacities are present and functioning. Specific core capacities for surveillance and response have been defined at the national, intermediate, and local/community level and/or primary public health response (peripheral) levels.

At the national level

**Assessment and notification.** The capacities:

(a) to assess all reports of urgent events within 48 hours; and
(b) to notify WHO immediately through the National IHR Focal Point (IHR NFP) when the assessment indicates the event is notifiable and to inform WHO as required.

**Public health response.** The capacities:

(a) to rapidly determine the control measures required to prevent domestic and international spread;
(b) to provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance (e.g., equipment, supplies and transport);
(c) to provide on-site assistance to supplement local investigations, as required;
(d) to provide a direct operational link with senior health and other officials to rapidly approve and implement containment and control measures;
(e) to provide a direct liaison with other relevant government ministries;
(f) to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party’s own territory and in the territories of other States Parties;
(g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a PHEIC;
(h) to provide the foregoing on a 24-hour basis.

**Intermediate level**

The capacities:

(a) to confirm the status of reported events and to support or implement additional control measures;
(b) to assess reported events immediately and, if found urgent, to report all essential information to the national level.

**Local community level and/or primary public health response level**

The capacities:

(a) to detect events involving disease and death above expected levels for the particular time and place;
(b) to report all available essential information immediately to the appropriate level of health care response;
(c) to implement preliminary control measures immediately.
II. Assessing IHR core capacities for surveillance and response

The successful implementation of the IHR requires a strong national public health system, that is critical for response to a PHEIC. States Parties should be able to maintain active surveillance of diseases and public health events, rapidly investigate reports, assess public health risk, share information and implement public health control measures. At the international level, it is essential to establish an effective system that supports disease control programmes for the containment of specific public health threats, continuously assesses global public health risks and is prepared to rapidly respond to unexpected internationally spreading events.

While States Parties have made great strides in detecting and responding to priority health events in the health sector, there remains a need to take into account the participation of other sectors in event detection, management and control, and other informal information sources, critical for the detection of potential PHEICs. States Parties must assess existing capacities and develop plans of action that address gaps, build on strengths and make use of available resources. It is essential that the momentum created for detecting, reporting and responding to disease specific threats such as avian influenza, pandemic (H1N1) 2009, severe acute respiratory syndrome (SARS) and polio is capitalized on to develop generic capacities for responding to any unknown, emerging or re-emerging event.

2.1. Aim and objectives of the assessment
The aim of the assessment is to support Member States, through a participatory approach, in the review of the status of development of their IHR core capacities for IHR relevant hazards and points of entry (PoE). This will allow them to meet the requirements to develop, strengthen and maintain the capacity to detect, assess, notify and report events in accordance with the Regulations. The end result should be a national plan of action designed by the national authorities.

The objectives of the assessment are:

- to determine the current status of IHR core capacities for surveillance, response, potential hazards and any other system required for implementing the IHR;
- to obtain baseline information for measuring progress towards planning and monitoring IHR implementation;
- to develop a prioritized plan of action that addresses the gaps identified; improves surveillance, early warning and response system performance; addresses potential PHEICs including chemical, food safety, radiation, and zoonotic events; and meets the requirements of the IHR as outlined in Annex 1A.
2.2. Core capacities and hazards to be assessed

2.2.1 The core capacities

1. National legislation, policy and financing

Each State Party may determine how to implement the IHR in light of its own domestic legal and governance systems, socio-political contexts and policies. Legislation, regulations or administrative requirements, and other governmental instruments\(^2\) are tools that facilitate putting policy into effect. In some States Parties, giving effect to the IHR under domestic jurisdiction and national law requires that the relevant authorities implement national legislation for implementing some or all of the IHR State Party rights and obligations. However, even where new or revised legislation may not be explicitly required under the State Party's legal system for implementation of one or more IHR provisions, revision of some legislation, regulations or administrative requirements, or other governmental instruments may still be considered by the State Party concerned. This could facilitate performance of IHR activities in a more efficient, effective or otherwise beneficial manner. States Parties should therefore consider assessing their relevant existing legislation, regulations or administrative requirements, and other governmental instruments to determine whether they may be appropriate for revision in order to facilitate full and efficient implementation of the Regulations. See detailed guidance on IHR implementation in national legislation, (http://www.who.int/ihr/legal_issues/legislation/en/index.html).

Policies addressing all aspects of the IHR at the national level need to be developed and adopted. Some key elements of national IHR policy include defining implementing structures, their organization and their roles and responsibilities. This facilitates the allocation of resources within the national budget to support the implementation of the IHR and the development of national IHR core capacities for surveillance and response to public health risks and potential PHEICs, as well as support to cross-border public health surveillance and response systems and networks. Sustainable financing is critical for developing the IHR core capacities and implementing national and international IHR strategies.

2. Coordination and National IHR Focal Point communications

Effective IHR implementation requires a multisectoral, multi-disciplinary approach. Partnership between different sectors is particularly useful to build coherent alert and response systems to cover all public health threats. Coordination of nationwide resources is important for efficiency.

Implementing the IHR requires the participation of various ministries, administrative levels, partners and stakeholders. Coordination is therefore crucial for effective

\(^2\) For the purposes of this document:

`Legislation` means state constitutions, laws, decrees, ordinances or similar legal instruments;

`Regulations or administrative requirements` means, for example, all regulations, procedures, rules and standards; and `other governmental instruments` means, for example, agreements, protocols, and resolutions of any government authority or body. They encompass all relevant areas including: public health; environment; international ports, airports, and ground crossings (including quarantine); customs; food safety; agriculture (including animal health); radiation safety; chemical safety; transportation (including dangerous goods); collection, use and disclosure of public health information; and public health activities of authorities or other relevant entities at the national, District(e.g., state, provincial or regional) and local levels.
implementation. A national multisectoral, multidisciplinary coordination committee, which may be replicated at the intermediary level, facilitates this process. In a closely interdependent world, partnerships are essential to the successful implementation of the Regulations. Partnership between different sectors is required for sharing technical skills and resources, supporting capacity strengthening at all levels, supporting each other in times of crisis and promoting transparency. It is also essential for building coherent alert and response systems that cover all public health threats and rapidly mobilizing the required resources in a flexible and responsive way during an event. The mobilization of both national and international donors and partners is also needed for IHR implementation.

3. Surveillance
The IHR requires the establishment of clear structures for surveillance, preferably through public health policy and legislation, with clearly defined roles and responsibilities for each level. There should be a designated unit with the capacity to monitor public health risks, verify alerts and respond to public health emergencies. This unit should be responsible for and capable of transmitting alerts from the sub-national to the national level and vice versa. It should be appropriately staffed and resourced to undertake surveillance and response to events of public health importance of national concern. Most States Parties already have a designated disease surveillance and response unit. Parallel structures are not encouraged, and it is important to ensure that the above functions are carried out in a way that fulfills the IHR requirements.

In addition to reporting of infectious diseases, the IHR also requires reporting of all public health risks including zoonotic, food safety, radiological and chemical events that could pose a health risk and/or be of international concern. Four diseases are specifically identified for surveillance: poliomyelitis due to wild-type polio virus, SARS, human influenza virus caused by a new sub-type and smallpox.

To comprehensively meet the early warning and alert requirements of the IHR, there is a need to strengthen and develop both routine, or indicator based, surveillance\(^3\) and event based surveillance\(^4\). This involves the utilization of a wide variety of both formal and informal sources of information. Reports of urgent events need to be assessed within 48 hours, as part of the risk assessment. There is also a need to have an overview of the public health risk situation in the country with respect to various IHR related hazards.

4. Response
Functional command, communication and control mechanisms are required to effectively coordinate and manage outbreaks and other public health events. The IHR requires rapid support for the investigation and control of public health emergencies. It is therefore important to have a rapid response team (RRT) available at all times, that can promptly

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\(^3\) Indicator based surveillance is the routine reporting of cases of disease, including notifiable diseases surveillance systems, sentinel surveillance, laboratory based surveillance, etc. This routine reporting is commonly health care facility based with reporting done on a weekly or monthly basis.

\(^4\) Event based surveillance is the organized and rapid capture of information about events that are a potential risk to public health. This information can be rumours and other ad hoc reports transmitted through formal channels (i.e. established routine reporting systems) and informal channels (i.e. media, health workers and nongovernmental organization reports), including events related to the occurrence of disease in humans and events related to potential exposure of humans.
respond to a request for support. All RRT members must be pre-trained, equipped and available at short notice to gather information necessary to determine the resources needed to effectively respond to a crisis or an unusual health event. The RRT could be composed of a public health professional trained in epidemiology, a social mobilization expert or behavioural scientist, an environmental specialist, a clinician (public health nurse or medical doctor) and a laboratory expert. Other people with expertise in animal health, clinical toxicology, and chemical, food, water and radiological issues should at least be available at the national level to advise the team as appropriate. It should be multidisciplinary and have a direct link to the relevant authority coordinating response with responsibility to the event of concern. All RTT members should be trained specifically in field investigation. A budget, means of communication, transport, and all elements to support the team should be available for outbreak response. Guidelines and tools for investigation must be developed and distributed, along with standard investigation tools. Guidelines on the collection and transport of clinical or environmental samples and public health communication must also be available.

Policies for case management outside and within hospitals must be developed and distributed. This includes the designation of authorities responsible for case management and the development of standard operating procedures (SOPs), e.g., for decontamination of patients and the environment before receiving patients in healthcare facilities, handling and disposal of contaminated water and clothes, triage and management of a large number of cases, referral system with identification of responsible hospitals, patient transportation and patient isolation in the field etc. Policies should include primary health-care staff training on basic essential principles for the application of epidemic control measures, associated with possible risk management options.

The establishment of procedures, including personnel training, associated with possible risk management options, is needed. An all hazard decontamination operational programme that covers both patients and the environment, along with trained staff available to respond rapidly is useful, if feasible.

5. Preparedness
Preparedness is essential to meeting the requirements of the IHR, including the development of national public health emergency response plans. Public health emergency preparedness includes the establishment or strengthening of preparedness Planning committees that must ensure that emergency response plans at all levels are adapted to take into account IHR requirements. This includes Plans for IHR implementation that could be a part of the national response plan to emergencies or any other appropriate plan. There is also a need for mobilizing the required resources in terms of stakeholders, equipment and services. Plans must be tested through drills, table top exercises, field exercises, etc. Guidelines and SOPs for outbreak management, case management and emergencies should be reviewed, updated and disseminated. Investigation teams should be trained on outbreak response, including contact tracing procedures, and should be prepared to assemble within 24 hours. Potential risk factors must be identified, for example, through mapping of installations, (chemical/nuclear etc.)
particularly those close to rivers, seas, national borders and chemical or nuclear transport routes.

Planning should take into account the need to rapidly deploy essential pharmaceuticals, medical supplies and equipment from national reserves based on potential scenarios identified through a comprehensive risk assessment. A national supply and distribution plan should be developed that addresses storage (stock rotation, quality and shelf-life) and procedures that will be used to distribute supplies where needed (to local authorities, health services, the general population, etc.) and move them from one place to another. Surge capacity planning is essential for ensuring an appropriate response to a public health emergency and to avoid staff burnout.

6. Risk communication

Effective communication about the risks related to public health emergencies, including PHEICs, is a fundamental component of effective risk management. It requires planning for and building core public communications capacities. In the current global information environment, the communications challenges presented by a serious public health risk can easily overwhelm public health authorities. Adequate social mobilization of communities and appropriate media communications are required. The scope and complexity of the task demands open and transparent communication of public health decision-making, an approach more appropriately understood as a dialogue with the public, partners and other stakeholders. Communication approaches that simply disseminate advice and information based on a technical decision without consideration of the public's views, biases and cultural or linguistic traditions are insufficient for the management of the complex risks and risk perceptions associated with a PHEIC.

Though most public health emergencies are difficult to predict, media communication strategies can be planned well in advance. Communication must be an integrated part of emergency management activities and operations. To communicate effectively through the media during a public health emergency, response managers must plan their communication strategies, integrate communicators at the most senior levels of the hierarchy, provide transparent messages and listen to the public’s concerns. For more information, see the detailed WHO Outbreak Communication Planning Guide (http://www.who.int/ihr/elibrary/WHOOutbreakCommsPlanngGuide.pdf).

7. Human resources

Human resources development should follow the overall principle of sustainability for the long-term practice of public health surveillance and response at all levels of the healthcare system. It should ensure surveillance and response training across all categories of personnel (e.g., physicians, nurses and laboratory technicians) and disciplines (e.g., clinicians, microbiologists, epidemiologists, clinical toxicologists and environmental health officers) concerned by the IHR framework. Strengthening the public health actors within the systems through the development of appropriate knowledge, skills, and competence is critical for effective IHR implementation. Both pre-service and in-service

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training needs and plans should be considered. Field epidemiology and laboratory training programmes should be implemented, if feasible.

8. Laboratory
Laboratory services are part of every phase of national public health actions, including detection, investigation and response. Laboratory analysis of samples can be done domestically or through collaborating centres. Every State Party should be able to provide reliable and timely laboratory identification of infectious agents and other hazards likely to cause public health emergencies of national or international concern. The organization of laboratory diagnostics should be based on an adequate sample collection and transport system, domestic diagnostic capacity for priority events and the use of outside capacity when needed. Strong biosafety and laboratory biosecurity measures and laboratory quality systems should ensure that laboratories release results in a safe, timely and reliable manner. Special attention should be paid to the interaction between public health laboratory services and surveillance systems. Each State Party should determine the structure of their laboratory system and assess its proficiency in order to reach the requirements.

2.2.2 Potential hazards
Three major hazard groups have been identified, comprising five IHR related hazards: biological (including infectious, zoonotic and food safety hazards), chemical, and radiological and nuclear. Other hazards, such as bioterrorism, may be identified for assessment by States Parties as deemed necessary.

1. Infectious disease events
Disease surveillance, response and control programmes and networks must be assessed to evaluate the capacity to detect, notify, assess and respond to known, new and unknown infectious disease threats.

2. Zoonotic events
The emergence and re-emergence of zoonoses and their potentially disastrous effect on human health has made them a priority issue for veterinarian services. The professional capacities of all stakeholders, including training institutions and laboratories, must meet recommended standards in order to effectively address surveillance (including early warning), monitoring, prevention, response to and control of zoonotic and animal diseases.

3. Food safety events
Food and waterborne diarrhoeal diseases are leading causes of illness and death, particularly in less developed countries. The rapid globalization of food production and trade has increased the potential likelihood of international incidents involving contaminated food.

The identification of the source of an outbreak and its containment is critical for control. Risk management capacity with regard to control throughout the food chain continuum must be developed. If epidemiological analysis identifies food as the source of an event,
based on a risk assessment, suitable risk management options that ensure the prevention of human cases (or further cases) need to be put in place.

4. **Chemical events**

The management of specific risks including chemical, toxic and environmentally induced events is particularly challenging. The improvement of national control programmes that aim to reduce the public health risks associated with chemical, toxic and environmentally induced events is an effective way to improve national health security.

5. **Radiological and nuclear events**

Identification of a radiological and nuclear emergency event is based on the assessment of the case history, e.g., an emergency at a nuclear facility or the result of a deliberate act, and the confirmation of radiation exposure. It may also be based on clinical examination, when patients with radiation injuries are admitted to a health-care facility, even if the source of exposure has not been confirmed.

In terms of coordination, preparedness and response, an emergency response mechanism between radiological/nuclear authorities and local, regional and national governments should be in place. Protocols for operational interfaces and plans for coordinating the national response to the range of potential nuclear and radiological emergencies with the potential for international spread must be included.

2.2.3. **PoE according to Annex 1A**

The control of diseases at border crossings remains a fundamental element of the Regulations. In addition to routine measures that must be in place at PoE, a number of IHR (2005) requirements for surveillance and response apply to designated airports, ports and ground crossings. They entail close collaboration with other UN organizations such as the International Civil Aviation Organization (ICAO), the International Maritime Organization and the World Tourism Organization, and industry associations such as the International Air Transport Association (IATA) and Airports Council International (ACI).

Any of the potential hazards could occur at a PoE, making PoE core capacity assessment critical. The assessment of PoE within this protocol gives a national overview of the status of the core surveillance and response capacities at designated PoE only. It should not be used as a tool for determining existing capacity needs at PoE when deciding which airports, ports and ground crossings to designate under Article 20.1 and Annex 1.B. It should not be considered as replacing WHO guidance for certification of airports and ports according to IHR provisions. See the specific, detailed PoE checklist Core Capacity Requirements Assessment Tools for Designated Airports, Ports and Ground Crossings (http://www.who.int/ihr/ports_airports/PoE/en/index.html).

2.3. **The assessment process**

The assessment process should bring together stakeholders with the responsibility for implementing the IHR in the country. The overall aim is the formal assessment of the
national disease surveillance and response systems and mechanisms in place for all urgent public health risks and events that might be transmissible across international borders. The assessment is not limited to any specific disease or mode of transmission, but to conditions, irrespective of source, that could present significant harm to humans. It should lead to an agreed prioritized plan of action for improving and strengthening IHR core capacities.

2.3.1. Pre-assessment activities

Planning the assessment is essential for the success of the mission (see appendix 2 for the pre-assessment checklist). It is recommended that countries complete the self-assessment/monitoring questionnaire, if possible, before requesting assistance from WHO for an in-depth assessment of their public health risks. Once a country decides to carry out an assessment, it should set up a coordinating mechanism with a focal person appointed by the national government, WHO regional office and other key partners.

The WHO country office should designate a counterpart, or focal person, in the Ministry of Health (MoH). The WHO country office and the designated governmental official should begin work on logistic requirements (transportation, lodging, finances, personnel, office facilities, supplies, etc.) for the assessment as soon as feasible.

Before the assessment, a coordination meeting should be held between all external consultants and the WHO country representative preferably within the country. This will provide an opportunity for the experts to gain a common understanding of the assessment and be briefed by the WHO country representative about the country. It is also crucial that external experts are informed regarding the health and economic systems in the country. Recommended documents for reading include WHO, Joint United Nations Programme on HIV/AIDS and United Nations Development Programme country profiles and demographic and health surveys.

A meeting between the national and external teams (see section 2.3.2) should be held as soon as possible. The participation of senior decision-makers appointed by the national government in all steps of the assessment is critical in order to gain the necessary political support within the government for the implementation of recommendations. The WHO country representative should ensure this involvement and assign a focal point in the WHO country office to act as liaison before the mission, to actively participate in the process and to follow-up on an ongoing basis with the national government focal point after the assessment. Regular joint planning sessions between the MoH and the WHO regional office are recommended.

2.3.2. Assessment team composition

*External team (members not residing in the country)*

Ideally, the external team should include:

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6 Protocol for the Assessment of National Communicable Disease Surveillance and Response Systems; WHO/CDS/CSR/ISR/2001/2/EN.

• the designated WHO country office focal person
• an epidemiologist
• a laboratory expert
• a zoonosis/food safety expert
• depending on the country’s profile, a chemical or radiological/nuclear expert.

This team may be drawn from the WHO country office, the WHO regional office, WHO Headquarters and other partners. The role of the external team is to facilitate the process using standard methods and tools, as recommended by WHO. A team leader should be appointed to assume overall responsibility for the mission, implementation and follow-up. The external team will facilitate the assessment process and participate in the field assessment. In collaboration with the national team leader, the external team leader will coordinate the assessment process and draft the assessment report. All team members should be familiar with the terms of reference (ToR) for the assessment (see appendix 3 for prototype ToR).

National team
The national team shall be drawn from various levels of government and various disciplines and ministries such as:
• the health services, including laboratory services and all major disease control programmes;
• national training institutions (e.g., universities) and epidemiology training programmes such as field epidemiology training programmes (FETPs);
• non-governmental organizations (NGOs), and private sector institutions;
• funding agencies such as the United States Agency for International Development, the World Bank, the Asian Development Bank, the Agence Française de Développement, etc.), if there is health desk expertise in the country;
• representation from the chemical, nuclear, food safety and zoonotic hazards sectors;
• health personnel from PoE, if available;
• others as deemed necessary by the State Party.

It is essential that all team members be briefed on the objectives of the assessment. The MoH shall designate a national counterpart to the external team leader and a focal person who will liaise with the WHO focal person. It is a good idea to use role-play, which is useful for practicing interviewing techniques and the questions in the protocol, as part of team-member training.

2.3.3. Activity timeline:
The table below outlines a 7-10 day schedule for completing the assessment. This is only a guide, since many factors such as the size of the country, logistics for fieldwork and the availability of senior government staff (ministerial and technical) may influence the schedule.
## 2.3.4. Assessment site selection

At the national level, visits should be scheduled to meet with relevant IHR stakeholders in various sectors and departments, including those responsible for infectious disease; chemical, radiological, nuclear and food safety (this may include municipalities); zoonotic events; and PoE. An assessment team group discussion needs to be scheduled to...
select assessment sites and schedule visits. A map showing all the districts, ministries, PoE and facilities to be visited within the country and a table showing the organization of each team, sites to be visited and timing must be developed.

The general sampling strategy is to collect information about all levels - national, district, and health facility - of the health-care system, including laboratories. A sample that would result in precise quantitative statements about each characteristic of the surveillance and response system may be too expensive and time consuming, and may contribute little added value. Such a sample is not necessarily required since the purpose of the assessment is to understand how the system is working in order to address common problems and challenges, identify synergies and strengthen the system, rather than to have a scientific statement about the extent of each of the problems.

Provinces can be divided into areas that appear to have particularly well-functioning systems, those thought to have average systems and those believed to have poorly-functioning systems. In addition, areas with particular epidemiological characteristics such as those prone to certain types of epidemics or hazards, or where early warning is essential should be included. It is particularly important that the sample includes districts representing the broad range of surveillance and response practices within the country. Urban and rural areas, and public and private institutions and facilities should be included in the sample.

2.3.5. Field assessment
The main aim of a field visit is to gather information through a formal assessment, using the pre-designed assessment tools, of the performance of all components of the surveillance and response system for all hazards and PoE in accordance with Annex 1A. The field visit should last two to three days.

Advance arrangements and planning are critical to the success of this step. Preparations for the field visits should be made by the MoH with the support of the WHO country office, prior to the arrival of the assessment team. The visit should be carried out according to an agreed timetable. It may involve a team visiting both peripheral and intermediate levels. Each type of site visited will require a specific checklist/questionnaire. Working with the pre-developed tools will involve asking questions, observing practices and gathering documentation concerning site activity.

The approach at each site visited should be to:
- have an initial meeting to introduce the objectives of the assessment and ask relevant questions;
- obtain informal feedback on problems and issues that have already been identified regarding the core capacities and their development;
- identify examples of good and bad practice;
- consult reports of outbreaks or other investigations;
- make sure that checklists/questionnaires are filled in legibly;
- clean data;
- enter data into a prepared database, if available.
The assessment team should meet regularly, at the end of the day or every other day, document the problems encountered; the challenges, strengths and weakness of the sites visited; the systems assessed; laboratory surveillance, etc. This qualitative analysis contributes to the interpretation of the quantitative analysis.

2.3.6. Report writing and dissemination
Writing the report (see appendix 9) should be a team activity, usually lasting two to three days, involving:

- analysis of the products of the pre-assessment workshop;
- analysis of data from the field visits, both qualitative (impressions obtained during the visits) and quantitative (replies to questionnaires);
- identification of strengths, weaknesses, opportunities and threats in the national surveillance and response system, for all hazards;
- identification of solutions, opportunities and threats;
- preparation of feedback for partners and stakeholders.

III. Assessment follow-up

3.1. Plan of Action development
The IHR (2005) specifically requests that States Parties develop plans of action following an initial assessment of the existing national structures and resources for implementing the minimal core capacities for surveillance and response. Existing plans, such as pandemic preparedness plans, emergency preparedness plans and others should be taken into account when developing the plan of action. States Parties could also consider including major elements of the IHR plan of action into existing plans and vice versa, as appropriate.

Planning is a dynamic process. The surveillance and response plan of action in accordance with Annex 1A should provide the framework for the government and different ministries to implement activities crucial for the early detection, verification, notification, response and containment of public health events, thereby ensuring national and global health security (see appendix 8 for a plan of action matrix).

3.2. Monitoring IHR implementation
Monitoring of IHR implementation began as of 15 June 2009. The IHR (2005) requires that States Parties achieve the minimum core capacities by 2012. The process of IHR implementation involves monitoring, or the routine tracking of priority information about a programme and its intended outcomes. WHO monitoring activities will provide country profiles and regional and global overviews of the diverse stages of IHR implementation with respect to the 2012 deadline. A set of indicators have been developed by WHO to monitor IHR implementation http://www.who.int/ihr/checklist/en/index.html.

These tools are useful in tracking progress; identifying gaps; sharing information, knowledge, experience and expertise among all stakeholders; and building collaborative IHR platforms and networks that support decision making and help in fund raising.
Appendix 1. Glossary

Note: these terms and definitions have been provided for use within the context of this tool and may differ from those used in other documents.

biological dosimetry: the detection and, if possible, the quantification of radiation exposure using biological indicators.

biorisk: a risk posed by the handling, manipulation, storage, and disposal of infectious substances.

biosafety: the maintenance of safe conditions in biological research to prevent harm to workers, non-laboratory organisms, or the environment.

case: a person who has the particular disease, health disorder, or condition which meets the case definitions for surveillance and outbreak investigation purposes. The definition of a case for surveillance and outbreak investigation purpose is not necessarily the same as the ordinary clinical definition (adapted from Last JM, ed. A Dictionary of Epidemiology, 2001).

case definition: a set of diagnostic criteria that must be fulfilled for an individual to be regarded as a case of a particular disease for surveillance and outbreak investigation purposes. Case definitions can be based on clinical criteria, laboratory criteria or a combination of the two with the elements of time, place and person. (In the IHR, case definitions are published on the WHO website for the four diseases for which all cases must be notified by States Parties to WHO, regardless of circumstances, under the IHR as provided in Annex 2).

chemical event: a manifestation of a disease or an occurrence that creates a potential for a disease as result of exposure to or contamination by a chemical agent

cluster: an aggregation of relatively uncommon events or diseases in space and/or time in amounts that are believed or perceived to be greater than could be expected by chance (adapted from Last JM, ed. A Dictionary of Epidemiology, 2001).

communicable disease (infectious disease): an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, or reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment (Last JM, ed. A Dictionary of Epidemiology, 2001).

community surveillance: starting point for event notification at the community level, generally done by a community worker; it can be active (looking for cases) or passive (reporting cases). It may be particularly useful during an outbreak and where syndromic case definitions can be used (the identification of community cases of Ebola virus infection in Kikwit by community workers was an example of active community surveillance).
**competent authority:** an authority responsible for the implementation and application of health measures under the IHR.

**contamination:** the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk. (IHR)

**decontamination:** a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances that may constitute a public health risk.

**disease:** an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans.

**disinsection:** the procedure whereby health measures are taken to control or kill the insect vectors of human diseases present in baggage, cargo, containers, conveyances, goods and postal parcels.

**early warning system:** in disease surveillance, a specific procedure to detect as early as possible any abnormal occurrence or any departure from the usual or normally observed frequency of phenomena (e.g. one case of Ebola fever). An early warning system is only useful if linked to mechanisms for early response (adapted from Last JM, ed. A Dictionary of Epidemiology, 2001).

**epidemic:** the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy. The community or region and the period in which the cases occur are specified precisely. The number of cases indicating the presence of an epidemic varies according to the agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence (adapted from Last JM, ed. A Dictionary of Epidemiology, 2001).

**event:** a manifestation of disease or an occurrence that creates a potential for disease.

**event based surveillance:** the organized and rapid capture of information about events that are a potential risk to public health. This information can be rumours and other ad hoc reports transmitted through formal channels (i.e., established routine reporting systems) and informal channels (i.e., the media, health workers and reports from NGOs), including events related to the occurrence of disease in humans and events related to potential human exposure.

**feedback:** the regular process of sending analyses and reports about surveillance data back through all levels of the surveillance system so that all participants can be informed of trends and performance.
**geographic information system (GIS):** an organized collection of computer hardware, software, geographical data and personnel designed to efficiently capture, store, update, manipulate, analyse and display all forms of geographically referenced information. It is first and foremost an information system with a geographical variable, which enables users to easily process, visualize and analyse data or information spatially. A GIS can be used to prepare models showing trends in time and space. Satellite imaging and remote sensing have expanded its scope (e.g., to identify regions prone to malaria).

**ground crossing:** a point of land entry into a State Party, including those utilized by road vehicles and trains.

**hazard:** the inherent capability of an agent or situation to have an adverse effect. A factor or exposure that may adversely affect health (similar concept to the risk factor).

**health-care worker:** any employee in a health-care facility who has close contact with patients, patient-care areas or patient-care items; also referred to as ‘health-care personnel.’

**health event:** any event relating to the health of an individual, e.g., the occurrence of a case of a specific disease or syndrome, the administration of a vaccine or an admission to hospital.

**health measure:** a procedure applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures.

**incidence:** the number of instances of illness commencing, or of persons falling ill, during a given period in a specified population *(Prevalence and Incidence. WHO Bulletin, 1966, 35: 783-784).*

**indicator based surveillance:** the routine reporting of cases of disease, including notifiable diseases surveillance systems, sentinel surveillance, laboratory based surveillance, etc. This routine reporting is commonly health-care facility based with reporting done on a weekly or monthly basis.

**infection:** the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk.

**infection control:** measures practiced by health-care personnel in health-care facilities to decrease transmission and acquisition of infectious agents (e.g., proper hand hygiene; scrupulous work practices; and the use of personal protective equipment such as masks, respirators, gloves, gowns, and eye protection. Infection control measures are based on how an infectious agent is transmitted and include standard, contact, droplet, and airborne precautions.

**infectious disease** see **communicable disease.**
International Health Regulations (2005) (IHR or the Regulations): a legally-binding instrument of international law which has its origin in the International Sanitary Conventions of 1851, concluded in response to increasing concern about the links between international trade and the spread of disease (cross-border health risks).

isolation: separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination.

legislation: the range of legal, administrative or other governmental instruments which may be available for States Parties to implement the IHR. This includes legally binding instruments, e.g., state constitutions, laws, acts, decrees, orders, regulations, and ordinances; legally non-binding instruments, e.g., guidelines, standards, operating rules, administrative procedures or rules; and other types of instruments, e.g., protocols, resolutions, and inter-sectoral or inter-ministerial agreements. This encompasses legislation in all sectors, e.g., health, agriculture, transportation, environment, ports and airports, and at all applicable governmental levels, e.g., national, intermediate, community/primary etc.

national legislation see legislation

National IHR Focal Point (IHR NFP): the national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR contact points under the IHR.

notifiable disease: a disease that, by statutory/legal requirements, must be reported to the public health or other competent authority in the pertinent jurisdiction when the diagnosis is made (adapted from Last JM, ed. A Dictionary of Epidemiology, 2001).

notification: the processes by which cases or outbreaks are brought to the knowledge of the health authorities. In the context of the IHR, notification is the official communication of a disease/health event to the WHO by the health administration of the Member State affected by the disease/health event.

nuclear emergency: a hazard directly or indirectly related to a nuclear chain reaction or from the decay of the products of a nuclear chain reaction.

other governmental instruments: agreements, protocols, and resolutions of any government authority or body.

outbreak: an epidemic limited to localised increase in the incidence of a disease, e.g., in a village, town or closed institution (adapted from Last JM, ed. A Dictionary of Epidemiology, 2001).
personal protective equipment (PPE): specialized clothing and equipment designed to create a barrier against health and safety hazards; examples include goggles, face shields, gloves and respirators.

point of entry (PoE): a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels, and the agencies and areas providing services to them upon entry or exit.

port: a seaport or a port on an inland body of water where ships on an international voyage arrive or depart.

public health emergency of international concern (PHEIC): an extraordinary event which is determined, as provided in the IHR (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response.

public health hazard: a factor or exposure that may adversely affect the health of a population.

public health risk: the likelihood of an event that may adversely affect the health of human populations, with an emphasis on whether it may spread internationally or present a serious and direct danger.

quarantine: the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination.

radiological emergency: a hazard due to external or internal exposure to radioactive sources.

radiological/nuclear event: a manifestation of a disease or an occurrence that creates a potential for a disease as a result of exposure to or contamination by a radiological/nuclear source.

rapid response team (RRT): a group of trained individuals that is ready to respond quickly to an event. The composition and terms of reference are determined by the country concerned.

regulations or administrative requirements: all regulations, procedures, rules and standards.

risk communication: risk communication for public health emergencies includes the range of communication capacities required through the preparedness, response and recovery phases of a serious public health event to encourage informed decision making, positive behaviour change and the maintenance of trust.  

8 WHO Communications working group report March 2009.
**severe acute respiratory syndrome (SARS):** a respiratory disease in humans caused by the SARS coronavirus.

**surveillance:** the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response, as necessary.

**syndrome:** a symptom complex in which the symptoms and/or signs coexist more frequently than would be expected by chance on the assumption of independence (*Last JM, ed. A Dictionary of Epidemiology, 2001*).

**trained staff:** individuals that have educational credentials and/or have received specific instruction that is applicable to a task or situation.

**urgent event:** a manifestation of a disease or an occurrence that creates a potential for disease which has a serious public health impact and/or unusual or unexpected nature, with high potential for spread. Note: the term ‘urgent’ has been used in combination with other terms (e.g., infectious event, chemical event) in order to simultaneously convey both the nature of the event and the characteristics that make it ‘urgent’ (i.e., serious public health impact and/or unusual or unexpected nature with high potential for spread).

**vector:** an insect or other animal that normally transports an infectious agent that constitutes a public health risk.

**verification:** the provision of information by a State Party to WHO, confirming the status of an event within the territory or territories of that State Party.

**WHO IHR contact point:** the unit within WHO that is accessible at all times for communications with the NFP.

**work plan:** an activity plan developed for each major function, e.g., a training plan, monitoring and evaluation plan, plan for supervisions, laboratory strengthening plan, etc.

**zero reporting:** the reporting of “zero case” when no cases have been detected by the reporting unit. This assures the next level of the reporting system that the participant has not sent data that have been lost, or that the participant has not forgotten to report.

**zoonosis:** any infection or infectious disease that is naturally transmissible from vertebrate animals to humans. ([WHO web site http://www.who.int/topics/zoonoses/en/](http://www.who.int/topics/zoonoses/en/))

**zoonotic event:** a manifestation of a disease in animals that creates a potential for a disease in humans as result of human exposure to the animal source.
Appendix 2. Pre-assessment checklist

Note: to be completed by MoH staff and WHO staff.

It is essential that the national and external teams participate in planning the assessment. Below is a checklist of pre-assessment activities:

1. Discuss and agree on the need for assessment.
2. Initiate dispatching of the official letter of invitation through the WHO regional office.
3. Identify external and national teams.
4. Send background assessment material to the WHO regional office and MoH:
   a. objective of the assessment;
   b. WHO regional office checklist:
      i. Determine country status, e.g. if the country is part of the International Food Safety Authorities Network (INFOSAN), Global Early Warning and Response System for Major Animal Diseases, including Zoonoses (GLEWS), etc.
      ii. Obtain WHO country office contacts roster at each level (central, intermediate and peripheral) with title and contact information.
      iii. Identify and alert people who will be interviewed for the assessment.
      iv. Collect information and ToRs on committees within the country.
      v. Share (complete) online training (WHO regional office and MoH).
      vi. Determine team conflicts with meetings holidays, etc., during the mission planning stage;
   c. tools;
   d. training materials and presentations (insert website);
   e. reference documents:
      i. WHO IHR website http://www.who.int/csr/ihr/en/
      ii. IHR e-library http://www.who.int/csr/ihr/elibrary/en/inde.g.html
5. Get background material on country:
   a. MoH organizational chart, showing the surveillance structure and associated units at all levels;
   b. annual reports;
   c. previous assessment reports;
   d. epidemiological profile and associated risk;
   e. health policy documents and priorities;
   f. surveillance guidelines and bulletins;
   g. outbreak reports;
   h. legislation:
i. legal documents;
ii. identify legal advisors at the following levels: MoH; NFP; entity or office responsible for PoE; Ministry of Justice; ministry or entity responsible for emergency preparedness.

6. Identify potential sites for the assessment (public and private).
   a. Identify the different sectors and corresponding authorities involved in IHR implementation.

7. Identify and alert individuals who will be interviewed for the assessment.

8. Define time frame for the assessment, including activity schedule.

9. Carry out logistical preparation for the assessment (document printing, transportation, per diem allowances for local staff, hotels, etc.).

10. Assign tasks at the country level in preparation for the assessment.

11. Ensure representation of various sectors and levels during the assessment.

12. Outline and estimate the budget required for the assessment, define funding source and obtain funds.
Appendix 3. Terms of reference for the assessment

It is preferable that the assessment be initiated and planned by the country concerned with support from WHO. The terms of reference should clearly state the objectives, which dictate the scale and outcome of the assessment. Representatives of WHO, together with the persons responsible in the MOH, should agree on the terms of reference well in advance of the assessment.

The MOH should endorse timing of the assessment and avoid dates that would preclude full involvement of key national staff. All officials concerned should be informed in a timely manner of the objectives of the assessment and of what is expected of them. During the assessment the teams have to visit different geographical areas of the country as well as ministries, institutions and various health units, including the private sector. The team has to review records and interview key personnel. The MOH must ensure that the correct administrative processes are undertaken prior to the assessment in order to facilitate it.

The MOH/WHO should hold a training session with all assessment teams to adapt the tool as needed for use within the country. A daily briefing with the assessment teams in the morning needed to plan the days activities, to answer any questions or concerns from team members and inform teams of any updates, security briefings etc. A debriefing at the end of each day with all teams concerned is needed to collect questionnaires, complete any gaps in information and address any issues or questions that teams may have.

The persons responsible for implementing the recommendations and finalizing the plans of action should be invited to attend both the briefing and the debriefing. It may be advantageous to hold a workshop with key professionals at the end of the assessment to help with planning the implementation of the recommendations.

Key points for successful preparation

- National initiative and ownership of the assessment
- Clear objectives prepared in advance
- Mixed team – national and international
- Appropriate team skills, based on objectives
- Adequate preparation of team members:
  - familiar with country context and WHO recommendations
  - provided with necessary resources
- Team free to review all data, interview key people at all levels

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9 Making surveillance work WHO/V&B/01.08
### Appendix 4. Example draft agenda for Member State IHR core capacities assessments

<table>
<thead>
<tr>
<th>Date</th>
<th>Activities</th>
<th>Method of work</th>
<th>Responsible officer</th>
<th>Co-responsible officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 0</td>
<td>External facilitator team arrival.</td>
<td></td>
<td>WHO country office</td>
<td></td>
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<tr>
<td></td>
<td>Briefing and orientation with WHO country representative.</td>
<td>Plenary</td>
<td>WHO country office</td>
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<tr>
<td></td>
<td>Briefing with relevant WHO country office staff.</td>
<td>Plenary</td>
<td>WHO country office</td>
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<td></td>
<td>WHO facilitator coordination meeting for clarifications and consensus on expected results and assessment methods.</td>
<td>Plenary</td>
<td>WHO country office</td>
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<td></td>
<td>Visit NFPs (all facilitators).</td>
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<td>WHO country office</td>
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<tr>
<td></td>
<td>Administrative arrangements for field visits (organisation of team members by destination, logistic arrangements, communication mechanisms, monitoring, etc.).</td>
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<td>WHO country office</td>
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<tr>
<td></td>
<td>Assessment team visit with the Minister of Health.</td>
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<td>WHO country representative/ WHO country office</td>
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<tr>
<td>Day 1</td>
<td>Assessment team visit with the Minister of Health.</td>
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<td>WHO country representative/ WHO country office</td>
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<tr>
<td></td>
<td>Presentation of current country surveillance and response systems regarding diseases, hazards and events of public health concern.</td>
<td>Plenary</td>
<td>MoH</td>
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<tr>
<td></td>
<td>Presentation on IHR (2005) core capacities</td>
<td>Plenary</td>
<td>WHO Headquarters</td>
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<tr>
<td></td>
<td>Update on the regional perspective and IHR (2005) implementation to date.</td>
<td>Plenary</td>
<td>WHO regional office</td>
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<td></td>
<td>Presentation of assessment objectives and expected results.</td>
<td>Plenary</td>
<td>NFP Coordinator</td>
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<tr>
<td></td>
<td>Technical overview of assessment methodology and process.</td>
<td>Plenary</td>
<td>NFP Coordinator</td>
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<td></td>
<td>Adaptation of the protocol for the assessment of IHR minimal required core capacities in Sierra Leone.</td>
<td>Plenary</td>
<td>NFP Coordinator</td>
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<tr>
<td>Day 3</td>
<td>Field assessment data collection tool pre-testing, including administration of central level questionnaires.</td>
<td>Field visits</td>
<td>MoH</td>
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<td></td>
<td>Finalization of field data collection tools.</td>
<td>Group work</td>
<td>NFP Coordinator</td>
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<tr>
<td>Day 4 to Day 6</td>
<td>Assessment field visit, data capture and field reports.</td>
<td>Field visit</td>
<td>Team Leaders</td>
<td></td>
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<tr>
<td>Day 7 to Day 9</td>
<td>Data analysis and interpretation.</td>
<td>Plenary</td>
<td>NFP Coordinator</td>
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<td></td>
<td>Preliminary report.</td>
<td>Plenary</td>
<td>NFP Coordinator</td>
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<tr>
<td>Day 10</td>
<td>Debrief WHO country representative.</td>
<td>WHO facilitator</td>
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<td></td>
<td>Feedback to all partners.</td>
<td>Plenary</td>
<td>NFP Coordinator</td>
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<tr>
<td></td>
<td>Departure of external facilitator team.</td>
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</table>
Appendix 5  Sites to visit

- Central level:
  - the MoH, as relevant to infectious disease surveillance and response;
  - national authorities such as those for Environmental Health and Consumer Protection, the Standards Bureau, Fisheries and Municipalities, as relevant to food safety event surveillance and response;
  - Ministries of Agriculture, Animal Husbandry and Wildlife, as relevant to zoonotic events surveillance and response;
  - Ministries of Environment, Environmental Protection and Industry, as relevant to chemical disease surveillance and response;
  - Ministries of Energy, Industry and Environmental Protection, as relevant to radiological event surveillance and response;
  - reference hospitals, tertiary hospitals, university teaching hospitals and other hospitals at the central level, including non-profit, private and public hospitals;
  - reference and public health laboratories (private and public).

- Intermediate level:
  - the MoH, as relevant to infectious disease surveillance and response (public health authorities) at that level;
  - national authorities such as those for Environmental Health and Consumer Protection, the Standards Bureau, Fisheries and Municipalities, as relevant to food safety event surveillance and response;
  - Ministries of Agriculture, Animal Husbandry and Wildlife, as relevant to zoonotic events surveillance and response;
  - Ministries of Environment, Environmental Protection and Industry, as relevant to chemical disease surveillance and response;
  - Ministries of Energy, Industry and Environmental Protection, as relevant to radiological event surveillance and response;
  - non-profit, private and public hospitals;
  - private and public laboratories.

- Peripheral level:
  - non-profit, private and public health care facilities;
  - non-profit, private and public hospitals and dispensaries;
  - private and public laboratories.

- PoE
  Any other institution deemed necessary by the country to visit.
Appendix 6: Field assessment communication checklist

Team communication
- Identify a team leader.
- Introduce team members to each other. This is important to enhance team spirit.
- Identify where, when and how long the assessment will take at each site.
- Explicitly discuss the roles and responsibilities of each team member, which may change from site to site.
- Ensure that the group members have logistical support and supplies, including data collection tools, stationary, daily allowances, etc.
- Make sure that there is communication with the overall team leader on a regular basis (recommended daily).
- Communicate with the overall coordinator before making changes in the tools, field methods or the location.
- Ensure that each team has an official introductory letter from the MoH on the objectives, scope, expected outcomes and follow-up actions of the mission.

Meeting with authorities/focal persons in the field
- Identify the focal person in the assessment region, zone and/or facility.
- Plan consultation sessions ahead of time and get them scheduled.
- Introduce team members and provide a briefing on mission objectives.
- Outline what the briefing meeting should accomplish.
- Emphasize that the assessment is for strengthening and making recommendations to facilitate work, and not for critical, judgmental or punitive purposes.
- Invite the focal person to provide comments and input.
- Agree on roles and accept support from the organizations and institutions supporting IHR activities at the field level.
- Explain how you will get feedback from the assessment to them and any planned follow-up to the mission.

Meeting health workers
- Give a clear description of the mission objectives.
- Discuss their roles in the assessment: e.g., do they participate and give interviews at a lower level; do they need to be interviewed, have data collected from them, or be observed executing their practice, etc.
- Explain whether you will provide feedback, and if so how it will reach them.

Accessing communities
- Observe and respect community norms.
- Clearly explain the objectives in a simple and concise way.
- Answer their questions.
- Often the mission may raise expectations; be honest about your mission.
- Select convenient times to conduct community assessments.
**Appendix 7: SWOT Analysis** by hazard (infectious, zoonotic, food safety, chemical and radiological) and of PoE

<table>
<thead>
<tr>
<th>Core capacities</th>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Opportunities</th>
<th>Threats</th>
<th>Suggestions and recommendations</th>
</tr>
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<tbody>
<tr>
<td>National legislation</td>
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<td>Coordination</td>
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<td>Surveillance</td>
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<td>Response</td>
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<td>Preparedness</td>
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<td>Risk communication</td>
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<td>Laboratory</td>
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<td>Human resources</td>
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</table>

**Appendix 8: Plan of action matrix by hazard building on findings and recommendations from the assessment**

<table>
<thead>
<tr>
<th>Core capacities</th>
<th>Main findings</th>
<th>Goals</th>
<th>Objectives</th>
<th>Expected results</th>
<th>Activities (targets)</th>
<th>Timeline</th>
<th>Implementers</th>
<th>Resources (risk and assumption)</th>
<th>Performance indicators</th>
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Annex 9: Report outline

Assessment team members
Abbreviations and acronyms
Executive summary
1. Introduction
2. Country background
   2.1. Geography
   2.2. Demography
   2.3. Socioeconomic and health status indicators
   2.4. Communicable diseases and chemical and radiological hazard burden
   2.5. Health system
      2.5.1. MoH organization/organizational chart
      2.5.2. Distribution of health services
      2.5.3. Human resources
      2.5.4. Health-care financing
   2.6. Overview of existing surveillance and response system including community surveillance
      2.6.1. Priority risks and diseases (all hazards)
      2.6.2. Procedure for notification
      2.6.3. Confirmation of events
      2.6.4. Response
      2.6.5. Private sector surveillance
3. Objectives of the assessment
4. Methodology
   4.1. Field assessment
   4.2. Data analysis
   4.3. Debriefing and feedback
5. Findings of the assessment
   5.1. IHR legislation and policy
   5.2. IHR coordination
   5.3. Surveillance
   5.4. Response
   5.5. IHR preparedness
   5.6. Risk communication
   5.7. Human resources
   5.8. Laboratory services
   5.9. Potential hazards
   5.10. PoE
6. Recommendations
7. Next steps
8. Workplan
9. Annexes
Appendix 10: IHR assessment debriefing meeting: sample agenda and participants

Sample agenda

10.00- 10.20: Overview of surveillance in Member State
10.20- 10.30: General discussion
10.30-10.50: Overview of IHR
10.50-11.00: IHR core capacities
11.00-11.10: IHR assessment findings and recommendations
11.10-11.30: Specific issues, e.g., laboratory, PoE
11.30-11.40: Discussion
11.40-12.15: Roles and responsibilities of each level for IHR core capacity implementation
12.15 - 12.30: Next steps

Sample list of participants

Minister of Health (Chair) and WHO/WHO country representative (Co-chair), Assessment team
Representatives from various departments within the MoH
Representatives from relevant government ministries
Representatives from UN partner agencies
Representatives from national NGOs
Representatives from international NGOs
Representatives from the national and international donor community
Other relevant stakeholders in the country


Annex 11. Assessment questionnaires

These questionnaires should be adapted at the country level to suit local realities. They should also be adapted for use at different administrative levels (central, intermediary, peripheral, and community) in the country as deemed necessary by the evaluation team/State Party.

Annex 11.1 Central level questionnaire

This central level questionnaire is for administration to national public health authorities.

For infectious disease hazards, mainly concerning the Ministry of Health (MoH), this questionnaire should be administered, as relevant, to people responsible for the implementation of the eight core capacities: the National IHR Focal Point (IHR NFP) and the epidemiology, surveillance and response, and disease control units. This includes people responsible for overall disease surveillance, response, laboratory services, risk communications, human resources/training, legislation/policy, and preparedness.

Separate interviews may address specific core capacity modules, as judged appropriate. This has the advantage of a short interview involving only the relevant subject matter/core capacity responsible people and staff. Otherwise, a group interview may be carried out, which could be longer but allows for interaction between experts from different core capacities.

It is recommended that the questionnaire be shared with respondents beforehand, if possible.

**Identifiers**

<table>
<thead>
<tr>
<th>Assessment team:</th>
<th>Respondent (s):</th>
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<tr>
<td>Date:</td>
<td>Position/Title:</td>
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<td>Interviewer(s):</td>
<td>Contact information:</td>
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<td></td>
<td>Ministry:</td>
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<td></td>
<td>Department:</td>
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</table>

Other country level people present at interview and titles:

**Generalities**

Briefly describe your activities (organization of unit, activities, geographical coverage and level of implementation within the health-care system, number of staff, etc). (Ask to see organizational chart.):
1. NATIONAL LEGISLATION, POLICY AND FINANCING

These questions should be answered by legal or legislative advisers, experts at the MoH or other relevant government office/NFP. Please ask to see the relevant documents.

1.1. National legislation, regulations or administrative requirements, and other governmental instruments

1.1.1. Is there legislation or are there regulations or administrative requirements, or other governmental instruments governing public health surveillance and response?

Yes ☐ No ☐ Unknown ☐

1.1.1.1. If yes, please state the subject/title and date of the last update: _____________________

1.1.2. Has an assessment of relevant legislation, regulations or administrative requirements, and other governmental instruments been carried out (to determine if they facilitate full implementation of the IHR)?

Yes ☐ No ☐ Unknown ☐

1.1.2.1. If yes, tick the domain assessed:

1.1.2.1.1. Public health Yes ☐ No ☐

1.1.2.1.2. Points of entry (PoE) Yes ☐ No ☐

1.1.2.1.3. Radiation safety; Yes ☐ No ☐

1.1.2.1.4. Zoonosis and animal health (agriculture) Yes ☐ No ☐

1.1.2.1.5. Environment Yes ☐ No ☐

1.1.2.1.6. Food safety; Yes ☐ No ☐

1.1.2.1.7. Chemical safety; Yes ☐ No ☐

1.2. Legislation (including any laws, decrees, ordinances or other similar legal instruments)

1.2.1. Does the current legislation specifically address IHR NFP designation and operations?

Yes ☐ No ☐ Unknown ☐

1.2.2. Which of the following legislative actions have been taken to facilitate the full implementation of the IHR?

1.2.2.1. Adoption of any new or revised legislation? Yes ☐ No ☐ Unknown ☐

1.2.2.1.1. If yes, please state subject/title and date of adoption: _____________________

1.2.2.2. New or revised legislation is proposed and currently pending with the legislature or other governmental authorities, but not yet adopted?

Yes ☐ No ☐ Unknown ☐

1.2.2.2.1. If yes, please state the subject/title of pending legislation: _____________________

1.2.2.3. New or revised legislation is drafted, but not yet submitted to the legislature or other governmental authorities?

Yes ☐ No ☐ Unknown ☐

---

10 Legislation: state constitutions, laws, decrees, ordinances or similar legal instruments.

Regulations or administrative requirements: all regulations, procedures, rules and standards.

Other governmental instruments: agreements, protocols, and resolutions of any government authority or body.

11 Relevant areas include: public health, environment, points of entry (international ports, airports, and ground crossings including quarantine), food safety, agriculture (including animal health), radiation safety, chemical safety and transportation (including dangerous goods).
1.2.2.3.1. If yes, please state the subject/title of drafted legislation: __________________________

1.2.2.4. New or revised legislation is planned, but not yet drafted and submitted to the legislature or other government authorities? Yes ☐ No ☐ Unknown ☐

1.2.2.4.1. If yes, please state the subject/title of planned legislation:

1.3. Regulations or administrative requirements (including, for example, all regulations, procedures, rules and standards)

1.3.1. Do the current regulations or administrative requirements specifically address IHR NFP designation and operations?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.3.2. Which of the following actions have been taken to facilitate the full implementation of the IHR?

1.3.2.1. Adoption of any new or revised regulations or administrative requirements?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.3.2.1.1. If yes, please state the subject/title and date of adoption:

1.3.2.2. New or revised regulations or administrative requirements pending with a government authority, but not yet adopted?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.3.2.2.1. If yes, please state the subject or title:

1.3.2.3. New or revised regulations or administrative requirements planned by the State Party, but not yet submitted to the relevant government authority?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.3.2.3.1. If yes, please state the subject or title:

1.4. Other governmental instruments (including for example, agreements, protocols and resolutions of any governmental authority or body)

1.4.1. Do the current governmental instruments specifically address IHR NFP designation and operations?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.4.2. Are there cross-border agreements, protocols or memoranda of understanding (MoUs) with neighbouring countries with regard to public health emergencies?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.4.2.1. If yes, list any instruments, agreements or protocols:

________________________________________

1.4.2.2. If yes, with which countries and for which activities?

________________________________________

1.4.3. Have any other governmental instruments been adopted to facilitate full implementation of the IHR?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.4.3.1. If yes, please state the subject/title and date of adoption:

1.5. Policy

1.5.1. Is there a policy defining the implementing structures and the roles and responsibilities of various administrative levels and stakeholders in IHR implementation?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.5.2. Is there a policy document or equivalent detailing the terms of reference (ToRs), roles and responsibilities of the IHR NFP?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐
1.5.2.1. If yes, please ask to see the document. Was it provided for you to see? Yes ☐ No ☐

1.5.2.2. If no, are there documents or standard operating procedures (SOPs) that describe the role of the IHR NFP in communicating with other national authorities, administrative levels, sectors and WHO? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.5.2.2.1. If yes, list the types of documents:

1.5.3. Are there any actions (e.g., administrative, legislative, policy or programme changes) that could be taken to improve the functioning/efficiency of your current capacities to implement the IHR:

1.6. IHR financing

1.6.1. Is there a national budget or budget line allocated to support the implementation of the IHR core capacities? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.6.1.1. If no, is there an accessible budget to support the implementation of the IHR core capacities? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.6.2. Are funds currently available from other sources (donors, NGO's, etc.) for IHR implementation? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

1.6.2.1. If yes, list funding sources

1.6.2.1.1. Donors: ________________________________
1.6.2.1.2. Non-governmental organizations (NGOs): ________________________________
1.6.2.1.3. Local government: ________________________________
1.6.2.1.4. Other programmes: ________________________________

1.6.3. Does the IHR NFP have a budget allocated to finance implementation of IHR NFP functions? Yes ☐ No ☐ Unknown ☐ Not applicable ☐
2. COORDINATION AND IHR NFP COMMUNICATIONS

2.1. IHR Coordination

2.1.1. Is there a multisectoral multidisciplinary technical committee\textsuperscript{12} or task force to prepare for and implement response to national public health emergencies?

- Yes □
- No □
- Unknown □
- Not applicable □

2.1.1.1. If yes, what is the name of the committee/task force:

2.1.1.2. Chaired by:

2.1.1.3. Membership:

2.1.1.4. Terms of reference:

2.1.1.5. Meeting frequency:

☐ weekly □ monthly □ quarterly □ twice a year □ yearly □ ad-hoc

2.1.1.6. Are meeting reports available: Yes □

2.1.2. Is there a National Emergency Response Committee\textsuperscript{13} to plan and coordinate response to public health emergencies? Yes □

2.1.2.1. If yes, chaired by:

2.1.2.2. Membership:

2.1.2.3. Terms of reference\textsuperscript{14}:

2.1.2.4. Meeting frequency:

☐ weekly □ monthly □ quarterly □ twice a year □ yearly □ ad-hoc

2.1.2.4.1. Number of meetings held in last 12 months:

2.1.2.4.2. Meeting reports available: Yes □

2.1.2.4.3. Funding of activities available: Yes □

2.1.2.4.4. What activities have they carried out in the last 12 months (describe):

2.1.3. Is there any other multisectoral multidisciplinary coordination body (separate from the National Emergency Response committee) to coordinate response to national public health emergencies?

- Yes □
- No □
- Unknown □
- Not applicable □

2.1.3.1. If yes, describe (name of committee/task force, membership, terms of reference, meeting frequency etc.):

2.1.3.2. What is the role of the IHR NFP within these committees/task forces/bodies (describe):

2.2. IHR NFP communications

2.2.1. Has operational communication (active, regular and systematic) been established between the IHR national focal point (IHR NFP) and the following relevant authorities below?

\textsuperscript{10} Technical level, usually chaired by ministry most concerned with event.
\textsuperscript{13} Political level, usually ministerial, often chaired by prime minister
\textsuperscript{14} ToR often include policy, planning, advocacy, resource mobilization, monitoring and evaluation. Could also include validation of SOPs and guidelines, and coordination of multidisciplinary actions depending on event.
2.2.1.1. Ministry/national authority responsible for health  
Yes ☐ No ☐

2.2.1.2. Ministry/national authority responsible for transport  
Yes ☐ No ☐

2.2.1.3. Ministry/national authority responsible for foreign affairs  
Yes ☐ No ☐

2.2.1.4. Ministry/national authority responsible for environment  
Yes ☐ No ☐

2.2.1.5. Ministry/national authority responsible for defence/military  
Yes ☐ No ☐

2.2.1.6. Ministry/national authority responsible for emergency preparedness and response  
Yes ☐ No ☐

2.2.1.7. Ministry/national authority responsible for trade  
Yes ☐ No ☐

2.2.1.8. Ministry/national authority responsible for tourism  
Yes ☐ No ☐

2.2.1.9. Ministry/national authority responsible for customs/immigration  
Yes ☐ No ☐

2.2.1.10. Ministry/national authority responsible for radiation  
Yes ☐ No ☐

2.2.1.11. Ministry/national authority responsible for food safety  
Yes ☐ No ☐

2.2.1.12. Ministry/national authority responsible for drug/chemical safety  
Yes ☐ No ☐

2.2.1.13. Ministry/national authority responsible for the interior/police  
Yes ☐ No ☐

2.2.1.14. Other: ______________________________________

2.3. IHR advocacy

2.3.1. Has information regarding obligations under the IHR been distributed/provided to all national authorities, and stakeholders?  
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

2.3.1.1. If yes, to whom and at which levels of the health care system (list):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2.3.2. Are information/advocacy packages developed for various targets groups?  
Yes ☐ No ☐ Unknown ☐ Not Applicable ☐

2.3.2.1. If yes, tick target group(s) as applicable:

2.3.2.1.1. Policy/decision makers  Yes ☐ No ☐

2.3.2.1.2. Law makers  Yes ☐ No ☐

2.3.2.1.3. Health-care workers/other technical staff  Yes ☐ No ☐

2.3.2.1.4. Agriculture  Yes ☐ No ☐

2.3.2.1.5. Food safety  Yes ☐ No ☐

2.3.2.1.6. Environment  Yes ☐ No ☐

2.3.2.1.7. Radiological and nuclear  Yes ☐ No ☐

2.3.2.1.8. PoE  Yes ☐ No ☐

2.3.2.1.9. Private sector  Yes ☐ No ☐

2.3.2.1.10. General public  Yes ☐ No ☐

2.3.2.1.11. Students/university curricular  Yes ☐ No ☐

2.3.2.1.12. Other: ___________________

2.3.3. Has an IHR website or web pages been developed? (if no, go to 2.3.4.)  
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

2.3.3.1. If yes, are these web pages regularly updated?  
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

2.3.3.1.1. Provide link to website/page: http//www.

2.3.4. Have the following activities been carried out to increase the awareness of IHR stakeholders?  
Yes ☐ No ☐ Unknown ☐ N/A 15 ☐

2.3.4.1. IHR (2005) translated into relevant languages  
Yes ☐ No ☐ Unknown ☐ N/A 15 ☐

2.3.4.2. Committee(s) relevant to IHR implementation exists  
Yes ☐ No ☐ Unknown ☐ N/A 15 ☐

2.3.4.3. Plan of action developed for IHR implementation  
Yes ☐ No ☐ Unknown ☐ N/A 15 ☐

2.3.4.4. Plan developed for sensitizing various stakeholders  
Yes ☐ No ☐ Unknown ☐ N/A 15 ☐

2.3.4.5. Technical guidelines updated/developed  
Yes ☐ No ☐ Unknown ☐ N/A 15 ☐

15 N/A: not applicable.
2.3.4.6. SOPs developed/revised on IHR operations

- Yes ☐ No ☐ Unknown ☐ N/A ☐

2.3.4.7. Meetings/training/ workshop conducted on IHR

- Yes ☐ No ☐ Unknown ☐ N/A ☐

2.3.4.8. Publications or articles written

- Yes ☐ No ☐ Unknown ☐ N/A ☐

2.3.4.9. Media communications on IHR

- Yes ☐ No ☐ Unknown ☐ N/A ☐

2.3.4.10. International conferences organized on IHR

- Yes ☐ No ☐ Unknown ☐ N/A ☐

2.3.4.11. Other: _____________________________________________________________

2.4. IHR NFP operations

2.4.1. Has operational communication been established, specifically between the IHR NFP and technical units/persons responsible for PoE?  Yes ☐ No ☐

2.4.2. Who carries out initial risk assessment\(^{16}\) with respect to public health emergencies?

- National IHR NFP Yes ☐ No ☐
- Other: __________________________

2.4.3. Of all the events assessed, how many public health events were assessed within 48 hours of reporting by the public health system in the last 12 months (proportion): ___

2.4.4. Is information from risk assessment shared with WHO (consultation) even when it does not meet criteria for notification?\(^{17}\) Yes ☐ No ☐ Unknown ☐ Not applicable ☐

2.4.5. Is the IHR NFP the designated national authority responsible for notifying WHO with respect to public health emergencies?  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

2.4.5.1. If no, which national authority is responsible for notifying WHO: __________________________

2.4.6. Is the decision instrument in Annex 2 of the IHR systematically used to guide notification to WHO?

- Yes ☐ No ☐ Unknown ☐ Not applicable ☐

2.4.6.1. What is the current mechanism in place for notifying a potential public health event of international concern (PHEIC) to WHO?  Please describe: __________________________

2.4.7. How many public health emergencies have been notified to WHO in the last 12 months (number): ______

2.4.7.1. Of these, what proportion was notified to WHO within 24 hours of the assessment: ______

2.4.7.2. How many events have been verified\(^{18}\) in the last 12 months upon request from WHO (number): ______

2.4.7.3. Of these, how many events has the country verified in the last 12 months within 24 hours of WHO requesting verification: ______________

2.4.8. Does the IHR NFP have the capacity to receive and share information 24 hours a day, 7 days a week?  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

2.4.9. Does the IHR NFP have rapid access to expertise and relevant technical information in the event of a public health emergency?  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

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\(^{16}\) Risk assessment is the qualitative or quantitative estimation of the likelihood of adverse effects that may result from exposure to specified health hazards or from the absence of beneficial influences.

\(^{17}\) Notification in the IHR (2005) refers to the reporting to WHO through the NFP of all events which may constitute a PHEIC, following assessment using the decision making instrument.

\(^{18}\) Verification, in the IHR, refers to the provision of information by a State Party to WHO, confirming the status of an event allegedly occurring within the State Party.
### 3. SURVEILLANCE

*Questionnaire to be administered to the head of Disease Prevention & Control, Surveillance or equivalent and their team*

#### 3.1. Surveillance structure and situation awareness

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<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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<tr>
<td>Is there a designated national surveillance unit or structure for monitoring, assessing, and responding to public health risks/emergencies and their coordination?</td>
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<td>If yes, does this unit have written terms of reference?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
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<tr>
<td>If there is a unit, does it monitor public health risks/emergencies for all hazards?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
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<td>If there is no unit, is there a coordinated mechanism in place for integrating relevant information from all sources and sectors?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
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<td>If a mechanism or unit exists, are the roles and responsibilities of various ministries in contributing relevant surveillance data on IHR relevant hazards defined?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
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#### 3.2. Indicator based (routine) surveillance

**Detection**

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<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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<tr>
<td>Is there a list of priority diseases, conditions and syndromes for surveillance?</td>
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<td>If yes, does this list include (tick the appropriate boxes)</td>
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<tr>
<td>Smallpox</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Wild polio virus</td>
<td>Yes</td>
<td>No</td>
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<td>SARS</td>
<td>Yes</td>
<td>No</td>
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<td>Human influenza of a new subtype</td>
<td>Yes</td>
<td>No</td>
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<td>Events demonstrated to have a serious public health impact or potential for international spread</td>
<td>Yes</td>
<td>No</td>
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<td>Cholera</td>
<td>Yes</td>
<td>No</td>
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<td>Plague</td>
<td>Yes</td>
<td>No</td>
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<td>Yellow fever</td>
<td>Yes</td>
<td>No</td>
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<td>Viral haemorrhagic fevers</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>West Nile fever</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Others of national or regional concern (e.g. Dengue fever, Rift Valley fever, meningococcal disease)</td>
<td>Yes</td>
<td>No</td>
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<td>If yes, list:</td>
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<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are surveillance and control manuals/guidelines available for the priority diseases, conditions and syndromes under surveillance?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td>If yes, are they disseminated?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

---

19 Response may or may not be a function of this unit.

20 Indicator based surveillance is the routine reporting of cases of disease including notifiable diseases surveillance systems, sentinel surveillance, laboratory based surveillance, etc. This routine reporting is commonly health-care facility based with reporting done on a weekly or monthly basis.
3.2.4. Is there an early warning system/function\(^{21}\) within the routine surveillance system?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.3. Sources of information

3.3.1. Is information gathered from the following sources for indicator based (routine) surveillance?

**Routine reports of cases from health services and health-care facilities (hospitals, clinics, etc.)**

<table>
<thead>
<tr>
<th></th>
<th>Public sector</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private sector</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Laboratories**

<table>
<thead>
<tr>
<th></th>
<th>Public sector</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private sector</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Disease specific surveillance system**

<table>
<thead>
<tr>
<th></th>
<th>Acute flaccid paralysis/polio</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Other vaccine preventable diseases</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>Malaria</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>Seasonal influenza</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>Avian influenza</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

3.3.10. Other (this may include vertical programmes):

**Other types of surveillance systems that may be present in the country**

3.3.11. Multi-drug resistant tuberculosis surveillance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.3.12. Food-borne disease surveillance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.3.13. Nosocomial infection surveillance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.3.14. Adverse drug reaction surveillance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.3.15. Chemical/toxicochemical surveillance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.3.16. Radiological monitoring surveillance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.3.17. Sentinel surveillance (list):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

3.3.18. Other:

**Death registers**

3.3.19. Is information systematically collected on deaths?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.3.20. Are death registers maintained?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.4. Reporting/notification

3.4.1. What standard forms/formats/tools are used to collect data (list):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

3.4.2. What are the methods used for reporting events (weekly and immediately) within the country?

3.4.2.1. Telephone (landlines, cell phones)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3.4.2.2. Personal digital assistant (PDA), short message service (SMS)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3.4.2.3. Fax

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3.4.2.4. Email

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3.4.2.5. Internet

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3.4.2.6. Radio communication/radio call

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3.4.2.7. Post

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3.4.2.8. Other:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

3.4.3. How complete was weekly reporting from the intermediate level for the last 4 weeks (proportion: number of reporting units that reported out of all reporting units):

---

\(^{21}\) Allows for early detection of unusual events or departures from the observed frequency of cases.
3.4.4. How many weekly reports were received at the central level from the intermediate level on time in the last 4 weeks from the weekly reporting units (proportion): __________

3.4.4.1. Please ask to see documentation of timely reporting (seen): Yes □ No □

3.5. Data management and analysis

3.5.1. Does baseline data exist for priority diseases, conditions and syndromes under surveillance? Yes □ No □ Unknown □ Not applicable □

3.5.2. Have alert/action thresholds been defined for priority diseases, conditions and syndromes under surveillance? Yes □ No □ Unknown □ Not applicable □

3.5.3. Are data systematically analysed in terms of:

3.5.3.1. Person (age/sex) Yes □ No □ Unknown □ Not applicable □

3.5.3.2. Place (maps) Yes □ No □ Unknown □ Not applicable □

3.5.3.3. Time (trends) Yes □ No □ Unknown □ Not applicable □

3.5.3.3.1. If yes, to any of the above, what data analysis tools (e.g. Epi info, SAS SPSS) are utilized (list): ________________________________

3.5.4. Is geographic information system (GIS) software and/or any WHO mapping tool used to map disease patterns? Yes □ No □ Unknown □ Not applicable □

3.5.5. Is there an electronic (computerized) information/data management system at the central level? Yes □ No □ Unknown □ Not applicable □

3.6. Supervision and feedback

3.6.1. Are supervisory visits required from the central to the intermediate level? Yes □ No □ (go to 3.6.2.1) Unknown □ Not applicable □

3.6.1.1. If yes, what is the required number of visits from the central level to the intermediate level: ________________________________

3.6.2. How many supervisory visits have been made in the last 12 months to the intermediate level: ________________________________

3.6.2.1. If not done, list the most usual reasons for not making all the supervisory visits:

__________________________________________________________

__________________________________________________________

__________________________________________________________

3.6.3. What tools are used for supervision (list):

__________________________________________________________

3.6.4. Please ask to see: Yes □ No □

3.6.5. Is there feedback from the central level to the sub-national levels on data collected? Yes □ No □ Unknown □ Not applicable □

3.6.5.1. If yes, how is feedback provided? (mark all that apply and that have been provided for you to see)

3.6.5.1.1. Surveillance reports Yes □ No □

3.6.5.1.2. Electronic summaries Yes □ No □

3.6.5.1.3. Meetings with meeting reports Yes □ No □

3.6.5.1.4. Bulletins/newsletters Yes □ No □

---

22 Initial collection of data which serves as a basis for comparison with the subsequently acquired data.

23 SPSS: Statistical Package for Social Sciences, now PASW Statistics.
### 3.7. Event based surveillance

**Event detection**

3.7.1. Are there SOPs/guidance available for event based surveillance?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Sources of information**

3.7.2. Is information on events gathered from the following sources for event based surveillance?

#### Health sources

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7.2.1. Veterinary and animal health sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.2. Environmental health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.7.2.3. Poison centres</td>
<td></td>
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<td></td>
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<tr>
<td>3.7.2.4. Pharmacovigilance centres</td>
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<td></td>
<td></td>
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<tr>
<td>3.7.2.5. Competent authorities at PoE</td>
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<td></td>
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<tr>
<td>3.7.2.6. Quarantine services</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>3.7.2.7. Food safety authorities/agencies</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.7.2.8. Health inspection agencies (restaurants, hotels, buildings)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3.7.2.9. Sanitation agencies and associated laboratories (water, food and environmental monitoring, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.10. Water supply companies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.11. Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Non-health sources

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7.2.12. The media</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.13. Published sources (internet, academic press)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.14. Community based sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.15. NGOs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.16. Radiation protection offices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.17. Radiological monitoring services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.18. Nuclear regulatory bodies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.19. Military</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.20. Prisons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.21. Consumer protection groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.22. Political sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.23. Embassies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.24. Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Sources that reflect the impact of health events

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7.2.25. Pharmacies, to monitor drug consumption patterns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.26. Schools, to monitor student absenteeism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.27. Metrological centres, to monitor effects of weather changes (rainfall, temperatures)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.2.28. Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

24 Event based surveillance is the organized and rapid capture of information about events that are a potential risk to public health. This information can be rumours and other ad hoc reports transmitted through formal channels (i.e. established routine reporting systems) and informal channels (i.e. media, health workers and NGO reports). It includes events related to the occurrence of disease in humans such as clustered cases of a disease or syndromes, unusual disease patterns or unexpected deaths as recognized by health workers and other key informants in the country, and events related to potential human exposure.

25 The media includes newspapers, radio, television, etc.
3.7.3. Is there a continuous and systematic process of media monitoring as a source of epidemic intelligence?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.3.1. If yes, describe: ____________________________________________________________

**Community based surveillance**

3.7.4. Is there a policy for community level reporting?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.5. Is there a community based reporting system regarding unusual, unexpected or new events?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.5.1. If yes, describe: ____________________________________________________________

3.7.6. Is there an established list of community based information sources? 26

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.7. Is there an established list of events to be notified by the community?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.8. Are there standard community case definitions for selected priority conditions (diseases, events etc.)?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.8.1. If yes, are they disseminated?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.9. Is there active engagement, sensitizing and training of community leaders, health volunteers, and other community members as appropriate, in the detection and reporting of unusual health events?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.9.1. If yes, describe: __________________________________________________________

**Cross-border surveillance and international surveillance**

3.7.10. Are any cross-border surveillance activities carried out?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.10.1. If yes, what activities?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.11. Are events that occur abroad (in neighbouring countries, regions, continents, worldwide) monitored?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

3.7.11.1. If yes, how (describe): 27

3.7.12. Do the public health authorities have access to international sources of morbidity and mortality data and outbreak information? 28

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

---

26 E.g., traditional healers, community groups (volunteers, community health workers), community leaders, community services such as religious organizations, homes for the elderly, etc.

27 E.g., disease information websites and disease specific sources of information such as the International Food Safety Authorities Network and the World Organization for Animal Health, etc.

28 E.g., WHO disease outbreak news, the Program for Monitoring Emerging Diseases (ProMED-Mail) and the Global Public Health Information Network (GPHIN).
3.8. **Event confirmation**<sup>29</sup> (epidemiological)/investigation

3.8.1. Are reported events systematically filtered for relevance and credibility?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.8.1.1. If yes, by whom and how (describe):

___________________________________________________

3.8.2. What resources are available for event data management?

<table>
<thead>
<tr>
<th>3.8.2.1. Registers/logbooks</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8.2.2. Databases</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.8.2.3. SOPs</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.8.2.4. Logistics</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.8.2.5. Staffing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.8.2.6. Financing</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

3.8.2.7. Other: ____________________________

3.8.3. Are preliminary control measures immediately implemented upon event confirmation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

3.9. **Risk assessment**<sup>30</sup>

3.9.1. Is risk assessment systematically carried out based on defined criteria?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**Event reporting and feedback**

3.9.2. What is the time frame for reporting urgent<sup>31</sup> public health events/emergencies to the national level?

- [ ] within 24 hours
- [ ] within 48 hours
- [ ] within 72 hours
- Other: _________

3.9.3. What are the last three urgent events reported (list): __________________________________________

3.9.4. Of the last three reported events, how many were reported within the nationally required time frame?

<table>
<thead>
<tr>
<th>all</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
</table>

3.9.5. Do reports of urgent public health events from sub-national levels contain the following essential information?

<table>
<thead>
<tr>
<th>3.9.5.1. Time and place of event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.9.5.2. Health measures employed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.9.5.3. Sources and type of risk</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.9.5.4. Laboratory results</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.9.5.5. Clinical information</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.9.5.6. Number of human cases and deaths</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.9.5.7. Conditions affecting the spread of disease</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.9.5.8. Health measures employed</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

3.9.6. Please ask to see the report as described

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3.9.7. For event based surveillance, is feedback given to partners and stake holders?

<table>
<thead>
<tr>
<th>Yes, systematically</th>
<th>Yes, ad hoc</th>
<th>No</th>
</tr>
</thead>
</table>

3.9.8. If yes, how is feedback given to partners and stake holders (describe):

___________________________________________________

3.9.9. Is there a country-wide event based surveillance system in place to detect, verify, assess and monitor risks?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

---

<sup>29</sup> Note that event confirmation here refers to verifying and affirming that a reported event is a real public health event.

<sup>30</sup> Risk assessment is the qualitative or quantitative estimation of the likelihood of adverse effects that may result from exposure to specified health hazards or from the absence of beneficial influences.

<sup>31</sup> The criteria for urgent events include a serious public health impact and/or unusual or an unexpected nature with high potential for spread.
3.9.9.1. If yes, describe:

4. RESPONSE

4.1. General questions

4.1.1. Is there a dedicated command, communications and control operations centre\(^{32}\) that can be used to coordinate and monitor outbreak operations and other public health emergencies?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

4.1.1.1. If yes, describe:

___________________________________________________ 

4.1.2. Have there been any major outbreaks of national or international public health concern in the last 24 months?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

4.1.2.1. If yes, list (with dates):

___________________________________________________ 

4.2. Rapid response teams

4.2.1. Is there a multidisciplinary/multisectoral rapid response team (RRT\(^{33}\)) at the central level?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

4.2.1.1. If yes, what is the composition?

- 4.2.1.1.1. Epidemiologists    Yes | No |
- 4.2.1.1.2. Infection control environmental specialists Yes | No |
- 4.2.1.1.3. Laboratory experts Yes | No |
- 4.2.1.1.4. Risk communication behaviour specialists Yes | No |
- 4.2.1.1.5. Clinicians Yes | No |
- 4.2.1.1.6. Veterinarians Yes | No |
- 4.2.1.1.7. Other (specify): ___________________

4.2.2. Can the RRT provide on-site assistance as required to supplement local investigations within 24 hours of the initial notification of an event?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

4.2.3. If no RRT exists, can a team be assembled to provide on-site assistance as required to supplement local investigations within 24 hours?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

4.2.4. Are outbreak investigation reports systematically written every time an investigation is carried out?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

4.2.4.1. If yes, how long is the initial report produced after the field investigation?

- Within 48 hrs |
- Within one week |
- Within one month |
- More than one month later |

4.2.5. During the response to a public health emergency, is there:

- 4.2.5.1. A direct operational link with senior health and other officials to approve and implement containment and control measures Yes | No |

---

\(^{32}\) A room with computers with internet access, software (data management, logistics), dedicated phone lines with toll-free numbers, satellite television for news and weather monitoring, radios, fax, 24-hour electricity, United Parcel Service (UPS), teleconference and video-conference facilities, international phone lines, etc. The same facility can serve for surveillance or it can be separate.

\(^{33}\) A group of trained persons that is ready to respond quickly to an event. The composition and terms of reference are determined by the country concerned.
4.2.5.2. Direct liaison with other relevant government ministries  Yes ☐ No ☐ Unknown ☐
4.2.5.3. Efficient communication links for the dissemination of information and recommendations received from WHO with:
  4.2.5.3.1. Hospitals  Yes ☐ No ☐ Unknown ☐
  4.2.5.3.2. Clinics, health centres, private clinics  Yes ☐ No ☐ Unknown ☐
  4.2.5.3.3. Ports, airports, ground crossings  Yes ☐ No ☐ Unknown ☐
  4.2.5.3.4. Laboratories  Yes ☐ No ☐ Unknown ☐
4.2.5.4. Guidance regarding control measures to prevent:
  4.2.5.4.1. Domestic spread  Yes ☐ No ☐ Unknown ☐
  4.2.5.4.2. International spread  Yes ☐ No ☐ Unknown ☐
4.2.5.5. Provision of specialized staff  Yes ☐ No ☐ Unknown ☐
4.2.5.6. Laboratory analysis of samples performed domestically or through collaborating centres  Yes ☐ No ☐ Unknown ☐
4.2.5.7. Logistical assistance such as equipment, supplies and transport  Yes ☐ No ☐ Unknown ☐

4.2.6. Are all these public health response mechanisms available on a 24 hours/day, 7 days/week basis?  Yes ☐ No ☐ Unknown ☐
If no, which ones are not (list):__________________

4.2.7. Is there a budget line or immediate access to a budget for the funding of rapid response activities?  Yes ☐ No ☐ Unknown ☐

4.2.8. Are the following available for initial response?
  4.2.8.1. Personal protective equipment (e.g., gloves, eye protection, masks, etc.)  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.8.2. Disinfectants  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.8.3. Drugs and supplies  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.8.4. Sample collection, storage and transport materials  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.2.9. Are outbreak investigation guidelines available to the response teams?  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.2.10. Are all members of the response team trained in the following:
  4.2.10.1. Outbreak investigation and control  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.10.2. Infection control and decontamination  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.10.3. Social mobilization and communication  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.10.4. Specimen collection and transportation  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.10.5. Chemical emergency investigation and management  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.10.6. Radiation emergency investigation & management  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.10.7. Other:________________________

4.2.11. How is the security of the response team assured?
  4.2.11.1. Team briefing of the location  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.11.2. Security briefing  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.11.3. Alerting the community of team arrival  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.11.4. Communication hardware (VHF, mobile phone, etc.)  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.11.5. Safe transport  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.11.6. Safe accommodation  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.11.7. Adequate subsistence  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.11.8. Other:________________________

4.2.12. Are post-outbreak response evaluations systematically carried out?  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  4.2.12.1. If yes, please ask to see the report  Yes ☐ No ☐
### 4.2.13. Are there cross-border/inter-country mechanisms in place to respond to cross-border public health emergencies including potential PHEICs?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

#### 4.2.13.1. If yes, what countries are involved:

### 4.3. Case management

#### 4.3.1. Are there guidelines or SOPs for case management of:

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.1.1. Priority infectious diseases</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.3.1.2. Chemical events</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>4.3.1.3. Poisoning</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.3.1.4. Radiological and nuclear events</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

#### 4.3.2. Are there SOPs (or guidance) on:

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.2.1. Management of cases outside of a health-care facility context (for example, in the community)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.3.2.2. Triage and management of a mass casualty event</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.3.2.3. Decontamination of patients and the environment before receiving patients in health-care facilities (e.g., contamination with radionuclides)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.3.2.4. Isolation of patients in the field</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

#### 4.3.3. Are case management guidelines disseminated to:

<table>
<thead>
<tr>
<th>Audience</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.3.1. All levels of public health-care facilities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.3.3.2. Private health-care facilities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.3.3.3. NGOs</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.3.3.4. Other partners</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

#### 4.3.4. Has training of relevant staff\(^{34}\) been carried out on case management of chemical emergencies, including decontamination, clinical management, administration of antidotes, etc.?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

#### 4.3.5. Has training of relevant staff\(^{35}\) been carried out on case management of radiation emergencies, including decontamination, clinical management, etc.?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

#### 4.3.6. Is there an organized patient referral system\(^{36}\) in place?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

#### 4.3.7. Is there an organized patient transportation system in place?

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not applicable

---

\(^{34}\) Such as emergency ward staff and staff at poison centres.

\(^{35}\) Such as emergency ward staff.

\(^{36}\) For example, with identification of specialized hospitals.
4.3.8. Is there a national programme for protecting, monitoring and treatment of health-care workers in facilities (e.g., an influenza or hepatitis vaccine programme for health-care workers)?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4. Infection prevention and control

4.4.1. Is there a national infection control policy?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.2. Is there a functioning national infection control programme (with ToR, staff, budget, defined activities, etc.)?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.3. Is there a functioning national infection control committee/unit (ToR, staff, budget, activities etc.)?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.4. Is an updated list of professional organizations/bodies/associations and facilities (public and private) for infection control available?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.5. Does the national infection control programme or committee liaise with professional bodies?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.5.1. How (describe):

4.4.6. Has a needs assessment for infection control been carried out for the public sectors?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.7. Has a needs assessment for infection control been carried out for the private sectors?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.8. Has a national infection control plan been developed?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.8.1. If yes, when (date):

4.4.9. Are the following SOPs, guidelines or protocols available for infection control?

4.4.9.1. Hand hygiene
Yes ☐ No ☐

4.4.9.2. Safe injection practices and sharps management
Yes ☐ No ☐

4.4.9.3. Post-exposure procedures
Yes ☐ No ☐

4.4.9.4. Personal protection equipment use
Yes ☐ No ☐

4.4.9.5. Instrument and equipment reprocessing (e.g., autoclaving, steam sterilization)
Yes ☐ No ☐

4.4.9.6. Medical waste management and disposal
Yes ☐ No ☐

4.4.9.7. Contaminated wastes (e.g., water used for decontamination, bandages, clothes, etc.)
Yes ☐ No ☐

4.4.9.8. Laundry management
Yes ☐ No ☐

4.4.9.9. Management of patients with undiagnosed respiratory illnesses
Yes ☐ No ☐

4.4.9.10. Isolation ward standards
Yes ☐ No ☐

4.4.10. Are guidelines, protocols or updates for infection control disseminated to:

4.4.10.1. All levels of public health-care facilities
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.10.2. Private health-care facilities
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.10.3. NGOs
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.10.4. Professional organizations/bodies/associations
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.10.5. Other partners: __________________________
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

4.4.11. Have trained infection control personnel been allocated in all major hospitals (or at the least to all tertiary hospitals)?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐
4.4.12. Are there national training courses on infection control?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

4.4.12.1. If yes, describe (who is trained, for how long, on what, continuing education, on the job training, etc.):
_____________________________________________________________________

4.4.12.2. If no, what major training courses on infection control are accessible to health-care workers (private, international, others) (list):

4.4.13. Have isolation wards been identified for the management of patients with highly infectious diseases?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

4.4.13.1. If yes, how many (number):________________________

4.4.13.2. If yes, do they meet established standards?
Yes ☐  No ☐  Unknown ☐

4.4.14. How are they distributed throughout the country (major districts, PoE) (describe):

4.4.15. Is there surveillance for clusters of unexplained illness in health-care workers?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

4.4.16. Is there surveillance for hospital acquired infections?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

4.4.17. Is there surveillance for antimicrobial resistance?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

4.4.18. Is compliance with infection control measures monitored?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

4.4.18.1. If yes, describe:
_____________________________________________________________________

4.5. Decontamination

4.5.1. Have decontamination capabilities (including equipment, materials, products, etc.) been established for:

4.5.1.1. Infectious hazards    Yes ☐  No ☐  Unknown ☐
4.5.1.2. Chemical hazards    Yes ☐  No ☐
4.5.1.3. Radiological and nuclear hazards    Yes ☐  No ☐

4.5.2. Do national decontamination procedures include:

4.5.2.1. Inspecting, inventorying, storing, and purchasing personal protective equipment when needed  Yes ☐  No ☐  Unknown ☐
4.5.2.2. Upkeep and maintenance of the decontamination equipment  Yes ☐  No ☐  Unknown ☐
4.5.2.3. Maintenance of training records  Yes ☐  No ☐  Unknown ☐
4.5.2.4. Ongoing training  Yes ☐  No ☐  Unknown ☐
4.5.2.5. Recruitment of new team members  Yes ☐  No ☐  Unknown ☐
4.5.2.6. Maintenance of exposure records  Yes ☐  No ☐  Unknown ☐
4.5.2.7. Other: ______________________________________________

4.5.3. Is there a mechanism for managing and maintaining national decontamination capability?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐
5. PREPAREDNESS

5.1. General questions

5.1.1. Have any assessments been carried out in country since the coming into force of the IHR in June 2007 (IHR; surveillance and response; communicable diseases; hazard specific, i.e., chemical, radiological, or infectious; etc.?)

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

5.1.1.1. If yes, list assessments and year conducted:
_____________________________________________________________________________________

5.1.2. Have plan of actions been developed since the coming into force of the IHR in June 2007 for:

5.1.2.1. Communicable disease surveillance ☐  No ☐  Unknown ☐  Not applicable ☐

5.1.2.2. if yes, year:____

5.1.2.3. Pandemic influenza ☐  No ☐  Unknown ☐  Not applicable ☐

5.1.2.3.1. Year:____

5.1.2.4. Avian influenza ☐  No ☐  Unknown ☐  Not applicable ☐

5.1.2.4.1. Year:____

5.1.2.5. Other disease specific plans (list):
___________________________________________________  ___________________________________

5.1.3. Are there any IHR specific plans available?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

5.1.3.1. If no, do existing plans incorporate all aspects of the IHR (e.g., chemical, radiological, PoE, etc.)

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

5.2. Emergency preparedness/ response plans

5.2.1. Is there a national public health emergency response (or preparedness/response) plan?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

5.2.1.1. If yes, what components are included?

5.2.1.1.1. Intersectoral collaboration/coordination between stakeholders ☐  No ☐

5.2.1.1.2. Intersectoral collaboration at all levels ☐  No ☐

5.2.1.1.3. Emergency operations centre roles and responsibilities ☐  No ☐

5.2.1.1.4. IHR NFP communication ☐  No ☐

5.2.1.1.5. Risk communications ☐  No ☐

5.2.1.1.6. Infection control ☐  No ☐

5.2.1.1.7. Laboratory services ☐  No ☐

5.2.1.1.8. Outbreak response ☐  No ☐

5.2.1.1.9. Health system response ☐  No ☐

5.2.1.1.10. Support to community and lower public health levels ☐  No ☐

5.2.1.1.11. Monitoring human and other resources ☐  No ☐

5.2.1.1.12. Collection and dissemination of information. ☐  No ☐

5.2.1.1.13. Stockpiling and distribution of PPE and medical supplies ☐  No ☐

5.2.1.1.14. Other:________________

5.2.1.2. Ask to see the requirements of the plan: ☐  No ☐

5.2.2. Have national response plans been tested (table top exercises, drills, simulations, etc.)?

Yes ☐ (year)_______  No ☐  Unknown ☐  Not applicable ☐
5.3. **Risk and resource mapping**

5.3.1. Has mapping (inventory) of available resources and their location (local infrastructure, PoE, health facilities, institutions, etc.) been conducted?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.3.1.1. If yes, when was it last done (date): ________________

5.3.2. Has mapping of potential hazards been carried out (disease outbreaks, local disease transmission patterns, contaminated food or water sources, natural and manmade disasters, etc.)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.3.2.1. If yes, for which hazards (list): ________________

5.3.3. Is there an inventory of the following hazard sites or facilities which could be the source of a chemical, radiological, nuclear or infectious public health emergency?

5.3.3.1. Large chemical installations, particularly those close to rivers and national borders

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.3.3.2. Nuclear installations and nuclear fuel cycle facilities

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.3.3.3. Chemical/radioactive or hazardous material transportation routes

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.3.3.4. Facilities for the mining and processing of radioactive ores

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.3.3.5. Facilities for the management of radioactive waste

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.3.3.6. Other sites with installations using radioactive sources in industrial, agricultural, medical, research and teaching applications

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.3.3.7. Industrial sites

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.3.3.8. Poultry/meat/seafood processing sites

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.3.3.9. Other: ________________

5.3.4. When was the last inventory carried out (date): ________________

5.3.5. Is there a directory/roster of experts available to support any public health events involving IHR related hazards (food safety, chemical, infectious, radiological and nuclear)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.4. **Stockpiling**

5.4.1. Has there been an assessment of national needs for medical and public health supplies based on risk assessment and national priorities?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.4.2. Do national stockpiles for all hazards include:

5.4.2.1. Drugs for national priority diseases

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.4.2.2. Anti-viral drugs and vaccines

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.4.2.3. Chemical-toxin antidotes

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.4.2.4. Radiation emergency supplies

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.4.2.5. Personal protective equipment

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.4.2.6. Diagnostic reagents and kits

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

5.4.2.7. Other: ________________

5.4.3. Are stockpiles easily accessible at all times?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

- 55 -
### 5.4.4. Has a national plan for the management of stockpiles been developed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 5.4.5. If yes, does the plan include:

<table>
<thead>
<tr>
<th>5.4.5.1. Training of logisticians</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4.5.2. Procurement procedures</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td>5.4.5.3. Mobilizing national stockpiles</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td>5.4.5.4. Mobilizing international stockpiles</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td>5.4.5.5. Storage procedures/warehousing</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td>5.4.5.6. Security of stockpiles</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td>5.4.5.7. Rotation of stock (with respect to shelf-life limits, etc.)</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td>5.4.5.8. Distribution of stockpiles</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
<tr>
<td>5.4.5.9. Transportation of stockpiles</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### 5.5. Capacity to support the sub-national level during a public health emergency

#### 5.5.1. Is there national capacity to procure equipment and supplies such as PPE, drugs, antidotes, replacement food or water sources and vaccines during a public health emergency?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

#### 5.5.2. Is there national capacity to reinforce, sustain and monitor human resource support during a public health emergency?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

#### 5.5.3. Is there a plan for surge capacity for the management of large numbers of affected individuals during public health emergencies?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

#### 5.5.3.1. If yes, has the plan been tested?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

---

37 E.g., through redeployment of a rapid response team and appropriate staff turnover to avoid burnout.

38 Surge capacity addresses issues of triage, referral, transport, quarantine, decontamination, SOPs and protocols/guidelines.
6. RISK COMMUNICATION

These questions should be answered by the MoH communication unit

6.1. Communications coordination

<table>
<thead>
<tr>
<th>6.1.1.</th>
<th>Is there a designated unit for risk communication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.1.2.</th>
<th>Is this unit officially responsible for the coordination of all stakeholders in communications?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.1.3.</th>
<th>Is there an inventory of all the communication partners, focal points and stakeholders in the country (government, non-government, private, institutions, etc.)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

6.1.3.1. List partners:

<table>
<thead>
<tr>
<th>6.1.4.</th>
<th>Is there an inventory of the communication capacities of partners and stakeholders?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

6.1.5. Are there written and agreed protocols or SOPs defining the roles and responsibilities of various partners/stakeholders?

<table>
<thead>
<tr>
<th>6.1.5.1.</th>
<th>If yes, are they disseminated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

6.2. Effective and transparent information dissemination

<table>
<thead>
<tr>
<th>6.2.1.</th>
<th>Is there a written regulation, policy or guideline on the accurate and timely release of information during a public health emergency?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

6.2.1.1. If yes, has it been disseminated to all partners, levels and sectors?

<table>
<thead>
<tr>
<th>6.2.2.</th>
<th>Is there a designated spokesperson, and back-up, identified for communication during an emergency?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

6.2.3. Is there a process in place for expediting approvals for information release?

<table>
<thead>
<tr>
<th>6.2.4.</th>
<th>Are there procedures in place for clearance by scientific, technical and communications staff before the release of information during an emergency?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

6.2.5. Are there procedures or protocols established on the dissemination of information during public health emergencies?

<table>
<thead>
<tr>
<th>6.2.6.</th>
<th>How is information disseminated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2.6.1.</td>
<td>Media interviews</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td>6.2.6.2.</td>
<td>Press briefings</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td>6.2.6.3.</td>
<td>Press releases</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td>6.2.6.4.</td>
<td>Press conferences</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td>6.2.6.5.</td>
<td>Internet discussion groups</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
### 6.2.7. Is there a website or webpage available and accessible to media and the public for information dissemination?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a website or webpage available and accessible to media and the public for information dissemination?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### 6.2.7.1. If yes, how often is it updated: __________________ _____________ and by whom:________

### 6.3. Listening and understanding public and partner risk perception

#### 6.3.1. Is there a mechanism in place that ensures that the views and perceptions of individuals and communities affected by public health emergencies are taken into account at this level?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a mechanism in place that ensures that the views and perceptions of individuals and communities affected by public health emergencies are taken into account at this level?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### 6.3.1.1. If yes, describe:

### 6.3.2. Has an assessment of risk perception been carried out?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has an assessment of risk perception been carried out?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### 6.3.2.1. If yes, is there a process for integrating this information into the public health emergency decision making process?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a process for integrating this information into the public health emergency decision making process?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### 6.4. Social mobilization and communication in support of community based interventions

#### 6.4.1. Have appropriate community messages and information, education and communication materials been developed for various public health events?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have appropriate community messages and information, education and communication materials been developed for various public health events?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### 6.4.1.1. If yes, for which events? (list):

### 6.4.2. Have they been tested and updated as needed?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have they been tested and updated as needed?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### 6.4.3. Are there established procedures for managing rumours during a public health emergency?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there established procedures for managing rumours during a public health emergency?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### 6.4.3.1. If yes, describe (who, how, what, when, outcomes):

### 6.5. Emergency communication plan

#### 6.5.1. Is there a plan for communication during a public health emergency?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a plan for communication during a public health emergency?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
6.5.1.1. If a communication plan exists, does it: (check all that apply)

6.5.1.1.1. Identify key audiences
Yes ☐ No ☐ Unknown ☐

6.5.1.1.2. Include strategic coordination of communication with partners
Yes ☐ No ☐ Unknown ☐

6.5.1.1.3. Set out ways to understand the needs, concerns and attitudes of the key audiences and feed this information to the outbreak management team
Yes ☐ No ☐ Unknown ☐

6.5.1.1.4. Have tested messages that meet audience needs
Yes ☐ No ☐ Unknown ☐

6.5.1.1.5. Have messages that have been reviewed for technical soundness and refined as needed
Yes ☐ No ☐ Unknown ☐

6.5.1.1.6. Identify the right channels and formats by which to disseminate these messages
Yes ☐ No ☐ Unknown ☐

6.5.1.1.7. Have the appropriate tools identified for the distribution of messages (i.e. situation reports, press releases, fact sheets, frequently asked questions, information materials)
Yes ☐ No ☐ Unknown ☐

6.5.1.1.8. Identify partners through which messages can be disseminated
Yes ☐ No ☐ Unknown ☐

6.5.1.1.9. Identify roles and responsibilities
Yes ☐ No ☐ Unknown ☐

6.5.1.1.10. Identify the appropriate spokesperson
Yes ☐ No ☐ Unknown ☐

6.5.1.1.11. Ensure that the communication to individuals, families and communities is consistent and expresses concern for lives and livelihoods, and identifies and uses appropriate media channels (printed press, radio, television, internet site)
Yes ☐ No ☐ Unknown ☐

6.5.2. Have communication staff been trained on communication plans?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

6.5.3. Have communication plans been tested?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

6.5.3.1. If yes, what was done (describe when, how, who was involved, etc):

6.6. Communication evaluation

6.6.1. Is there a framework to evaluate the effectiveness of communications efforts?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

6.6.2. Is there a process that allows for the testing of communication strategies and activities with representative target audiences?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

6.6.3. Was an evaluation of the effectiveness of communications carried out during the last public health emergency?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

6.6.4. Was an evaluation of the effectiveness of communications carried out after the last public health emergency?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

6.6.5. How are evaluation findings integrated into the broader emergency management system to better identify challenges, and adapt and improve communication strategies (describe):
7. HUMAN RESOURCES
These questions should be answered by the MoH Human Resources department

7.1. General questions

7.1.1. Are there training institutions in the country for medical and laboratory sciences?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

7.1.2. If yes, list major institutions and main specialities:

7.1.3. Has mapping of human capacity in the country been done (epidemiologists, virologists, chemical experts, etc.)?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

7.1.3.1. If yes, when was it done/updated:

7.1.4. How many of the following exist in the country/100,000 population (number):

7.1.4.1. Epidemiologists ☐/100,000
7.1.4.2. Clinicians ☐/100,000
7.1.4.3. Laboratory experts ☐/100,000
7.1.4.4. Virologists ☐/100,000
7.1.4.5. Veterinarians ☐/100,000
7.1.4.6. Food safety experts ☐/100,000
7.1.4.7. Chemical experts ☐/100,000
7.1.4.8. Radiological experts ☐/100,000
7.1.4.9. Other: ☐

7.1.5. How are they distributed within the central (C) and the sub-national (SN) levels (proportion of C:SN)?

7.1.5.1. Epidemiologists ☐:☐
7.1.5.2. Clinicians ☐:☐
7.1.5.3. Laboratory experts ☐:☐
7.1.5.4. Virologists ☐:☐
7.1.5.5. Veterinarians ☐:☐
7.1.5.6. Chemical experts ☐:☐
7.1.5.7. Radiological experts ☐:☐
7.1.5.8. Food safety experts ☐:☐
7.1.5.9. Communication experts ☐:☐
7.1.5.10. Other: ☐:☐

7.1.6. Has a training needs assessment, to support the development of health-care workers and other professionals in line with the IHR requirements been done?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

7.1.7. Has a training plan been developed? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

7.1.8. Is there an observatory for human resources in the country to generate data for policy makers on human resource needs? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

7.1.9. Are continuous, short, or medium term courses on epidemiology/public health organized in the country? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

7.2. Training programmes and networks

7.2.1. Is there a field epidemiology training programme (FETP) or field epidemiology and laboratory training programme (FELTP) in the country? (If no, go to 7.2.2.)
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

7.2.1.1. If yes, when did the programme start: ____________

7.2.1.2. What is the duration: ____________

7.2.1.3. How many staff are trained per year: ____________
7.2.2. If there is no FETP/FELTP in the country, do staff have access to one in the WHO region or other regions?  Yes□  No□  Unknown□  Not applicable □

7.2.2.1.1. If yes, which programmes (list):
8. LABORATORY

These questions should be administered to the head of laboratory services in the MoH or relevant ministry.39

8.1. General questions
8.1.1. Briefly describe your department's roles, responsibilities, organization, activities, staffing, coverage, etc. (provide organizational chart):

8.1.2. Describe the department's role in the detection and response to public health events:

8.2. National capacity to deliver laboratory services for all hazards

8.2.1. Is there an office in the MoH in charge of laboratory coordination?
Yes □ No □ Unknown □ Not applicable □

8.2.2. Is this office and/or the head of Laboratory Services or the laboratory focal point in contact with the IHR NFP? Yes □ No □ Unknown □ Not applicable □

8.2.3. Are there national laboratory legislation, regulations or policy that defines the roles and responsibilities of laboratories at different levels (if no, skip to 8.2.4).
Yes □ No □ Unknown □ Not applicable □

8.2.3.1. If yes, when was it last updated: ______________

8.2.3.2. If yes, does the laboratory legislation, regulation or policy include the official designation and terms of reference of national reference laboratories
Yes □ No □ Unknown □ Not applicable □

8.2.4. Is there an official document addressing the creation of laboratory network(s) for priority diseases and other public health events? Yes □ No □ Unknown □ Not applicable □

8.2.5. Is there a policy for national laboratories to monitor antimicrobial resistance for priority pathogens?
Yes □ No □ Unknown □ Not applicable □

8.3. Domestic laboratory capacity
8.3.1. Has a nationwide inventory of laboratory capacity been carried out for various laboratories?
Yes □ No □ Unknown □ Not applicable □

8.3.1.1. If yes, which of the following laboratories types/affiliations have been inventoried?
8.3.1.1.1. Public health/hospital laboratories Yes □ No □ Unknown □

39 For example, the Ministry responsible for national laboratory services.
8.3.1.1.2. Private laboratories: Yes☐ No☐ Unknown ☐

8.3.1.1.2.1. If yes, when: __________

8.3.1.1.3. Training institute laboratories Yes☐ No☐ Unknown ☐

8.3.1.1.3.1. If yes, when: __________

8.3.1.1.4. Environmental laboratory services Yes☐ No☐ Unknown ☐

8.3.1.1.4.1. If yes, when: __________

8.3.1.1.5. Veterinary laboratories: Yes☐ No☐ Unknown ☐

8.3.1.1.5.1. If yes, when: __________

8.3.1.1.6. Food safety laboratories: Yes☐ No☐ Unknown ☐

8.3.1.1.6.1. If yes, when: __________

8.3.1.1.7. Chemical hazards: Yes☐ No☐ Unknown ☐

8.3.1.1.7.1. If yes, when: __________

8.3.1.1.8. Radiological/nuclear hazard laboratories: Yes☐ No☐ Unknown ☐

8.3.1.1.8.1. If yes, when: __________

8.3.1.1.9. Disease specific laboratories Yes☐ No☐ Unknown ☐

8.3.1.1.9.1. If yes, when: __________

8.3.1.1.10. Public biomedical laboratories Yes☐ No☐ Unknown ☐

8.3.1.1.10.1. If yes, when: __________

8.3.1.1.11. Drug safety laboratories Yes☐ No☐ Unknown ☐

8.3.1.1.11.1. If yes, when: __________

8.3.1.1.12. Other (specify): __________

8.3.1.1.13. Provide any reports or documents:

8.3.2. Is there a strategic or operational plan to strengthen laboratory services countrywide?
Yes☐ No☐ Unknown ☐ Not applicable ☐

8.3.2.1. If yes, when was it developed: __________

8.3.2.1.1. Is it being implemented? Yes☐ No☐ Unknown ☐

8.3.3. Is there a plan for the continuing education of laboratory staff?
Yes☐ No☐ Unknown ☐

General domestic diagnostic and confirmation capacity

8.3.4. Are laboratory diagnostic capacities based on national priority public health risks?
Yes☐ No☐ Unknown ☐ Not Applicable ☐

8.3.5. Are the diagnostic tests and methods used40 appropriate for the laboratory level (e.g., reference, national, intermediate and peripheral as defined by national standards (if any)?)
Yes☐ No☐ Unknown ☐ Not applicable ☐

8.3.6. Is there a national supply and reagent inventory system?
Yes☐ No☐ Unknown ☐ Not applicable ☐

8.3.7. Are the following corresponding resources available to the different levels according to national minimal requirements? (If no, go to 8.3.8)
Yes☐ No☐ Unknown ☐ Not applicable ☐

8.3.7.1. If yes, fill-out the table accordingly: adequate = 1, moderate = 2, poor =3

<table>
<thead>
<tr>
<th>Central</th>
<th>Intermediate, e.g., regional</th>
<th>Peripheral, e.g.,</th>
</tr>
</thead>
</table>

40 E.g., rapid diagnostic tests versus culture; or screening test versus confirmatory tests.
Specimen collection and transport materials
Reagents and consumables
Equipment
Facility infrastructures
Staffing
Other

8.3.7.2. By whom are these resources made available?

8.3.7.2.1. Government Yes ☐ No ☐
8.3.7.2.2. Donors (specify) Yes ☐ No ☐
8.3.7.2.3. Grants (specify) Yes ☐ No ☐
8.3.7.2.4. Other: __________________________

Diagnostic and confirmation capacity for specific hazards

8.3.8. Is there national capacity\(^{41}\) to confirm the following:

8.3.8.1. Radiological and nuclear emergency events, including biodosimetry\(^{42}\) and radiation bioassays:
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.3.8.1.1. If yes, list the kinds of events:

8.3.8.2. Infectious events: Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.3.8.2.1. If yes, list the kinds of events:

8.3.8.2.2. Smallpox
8.3.8.2.3. Wild polio virus
8.3.8.2.4. Human influenza virus of a new subtype
8.3.8.2.5. SARS

8.3.8.3. Chemical events: Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.3.8.3.1. If yes, list the kinds of events:

8.3.8.4. Events that could have a serious public health impact or spread internationally:

8.3.8.4.1. Cholera
8.3.8.4.2. Plague
8.3.8.4.3. Anthrax
8.3.8.4.4. Yellow fever
8.3.8.4.5. West Nile
8.3.8.4.6. Ebola
8.3.8.4.7. Other viral haemorrhagic fevers (specify): Yes ☐ No ☐

---

\(^{41}\) Such as trained human resources, appropriate equipment, reagents, supplies, consumables, SOPs etc.

\(^{42}\) Biological dosimetry is the detection and, if possible, the quantification of radiation exposure using biological indicators.
8.3.8.5. Other diseases of special national or regional concern (list):

____________________________________________________________________________________

8.3.8.6. Other major pathogens of public health importance (list):

____________________________________________________________________________________

8.3.9. Do national laboratories participate in antimicrobial resistance monitoring for priority pathogens?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.3.9.1. If yes, list pathogens:

____________________________________________________________________________________

Networking with national and international collaborating laboratories

8.3.10. Is there laboratory networking among laboratories within the country?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.3.10.1. If yes, list the type of network:

____________________________________________________________________________________

8.3.10.2. If yes, which of the following activities do the participating laboratories carry out?

8.3.10.2.1. Exchange of specimens ☐ ☐ ☐
8.3.10.2.2. Exchange of data/results ☐ ☐ ☐
8.3.10.2.3. Provision of reagents ☐ ☐ ☐
8.3.10.2.4. Supervision ☐ ☐ ☐
8.3.10.2.5. External quality assessment ☐ ☐ ☐

8.3.11. Do private laboratories participate in a national laboratory network?
Yes ☐ No ☐ Unknown ☐

8.3.12. Are there collaborative links between reference laboratories in the country, including veterinary laboratories, and other specialized laboratories?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.3.12.1. If yes, list:

____________________________________________________________________________________

8.3.13. Is there an official list of designated national reference laboratories?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.3.13.1. If yes, is the list disseminated at all levels?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.3.14. Have appropriate international collaborating laboratories been identified and liaised with, for referral of specimens for confirmation of the following public health events?

8.3.14.1. Chemical events ☐ ☐ ☐
8.3.14.2. Radiological and nuclear emergency events ☐ ☐ ☐
8.3.14.3. Infectious disease events ☐ ☐ ☐
8.3.15. Are any national laboratories part of international public health surveillance networks (e.g., measles, rotavirus, meningitis, FluNet, etc.)? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.3.15.1. If yes, list networks: __________________________________________

8.3.16. Is there a list of external collaborating laboratories and focal point addresses? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.3.17. Are there memoranda of understanding or other agreements between the national laboratories and external collaborating centres? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.4. Specimen collection and transport

**Capacity to ship rapidly within the country**

8.4.1. Is there an established nationwide system for the collection, packaging, storage and transport of biological specimens? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.4.1.1. If yes, is it functional (nationwide, correct amounts of viable samples can be appropriately collected, packed, stored and transported to a reference laboratory within the required time frame)? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.4.2. Are there emergency sample collection and transport kits available for immediate mobilization during a public health event? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.4.2.1. If yes, where are they pre-positioned? ________________________________

8.4.3. Do(es) the national reference laboratory(ies) accept samples 24 hours/day, 7 days/week, including evenings and weekends? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.4.4. Are local carriers available to transport specimens under appropriate conditions within the country? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.4.4.1. If yes, list the types of carriers: _____________________________________

8.4.5. Are there national regulations on the shipment of biological samples into the country (e.g., import permits)? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.4.6. Are national regulations, manuals, guidelines or SOPs available for the collection and/or transport of infectious substances? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

**Capacity to rapidly ship outside the country**

8.4.7. Are there national regulations on the shipment of biological samples outside the country (e.g., export permits)? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

---

43 Including personal protective equipment, sample collection material, transport media, etc.
8.4.8. Are there international air courier services operating within the country (e.g., World Courier, FedEx, DHL, Chronopost, etc.)?

Yes □ No □ Unknown □ Not applicable □

8.4.8.1. If yes, are there agreements or memoranda of understanding in place regarding the shipment of hazardous samples (including biological samples) through these services?

Yes □ No □ Unknown □ Not applicable □

8.4.8.2. If yes, please provide a list of courier services for shipment of hazardous samples:

____________________________________________________________________________________

8.4.9. Are supplies (including transport media and triple packages for category A and B substances) available so that biological material can be shipped internationally under the appropriate conditions?

Yes □ No □ Unknown □ Not applicable □

8.4.10. Are there staff certified for the safe shipment of infectious substances according to international ICAO/ IATA regulations at the national level?

Yes □ No □ Unknown □ Not applicable □

8.4.10.1. If yes, how many staff have ICAO/IATA certificates that are valid (expires 2 years after delivery or renewal):

___________________________________________________________________

8.5. Biosafety and laboratory biosecurity

8.5.1. Is there a national biosafety programme, committee, association, or unit?

Yes □ No □ Unknown □ Not applicable □

8.5.2. Are there national biosafety regulations, guidelines, manuals or SOPs available?

Yes □ No □ Unknown □ Not applicable □

8.5.2.1. If yes, are they disseminated to all laboratories?

Yes □ No □ Unknown □ Not applicable □

8.5.3. Are there national regulations/guidelines for hazardous (including infectious) waste management and disposal?

Yes □ No □ Unknown □ Not applicable □

8.5.4. Are there national or local policies or regulations to protect laboratory workers (e.g., immunization, emergency antiviral therapy, specific measures for pregnant women…)?

Yes □ No □ Unknown □ Not applicable □

8.5.4.1. If yes, has this information been disseminated to all laboratories?

Yes □ No □ Unknown □ Not applicable □

8.5.5. Has a national classification of microorganisms by risk group been completed?

Yes □ No □ Unknown □ Not applicable □

8.5.5.1. If yes, please ask to see document?

Yes □ No □

44 The International Civil Aviation Organization (ICAO)/International Air Transport Association (IATA) Certificate, required for the international shipment of biological samples, is only valid for two years.

45 The document should take into account pathogenicity of the organism, mode of transmission and host range (may be influenced by existing levels of immunity in the local population, density and movement of the host population, the presence of appropriate vectors and environmental hygiene standards); local availability of effective preventive measures (may include prophylaxis by immunization or administration of antisera or passive immunization); sanitary measures (e.g., food and water hygiene and the control of animal reservoirs or arthropod vectors); local availability of effective treatment (including passive immunization; post-exposure vaccination; and antimicrobials, antivirals and chemotherapeutic agents); and consider the possibility of the emergence of drug-resistant strains.
8.5.6. Has a biorisk assessment been carried out at national level to guide and update biosafety regulations, procedures and practices?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.5.7. Are laboratories inspected (by an inspection body, providers of materials and equipment, etc.) for their compliance with biosafety requirements?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.5.8. Does the country have the capacity to handle and contain highly dangerous pathogens in high containment laboratories?  

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.5.8.1. If yes, please provide

8.5.8.1.1. the number and location of biosafety level (BSL)-3 laboratories:_____________________

8.5.8.1.2. the number and location of BSL-4 laboratories:_____________________

8.5.9. How many BSL-2 laboratories currently exist in the country:___________

8.5.10. Are there national or other training courses on biosafety?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.5.10.1. If yes, list:__________________________________________

8.6. Quality assurance

8.6.1. Are national quality, policy, norms, standards, guidelines, or SOPs for laboratory practices available? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.6.1.1. If yes, for which diagnostics (e.g., malaria, vaccine preventable diseases) or laboratory activities (e.g., food safety, clinical laboratory), and when was the last update:

8.6.2. Is there a national laboratory accreditation system in place?

Yes ☐ No ☐ Unknown ☐ Not Applicable ☐

8.6.3. Are laboratories supervised by a national body (central laboratories, inspection unit etc)?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.6.3.1. If yes, describe the supervision process (scope, frequency, output, etc.):_____________________

8.6.4. Are some laboratories certified or accredited for international standards (ISO 9001, ISO 17025, ISO 15189, WHO polio, measles, etc.)? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

8.6.4.1. If yes, describe the certification/accreditation scope, body, etc.:_____________________

46 Biorisks are risks posed by the handling, manipulation, storage, and disposal of infectious substances.

47 Laboratories are designated according to their design features, construction and containment facilities as basic – biosafety level 1, basic – biosafety level 2, containment – biosafety level 3 and maximum containment – biosafety level 4.

48 Quality is the degree to which a set of inherent characteristics fulfils the current standard requirements. Assurance is the set of measures put in place to ensure that quality is reached. Laboratory quality is the accuracy, reliability and timeliness of the reported results.

49 Laboratories should provide an ISO/WHO document, if requested.
8.6.5. Is a national external quality assessment scheme(s) organized for laboratories in the country (e.g., proficiency testing, panel testing or systematic rechecking)?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

8.6.5.1. If yes, describe the existing external quality assessment schemes (organizers, participants, diagnostics covered, logistics, purpose and use of the results):

____________________________________________________________________________________________

8.6.6. Do(es) the national reference laboratory(ies) participate in international external quality assessment programmes/schemes? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

8.6.6.1. If yes, describe the organizers, participants, diagnostics covered, logistics, purpose and use of the results:

____________________________________________________________________________________________

8.6.7. Is there a national regulatory authority, e.g., FDA\textsuperscript{51} that validates and regulates the in vitro diagnostic devices used within the country?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

8.7. Laboratory based surveillance

8.7.1. Are there standard formats for collecting and reporting laboratory data?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

8.7.2. Does the national laboratory services department or unit in the MoH or relevant ministry receive data from laboratories nationwide?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

8.7.3. Do national reference laboratories receive data from laboratories within the country?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

8.7.4. Is a list of laboratory notifiable diseases/events that must be reported available?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

8.7.5. Are there established standard reporting procedures between the MoH’s national laboratory services department/unit or relevant ministry and the national surveillance department/unit?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

8.7.6. Is there a standardized form/document to report notifiable diseases or other events to the national surveillance unit?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

8.7.7. What is the frequency and means of reporting laboratory data to the national surveillance unit?

8.7.7.1. Immediate if outbreak situation

Yes ☐  No ☐  means of reporting

8.7.7.2. Weekly

Yes ☐  No ☐  means of reporting

8.7.7.3. Monthly

Yes ☐  No ☐  means of reporting

8.7.7.4. Quarterly

Yes ☐  No ☐  means of reporting

8.7.7.5. Twice a year

Yes ☐  No ☐  means of reporting

\textsuperscript{50} An assessment can be internal (self-assessment) or external.

\textsuperscript{51} FDA: Food and Drug Administration.
### 8.7.7. Protocol for Assessing National Surveillance and Response Capacities for the International Health Regulations (2005)

<table>
<thead>
<tr>
<th>8.7.7.6.</th>
<th>Annually</th>
<th>Yes ☐ No ☐ means of reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.7.7.7.</td>
<td>Never</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>8.7.7.8.</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

#### 8.7.8. Are there electronic information systems to track and monitor relevant laboratory data?
- Yes ☐ No ☐ Unknown ☐ Not applicable ☐

#### 8.7.9. Does the national laboratory services department/unit of the MoH or relevant ministry carry out overall analysis of laboratory data?
- Yes ☐ No ☐ Unknown ☐ Not applicable ☐

- **8.7.9.1. Are reports generated from the data analysis?**
  - Yes ☐ No ☐ Unknown ☐ Not applicable ☐

- **8.7.9.2. If yes, are these reports disseminated to:**
  - **8.7.9.2.1. Private laboratories:**
    - Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  - **8.7.9.2.2. Public laboratories:**
    - Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  - **8.7.9.2.3. Surveillance units:**
    - Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  - **8.7.9.2.4. Decision makers:**
    - Yes ☐ No ☐ Unknown ☐ Not applicable ☐
  - **8.7.9.2.5. Others:**
    - _______________________

---

### 8.8. Laboratory participation in public health activities

#### 8.8.1. Is the national laboratory services department/unit part of any committee or task force that prepares for and responds to public health events (including the National Emergency Response Committee)?
- Yes ☐ No ☐ Unknown ☐ Not applicable ☐

- **8.8.1.1. If yes, list committees, terms of reference, membership etc.:**
  
  __________________________________________________

  __________________________________________________

  __________________________________________________

  __________________________________________________

---

#### 8.8.2. Do the national laboratories participate in the investigation of public health events?
- Yes ☐ No ☐ Unknown ☐ Not applicable ☐

- **8.8.2.1. If yes, describe the process (e.g., on an ad hoc basis, investigation algorithms and SOPs, mobile laboratories):**
  
  __________________________________________________

  __________________________________________________

---

#### 8.8.3. Are there specific guidelines for laboratory investigation of national priority public health events?
- Yes ☐ No ☐ Unknown ☐ Not applicable ☐

---

#### 8.8.4. Are there other activities in place between the national laboratory services department/unit of the MoH or relevant ministry and the national surveillance unit?
- Yes ☐ No ☐ Unknown ☐ Not applicable ☐

- **8.8.4.1. If yes: please describe:**
  
  __________________________________________________

---

- 70 -
9. POINTS OF ENTRY (PoE)\textsuperscript{52}

This questionnaire is administered to the overall public health authority for PoE, the authority responsible for IHR implementation and related public health activities for PoE or the IHR-NFP, as appropriate in the country’s context.

Specific PoE

For specific PoE assessment, use the detailed PoE checklist

9.1. General questions

9.1.1. Briefly describe your unit’s roles, responsibilities, organization, activities, staffing, coverage, etc. (provide organizational chart, if applicable):

9.1.2. Please describe how public health surveillance systems coordinate, collaborate with, and support ports, airports and ground crossings:

9.1.3. Describe the department's/unit's role in the detection and response to public health events at PoE:

9.2. General obligations at PoE

9.2.1. Please enter a number for each of the following:

<table>
<thead>
<tr>
<th></th>
<th>Number in country</th>
<th>Designated number(s)</th>
<th>Designated competent authority</th>
<th>With core capacities assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airports</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ports</td>
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<td></td>
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<td></td>
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<tr>
<td>Ground crossings</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

9.2.2. Is there public health authority at all designated PoE?
Yes☐ No☐ Unknown☐ Not applicable☐

9.2.3. Are the public health authorities at designated PoE part of the decision making structure?
Yes☐ No☐ Unknown☐ Not applicable☐

9.2.4. List of public agencies and authorities with activities at designated PoE:

- Customs☐ Yes☐ No☐
- Immigration☐ Yes☐ No☐
- Public health/quarantine service, etc.☐ Yes☐ No☐
- Agriculture and animal health/veterinary☐ Yes☐ No☐
- Other (specify)☐

\textsuperscript{52} Point of entry (PoE): a passage for international entry or exit of travelers, baggage, cargo, containers, conveyances, goods and postal parcels and agencies and areas providing services to them upon entry or exit.
9.2.5. Are there standard procedures/operational links between the authorities responsible for IHR implementation and related public health activities at PoE with the following:

9.2.5.1. Hospitals  Yes No Unknown Not applicable
9.2.5.2. Clinics Yes No Unknown Not applicable
9.2.5.3. Laboratory facilities Yes No Unknown Not applicable

9.2.5.3.1. If yes, describe: _________________________________

9.3. Legislation and policy

9.3.1. Do national legislation, regulations and administrative requirements specify implementation of the following health documents **required by the IHR (2005) for PoE**:

9.3.1.1. International Certificate of Vaccination or Prophylaxis (IHR, Annex 6):

Yes No Unknown Not applicable

9.3.1.1.1. If yes, list related legislation (and links to access it, if available):


Yes No Unknown Not applicable

9.3.1.2.1. If yes, list related legislation (and links to access it, if available):


9.3.1.3. Maritime Declaration of Health (IHR, Annex 8):

Yes No Unknown Not applicable

9.3.1.3.1. If yes, list related legislation (and links to access it, if available):


9.3.1.4. Health part of the Aircraft General Declaration (IHR, Annex 9):

Yes No Unknown Not applicable

9.3.1.4.1. If yes, list related legislation (and links to access it, if available):


9.3.2. Have the new IHR requirements such as health documents (maritime declaration of health etc.) been disseminated to the relevant conveyance operators at PoE?

Yes, to all Yes, to most Yes, to few No Unknown

9.3.2.1. If yes, when and how:


9.3.3. Was an assessment of the relevant current national public health related legislation, regulations, and administrative requirements carried out for PoE to determine whether they allow for full implementation of the IHR? Yes No Unknown Not applicable

9.3.3.1. If yes, in what year was it carried out: _____

9.3.3.2. If yes, do the current national public health related legislation, regulations and administrative requirements allow for full implementation of the IHR with regard to PoE?

Yes No Unknown Not applicable
9.4. Coordination

9.4.1. Since the IHR came into effect, have procedures been established for coordination and communication between the IHR NFP and the PoE competent authority?53
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.1.1. If yes, have they been updated?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.2. Are there standard procedures established for coordination at PoE?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.2.1. Have procedures been updated for coordination and communication between the responsible authorities for IHR implementation at PoE and the following sectors?

9.4.2.1.1. National public health surveillance authorities
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.2.1.2. Animal husbandry
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.2.1.3. Fisheries
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.2.1.4. Agriculture
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.2.1.5. Chemical
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.2.1.6. Radiological/nuclear
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.2.1.7. Food safety
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.2.1.8. Other relevant stakeholders: __________________________

9.4.3. Since the IHR came into effect, have the procedures for coordination and communication for international communication with PoE competent authorities abroad, the IHR NFP and the national PoE competent authority been updated?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.3.1. If yes, describe how?______________________________ ________________

9.4.4. Have coordination and collaboration procedures been tested and updated?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.5. If international contact tracing is required, are there agreements with relevant authorities (e.g., tour operators, airlines, cruise ships, etc.)?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.4.5.1. If yes, what type of agreements:

9.5. Technical guidance and operational procedures for PoE

9.5.1. Are there national guidelines for detection, reporting and response to events related to travel and transport (such as ill travellers and identification of sources of infection and contamination) at conveyances?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

9.5.1.1. If yes, have they been disseminated to all designated PoE?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

53 See Article 22 (i) Role of competent authorities.
54 Regarding receiving and disseminating relevant information nationally, related to public health risks (all public health hazards) and event management, including WHO recommendations.
55 Agreements, for example, could consider use of passenger locator cards and computerized tools.
9.5.2. Are there national guidelines, SOPs or memoranda of understanding for the application of public health measures recommended by WHO for application at PoE?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
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9.5.2.1. If yes, in which areas:

9.5.2.1.1. Entry/exit screening

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.2.1.2. Treatment/management of suspect or ill travellers

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.2.1.3. Isolation

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.2.1.4. Quarantine of people

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.2.1.5. Quarantine of animals

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.2.1.6. Contact tracing

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
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</table>

9.5.2.1.7. Laboratory facilities

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
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</table>

9.5.2.1.8. Other:___________________

9.5.2.1.8.1. If yes, have they been disseminated to all designated PoE?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.2.1.8.2. List guidelines disseminated: _____________________ __________

For airports

9.5.3. Are there any procedures in place to communicate events on board aircraft, when a suspected case of communicable disease or other public health related event needs to be reported?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.3.1. If yes, do they involve air traffic control, airport authorities and public health sector competent authorities?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.4. Are there any procedures in place to safely assess, monitor and apply aircraft disinsection, and other vector control measures if required, according to WHO recommendation and guidelines (as applicable)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.4.1. If yes, are these procedures part of the integrated vector management control plan at the airport?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.5. Are there any procedures concerning communication with aircraft and air transport operators regarding the health section of the General Declaration of Aircraft, if and when requested by national authorities?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

For ports

9.5.6. Are there any procedures concerning communication with ship and ship industry operators, regarding authorization and the Maritime Health Declaration, if and when requested by national authorities?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.5.7. Are there any arrangements in place for a designated ship quarantine anchorage area, if and when requested, as indicated by risk assessment\(^{56}\) and safety, security and facilitation principles, as applicable?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

---

\(^{56}\) Regarding, for example, vector borne disease, ballast water, waste and other public health risks.
### For ground crossings

Are there any procedures concerning communication with ground transport conveyance and ground crossing operators regarding border control measures when a high public health related risk is detected?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 9.6. Routine surveillance

9.6.1. Are standard surveillance procedures implemented at PoE?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.6.2. Is surveillance information documented and shared with the national surveillance department/unit?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.6.3. Is there surveillance of conveyances for the presence of vectors and reservoirs?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

9.6.4. Do the designated PoE have access to equipment and personnel for transport to appropriate medical facilities, if needed?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

If yes,

9.6.4.1. How many designated airports have access to equipment and personnel for transport to appropriate medical facilities (number): __________

9.6.4.2. How many designated ports have access to equipment and personnel for transport to appropriate medical facilities (number): __________

9.6.4.3. How many designated ground crossings have access to equipment and personnel for transport to appropriate medical facilities (number): __________

9.6.5. Do designated PoE have trained personnel for the inspection of conveyances (IHR, Annex 1B, Art c) at:

<table>
<thead>
<tr>
<th></th>
<th>Designated airports</th>
<th>Designated ports</th>
<th>Designated ground crossings</th>
</tr>
</thead>
</table>

9.6.6. Is there a functioning programme for the control of vectors and reservoirs in and near designated PoE (Annex 1A, art 6a Annex 1B, Art e) at:

<table>
<thead>
<tr>
<th></th>
<th>Designated airports</th>
<th>Designated ports</th>
<th>Designated ground crossings</th>
</tr>
</thead>
</table>

### 9.7. Safe environment

9.7.1. Do the designated PoE in the country ensure safe food for travellers using PoE facilities at:

<table>
<thead>
<tr>
<th></th>
<th>Designated airports</th>
<th>Designated ports</th>
<th>Designated ground crossings</th>
</tr>
</thead>
</table>

9.7.2. Do the designated PoE in the country ensure safe water for travellers using PoE facilities including potable water at:

<table>
<thead>
<tr>
<th></th>
<th>Designated airports</th>
<th>Designated ports</th>
<th>Designated ground crossings</th>
</tr>
</thead>
</table>
9.7.3. Do the designated PoE in the country ensure safe waste disposal for travellers using PoE facilities at:

9.7.3.1. Designated airports  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.7.3.2. Designated ports  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.7.3.3. Designated ground crossings  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.7.4. Do designated PoE have the capacity to dispose of potentially contaminated products (Annex 1B art 1d) at:

9.7.4.1. Designated airports  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.7.4.2. Designated ports  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.7.4.3. Designated ground crossings  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8. Response

9.8.1. Is there a national public health emergency contingency plan for responding to public health emergencies occurring at PoE?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.1.1. If yes,

9.8.1.2. Does it include supporting and responding to public health emergencies that will affect international travel and transport?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.1.3. Is it integrated with other public health response plans (national/intermediate/local levels) and other emergency operational plans at PoE?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.1.4. Does it cover relevant services at PoE?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.1.5. Has it been disseminated to all key stakeholders?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.1.6. When was it last updated?  
_________________

9.8.2. Are regular exercises conducted to test the national public health emergency contingency plan at PoE?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.3. Do all designated PoE have facilities to attend to ill passengers or animals either onsite or through liaison with local public health services (Annex 1B, Art b, 2c and 2d)?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.4. Is there a list with the names and key contact information (address, phone number, etc.) of all facilities to which ill or suspect travellers can be transferred from designated PoE?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.4.1. When was it last reviewed for accuracy and updated:  
_________________

9.8.4.2. Has it been disseminated to all relevant personnel?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.5. Are there any administrative arrangements and/or memoranda of understanding in place between designated PoE and local and/or nearby health services?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.5.1. Do administrative arrangements and/or memoranda of understanding grant access to medical and diagnostic facilities for the assessment and care of ill or suspect travellers?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

---

57 Annex 1b 2a IHR (2005).
9.8.6. Do designated PoE within the country have the facilities for assessing potentially contaminated/infected travellers (treatment and isolation facilities, protective equipment, etc.)? (If no, go to 9.8.7)

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.6.1. If yes,

9.8.6.1.1. How many designated airports have the facilities for assessing potentially contaminated/infected travellers and animals (proportion): ______

9.8.6.1.2. How many designated ports have the facilities for assessing potentially contaminated/infected travellers and animals (proportion): ______

9.8.6.1.3. How many designated ground crossings have the facilities for assessing potentially contaminated/infected travellers and animals (proportion): ______

9.8.7. Do staff have access to any necessary equipment for initial interviews and triage at designated PoE?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.8. Is there a system in place for referral and transfer of ill travellers to appropriate medical facilities and exchange of information between PoE and medical facilities (Annex 1B, Art 1b and 2g)

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.9. Do staff involved in transporting ill passengers have access to personal protective equipment?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

If yes,

9.8.9.1. Have PoE staff been trained in the proper use of personal protective equipment?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

9.8.10. Are there adequate numbers of trained personnel available to transport ill travellers, according to national requirements at designated PoE?

Yes ☐  No ☐  Unknown ☐  Not applicable ☐
10. POTENTIAL HAZARDS
All the core capacities are relevant for all potential hazards. The questions below cover the zoonotic and food safety hazards in terms of biological hazards and also address the chemical and radiological and nuclear hazards. The other infectious disease hazards were generally covered by the preceding questions.

10.1. Zoonotic events

These questions should be administered to responsible Ministry in charge of zoonotic and animal diseases (e.g., agriculture, animal husbandry, wildlife, etc.).

Identifiers
Assessment team:  Respondent (s):
Date:  Position/Title:
Interviewer:  Contact information:
Ministry:  Ministry:
Department:  Department:
Level (national, intermediate, peripheral (district):
Other people present at interview:

Briefly describe your department's roles, responsibilities, organization, activities, staffing, coverage, etc. (ask to see organizational chart):

Describe the department's role in the detection and response to zoonotic events:

10.1.1. Is there legislation on surveillance of and response to zoonotic events?
Yes☐ No☐ Unknown ☐ Not applicable ☐

10.1.1.1. If yes, when was it last updated: __________________________

10.1.2. Is there a national policy on surveillance of and response to zoonotic events?
Yes☐ No☐ Unknown ☐ Not applicable ☐

10.1.2.1. If yes, when was it last updated: __________________________

10.1.3. Is there a strategic plan to strengthen the surveillance of and response to zoonotic events?
Yes☐ No☐ Unknown ☐ Not applicable ☐

---

A priority list of diseases of common interest has been defined by GLEWS, but the scope of this questionnaire is not restricted to this list:

Zoonotic diseases: anthrax, bovine spongiform encephalopathy (BSE), Brucellosis (B. melitensis), Crimean Congo haemorrhagic fever, Ebola virus, foodborne diseases, highly pathogenic avian influenza (HPAI), Japanese encephalitis, Marburg haemorrhagic fever, New World screwworm, Nipah virus, Old World screwworm, Q fever, rabies, Rift Valley fever (RVF), sheep pox/goat pox, Tularemia, Venezuelan equine encephalomyelitis, West Nile virus.

Non-zoonotic diseases: African swine fever (ASF), classical swine fever (CSF), contagious bovine pleuropneumonia (CBPP), foot-and-mouth disease (FMD), peste des petits ruminants (PPR), rinderpest – stomatitis/enteritis.
10.1.4. Is there an operational public health plan for responding to zoonotic events?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.4.1. If yes, have any existing plans been tested?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.4.1.1. If yes, when (dates): ______________________

10.1.5. Is there a clear coordination mechanism (information sharing, meetings, SOPs developed for collaborative response, etc.) between the animal health surveillance system and the human health surveillance system?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.5.1. If yes, describe: ____________________________________________________________

10.1.6. Is there a communication/coordination mechanism or structure in place between the animal health (including wildlife) department and IHR NFP?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.7. Is there a GLEWS\(^{59}\) focal point/network?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.7.1. If yes, does the GLEWS focal point/network communicate/collaborate with the IHR NFP and/or MoH?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.7.2. If no, is there a designated focal person in this department for coordination with the MoH and/or the IHR NFP?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.8. Is there an intersectoral committee/taskforce for reduction of the risk of zoonosis and the management and prevention of zoonotic diseases in animals?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.8.1. If yes, who are the members of this committee/task force (list):
_________________________________________________________

10.1.8.2. Frequency of meetings: ______________________

10.1.9. Does the department responsible for animal health participate in a national emergency response committee?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.9.1. If no, does the department responsible for animal health participate in any other national multisectoral committees?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.9.2. If yes, please list: __________________________________________________________

10.1.10. Is there a national surveillance system or programme for animal diseases with zoonotic potential\(^{60}\)?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.1.10.1. If yes, is there a community component to this system?

\(^{59}\) Global Early Warning System for Zoonotic Diseases.
\(^{60}\) Separate from or part of an animal health surveillance system.
<table>
<thead>
<tr>
<th></th>
<th>Yes □</th>
<th>No □</th>
<th>Unknown □</th>
<th>Not applicable □</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1.10.1.1.</td>
<td>If yes, please describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 10.1.11. Is there a list of priority zoonotic events for surveillance? |
|---|---|---|---|
| Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.11.1. If yes, please list events: |  |

| 10.1.12. Are manuals/guidelines/SOPs for the surveillance, investigation and control of zoonotic events available? |
|---|---|---|---|
| Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.12.1. If yes, list available guidelines/manuals: |  |

| 10.1.13. Are standard case definitions for surveillance of zoonotic events available? |
|---|---|---|---|
| Yes □ | No □ | Unknown □ | Not applicable □ |

| 10.1.14. Is there an established list of information sources (health, non-health, formal, informal sources) for zoonotic event surveillance? |
|---|---|---|---|
| Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.14.1. If yes, list: |  |

| 10.1.15. In the case of a zoonotic event of public health concern, is there a multisectoral risk assessment? |
|---|---|---|---|
| Yes □ | No □ | Unknown □ | Not Applicable □ |

| 10.1.16. Is the department required to report on zoonotic events to the MoH as part of national surveillance? |
|---|---|---|---|
| Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.16.1. If yes, is there a standard reporting format? |
| Yes □ | No □ | Unknown □ | Not applicable □ |

| 10.1.17. Is there a time frame specified for reporting urgent zoonotic events to the national surveillance authorities? |
|---|---|---|---|
| Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.17.1. If yes, what is the specified time frame: |  |

| 10.1.18. Does the department carry out investigation of and response to zoonotic events? |
|---|---|---|---|
| Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.18.1. If yes, who is involved: |  |

| 10.1.19. In the case of a zoonotic event of public health concern, is the department part of a national multisectoral/multidisciplinary rapid response team? |
|---|---|---|---|
| Yes □ | No □ | Unknown □ | Not applicable □ |

| 10.1.20. Are there available guidelines or SOPs for the case management of zoonotic events? |
|---|---|---|---|
| Yes □ | No □ | Unknown □ | Not Applicable □ |

| 10.1.21. Are the following available for the initial response to a zoonotic event? |
|---|---|---|---|
| 10.1.21.1. Vaccines | Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.21.2. Drugs | Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.21.3. Specimen collection supplies | Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.21.4. Logistics/transportation | Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.21.5. Personal protective equipment | Yes □ | No □ | Unknown □ | Not applicable □ |
| 10.1.21.6. Specialists/experts | Yes □ | No □ | Unknown □ | Not applicable □ |
10.1.21.7. Other: ________________________________

10.1.22. Are professionals trained specifically in the response to and control of zoonotic events on a regular basis?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.1.23. Is there a risk communication plan for zoonotic events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.1.23.1. If yes, is it coordinated with the national risk communication plan?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.1.24. Are there public awareness and/or information, education and communication materials on zoonotic events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.1.25. Is there laboratory capacity to confirm zoonotic events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.1.25.1. If yes, list for which events: ________________________________

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
10.2. Food safety events

These questions should be administered to the national authorities responsible for food safety (Environmental Health, Consumer Protection and Standards Bureau, Fisheries, local authorities, etc).

**Identifiers**

Assessment team:          Respondent(s):          Position/Title:          Ministry:          Department:          Date:          Contact information:          Interviewer:          Level (national, intermediate, peripheral (district):          Other people present at interview:

10.2.1. Briefly describe your department's roles, responsibilities, organization, activities, staffing, coverage, etc. (please ask to see organizational chart):

10.2.2. Who is responsible for the surveillance and control of food safety events in the country (list):

10.2.3. Describe the department's role in the detection and response to food safety events:

10.2.4. Is there legislation on the surveillance of and response to food safety events?

- Yes
- No
- Unknown
- Not applicable

10.2.4.1. If yes, when was it last updated: __________________________

10.2.5. Is there a national policy/strategy on food safety?

- Yes
- No
- Unknown
- Not applicable

10.2.5.1. If yes, when was it last updated: ________________

10.2.6. Are there SOPs for safe handling on the farm and in the transportation, slaughtering and sale of animals?

- Yes
- No
- Unknown
- Not applicable

10.2.7. Are national or international food safety standards available?

- Yes
- No
- Unknown
- Not applicable

- 82 -
10.2.8. Are food safety standards implemented at various sites such as market places, restaurants, butchers, etc.?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.8.1. If yes, how, (describe inspection services):

________________________________________________________________________

10.2.9. Is there a policy for water quality control?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.10. Is there a coordination mechanism (information sharing, meetings, SOPs developed for collaborative response, etc.) between the food safety department/unit and the national surveillance unit?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.10.1. If yes, describe: _________________________________

________________________________________________________________________

10.2.11. Is there a coordination mechanism between the food safety department/unit and the IHR NFP?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.11.1. If yes, describe: _________________________________

________________________________________________________________________

10.2.12. Is there an INFOSAN\(^{61}\) focal point/network?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.12.1. If yes, does the INFOSAN emergency focal point communicate or collaborate with the IHR NFP?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.13. Is there an intersectoral committee/taskforce for surveillance of and response to food safety events?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.13.1. If yes who are the members of this committee/taskforce (list):

________________________________________________________________________

10.2.13.2. Frequency of meetings: __________________________

________________________________________________________________________

10.2.14. Does the department/unit responsible for food safety participate in a national emergency response committee?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.15. Does the department/unit responsible for food safety participate in any other national multisectoral committees?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.15.1. If yes, please list: _________________________________

________________________________________________________________________

10.2.16. Are there documented networks with updated emergency contact points and contact information for food safety events?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

---

\(^{61}\) INFOSAN: International Food Safety Authorities Network.
10.2.16.1. If yes, are the networks linked with the public health system and national emergency response systems where possible?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.17. Is there a food safety surveillance system/programme?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.18. Is epidemiological data on food safety events systematically collected and analysed?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.19. Is there a priority list of food safety risks and events for surveillance?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.19.1. If yes, list:

___________________________________________________

10.2.20. Are there guidelines or manuals on the surveillance and control of food safety events?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.21. Are there standard case definitions for food safety events?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.22. Is there an established list of information sources (health, non-health, formal, informal sources) for food safety event surveillance?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.22.1. If yes, list:

___________________________________________________

10.2.23. In the case of a food safety event of public health concern is there a multisectoral risk assessment?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.24. Is the department/unit responsible for food safety events required to report events to the national surveillance department?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.24.1. If yes, is there a standard reporting format?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.25. Is there a specified time frame for reporting urgent food safety events to the national surveillance department?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.25.1. If yes, what is the specified time frame:

___________________________________________________

10.2.26. In the case of a food safety event of public health concern is the department part of a multisectoral/multidisciplinary rapid response team?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.27. Are there available guidelines or SOPs for the case management of food safety events?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.28. Are the following available for the initial response to a food safety event?

10.2.28.1. Drugs

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.2.28.2. Specimen collection supplies

Yes ☐ No ☐ Unknown ☐ Not applicable ☐
### 10.2.28.3. Logistics/transportation

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

### 10.2.28.4. Personal protective equipment

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

### 10.2.28.5. Specialists/experts

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

### 10.2.28.6. Other:

- [ ]

---

### 10.2.29. Are there mechanisms and resources for tracing back and recalling microbiologically contaminated products (primarily food stuff)?

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

**10.2.29.1.** If yes, describe: __________________________________________

---

### 10.2.30. Is there an inventory of food safety expertise and resources in the country?

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

---

### 10.2.31. Are professionals specifically trained in the response to and control of food safety events on a regular basis?

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

---

### 10.2.32. Who is responsible for the development and implementation of a national public health plan for responding to food safety events: ____________________________

---

### 10.2.33. Is there a national public health plan for food safety?

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

**10.2.33.1.** If yes, have any existing plans been tested?

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

**10.2.33.1.1.** If yes, when (dates):________

---

### 10.2.34. Do food safety plans address the following:

#### 10.2.34.1. Food availability

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

#### 10.2.34.2. Minimizing foodborne hazards

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

#### 10.2.34.3. Pesticide use

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

#### 10.2.34.4. Control of foodborne hazards

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

#### 10.2.34.5. A rapid and coordinated response to minimize adverse human health outcomes from exposure to foodborne hazards

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

#### 10.2.34.6. Communication to international networks

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

**10.2.34.7.** Notification to international networks

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

**10.2.34.7.1.** If yes, is there notification to: ____________________________

**10.2.34.7.1.1.** the IHR

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

**10.2.34.7.1.2.** INFOSAN

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

---

### 10.2.35. Is there a risk communication plan for food safety events?

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

---

### 10.2.36. Are there public awareness and/or information, education and communication materials on food safety events?

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

---

### 10.2.37. Is there laboratory capacity to monitor/confirm food safety events?

- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

**10.2.37.1.** If yes, list the different kinds of events: ____________________________
10.3. Chemical events

These questions should be administered to the ministry responsible chemical event surveillance, management and response (Ministry of Environmental Protection, Ministry of Industry, etc.)

Identifiers
Assessment team: Respondent (s):
Date: Position/Title:
Interviewer: Contact information:
Ministry:
Department:
Level (national, intermediate, peripheral (district):
Other people present at interview:

10.3.1. Briefly describe your department’s roles, responsibilities, organization, activities, staffing, coverage, etc. (please ask to see organizational chart):

10.3.2. Briefly describe your department’s role in the detection and response to urgent events involving chemical contamination of water, air, soil, food and other relevant contaminations (e.g., environmental surfaces and non-food commercial products):

10.3.3. Is there legislation on surveillance and response to chemical events?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.3.1. If yes, when was it last updated: _______________________

10.3.4. Is there a national policy for the surveillance and response to chemical emergencies?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.4.1. If yes, when was it last updated: _______________________

10.3.5. Is there national policy for industrial waste management?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.6. Is there a strategic plan to strengthen the surveillance and response to chemical events?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.7. Is there an operational public health plan (or national chemical incidence response plan) for responding to chemical events?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐
10.3.7.1. If yes, have any existing plans been tested?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.7.1.1. If yes, when (dates):

10.3.8. Is there a coordination mechanism (information sharing, meetings, SOPs developed for collaborative response, etc.) between the chemical safety authorities and the national public health authorities?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.8.1. If yes, describe:

10.3.9. Is there a communication/coordination mechanism or structure in place between chemical safety authorities and the IHR NFP?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.9.1. If yes, describe:

10.3.10. Is there an intersectoral committee/taskforce for the management and response to chemical events?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.10.1. If yes who are the members of this committee (list):

10.3.10.2. Frequency of meetings:

10.3.11. Does the department responsible for chemical events participate in a national emergency response committee?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.11.1. If no, does the department responsible for chemical events participate in any other national multisectoral committees?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.11.1.1. If yes, please list:

10.3.12. Is there a chemical event surveillance and response system or programme in place?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.13. Is there an inventory of hazard sites or facilities which could be the source of chemical public health emergencies (e.g., large chemical installations, factories, etc.)?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.14. Is there an inventory of chemical expertise and resources in the country?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.15. Has an assessment of chemical risks been carried out (including the safety of industries and facilities, sources of exposure, at-risk populations, etc.)?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.3.16. Is there a list of priority chemical events and syndromes for surveillance?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐
10.3.16.1. If yes, please list events and syndromes: ____________________________

10.3.17. Is there an established list of information sources (health, non-health, formal and informal sources) for chemical events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10.3.18. Are manuals/guidelines/SOPs for the surveillance, investigation and control of chemical events available?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10.3.18.1. If yes, list available guidelines/manuals: ____________________________

10.3.19. Have the available guidelines been disseminated to relevant levels and stakeholders?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

10.3.20. Are there national standard definitions or criteria for what constitutes a public health hazard due to chemical contamination of:

10.3.20.1. Water

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10.3.20.2. Air

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

10.3.20.3. Food

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

10.3.20.4. Other (e.g., environmental surfaces, non-food commercial products)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

10.3.21. Are there standard case definitions for priority chemical events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

10.3.22. During a chemical event of public health concern is there a multisectoral risk assessment?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

10.3.23. Have levels of alert been established for chemical events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

10.3.24. Is the department required to report chemical events to the MoH as part of national surveillance?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

10.3.24.1. If yes, is there a standard reporting format?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

10.3.25. Is there a time frame specified for reporting urgent chemical events to the national surveillance authorities?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

10.3.25.1. If yes, what is the specified time frame: ____________________________

10.3.26. Does the department investigate and respond to chemical events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

10.3.27. In case of a chemical event of public health concern, is the department part of a multisectoral/multidisciplinary rapid response team?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

10.3.28. Have relevant staff been trained on emergency response to chemical events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
10.3.29. Are the following available for the initial response to a chemical event?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antidotes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen collection supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logistics/transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal protective equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decontamination materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10.3.30. Are there case management centres for chemical exposures and intoxication?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.3.31. Are poison centres established?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.3.31.1. If yes, list:


10.3.31.2. If yes, what percentage of poison centres is fully functional?

| 100% | ≥ 50% | < 50% | None | Unknown | Not applicable |

10.3.32. What percentage of the population is served by fully functioning poison centres?

| 100% | ≥ 50% | < 50% | None | Unknown | Not applicable |

10.3.33. Are there case management guidelines for chemical events/intoxication?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.3.34. Are health-care staff trained on case management for chemical events/intoxication?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.3.35. Are there stockpiles for management of priority chemical events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.3.36. Is there a risk communication plan for chemical incidents?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.3.37. Is there laboratory capacity to confirm the aetiology of chemical events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.3.37.1. If yes, list the different kinds of events:


10.3.38. Is there laboratory capacity for the analysis of most relevant chemicals in human and environmental media, following quality assurance and quality control procedures?

<table>
<thead>
<tr>
<th>Human</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Environmental</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
### 10.4. Radiological and nuclear events

*These questions should be administered to the ministry responsible for radiological event surveillance, management and response (Ministry of Environmental Protection, Ministry of industry, Ministry of Energy, etc.)*

<table>
<thead>
<tr>
<th>Identifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment team:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Interviewer:</td>
</tr>
<tr>
<td>Ministry:</td>
</tr>
</tbody>
</table>

Level (national, intermediate, peripheral (district):
Other people present at interview:

#### 10.4.1. Briefly describe your department’s roles, responsibilities, organization, activities, staffing, coverage, etc. (please ask to see organizational chart):

#### 10.4.2. Briefly describe your department’s role in the detection of and response to urgent events involving radiological exposure and contamination:

#### 10.4.3. Is there legislation on surveillance and response to radiological or nuclear events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.4.3.1. If yes, when was it last updated: __________________________

#### 10.4.4. Is there a national policy for the surveillance of and response to radiological or nuclear emergencies?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.4.4.1. If yes, when was it last updated: __________________________

#### 10.4.5. Are there any policies on the transport of radiological or nuclear material within the country?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

#### 10.4.6. Are there any policies on the transport of radiological or nuclear material internationally?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

#### 10.4.7. Is there national policy for radiological or nuclear waste management?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

#### 10.4.8. Is there a national policy for the management of radiological hospital waste?
10.4.8.1. If yes, does this policy include private hospitals?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.4.9. Is there a strategic plan to strengthen the surveillance and response to radiological or nuclear events?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.4.10. Is there an operational public health plan for responding to radiological or nuclear events?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.4.10.1. If yes, have any existing plans been tested?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.4.10.1.1. If yes, how often are drills conducted (give periodicity): __________

10.4.10.1.2. When was the last drill conducted (date): __________

10.4.11. Is there a coordination mechanism between the national competent authorities responsible for nuclear regulatory control (including monitoring) and safety and the national public health authorities?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.4.11.1. If yes, describe: ______________________________________________________________________

10.4.12. Is there a communication/coordination mechanism or structure in place between the national competent authorities responsible for nuclear regulatory control and the IHR NFP?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.4.12.1. If yes, describe: ______________________________________________________________________

10.4.13. Is there an intersectoral committee/taskforce for the management of and response to radiological or nuclear events?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.4.13.1. If yes who are the members of this committee (list):

___________________________________________________________________________________________

10.4.13.2. Frequency of meetings: __________________________________________________________________

10.4.14. Does the department responsible for radiological or nuclear events participate in a national emergency response committee?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.4.14.1. If no, does the department responsible for radiological or nuclear events participate in any other national multisectoral committees?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.4.14.1.1. If yes, please list:

___________________________________________________________________________________________

10.4.15. Is there a radiological or nuclear event surveillance and response system or programme in place?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

---

62 E.g., information sharing, meetings, SOPs developed for collaborative response etc.
### 10.4.16. Are there surveillance/monitoring programmes in place in relevant facilities, to detect radiological or nuclear exposure and contamination?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.17. Is there an inventory of hazard sites or facilities which could be the source of radiological or nuclear public health emergencies\(^{63}\) of national or international concern?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.18. Is there an inventory of radiological expertise and resources in the country?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.19. Has an assessment of radiological risks been carried out (the safety of radiological facilities, sources of exposure, at-risk populations, hospital waste, etc.)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.20. Is there a list of priority radiological or nuclear events for surveillance?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.4.20.1. If yes, please list events:________________________

### 10.4.21. Is there an established list of information sources (health, non-health, formal and informal sources) for radiological or nuclear events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.22. Are manuals/guidelines/SOPs for the surveillance, investigation and response to radiological or nuclear events available?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.4.22.1. If yes, list available manuals/guidelines/SOPs:________________________

### 10.4.23. Have the available guidelines been disseminated to relevant levels and stakeholders?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.24. Are there any guidelines on the transport of radiological or nuclear material (nationally and internationally)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.25. Are there national standard definitions or criteria for what constitutes a public health hazard due to radiological or nuclear exposure or contamination?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.26. Are there standard case definitions for radiological or nuclear events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.27. During a radiological or nuclear event of public health concern is there a multisectoral risk assessment?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.28. Is the department required to report radiological or nuclear events to the MoH as part of national surveillance?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.4.28.1. If yes, is there a standard reporting format?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

---

\(^{63}\) E.g., large nuclear installations or factories, facilities or medical services, etc., that use radioactive materials.
### 10.4.29. Is there a time frame specified for reporting urgent radiological or nuclear events to the national surveillance authorities?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.4.29.1. If yes, what is the specified time frame: __________________

### 10.4.30. Does the department respond to radiological or nuclear events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.31. In the case of a radiological or nuclear event of public health concern, is the department part of a multisectoral/multidisciplinary rapid response team?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.32. Have relevant staff been trained on emergency response to radiation events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.33. Are the following available for the initial response to a radiological or nuclear event:

| 10.4.33.1. Drugs/antidotes
| 10.4.33.2. Supplies (radiological/nuclear)
| 10.4.33.3. Specimen collection supplies
| 10.4.33.4. Logistics/transportation
| 10.4.33.5. Personal protective equipment
| 10.4.33.6. Specialists/experts
| 10.4.33.7. Decontamination materials
| 10.4.33.8. Other: __________________

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.34. Are there case management centres for radiological or nuclear exposures?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.35. Are there case management guidelines for radiological or nuclear events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.36. Are health-care staff trained on case management for radiological or nuclear events/exposure?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.37. Are there stockpiles for the management of priority radiological or nuclear events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.38. Is there a risk communication plan for radiological or nuclear emergency incidents?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.39. Are there public awareness and/or information, education and communication materials on radiological or nuclear events?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### 10.4.40. Is there laboratory capacity to perform appropriate analysis of radiological contamination in case of a radiological emergency?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.4.40.1. If yes, list the different kinds of events for which there is laboratory capacity: __________________
10.5. Individual Laboratory Assessment Questionnaire

These questions should be administered to the head of the laboratory and/or laboratory staff of individual laboratories at each level of the health care system. This questionnaire can be adapted for non-public health laboratories, smaller laboratories, and lower levels.

Identifiers

Assessment team: Respondent (s):
Date: Position/Title:
Interviewer: Contact information (telephone/email/fax):
Name of Lab Director:
Department:

Other people present at interview:

Name of laboratory: Number of laboratory technicians:
Laboratory level: Number of managers with post-graduate degree: _____________

Affiliation/type of laboratory:

10.5.1. Generalities

Briefly describe the organization of the laboratory, staffing roles and responsibilities (attach or ask to see organizational chart):

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Type of degree</th>
<th>Number of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-graduate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10.5.1.1. Describe the role of this laboratory in the detection and response to public health events:

10.5.1.2. List all technical sections:

10.5.1.3. Tests performed in the laboratory

Indicate the number of tests performed daily in this laboratory and the detailed list of tests:

<table>
<thead>
<tr>
<th>Disciplines</th>
<th>Average number of tests daily</th>
<th>Detailed list of tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical chemistry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haematology and blood transfusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parasitology</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 10.5.2. Structure and organization

<table>
<thead>
<tr>
<th>10.5.2.1.</th>
<th>Is there a policy or document that defines the roles and responsibilities of this laboratory?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.5.2.2.</th>
<th>Is this laboratory part of an established laboratory network?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

#### 10.5.2.2.1. If yes, which networks (national/international)?

______________________________  ______________
______________________________
______________________________

<table>
<thead>
<tr>
<th>10.5.2.3.</th>
<th>Does this laboratory participate in antimicrobial resistance monitoring for priority pathogens?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

#### 10.5.2.3.1. If yes, list pathogens:

__________________________________________________  ___________________________________
_________________________________________________  ___________________________________
_________________________________________________  ___________________________________

<table>
<thead>
<tr>
<th>10.5.2.4.</th>
<th>Have appropriate collaborating laboratories been identified and liaised with for referral of specimens for confirmation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

#### 10.5.2.4.1. If yes, for which events (list):

____________________________________________________

<table>
<thead>
<tr>
<th>10.5.2.5.</th>
<th>Is this laboratory part of an international public health surveillance network (e.g., measles, rotavirus, meningitis, FluNet, etc.)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>
10.5.2.5.1. If yes, list networks: ________________

10.5.2.6. Are there memoranda of understanding or other agreements between this laboratory and any external collaborating centres?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.5.3. Diagnostic capacity for specific hazards

10.5.3.1. Are the diagnostic tests and methods used\(^{64}\) in this laboratory appropriate for this category of laboratory?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.5.3.2. Are the corresponding materials (collection, storage, transport, etc.), equipment, reagents, supplies and consumables made available to this laboratory?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.5.3.2.1. If yes, by whom: ________________

10.5.3.3. Are the following corresponding resources made available to this laboratory according to national minimal requirements:

- **Staff**
- **Infrastructure**
- **Running costs**

10.5.3.4. If yes, by whom: ________________

10.5.3.4. Does this laboratory have the capacity (trained human resources, appropriate equipment, reagents, supplies, consumables, SOPs, etc.) to confirm the following:

10.5.3.4.1. Chemical events:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.5.3.4.1.1. If yes, list the different kinds of events:

- ________________
- ________________
- ________________

10.5.3.4.2. Radiological and nuclear emergency events, including biodosimetry and radiation bioassays:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.5.3.4.2.1. If yes, list the different kinds of events:

- ________________
- ________________
- ________________

10.5.3.4.3. Infectious events:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

10.5.3.4.3.1. If yes,

- Smallpox
- Wild polio virus
- Pandemic influenza virus
- SARS

10.5.3.4.3.1.1. If yes, ________________

10.5.3.4.4. Events that could have a serious public health impact or spread internationally:

- Cholera
- Plague
- Anthrax

- 96 -

\(^{64}\) e.g., rapid diagnostic tests versus culture or screening tests versus confirmatory tests.
### 10.5.3.4.4. Viral haemorrhagic fever (specify)

Yes ☐  No ☐

### 10.5.3.4.5. Other diseases of special national or regional concern:

_____________________________

_____________________________

_____________________________

### 10.5.3.4.6. Others major pathogens of public health importance that the country has the capacity to confirm:

_____________________________

_____________________________

_____________________________

### 10.5.4. Laboratory management

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.5.4.1. Is a quality manual describing the quality system policy and procedures available?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.5.4.2. Has a quality manager been designated for this laboratory?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.5.4.3. Does the laboratory accept samples 24 hours/day, 7 days/week?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### 10.5.5. Personnel

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.5.5.1. Are terms of references for the various laboratory duties with required qualifications available?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.5.5.2. Do staff have the appropriate qualifications and competence for the duties required?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.5.5.3. Are staff resources adequate for undertaking the required work in terms of number?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.5.5.4. Has continuing education (training, workshops, conferences, etc.) been provided to staff members in the last 12 months?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### 10.5.6. Documents and records

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.5.6.1. Are published national or international guidelines or operating documents for the laboratory available (e.g., published instructions, norms, standardized operating procedures, bench aids and manuals)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.5.6.1.1. If yes, describe:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.6.2. Have laboratory staff developed their own operating documents (instructions, standardized operating procedures, bench aids)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

---

65 Quality here is defined as the sum total of all laboratory activities that are undertaken to ensure generation of accurate and reliable results.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.5.6.3. Is there a system in place to organize the management of laboratory documents and records?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.6.3.1. If yes, are the documents:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.6.3.1.1. Listed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.6.3.1.2. Numbered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.6.3.1.3. Approved and signed by the laboratory managers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.6.3.1.4. Reviewed periodically</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.6.3.1.5. Archived for at least two years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7. Specimen collection and transport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7.1. Are there written instructions or documents on the proper collection and handling of primary samples?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7.2. Are there standardized request forms available for use by test prescribers/clinicians?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7.3. Do request forms include:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7.4. Are specimens recorded in a book, worksheet, computer or other comparable system?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7.5. Are there any criteria for acceptance or rejection of primary samples (including potential caution if non-conform samples are accepted)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7.6. Is there a procedure for the storage of primary samples, if they are not immediately examined?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7.7. Is there a documented procedure for the receipt, processing and reporting of urgent samples?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7.8. Does the laboratory refer specimens to other laboratories when testing is not available?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7.9. Does the laboratory have appropriate packages for referring samples (tripple packaging for air transport, or any package in conformity with local regulations or recommendations)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.7.10. Is there someone in charge of shipment that is trained for the transport of infectious substances?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Protocol for Assessing National Surveillance and Response Capacities for the International Health Regulations (2005)

---

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

**10.5.7.10.** If yes, specify:

**10.5.7.10.1.** The person is trained for local or national regulations or recommendations.

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

**10.5.7.10.1.2.** The person has a valid certificate from international regulations (ICAO or IATA certification).  

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

---

**10.5.8.** Reagents and supplies

**10.5.8.1.** Is the purchase of supplies, consumables and reagents recorded?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

**10.5.8.2.** Are new reagents (new products and new lots, including home-made reagents) verified against old reagents or reference materials before use?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

---

**10.5.8.3.** Is there a supplies and reagents inventory system (stock cards)? *(If no, go to 10.5.8.4.)*

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

**10.5.8.3.1.** If yes, does it include:

- **10.5.8.3.1.1.** Quantities ☐
- **10.5.8.3.1.2.** Date of receipt ☐
- **10.5.8.3.1.3.** Lot numbers ☐
- **10.5.8.3.1.4.** Date the material is placed in service ☐
- **10.5.8.3.1.5.** Expiration date ☐

---

**10.5.8.4.** Does the laboratory experience shortages of reagents and supplies?

Yes ☐ No ☐ Unknown ☐ Not Applicable ☐

**10.5.8.4.1.** If yes, when was the last time this laboratory experienced a shortage in the last 6 months: __________

---

**10.5.8.5.** Does the laboratory use expired products and reagents?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

**10.5.8.5.1.** If yes, is this practice:

- **10.5.8.5.1.1.** Frequent ☐
- **10.5.8.5.1.2.** Exceptional ☐

---

**10.5.8.6.** Are disposables supplies (e.g., pipette tips, plastic pipettes) re-used?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

**10.5.8.6.1.** If yes, is this practice

- **10.5.8.6.1.1.** Frequent ☐
- **10.5.8.6.1.2.** Exceptional ☐

---

**10.5.9.** Equipment

**10.5.9.1.** Is the laboratory equipment appropriate, with regard to the tests performed?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

**10.5.9.2.** Is a preventive maintenance programme in place?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

---

66The International Civil Aviation Organization (ICAO)/International Air Transport Association (IATA) Certificate, required for the international shipment of biological samples, is only valid for 2 years.
10.5.9.3. Is each piece of equipment recorded, either on paper or electronically?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

10.5.9.3.1. If yes, does this form include:
10.5.9.3.1.1. Name of the equipment Yes ☐  No ☐
10.5.9.3.1.2. Serial number Yes ☐  No ☐
10.5.9.3.1.3. Name and contact details of manufacturer (or local supplier) Yes ☐  No ☐
10.5.9.3.1.4. Date of receipt Yes ☐  No ☐
10.5.9.3.1.5. Location in the laboratory Yes ☐  No ☐
10.5.9.3.1.6. Condition (new, used) Yes ☐  No ☐
10.5.9.3.1.7. Maintenance activities Yes ☐  No ☐
10.5.9.3.1.8. Damages and repairs Yes ☐  No ☐

10.5.9.4. Is defective equipment labelled appropriately?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

10.5.9.5. Does the laboratory have contracts with external maintenance and repairing services?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

10.5.9.6. Is equipment maintained in safe working condition (including electrical safety)?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

10.5.9.7. Is there a daily monitoring record of the temperature of refrigerators, freezers and incubators?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

10.5.9.8. Fill in the number of FUNCTIONING pieces of equipment

<table>
<thead>
<tr>
<th>Type of equipment</th>
<th>Number</th>
<th>Type of equipment</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrifuge, cooled</td>
<td>Haematology automated analyzer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centrifuge, simple</td>
<td>Flow cytometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluorometer</td>
<td>Blood culture automated incubator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freezer -20°C</td>
<td>Automated microbial identification and susceptibility testing systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freezer -70°C</td>
<td>Semi-automated microbial identification or susceptibility testing systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerator</td>
<td>Hematocrit centrifuge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incubator</td>
<td>Autoclave (clean)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO₂ incubator</td>
<td>Autoclave (dirty)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH meter</td>
<td>Binocular microscope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UV/visible spectrophotometer</td>
<td>Candle jar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorimeter</td>
<td>Electrophoresis equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turbidimeter</td>
<td>ELISA equipment (washer/incubator/reader)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coagulometer</td>
<td>Fluorescence microscope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flame photometer</td>
<td>Pulsed field gel electrophoresis equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunoassays automated analyzer</td>
<td>Glassware kit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water bath</td>
<td>Mass spectrometer (with or without liquid chromatography)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thin layer chromatography equipment (with/without scanning device)</td>
<td>High performance liquid chromatography with any detection system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beta and gamma (scintillation) counters</td>
<td>Gas chromatography with any detection system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atomic absorption spectrometer</td>
<td>Gel electrophoresis for nucleic acids and peptides</td>
<td></td>
<td></td>
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<tr>
<td>Chemistry analyzer</td>
<td>Heated magnetic agitator</td>
<td></td>
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</tr>
<tr>
<td>McFarland photometer</td>
<td>Lyophiliser</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media dispenser</td>
<td>Manipulation box</td>
<td></td>
<td></td>
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<tr>
<td>----------------</td>
<td>-----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oven</td>
<td>Biosafety cabinet class I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automatic pipettes</td>
<td>Biosafety cabinet class II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plexiglas screen</td>
<td>Biosafety cabinet class III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic scale</td>
<td>Thermal cycler (Thermocycler, PCR machine or DNA amplifier)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precision scale</td>
<td>DNA automated extractor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotative agitator</td>
<td>Vortex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computers</td>
<td>Water distiller</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printers</td>
<td>UV light table</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**10.5.10. Quality of examination procedures**

**10.5.10.1. Does the laboratory use appropriate examination procedures?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**10.5.10.1.1. If yes, specify the source:**

- **10.5.10.1.1.1. Established/authoritative textbooks**
  - Yes | No |
- **10.5.10.1.1.2. Peer-reviewed texts or journals**
  - Yes | No |
- **10.5.10.1.1.3. International guidelines**
  - Yes | No |
- **10.5.10.1.1.4. National guidelines**
  - Yes | No |

**10.5.10.2. Are in-house procedures appropriately validated and documented?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**10.5.10.3. Is a review of procedures undertaken at least annually?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**10.5.10.4. Are internal quality control procedures adequate (e.g., as required by the manufacturer)?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**10.5.10.5. Are samples stored for a specific period of time under appropriate conditions so they can be re-examined after reporting or for additional examinations?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**10.5.10.6. Are procedures in place to record incidents or complaints?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**10.5.10.6.1. If yes, are any corrective actions implemented?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**10.5.11. Laboratory data management**

**Laboratory results management**

**10.5.11.1. Are the results reviewed and signed by a supervisor of the technician who carried out the test, before the results are released?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**10.5.11.2. Are results reported in a standardized format? (If no, go to 10.5.11.3.)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**10.5.11.2.1. If yes, does the form include the following:**

- **10.5.11.2.1.1. Name of the laboratory**
  - Yes | No | Unknown | Not applicable |
- **10.5.11.2.1.2. Patient identification**
  - Yes | No | Unknown | Not applicable |
- **10.5.11.2.1.3. Requester identification**
  - Yes | No | Unknown | Not applicable |
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.5.11.2.1.4.</td>
<td>Examination method</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.11.2.1.5.</td>
<td>Date of sample collection</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10.5.11.2.1.6.</td>
<td>Time of sample collection</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10.5.11.2.1.7.</td>
<td>Sample type</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10.5.11.2.1.8.</td>
<td>Time of receipt by the laboratory</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10.5.11.2.1.9.</td>
<td>Date of release of report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.11.2.1.10.</td>
<td>Time of release of report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.11.2.1.11.</td>
<td>Results reported in SI units (where applicable)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10.5.11.2.1.12.</td>
<td>Biological reference intervals (where applicable)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10.5.11.2.1.13.</td>
<td>Interpretation (where appropriate)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10.5.11.2.1.14.</td>
<td>Identification/stamp and signature of the person authorizing the release</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

10.5.11.3. Are procedures in place to define who can access or modify patient data (e.g., password protection)?

10.5.11.4. Is efficient back-up in place to prevent loss of patient result data in case of hardware or software failure or theft?

10.5.11.5. Is there a procedure for immediate notification of a physician when results are critical for patient care?

---

**Laboratory data collection, analysis and reporting**

10.5.11.6. Are there standard formats for collecting and reporting laboratory data?

10.5.11.7. Does this laboratory receive data from other laboratories within the country?

10.5.11.8. Are there electronic information systems to track and monitor relevant laboratory data?

10.5.11.9. Does this laboratory carry out analysis of laboratory data?

10.5.11.10. Can this laboratory provide basic statistical data (e.g., the number of tests ordered, aggregated qualitative/quantitative data, etc.)?

10.5.11.11. Are reports generated from the data analysis?
### 10.5.11.1. If yes, who are these reports disseminated to: ___________________

### 10.5.12. Quality assurance and assessment

#### 10.5.12.1. Does the laboratory director organize an internal audit (even partial) at least once a year?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

#### 10.5.12.2. Does the laboratory carry out internal quality control?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

#### 10.5.12.3. Does the laboratory participate in an external quality assessment programme for each discipline (proficiency-testing or systematic rechecking)?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

##### 10.5.12.3.1. If yes, list disciplines:

#### 10.5.12.4. Does the laboratory exchange samples for confirmation, especially when formal external quality assessment programmes are not available?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

#### 10.5.12.5. Has the laboratory been licensed (i.e. authorized to operate) by the relevant authorities?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

##### 10.5.12.5.1. If yes, is the license granted:
- 10.5.12.5.1.1. after dossier examination
  - Yes ☐
  - No ☐
- 10.5.12.5.1.2. after on-site visit
  - Yes ☐
  - No ☐

#### 10.5.12.6. Has the laboratory been supervised by the authorities at least once in the past year?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

#### 10.5.12.7. Is the laboratory certified or accredited with an internationally recognized standard (ISO 9001, ISO 17025, ISO 15189, WHO polio or measles, etc.)
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

##### 10.5.12.7.1. If yes, specify the standard:

### 10.5.13. Facility and safety

#### 10.5.13.1. What are the general conditions of the laboratory building and the infrastructure?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Bad ☐</th>
<th>Medium ☐</th>
<th>Good ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.5.13.1.1. Condition of walls and floors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.13.1.2. Condition of the windows and doors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.13.1.3. Condition of the benches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.13.1.4. Condition of the heating/air conditioning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.13.1.5. Condition of the lighting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5.13.1.6. Condition of the waste disposal</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 10.5.13.2. Does the laboratory face shortages of electricity?
- Regularly ☐
- Sometimes ☐
- Never ☐

#### 10.5.13.3. Does the laboratory face shortages of water?
- Regularly ☐
- Sometimes ☐
- Never ☐

#### 10.5.13.4. Is the space allocated sufficient to perform the work, without compromising the quality and safety of patients and personnel?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐
10.5.13.5. Are the storage areas adequate?
- Yes
- No
- Unknown
- Not applicable

10.5.13.6. Is access to, and use of, technical areas controlled?
- Yes
- No
- Unknown
- Not applicable

10.5.13.7. Is sample collection carried out in room(s) separated from the laboratory examination room(s)?
- Yes
- No
- Unknown
- Not applicable

10.5.13.8. Are any non-technical areas (e.g., offices, library, kitchen, cloakrooms) clearly separated from examination rooms?
- Yes
- No
- Unknown
- Not applicable

10.5.13.9. Is there an effective separation between adjacent laboratory sections in which there are incompatible activities (e.g., nucleic acid extraction versus amplification)?
- Yes
- No
- Unknown
- Not applicable

10.5.13.10. Are written biosafety procedures available?
- Yes
- No
- Unknown
- Not applicable

10.5.13.11. Are guidelines for infectious waste management and disposal available?
- Yes
- No
- Unknown
- Not applicable

10.5.13.12. Is the laboratory inspected (by an inspection body, providers of materials and equipment, etc.) for compliance with biosafety requirements?
- Yes
- No
- Unknown
- Not applicable

10.5.13.13. Do employees wear gloves and laboratory coats at appropriate times?
- Yes
- No
- Unknown
- Not applicable

10.5.13.14. Do employees wear protective masks and glasses at appropriate times?
- Yes
- No
- Unknown
- Not applicable

10.5.13.15. Are disinfectants freshly prepared?
- Yes
- No
- Unknown
- Not applicable

10.5.13.16. Are material safety data sheets available for review in the immediate laboratory area?
- Yes
- No
- Unknown
- Not applicable

10.5.13.17. Are sharps discarded in specific containers?
- Yes
- No
- Unknown
- Not applicable

10.5.13.18. Are biohazardous wastes discarded in specific containers (appropriately labelled or coloured)?
- Yes
- No
- Unknown
- Not applicable

10.5.13.19. Are biohazardous waste containers sanitized and incinerated (on site or through a contract with a specialized company)?
- Yes
- No
- Unknown
- Not applicable

10.5.13.20. Are the work areas clean and well maintained?
- Yes
- No
- Unknown
- Not applicable

10.5.13.21. Are separate sinks for hand washing available?
- Yes
- No
- Unknown
- Not applicable

10.5.13.22. Are biological/chemical temperature indicators included during sterilization?
## 10.5.13.23. Do new staff receive biosafety introductory training before working alone?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

## 10.5.13.24. Have refresher biosafety training courses been organized in the past 2 years?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

## 10.5.13.25. Do laboratory staff have access to occupational/worker health services?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

## 10.5.13.26. Are laboratory staff vaccinated against hepatitis B and other relevant diseases as appropriate?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

## 10.5.13.27. Are fire safety and fire precautions in place?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

### 10.5.14. Public health functions

#### 10.5.14.1. Has the laboratory received information about the International Health Regulations (IHR)?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

#### 10.5.14.2. Does the laboratory know the designated reference laboratories?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

#### 10.5.14.3. Is the laboratory part of any committee or task force that prepares for and responds to public health events?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

#### 10.5.14.4. Did the laboratory participate in the response to a public health event or outbreak investigation within the last year?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

#### 10.5.14.5. Are specific instructions or guidelines for laboratory investigation of public health events available?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

#### 10.5.14.6. Does the laboratory have emergency specimen collection and transport kits for immediate mobilization during a public health event?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

#### 10.5.14.7. Does the laboratory receive specimens from the field during the investigation of a public health event?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

#### 10.5.14.8. Does the laboratory participate in the surveillance of endemic diseases (e.g., HIV, malaria, hepatitis)?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

#### 10.5.14.9. Does the laboratory routinely receive specimens or isolates from clinical laboratories for confirmatory testing?

| Yes ☐ | No ☐ | Unknown ☐ | Not applicable ☐ |

#### 10.5.14.10. Does the laboratory send specimens or isolates to the reference laboratory(ies) for confirmatory testing?

---

67 Includes personal protective equipment, sample collection material, transport media, etc.
10.5.14.11. Are there established standard reporting procedures between the laboratory and the surveillance department/unit?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.5.14.12. Is a list of laboratory notifiable diseases/events that must be reported available?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.5.14.13. Is there a standardized form/document to report notifiable diseases or other events to the national surveillance unit?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.5.14.14. What is the frequency and means of reporting laboratory data to surveillance unit:

10.5.14.14.2. Weekly ☐
10.5.14.14.4. Quarterly ☐
10.5.14.14.5. Twice a year ☐
10.5.14.14.6. Annually ☐

10.5.14.15. Is the laboratory equipped with:

10.5.14.15.1. Telephone ☐
10.5.14.15.2. Fax ☐
10.5.14.15.3. Computer ☐
10.5.14.15.4. Computer with internet access ☐

10.5.14.16. Does the laboratory send aggregated data on a weekly or monthly basis to reference laboratory units?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.5.14.17. Are there other activities in place between this laboratory and the surveillance unit?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

10.5.14.17.1. If yes, please describe:
Annex 11.2 Intermediate Level Questionnaire

This questionnaire is for administration to the public health authorities at the provincial, regional, governorate, etc. levels, but also at the district level even in countries where the district level is considered as a peripheral level. A group interview is recommended (e.g., surveillance, laboratory, risk communication, etc.), but individual modular interviews are less time-consuming and are also acceptable.

<table>
<thead>
<tr>
<th>Identifiers</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment team:</td>
<td>Respondent (s):</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>Position/Title:</td>
<td></td>
</tr>
<tr>
<td>Interviewer:</td>
<td>Contact information:</td>
<td></td>
</tr>
<tr>
<td>Name of site</td>
<td>Other people present at interview:</td>
<td></td>
</tr>
</tbody>
</table>

Level (regional, provincial, district):

<table>
<thead>
<tr>
<th>Generalities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you briefly describe your activities <em>(activities you/your staff cover, number of staff, organization of unit etc.)</em>:</td>
<td></td>
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<tr>
<td>--------------------</td>
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</tbody>
</table>
11. NATIONAL LEGISLATION, POLICY AND FINANCING

11.1. Legislation and policy

11.1.1. Are you aware of public health legislation\textsuperscript{68} governing surveillance and response?

\begin{itemize}
  \item Yes \square
  \item No \square
  \item Unknown \square
  \item Not applicable \square
\end{itemize}

11.1.2. Has information regarding obligations under the IHR been distributed/provided to this level?

\begin{itemize}
  \item Yes \square
  \item No \square
  \item Unknown \square
  \item Not applicable \square
\end{itemize}

11.1.3. Are you aware of the implications\textsuperscript{69} for implementation of the IHR at this level?

\begin{itemize}
  \item Yes \square
  \item No \square
  \item Unknown \square
  \item Not applicable \square
\end{itemize}

11.2. IHR financing

11.2.1. Is there a budget line or accessible budget allocated to support the implementation of the IHR core capacities at this level?

\begin{itemize}
  \item Yes \square
  \item No \square
  \item Unknown \square
  \item Not applicable \square
\end{itemize}

11.2.2. Are funds currently available from other sources (donors, NGO's etc.) for the implementation of the IHR?

\begin{itemize}
  \item Yes \square
  \item No \square
  \item Unknown \square
  \item Not applicable \square
\end{itemize}

11.2.2.1. If yes, list funding sources:

\begin{itemize}
  \item Donors:__________________________
  \item NGOs:____________________________
  \item Local government:________________
  \item Other programmes:_________________
\end{itemize}

12. COORDINATION AND NFP COMMUNICATIONS

12.1. IHR coordination

12.1.1. Is there a multisectoral, multidisciplinary coordination body/mechanism that oversees the implementation of surveillance for and response to public health events/emergencies?

\begin{itemize}
  \item Yes \square
  \item No \square
  \item Unknown \square
  \item Not applicable \square
\end{itemize}

12.1.1.1. Name of Committee/Task Force:

12.1.1.2. Chaired by:

12.1.1.3. Membership:

12.1.1.4. Terms of reference:

12.1.1.5. What activities have they carried out in the last 12 months (describe):

12.1.1.6. Meeting frequency:

\begin{itemize}
  \item Weekly \square
  \item Monthly \square
  \item Quarterly \square
  \item Twice a year \square
  \item Yearly \square
  \item Ad-hoc \square
\end{itemize}

12.1.1.7. Number of meetings held in the last 12 months: ____________________________

\textsuperscript{68} Legislation: state constitutions, laws, decrees, ordinances or similar legal instruments.

\textsuperscript{69} Implications include the obligation to confirm status of reported events, support or implement additional control measures, assess reported events immediately and report all essential information to the national level if found urgent.
12.1.1.8. Meeting reports available:   Yes ☐  No ☐
12.1.1.9. Funding of activities available: Yes ☐  No ☐
12.1.1.10. Other issues: ______________________

12.1.2. Are there other coordinating mechanisms or committees in place?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐
12.1.2.1. If yes, list and describe:

12.1.3. Is there operational communication between the public health authorities and the following authorities?
12.1.3.1. PoE, if applicable   Yes ☐  No ☐
12.1.3.2. Food safety   Yes ☐  No ☐
12.1.3.3. Animal health, zoonotic diseases   Yes ☐  No ☐
12.1.3.4. Chemical safety   Yes ☐  No ☐
12.1.3.5. Radiological and nuclear   Yes ☐  No ☐
12.1.3.6. Other (please list): ______________________

12.2. IHR advocacy
12.2.1. Have any activities been carried out to increase the awareness of the IHR at this level?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐
12.2.1.1. If yes, tick the relevant box:
12.2.1.1.1. Dissemination of IHR SOPs30/publications   Yes ☐  No ☐  Unknown ☐
12.2.1.1.2. Information meetings conducted   Yes ☐  No ☐  Unknown ☐
12.2.1.1.3. Training/workshop conducted   Yes ☐  No ☐  Unknown ☐
12.2.1.1.4. Publications or articles written   Yes ☐  No ☐  Unknown ☐
12.2.1.1.5. Other: ______________________

12.2.2. Are there information/advocacy packages on the IHR available at this level?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐
12.2.2.1. If yes, have they been distributed?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

12.2.3. If information/advocacy packages are available, who do they target?
12.2.3.1. Policy/decision makers   Yes ☐  No ☐
12.2.3.1.1. Law makers   Yes ☐  No ☐
12.2.3.1.1. Health-care workers and other technical staff   Yes ☐  No ☐
12.2.3.1.1. Agriculture   Yes ☐  No ☐
12.2.3.1.1. Food safety   Yes ☐  No ☐
12.2.3.1.1. Environment   Yes ☐  No ☐
12.2.3.1.1. Radiological and nuclear   Yes ☐  No ☐
12.2.3.1.1.8. PoE   Yes ☐  No ☐
12.2.3.1.1.9. Private sector   Yes ☐  No ☐
12.2.3.1.1.10. General public   Yes ☐  No ☐
12.2.3.1.1.11. Students/university curricular   Yes ☐  No ☐
12.2.3.1.1.12. Other: ______________________

---
30 SOP: Standard operating procedures.
13. SURVEILLANCE

13.1. Surveillance structures and situation awareness

13.1.1. Is there a designated surveillance unit or structure for monitoring, assessing, and responding\(^7\) to public health risks/emergencies and their coordination at this level?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

13.1.1.1. If yes, does this include monitoring of public health risks/emergencies for all hazards?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

13.1.1.2. Does this unit have written terms of reference?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

13.1.1.3. Is the unit/centre equipped with the following equipment? Tick all that apply
13.1.1.3.1. Communication and multimedia materials
   - Telephones ☐ Yes ☐ No ☐
   - Faxes ☐ Yes ☐ No ☐
   - Internet capabilities ☐ Yes ☐ No ☐
   - Video link ☐ Yes ☐ No ☐
   - Other: ____________________________

13.1.1.3.2. Data management software including event management software
   ☐ Yes ☐ No ☐

13.1.1.3.3. Logistics software
   ☐ Yes ☐ No ☐

13.1.1.3.4. Hardware (computers, etc.)
   ☐ Yes ☐ No ☐

13.1.1.3.5. Other: ____________________________

13.1.2. If there is no designated surveillance unit or structure, is there a mechanism in place for monitoring and responding to public health risks and public health emergencies?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

13.1.3. Describe:

13.2. INDICATOR BASED SURVEILLANCE

Detection

13.2.1. Is there a priority list of diseases, conditions and syndromes for surveillance?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

13.2.1.1. If yes, does this list include
   - Smallpox ☐ Yes ☐ No ☐
   - Wild polio virus ☐ Yes ☐ No ☐
   - SARS ☐ Yes ☐ No ☐
   - Human influenza of a new subtype ☐ Yes ☐ No ☐
   - Events demonstrated to have a serious public health impact and for rapid spread internationally
     - Cholera ☐ Yes ☐ No ☐
     - Plague ☐ Yes ☐ No ☐
     - Yellow fever ☐ Yes ☐ No ☐
     - Viral haemorrhagic fevers ☐ Yes ☐ No ☐
     - West Nile fever ☐ Yes ☐ No ☐

---

\(^7\) Response may or may not be a function of this unit.
### 13.2.1.1.5.6. Others of national or regional concern (e.g., Dengue fever, Rift Valley fever, meningococcal disease:)

---

#### 13.2.2. Are there surveillance and control manuals for priority diseases, conditions and syndromes under surveillance?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2.2.1. Are there surveillance and control manuals for priority diseases, conditions and syndromes under surveillance?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>13.2.2.2. If yes, are they disseminated?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>Unknown</td>
</tr>
<tr>
<td>13.2.2.3. If case definitions are available, please list for which conditions:</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

#### 13.2.3. Does the indicator based surveillance system have an early warning function?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2.3. Does the indicator based surveillance system have an early warning function?</td>
<td>☑</td>
<td>☑</td>
<td>Unknown</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

#### Sources of information

#### 13.2.4. Is information gathered from the following sources for indicator based surveillance?

**Routine reports of cases from health services and health-care facilities (hospitals, clinics, etc.)**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2.4.1. Public sector</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.2. Private sector</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.3. Private for-profit sector</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.4. Private non-profit sector</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Laboratories**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2.4.5. Public sector</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.6. Private sector</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

#### Disease specific surveillance systems

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2.4.7. Acute flaccid paralysis/polio</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.8. Vaccine preventable disease</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.9. Malaria</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.10. Seasonal influenza</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.11. Avian influenza</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.12. Other:</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

#### Other surveillance systems that may be present in the country

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2.4.13. Multi-drug resistant tuberculosis surveillance</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.14. Food-borne disease surveillance</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.15. Nosocomial infection surveillance</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.16. Adverse drug reaction surveillance</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.17. Chemical/toxicological surveillance</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.18. Radiological monitoring surveillance</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.19. Sentinel surveillance (list)</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.20. Death registers</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Not applicable</td>
</tr>
<tr>
<td>13.2.4.21. Other:</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

#### Reporting/notification

#### 13.2.5. What standard forms/tools are used to collect data (list):

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>13.2.5. What standard forms/tools are used to collect data (list):</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### 13.2.6. What are the methods used for weekly and immediate reporting of events at this level?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2.6. What are the methods used for weekly and immediate reporting of events at this level?</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>
13.2.6.8. Other: __________________________________________

13.2.7. How complete was weekly reporting from the peripheral level in the last 4 weeks (number of reporting units that reported of the number supposed to report (proportion)): 

13.2.8. How many weekly reports were received at the intermediate level from the peripheral levels in the last 4 weeks from reporting units on time (proportion): __________

13.2.8.1. Please ask to see documentation of timely reporting: Yes□ No□

**Data management and analysis**

13.2.9. Does baseline data exist for priority events under surveillance at this level? Yes□ No□ Unknown □ Not applicable □

13.2.10. Have alert/action thresholds been defined for priority events under surveillance at this level? Yes□ No□ Unknown □ Not applicable □

13.2.11. Are data systematically analysed in terms of

<table>
<thead>
<tr>
<th>13.2.11.1. Person</th>
<th>Yes□ No□ Unknown □ Not applicable □</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2.11.2. Place</td>
<td>Yes□ No□ Unknown □ Not applicable □</td>
</tr>
<tr>
<td>13.2.11.3. Time</td>
<td>Yes□ No□ Unknown □ Not applicable □</td>
</tr>
</tbody>
</table>

13.2.11.4. If yes, what data analysis/software tools are utilized (list): ________________

13.2.12. Is geographic information system (GIS) software and/or any WHO mapping tool used to map disease patterns? Yes□ No□ Unknown □ Not applicable □

13.2.13. Is there an electronic (computerized) data/information management system at this level? Yes□ No□ Unknown □ Not applicable □

**Supervision and feedback**

13.2.14. Are supervisory visits required from the intermediate to the peripheral level? Yes□ No□ Unknown □ Not applicable □

13.2.14.1. If yes, what are the required number of visits from the intermediate to the peripheral level? ________________

13.2.15. How many supervisory visits have been made in the last 12 months to the peripheral level? ________________

13.2.15.1. If all visits were not done, list the most usual reasons for not making all the supervisory visits: ________________

13.2.16. What tools are used for supervision (list):

13.2.17. Is there an updated contact list for feedback and dissemination of surveillance information and bulletins? Yes□ No□ Unknown □ Not applicable □

13.2.18. Is there feedback on data collected, from this level to the peripheral levels? Yes□ No□ Unknown □ Not applicable □

13.2.18.1. If yes, how is feedback provided? *(Tick all that apply)*
### 13.3. Sources of information

13.3.1. Are surveillance and control manual/guidelines available for event detection, reporting, confirmation, and assessment at this level?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

13.3.2. If yes, for which of the following events?

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoonotic events</td>
<td></td>
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<tr>
<td>Nuclear events</td>
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<tr>
<td>Chemical events</td>
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<tr>
<td>Other events</td>
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</tbody>
</table>

13.3.3. Can **new, emerging or unknown** events be immediately detected?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

13.3.4. Is information gathered from the following sources for event based surveillance?

#### Health sources

<table>
<thead>
<tr>
<th>Source Type</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poison centres</td>
<td></td>
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<tr>
<td>Veterinary and animal health sources</td>
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<tr>
<td>Environmental health services</td>
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<tr>
<td>Pharmacovigilance centres</td>
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<tr>
<td>Quarantine services</td>
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<td>Travel medicine clinics</td>
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<tr>
<td>Sanitation agencies and associated laboratories (water, food, environmental monitoring, etc.)</td>
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<tr>
<td>Food safety authorities/agencies</td>
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<tr>
<td>Health inspection agencies (restaurants, hotels, buildings)</td>
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</tbody>
</table>

#### Non health sources

<table>
<thead>
<tr>
<th>Source Type</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation protection offices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiological monitoring services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear regulatory bodies</td>
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<tr>
<td>Consumer protection groups</td>
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<tr>
<td>Political sources</td>
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<tr>
<td>NGOs</td>
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<tr>
<td>Military</td>
<td></td>
<td></td>
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<tr>
<td>Prisons</td>
<td></td>
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<tr>
<td>Media (newspapers, radio, television)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Published sources (internet, academic press)</td>
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</tr>
</tbody>
</table>
13.3.4.2.11. Community based sources

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.4.2.12. Other: ________________________________

13.3.4.3. Sources that reflect the impact of health events

13.3.4.3.1. Pharmacies, to monitor drug consumption patterns

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.4.3.2. Schools, to monitor school absenteeism

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.4.3.3. Metrological centres, to monitor effects of weather changes (rainfall, temperatures)

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.4.3.4. Other: ________________________________

13.3.5. Is there a continuous and systematic process of media monitoring as a source of epidemiologic intelligence? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.5.1. If yes, describe:

**Community based surveillance**

13.3.6. Is there a local community level reporting strategy or system in place for reporting unusual, unexpected or new events? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.7. Is there an established list of community based information sources (e.g. traditional healers, community groups (volunteers, CHW), community leaders, community services (religious organizations, homes for elderly))? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.8. Is there an established list of events to be notified by the community? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.9. Are standard community case definitions for selected priority conditions (diseases, events etc.) available? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.9.1. If yes, are they disseminated? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.10. Is there active engagement, sensitizing and training of community leaders, health volunteers, and other community members as appropriate, in the detection and reporting of unusual health events? Yes ☐  No ☐  Unknown ☐  Not applicable ☐

**Cross-border and international surveillance**

13.3.11. Are there any cross-border activities to monitor, prepare for or respond to cross-border public health emergencies including potential PHEICs? (To be asked only in provinces/cities bordering other countries).

Yes ☐  No ☐  Unknown ☐  Not applicable ☐

13.3.11.1. If yes, what activities (describe):

13.3.11.2. What countries are involved (list):

13.3.11.3. How often do they meet:
13.3.12. Do the public health authorities have access to international sources of morbidity and mortality data and outbreak information?\(^{72}\)

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
<th>Unknown □</th>
<th>Not applicable □</th>
</tr>
</thead>
</table>

**Event confirmation\(^{73}\) (epidemiological)/investigation**

13.3.13. Are reported events systematically filtered for relevance and credibility?

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
<th>Unknown □</th>
<th>Not applicable □</th>
</tr>
</thead>
</table>

13.3.13.1. If yes, by whom and how (describe):

---

13.3.14. What resources are available for event confirmation and management of data?

<table>
<thead>
<tr>
<th>13.3.14.1. Logbooks</th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.3.14.2. Databases</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>13.3.14.3. SOPs</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>13.3.14.4. Logistics</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>13.3.14.5. Staffing</td>
<td>Yes □</td>
<td>If yes, # of staff assigned to this activity: ____</td>
</tr>
<tr>
<td>13.3.14.6. Finances</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>13.3.14.7. Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

13.3.15. Are preliminary control measures immediately implemented upon event confirmation?

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
<th>Unknown □</th>
<th>Not applicable □</th>
</tr>
</thead>
</table>

**Risk assessment**

13.3.16. Is risk assessment for public health emergencies/events systematically carried out?

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
<th>Unknown □</th>
<th>Not applicable □</th>
</tr>
</thead>
</table>

13.3.16.1. If yes, what criteria\(^{74}\) is the risk assessment based on?

---

13.3.17. What is the time frame for reporting urgent public health events/emergencies to the national level?

<table>
<thead>
<tr>
<th>Within 24 hours □</th>
<th>Within 48 hours □</th>
<th>Within 72 hours □</th>
<th>Other: __________</th>
</tr>
</thead>
</table>

13.3.18. Of the last three reported events, how many were reported within the required time frame?

<table>
<thead>
<tr>
<th>All □</th>
<th>2 □</th>
<th>1 □</th>
<th>0 □</th>
</tr>
</thead>
</table>

13.3.19. Do reports of urgent public health events from this level contain the following essential information?

<table>
<thead>
<tr>
<th>Time and place of event □</th>
<th>Health measures employed □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources and type of risk   □</td>
<td>Laboratory results □</td>
</tr>
<tr>
<td>Clinical information       □</td>
<td>Number of human cases and deaths □</td>
</tr>
<tr>
<td>Conditions affecting the spread of disease □</td>
<td>Health measures employed □</td>
</tr>
</tbody>
</table>

13.3.20. Is there feedback from this level on public health events to relevant sectors and other stakeholders?

| Yes, systematic feedback □ | Yes, ad hoc □ | No feedback □ |

---

\(^{72}\) E.g., WHO disease outbreak news, ProMED-Mail (Program for Monitoring Emerging Diseases), GPHIN (Global Public Health Information Network).

\(^{73}\) Note that event confirmation here refers to verifying and affirming that a reported event is a real public health event.

\(^{74}\) E.g., an unusual or unexpected nature, a high potential for spread, a serious public health impact and risk of international travel and trade restrictions.
14. RESPONSE

14.1. Rapid response

14.1.1. Is there a dedicated command, communications and control operations centre\(^75\) that can be used to coordinate and monitor outbreak operations and other public health emergencies at this level?  
Yes □ No □ Unknown □ Not applicable □

14.1.1.1. If yes, describe:

If no, is there a functional mechanism to coordinate and monitor outbreak operations at this level?  
Yes □ No □ Unknown □ Not applicable □

14.2. Rapid response teams (RRT)

14.2.1. Is there a rapid response team (RRT) at this level?  
Yes □ No □ Unknown □ Not applicable □

14.2.1.1. If yes, what is the composition?  
14.2.1.2. □ Epidemiologists  
14.2.1.3. □ Laboratory experts  
14.2.1.4. □ Clinicians  
14.2.1.5. □ Infection control experts  
14.2.1.6. □ Risk communication experts  
14.2.1.7. □ Other: ___________________

14.2.2. Can the RRT provide on-site assistance within 24 hours of initial notification of an event?  
Yes □ No □ Unknown □ Not applicable □

14.2.2.1. If there is no RRT, can an investigation team be assembled to provide on-site assistance within 24 hours? Yes □ No □ Unknown □ Not applicable □

14.2.3. During the response to a public health event, does the capacity exist for (tick all that apply):

14.2.3.1. Direct operational links with senior health and other officials  
Yes □ No □ Unknown □

14.2.3.2. Communication links for the dissemination of information and recommendations regarding events concerning:

14.2.3.2.1. Hospitals Yes □ No □ Unknown □
14.2.3.2.2. Clinics Yes □ No □ Unknown □
14.2.3.2.3. Laboratories Yes □ No □ Unknown □

14.2.3.3. Appropriate logistical assistance (e.g., equipment, supplies and transportation)  
Yes □ No □ Unknown □

14.2.4. Are investigation guidelines available to the response teams?  
Yes □ No □ Unknown □ Not applicable □

14.2.5. Are personal protective equipment, sterile equipment and disinfectants available for initial response?  
Yes □ No □ Unknown □ Not applicable □

14.2.6. Is there a budget line or immediate access to a budget for the funding of rapid response activities?

\(^{75}\) A room with computers with internet access, software (data management, logistics), dedicated phone lines with toll free numbers, satellite television for news and weather monitoring, radios, fax, 24-hour electricity, United Parcel Service, teleconferencing and videoconferencing equipment, international phone lines, etc. It could be the same as that used for surveillance, or separate.
## 14.2.7. If a response team is available, are members of the response team trained in:

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.2.7.1.</td>
<td>Outbreak investigation and control</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.7.2.</td>
<td>Infection control and decontamination</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.7.3.</td>
<td>Social mobilization and communication</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.7.4.</td>
<td>Specimen collection and transportation</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.7.5.</td>
<td>Chemical and radiation emergency investigation and management</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### 14.2.8. How is the security of the response team assured?

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.2.8.1.</td>
<td>Team briefing of the location and possible threats</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.8.2.</td>
<td>Security briefing</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.8.3.</td>
<td>Alert community on team arrival</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.8.4.</td>
<td>Communication hardware</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.8.5.</td>
<td>Safe transport</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.8.6.</td>
<td>Safe accommodation</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.8.7.</td>
<td>Subsistence</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.2.8.8.</td>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 14.2.9. Is post-outbreak response evaluation systematically carried out?

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

## 14.3. Case management

### 14.3.1. Are there guidelines or SOPs for case management for:

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.3.1.1.</td>
<td>Priority infectious diseases</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14.3.1.2.</td>
<td>Chemical events</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14.3.1.3.</td>
<td>Poisoning</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14.3.1.4.</td>
<td>Radiological and nuclear events such as contamination with radionuclides</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### 14.3.2. Are there guidelines or SOPs for:

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.3.2.1.</td>
<td>Triage and management of a mass casualty event</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14.3.2.2.</td>
<td>Decontamination of patients and the environment before receiving patients in health-care facilities</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14.3.2.3.</td>
<td>Handling and disposal of contaminated wastes (e.g., water used for decontamination, bandages, clothes, etc.)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14.3.2.4.</td>
<td>Isolation of patients in the field</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### 14.3.3. Are case management guidelines at this level, disseminated to:

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.3.3.1.</td>
<td>Public health-care facilities</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.3.3.2.</td>
<td>Private health-care facilities</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.3.3.3.</td>
<td>NGOs</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14.3.3.4.</td>
<td>Other partners</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### 14.3.4. Have drugs, materials and other products essential for case management been available in the last 12 months for:

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.3.4.1.</td>
<td>Infectious hazards</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

#### 14.3.4.1. If yes, list:

- infectious hazards
14.3.4.2. Chemical hazards
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.3.4.3. Radiological hazards
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.3.5. Has training been carried out on case management of chemical emergencies, including decontamination, clinical management, administration of antidotes, etc.?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.3.6. Has training been carried out on case management of radiation emergencies, including decontamination, clinical management, administration of antidotes, etc.?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.3.7. Is there an organized patient referral system in place?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.3.7.1. If yes, describe:

14.3.8. Is there an organized patient transportation system in place?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.3.8.1. If yes, describe:

14.3.9. Is there an occupational health programme for protecting, monitoring and treatment of health-care workers in facilities at this level (e.g., influenza or hepatitis vaccine programme for health-care workers)?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.3.10. Have centres been designated/identified at this level for accommodating large numbers of contagious patients?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.4. Infection control

14.4.1. Is an infection control policy implemented at this level?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.4.2. Is there a functioning infection control programme (terms of reference, staff, budget, activities etc.) at this level?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.4.2.1. If yes, does the infection control programme at this level liaise with these professional groups?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

14.4.2.1.1. If yes, which groups (list):

14.4.2.1.2. How (describe):

14.4.3. Are SOPs, guidelines or protocols available for infection control?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

If yes, tick those that apply:

14.4.3.1. Hand hygiene  Yes ☐ No ☐
14.4.3.2. Personal protective equipment use  Yes ☐ No ☐
### Protocol for Assessing National Surveillance and Response Capacities for the International Health Regulations (2005)

14.4.3.3. Safe injection practices and sharps management
- Yes [ ]
- No [ ]

14.4.3.4. Post-exposure procedures
- Yes [ ]
- No [ ]

14.4.3.5. Instrument and equipment reprocessing (e.g., autoclaving, steam sterilization)
- Yes [ ]
- No [ ]

14.4.3.6. Medical waste management and disposal
- Yes [ ]
- No [ ]

14.4.3.7. Contaminated wastes (e.g., water used for decontamination, bandages, clothes, etc.)
- Yes [ ]
- No [ ]

14.4.3.8. Laundry management
- Yes [ ]
- No [ ]

14.4.3.9. Management of patients with undiagnosed respiratory illnesses
- Yes [ ]
- No [ ]

14.4.3.10. Isolation ward standards
- Yes [ ]
- No [ ]

14.4.3.10.1. If yes; to whom have they been disseminated (list):

<table>
<thead>
<tr>
<th>14.4.4.</th>
<th>Is an updated list of professional organizations/bodies/associations, facilities (public and private), and other relevant groups that should receive information and updates on infection control available?</th>
<th>Yes [ ]</th>
<th>No [ ]</th>
<th>Unknown [ ]</th>
<th>Not applicable [ ]</th>
</tr>
</thead>
</table>

14.4.5. Have isolation wards been identified at this level?
- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

14.4.5.1. If yes, how many (number):[ ]

14.4.5.2. Do they meet established standards? Yes [ ]
- No [ ]
- Unknown [ ]

14.4.5.3. How are they distributed at this level (describe):______________________________

14.4.6. Is there surveillance for hospital acquired infections, including antimicrobial resistance?
- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

14.4.7. How is compliance with infection control monitored (describe):

14.4.8. Has a needs assessment for infection control been carried out for the public sectors at this level?
- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

14.4.8.1. If yes, when (date):

14.4.9. Has a needs assessment for infection control been carried out for the private sectors at this level?
- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

14.4.9.1. If yes, when (date):

### Decontamination

14.5.1. Are decontamination equipment, materials and products available at this level?
- Yes [ ]
- No [ ]
- Unknown [ ]
- Not applicable [ ]

14.5.1.1. If yes, list:

14.5.2. Have decontamination capabilities been established at this level for:

14.5.2.1. Infectious hazards
- Yes [ ]
- No [ ]

14.5.2.2. Chemical hazards
- Yes [ ]
- No [ ]

14.5.2.3. Radiological and nuclear hazards
- Yes [ ]
- No [ ]
15. PREPAREDNESS

15.1. Emergency preparedness/response plans

15.1.1. Are emergency response or preparedness/response plans available at this level?

<table>
<thead>
<tr>
<th></th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

15.1.1.1. If yes, are they tested on a regular basis? (table top exercises, drills, simulations, lessons learned etc.)?

<table>
<thead>
<tr>
<th></th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

15.1.1.1.1. If yes, when were they last tested (year):

_____________________

___________________________________________________ ___________________________________

15.1.2. Do existing plans incorporate all aspects of the IHR (e.g., chemical, radiological/nuclear, PoE, etc.)?

<table>
<thead>
<tr>
<th></th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

15.1.3. If there is a public health emergency preparedness/response plan at this level, does it include the following components?

<table>
<thead>
<tr>
<th></th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

15.1.3.1. Intersectoral collaboration/coordination between stakeholders

15.1.3.2. Intersectoral collaboration at all levels

15.1.3.3. Emergency operations centre roles and responsibilities

15.1.3.4. IHR NFP communication

15.1.3.5. Risk communications

15.1.3.6. Infection control

15.1.3.7. Laboratory shipments

15.1.3.8. Outbreak response

15.1.3.9. Health system response

15.1.3.10. Support to community and lower public health levels

15.1.3.11. Monitoring human and other resources

15.1.3.12. Collection and dissemination of information.

15.1.3.13. Stockpiling and distribution of personal protective equipment and medical supplies

15.1.3.14. Other:

___________________________________________________ _________________________________

15.2. Risk and resource mapping

15.2.1. Has the mapping of potential hazards been carried out (disease outbreaks, local disease transmission and contaminated food or water sources) at this level?

<table>
<thead>
<tr>
<th></th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

15.2.1.1. If yes, list:

___________________________________________________ ___________________________________

15.2.2. Is there an inventory of hazard sites or facilities which could be the source of chemical, radiological, nuclear or infectious public health emergencies? (Tick all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

15.2.2.1. Large chemical installations, particularly those close to rivers and national borders

15.2.2.2. Nuclear installations and nuclear fuel cycle facilities

15.2.2.3. Chemical and/or radioactive material transportation routes

15.2.2.4. Radioactive ore mining and processing facilities

15.2.2.5. Radioactive waste management facilities

___________________________________________________ _________________________________
15.2.2.6. Other sites with installations using radioactive sources in industrial, agricultural and medical research and teaching applications

- Yes
- No
- Unknown
- Not applicable

15.2.2.7. Industrial sites

- Yes
- No
- Unknown
- Not applicable

15.2.2.8. Other sites with installations using radioactive sources in industrial, agricultural and medical research and teaching applications

- Yes
- No
- Unknown
- Not applicable

15.2.3. When was the last inventory carried out (date):____

15.2.4. Is there a directory/roster of experts who are available to support public health events involving potential hazards (food safety, chemical, infectious, radiological and nuclear) at this level?

- Yes
- No
- Unknown
- Not applicable

15.2.5. Has mapping of available resources and their location (local infrastructure, PoE, health facilities, major equipment and supplies) been conducted at this level?

- Yes
- No
- Unknown
- Not applicable

15.2.5.1. If yes, when was it last done:____________

15.3. Stockpiling

15.3.1. Has there been an assessment of medical and public health supply needs based on risk assessment and priority setting at this level (including drugs, chemical/toxin antidotes and radiation emergency supplies)?

- Yes
- No
- Unknown
- Not applicable

15.3.2. Are there stockpiles for priority events (drugs, personal protective equipment, chemical toxin antidotes, etc.) at this level?

- Yes
- No
- Unknown
- Not applicable

15.3.2.1. If yes, please list:

15.3.3. Are stockpiles easily accessible at all times?

- Yes
- No
- Unknown
- Not applicable

15.3.4. Is there a stockpile management system in place (e.g., procurement, storage procedures, rotation of stock with respect to shelf-life limits, etc.)?

- Yes
- No
- Unknown
- Not applicable

15.3.5. Is there a distribution plan or mechanism for the distribution of stockpiles (including transport)?

- Yes
- No
- Unknown
- Not applicable

15.4. Capacity to support the local community and/or primary public health response level during a public health emergency

15.4.1. Is there capacity to reinforce, sustain and monitor human resource support during a public health emergency?

- Yes
- No
- Unknown
- Not applicable

15.4.2. Is there capacity for the management of large numbers of affected individuals\(^76\) at this level?

- Yes
- No
- Unknown
- Not applicable

---

\(^76\) Consider surge capacity and protocols/guidelines for triage, referral, transport, quarantine and decontamination. Protocols/guidelines may be part of an emergency plan.
## 16. Risk Communication

### 16.1. Coordination of communication

**16.1.1.** Is there a designated unit for risk communication at this level?  
- Yes  
- No  
- Unknown  
- Not applicable  

**16.1.2.** Are there SOPs for coordination of communication, with roles and responsibilities of all stakeholders?  
- Yes  
- No  
- Unknown  
- Not applicable  

**16.1.3.** Is there a mechanism in place for communication with these partners?  
- Yes  
- No  
- Unknown  
- Not applicable

#### 16.1.3.1. If yes, describe:

### 16.2. Effective information dissemination and transparency

**16.2.1.** Are guidelines on the release and dissemination of information during an emergency available at this level?  
- Yes  
- No  
- Unknown  
- Not applicable  

**16.2.2.** Is there a designated spokesperson, and backups, identified for communication during an emergency at this level?  
- Yes  
- No  
- Unknown  
- Not applicable  

**16.2.3.** Are there procedures in place for clearance by scientific, technical and communications staff before the release of information during an emergency at this level?  
- Yes  
- No  
- Unknown  
- Not applicable  

**16.2.4.** How is information disseminated (*tick all that apply)*:  
- Media interviews  
- Press briefings  
- Press releases  
- Press conferences  
- Internet  
- Frequently asked questions  
- Community meetings  
- Radio discussions (radio talk shows)  
- Phone-in fact sheets  
- Other:  

### 16.3. Listening and understanding public and partner risk perception

**16.3.1.** Is there a mechanism in place that ensures that the views and perceptions of individuals and communities affected by public health emergencies are taken into account at this level?  
- Yes  
- No  
- Unknown  
- Not applicable  

#### 16.3.1.1. If yes, describe:

### 16.4. Social mobilization and communication in support of community based interventions

**16.4.1.** Has an assessment of the capacity to gather public opinion been carried out?  
- Yes  
- No  
- Unknown  
- Not applicable  

**16.4.2.** Are appropriate community messages and information, education and communication materials available for various events at this level?  
- Yes  
- No  
- Unknown  
- Not applicable  

---

**Protocol for Assessing National Surveillance and Response Capacities for the International Health Regulations (2005)**

---
16.4.2.1. If yes, for which events (list):

16.4.3. Have they been tested and updated as needed?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

16.4.4. Are there established procedures to manage rumours during a public health emergency?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

16.4.4.1. If yes, describe (who, how, what, when, outcomes):

16.4.5. What communication channels are most adapted to the general population and communities in the country (list):

## Emergency communication plan

### 16.5.1. Is there an emergency communication plan at this level? *(If no, go to 16.6)*
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

16.5.1.1. If yes, does the communication plan *(tick all that apply)*:

- **16.5.1.1.1.** Identify key audiences; set out ways to understand their needs, concerns and attitudes; and feed this information to an outbreak management team
  - Yes ☐ No ☐ Unknown ☐

- **16.5.1.1.2.** Have messages that meet audience needs
  - Yes ☐ No ☐ Unknown ☐

- **16.5.1.1.3.** Have messages that have been reviewed for technical soundness and refined as needed
  - Yes ☐ No ☐ Unknown ☐

- **16.5.1.1.4.** Have messages tested for appeal with target audiences
  - Yes ☐ No ☐ Unknown ☐

- **16.5.1.1.5.** Identify the right channels and formats by which to disseminate these messages
  - Yes ☐ No ☐ Unknown ☐

- **16.5.1.1.6.** Have appropriate tools identified for distribution (i.e., situation reports, press releases, fact sheets, FAQs, information materials)
  - Yes ☐ No ☐ Unknown ☐

- **16.5.1.1.7.** Identify partners through which messages can be disseminated and with whom relationships can be built
  - Yes ☐ No ☐ Unknown ☐

- **16.5.1.1.8.** Identify roles and responsibilities
  - Yes ☐ No ☐ Unknown ☐

- **16.5.1.1.9.** Identify an appropriate spokesperson
  - Yes ☐ No ☐ Unknown ☐

- **16.5.1.1.10.** Ensure that communication to individuals, families and communities is consistent, expresses concern for lives and livelihoods and identifies and uses appropriate media channels (printed press, radio, TV, internet site, etc.)
  - Yes ☐ No ☐ Unknown ☐

16.5.1.1.11. Please ask to see the plan
Yes ☐ No ☐

16.5.2. Have communication plans been tested?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

16.5.2.1. If yes, what was done (describe when, how, who was involved, etc.):

## Communication evaluation

### 16.6.1. Is there a framework for evaluating the effectiveness of communication efforts at this level?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐
### 16.6.2. Was an evaluation of the effectiveness of communications carried out during the last public health emergency at this level?
- Yes
- No
- Unknown
- Not applicable

### 16.6.3. Was an evaluation of the effectiveness of communications carried out after the last public health emergency at this level?
- Yes
- No
- Unknown
- Not applicable

### 17. HUMAN RESOURCES

#### 17.1. Human resource capacity

**17.1.1.** Are there training institutions (public and private) at this level for medical and laboratory sciences?

- Yes
- No
- Unknown
- Not applicable

**17.1.1.1.** If yes, list institutions and specialities:

**17.1.2.** Has mapping of existing human capacity at this level been done? (epidemiologists, virologists, chemical experts, etc.)?

- Yes
- No
- Unknown
- Not applicable

**17.1.2.1.** If yes, when was it done: ________________

**17.1.2.2.** How often is it updated: ________________

**17.1.3.** Has a training needs assessment been carried out at this level?

- Yes
- No
- Unknown
- Not applicable

**17.1.3.1.** If yes, when (date):

**17.1.4.** Has a training plan been developed?

- Yes
- No
- Unknown
- Not applicable

**17.1.5.** Are there continuous, short-, or medium-term courses on epidemiology organized at this level?

- Yes
- No
- Unknown
- Not applicable

### 18. LABORATORY

#### 18.1 Capacity to deliver laboratory services for all hazards

**Structure and regulations**

**18.1.1.** Is a document that defines the roles and responsibilities of laboratories available at this level?

- Yes
- No
- Unknown
- Not applicable

**Domestic laboratory capacity**

**18.1.2.** Has an inventory of laboratory capacity been carried out for various laboratories at this level?

- Yes
- No
- Unknown
- Not applicable

**18.1.2.1.** If yes, which of the following type of laboratory has been inventoried:

**18.1.2.1.1.** Public health/hospital laboratories (clinical/analytical toxicology, etc.)

- Yes
- No
- Unknown
- Not applicable

**18.1.2.1.2.** Private laboratories

- Yes
- No
- Unknown
- Not applicable
18.1.2.1.3. Environmental services  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
18.1.2.1.4. Veterinary laboratories  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
18.1.2.1.5. Food safety laboratories  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
18.1.2.1.6. Chemical hazards  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
18.1.2.1.7. Radionuclear hazard laboratory  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
18.1.2.1.8. Disease specific laboratories  Yes ☐ No ☐ Unknown ☐ Not applicable ☐
18.1.2.1.9. Other (specify):  

18.1.3. Please ask to see inventory, reports or documents. Were they provided for you to see?  Yes ☐  No ☐

18.1.4. Is there a strategic or operational plan for strengthening laboratory services at this level?  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.1.4.1. If yes, when was it developed: ____________

18.1.4.2. Is it being implemented?  Yes ☐ No ☐ Unknown ☐

18.1.5. Is there a plan for the continuing education of laboratory staff at this level?  Yes ☐ No ☐ Unknown ☐

18.1.6. Are the diagnostic tests and methods (e.g., rapid diagnostic tests versus culture, screening test versus confirmatory tests) for this level based on the list of priority public health risks?  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.1.7. Are the diagnostic tests and methods used for the laboratories at this level (e.g., reference or district, as defined by national standards, if there are any)?  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.1.8. Are resources made available to this level (based on national minimal requirements)?  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.1.8.1. Are the resources at this level (fill-in table accordingly):  

<table>
<thead>
<tr>
<th>Resource</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen collection and transport materials</td>
<td></td>
</tr>
<tr>
<td>Reagents and consumables</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>Facilities</td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

18.1.9. By whom are these resources made available: ________________

18.1.10. Is there a supply and reagent inventory system at this level?  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

---

77 E.g., rapid diagnostic tests versus culture, screening tests versus confirmatory tests.
### Diagnostic and confirmation capacity for specific hazards

**18.1.11.** Is there capacity (trained personnel, appropriate equipment, reagents, supplies, consumables, SOPs, etc.) at this level to confirm the following:

<table>
<thead>
<tr>
<th>Chemical events</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.1.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, list the different kinds of events:

<table>
<thead>
<tr>
<th>Radiological and nuclear emergency events, including biodosimetry and radiation bioassays</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.2.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, list the different kinds of events:

<table>
<thead>
<tr>
<th>Infectious events</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.3.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes,

<table>
<thead>
<tr>
<th>Smallpox</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.3.1.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wild polio virus</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.3.2.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pandemic influenza virus</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.3.3.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SARS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.3.4.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Events that could have a serious public health impact or spread internationally</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.4.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cholera</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.4.1.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plague</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.4.2.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anthrax</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.4.3.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yellow fever</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.4.4.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>West Nile fever</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.4.5.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other viral haemorrhagic fevers (specify):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.4.6.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other diseases of special national or regional concern (list):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.5.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other major pathogens of public health importance that the country has the capacity to confirm (list):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.1.11.6.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do laboratories at this level participate in antimicrobial resistance monitoring for priority pathogens?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td><strong>18.1.12.</strong></td>
</tr>
</tbody>
</table>

If yes, list pathogens:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

78 Biological dosimetry is the detection and, if possible, the quantification of radiation exposure using biological indicators.
Networking with national and international collaborating laboratories

18.1.13. Is there networking among laboratories at this level?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.1.13.1. If yes, list type of network:
__________________________________________
__________________________________________

18.1.13.2. If yes, which of the following activities do the participating laboratories carry out?

18.1.13.2.1. Exchange of specimens Yes ☐ No ☐ Unknown ☐

18.1.13.2.2. Exchange of data/results Yes ☐ No ☐ Unknown ☐

18.1.13.2.3. Provision of reagents Yes ☐ No ☐ Unknown ☐

18.1.13.2.4. Supervision Yes ☐ No ☐ Unknown ☐

18.1.13.2.5. External quality assessment Yes ☐ No ☐ Unknown ☐

18.1.14. Do private laboratories participate in laboratory networks at this level?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.1.15. Is there an official list of designated national reference laboratories available at this level?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

Please ask to see the official list of designated national reference laboratories. Was it provided for you to see? Yes ☐ No ☐

18.1.16. Have appropriate international collaborating laboratories been identified and liaised with for referral of specimens for confirmation of the following public health events at this level (if appropriate)?

18.1.16.1. Chemical events Yes ☐ No ☐ Unknown ☐

18.1.16.2. Radiological and nuclear emergency events Yes ☐ No ☐ Unknown ☐

18.1.16.3. Infectious events Yes ☐ No ☐ Unknown ☐

18.2. Specimen collection and transport

Capacity to ship rapidly within the country

18.2.1. Is there an established system for the collection, packaging, storage and transport of biological specimens at this level? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.2.1.1. If yes, is it functional (nationwide, correct amounts of viable samples can be appropriately collected, packed, stored and transported to a reference laboratory within the required time frame)? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.2.2. Are there emergency sample collection and transport kits available for immediate mobilization during a public health event? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.2.2.1. If yes, where are they pre-positioned: __________________________

18.2.3. Are supplies (including transport media and triple packages for category A and B substances) available for shipping biological material under the appropriate conditions?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.2.4. Are local carriers available to transport specimens under the appropriate conditions at this level?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

18.2.4.1. If yes, list the types of carriers: __________________________

79 Includes personal protective equipment, sample collection material, transport media, etc.
18.2.5. Are national regulations, manuals, guidelines or SOPs available at this level for the collection and/or transport of infectious substances?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐
18.3. **Biosafety**

18.3.1. Is there a biosafety programme, committee, association, or unit at this level?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.3.2. Are there national biosafety regulations, guidelines, manuals or SoPs available at this level?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.3.2.1. If yes, are they disseminated to all laboratories at this level?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.3.3. Are there national regulations and/or guidelines for hazardous (including infectious) waste management and disposal at this level?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.3.4. Are any national or local policies or regulations to protect laboratory workers implemented at this level (e.g., immunization, emergency antiviral therapy, specific measures for pregnant women, etc.)  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.3.4.1. If yes, has this information been disseminated to all laboratories at this level?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.3.5. Has a biorisk\(^{80}\) assessment been carried out at this level to guide and update biosafety procedures and practices?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.3.6. Are laboratories inspected (by an inspection body, providers of materials and equipment, etc.) for their compliance with biosafety requirements at this level?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.3.7. Are there any training courses on biosafety at this level?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.3.8. If yes, list available courses: ______________________

18.4. **Quality assurance\(^{81}\)**

18.4.1. Are national quality policy norms, standards, guidelines, or SOPs for laboratory practices available at this level?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.4.1.1. If yes, list for which diagnostics (e.g., malaria, vaccine preventable diseases (VPD), etc.) or laboratory activity (e.g. food safety, clinical laboratory) ______________________

18.4.2. Is there a laboratory accreditation system in place at this level?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.4.3. Are laboratories supervised by a national body (central laboratories, inspection unit...)?  
Yes ☐  No ☐  Unknown ☐  Not applicable ☐

18.4.3.1. If yes, describe the supervision process (scope, frequency, output etc.): ______________________

---

\(^{80}\) Biorisks are risks posed by the handling, manipulation, storage, and disposal of infectious substances.

\(^{81}\) Quality is the degree to which a set of inherent characteristics fulfils requirements. Assurance is the set of measures in place to ensure that quality is reached. Laboratory quality is the accuracy, reliability, and timeliness of the reported results.
18.4.4. Are some laboratories certified or accredited with international standards at this level (ISO\textsuperscript{82} 9001, ISO 17025, ISO 15189, WHO polio, measles, etc.)

Yes ☐ Yes ☐ No ☐ Monitor ☐ Unknown ☐ Monitor ☐ Not applicable ☐

18.4.4.1. If yes, describe the certification/accreditation (scope, granting body, etc.):

____________________________________________________________________________________

18.4.5. Is a national external quality assessment\textsuperscript{83} scheme(s) implemented for laboratories at this level (e.g., proficiency testing, panel testing or systematic re-checking)?

Yes ☐ Yes ☐ No ☐ Monitor ☐ Unknown ☐ Monitor ☐ Not applicable ☐

18.4.5.1. If yes, describe the existing external quality assessment schemes (organizers, participants, diagnostics covered, logistics, purpose and use of the results):

____________________________________________________________________________________

18.5. Laboratory based surveillance

18.5.1. Are there standard formats for collecting laboratory data at this level?

Yes ☐ Yes ☐ No ☐ Monitor ☐ Unknown ☐ Monitor ☐ Not applicable ☐

18.5.2. Do the laboratory services at this level receive data from other laboratories?

Yes ☐ Yes ☐ No ☐ Monitor ☐ Unknown ☐ Monitor ☐ Not applicable ☐

18.5.2.1. If yes, list (public, private, etc.):

____________________________________________________________________________________

18.5.3. Is a list of laboratory notifiable diseases/events that must be reported available at this level?

Yes ☐ Yes ☐ No ☐ Monitor ☐ Unknown ☐ Monitor ☐ Not applicable ☐

18.5.4. Are there established standard reporting procedures between the laboratory services and the surveillance services at this level?

Yes ☐ Yes ☐ No ☐ Monitor ☐ Unknown ☐ Monitor ☐ Not applicable ☐

18.5.5. Is there a standardized form/document for reporting notifiable diseases or other events to the surveillance unit?

Yes ☐ Yes ☐ No ☐ Monitor ☐ Unknown ☐ Monitor ☐ Not applicable ☐

18.5.6. What is the frequency and means of reporting laboratory data to the surveillance unit?

____________________________________________________________________________________

18.5.7. What is the frequency and means of reporting laboratory data to the national level?

____________________________________________________________________________________

18.5.8. Are there electronic information systems for tracking and monitoring relevant laboratory data at this level?

Yes ☐ Yes ☐ No ☐ Monitor ☐ Unknown ☐ Monitor ☐ Not applicable ☐

18.5.9. Is there analysis of laboratory data at this level?

Yes ☐ Yes ☐ No ☐ Monitor ☐ Unknown ☐ Monitor ☐ Not applicable ☐

18.5.9.1. If yes, are reports generated from the data analysis?

Yes ☐ Yes ☐ No ☐ Monitor ☐ Unknown ☐ Monitor ☐ Not applicable ☐

18.5.9.1.1. If yes, are these reports disseminated to:

____________________________________________________________________________________

\textsuperscript{82} The laboratory should provide an ISO/WHO document, if requested.

\textsuperscript{83} An assessment can be internal (self assessment) or external.
18.5.9.1.1. Private laboratories  Yes ☐  No ☐  Unknown ☐  Not applicable ☐
18.5.9.1.2. Public laboratories  Yes ☐  No ☐  Unknown ☐  Not applicable ☐
18.5.9.1.3. Surveillance units  Yes ☐  No ☐  Unknown ☐  Not applicable ☐
18.5.9.1.4. Decision makers  Yes ☐  No ☐  Unknown ☐  Not applicable ☐
18.5.9.1.5. Other: __________________________

18.6. Participation in public health activities
18.6.1. Is the laboratory services/unit part of any committee or task force that prepares for and responds to public health events (including the Emergency Response Committee)?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐
   18.6.1.1. If yes, list committees and their terms of reference, membership, etc:
   __________________________________________
   __________________________________________
   __________________________________________

18.6.2. Do laboratories at this level participate in the investigation of public health events?
Yes ☐  No ☐  Unknown ☐  Not applicable ☐
   18.6.2.1. If yes, describe the process (e.g., on an ad hoc basis, investigation algorithms and SOPs, mobile laboratories, etc.):
   __________________________________________
   __________________________________________

18.6.3. Are specific guidelines available at this level for laboratory investigation of national priority public health events?  Yes ☐  No ☐  Unknown ☐  Not applicable ☐
Annex 11.3 Peripheral Level Questionnaire

This peripheral level questionnaire is for administration to hospitals and health-care facilities where patients have direct contact with the health-care system.

**Identifiers**

Assessment team:      Respondent(s):
Date:        Position/Title:
Interviewer:       Contact information:
Name of site:       Other people present at interview:

Level (peripheral, health facility, community):

Briefly describe your activities: *(activities you/your staff perform, number of staff, organization of unit, etc.)*:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

19. NATIONAL LEGISLATION, POLICY AND FINANCING

19.1. National legislation and policy

19.1.1. Are you aware of public health legislation\(^4\) governing surveillance and response?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

19.1.2. Has information regarding obligations under the IHR been distributed/provided to this facility?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

19.1.3. Are you aware of the implications\(^5\) for implementation of the IHR at this facility?

Yes ☐ No ☐ Unknown ☐ Not applicable

19.2. IHR financing

19.2.1. Is there a budget line or accessible budget allocated to support the implementation of the IHR core capacities at this facility? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

19.2.2. Are funds currently available from other sources (donors, NGO's etc.) for the implementation of the IHR? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

19.2.2.1. If yes, list funding sources:

19.2.2.1.1. Donors:______________________________

19.2.2.1.2. NGOs:______________________________

---

\(^4\) Legislation: state constitutions, laws, decrees, ordinances or similar legal instruments. Regulations or administrative requirements: all regulations, procedures, rules and standards. Other governmental instruments: agreements, protocols, and resolutions of any government authority or body.

\(^5\) Implications include the obligation to confirm the status of reported events, support or implement additional control measures, immediately assess reported events and report all essential information to the national level if found urgent.
19.2.2.1.3. Local government: _______________________
19.2.2.1.4. Other programmes: _______________ ____________

# 20. COORDINATION

## 20.1. IHR coordination

**20.1.1.** Are there any coordinating mechanisms or committees in place at this facility for surveillance and response?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

**20.1.2.** If yes, list and describe (activities, meetings, terms of reference, etc.):

____________________

____________________

## 20.2. IHR advocacy

**20.2.1.** Have any activities been carried out to increase the awareness of the IHR at this facility?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

**20.2.1.1.** If yes, list activities:

____________________

____________________

**20.2.2.** Are there information/advocacy packages on the IHR available at this facility?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

# 21. SURVEILLANCE

## 21.1 Surveillance structure and situation awareness

**21.1.1.** Is there a designated surveillance unit or structure for monitoring, assessing, and responding to public health risks/emergencies and their coordination at this level?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

**21.1.1.1.** If yes, does this include monitoring of public health risks/emergencies for all hazards?
- Yes ☐
- No ☐
- Unknown ☐
- Not applicable ☐

**21.1.2.** Does this unit have written terms of reference? Yes ☐ No ☐ Unknown ☐ Not applicable ☐

**21.1.3.** Is the unit/centre equipped with the following?

*Communication and multimedia materials*
- Telephone ☐
- Fax ☐
- Internet ☐
- Radio communication ☐
- Video link ☐
- Other ☐

*Data management materials*
- Logistics software ☐
- Hardware (computers, etc.) ☐
- Other ☐

---

86 Response may or may not be a function of this unit.
21.1.4. If there is no designated surveillance unit or structure, is there a mechanism in place for monitoring and responding to public health risks and public health emergencies?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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</thead>
<tbody>
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</table>

21.1.4.1. If yes, describe:

21.2. Indicator based surveillance

**Detection**

21.2.1. Is there a priority list of diseases and syndromes for surveillance available at this facility?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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</table>

21.2.2. Are standard case definitions for detection of national priority events available for:

21.2.2.1. Infectious events

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.2.1.1. If yes, please list for which events:

<p>| | | | | |</p>
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</table>

21.2.2.1.2. Are the standard case definitions disseminated?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

21.2.3. Does the indicator based surveillance system have an early warning function?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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</table>

**Sources of information**

21.2.4. Is there surveillance for the following at this level:

**Disease specific surveillance systems**

21.2.4.1. Acute flaccid paralysis/polio

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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<td></td>
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21.2.4.2. Vaccine preventable diseases

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.4.3. Malaria

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.4.4. Seasonal influenza

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.4.5. Avian influenza

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<thead>
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<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.4.6. Other

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</table>

**Other surveillance systems that may be present in the country**

21.2.4.7. Multi-drug resistant tuberculosis surveillance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.4.8. Food-borne disease surveillance

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.4.9. Nosocomial infection surveillance

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.4.10. Adverse drug and vaccine reaction surveillance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.4.11. Chemical/toxicological surveillance

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.4.12. Radiological monitoring surveillance

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.2.4.13. Sentinel surveillance (list):

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21.2.4.14. Other:

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21.2.5. Are death registers maintained at this facility?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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21.3. Reporting/notification

21.3.1. What standard forms/tools are used to collect data (list):

21.3.2. What are the methods used for reporting events at this facility?

21.3.2.1. Telephone (landlines, mobiles)

21.3.2.2. Personal digital assistant (PDA)
21.3.2.3.  □ Fax  
21.3.2.4.  □ Email  
21.3.2.5.  □ Internet  
21.3.2.6.  □ Radio communication  
21.3.2.7.  □ Post  
21.3.2.8.  □ Other: ____________________________

21.3.3.  How many reports were sent to the intermediate level from the weekly reporting system for events occurring at this facility within the last 4 weeks (proportion):___________

21.3.4.  Out of these, how many were sent on time (as defined by national standards) within the last 4 weeks (number)___________

21.3.4.1.  Please ask to see documentation of these reports. Was it provided for you to see?  
Yes □  No □

21.4.  Data management and analysis

21.4.1.  Does baseline data exist for all priority events under disease surveillance at this facility?  
Yes □  No □  Unknown □  Not applicable □

21.4.2.  Are defined alert/action thresholds for priority events under surveillance available at this facility?  
Yes □  No □  Unknown □  Not applicable □

21.4.3.  Are data systematically analysed in terms of:

21.4.3.1.  Person   Yes □  No □  Unknown □  Not applicable □
21.4.3.2.  Place    Yes □  No □  Unknown □  Not applicable □
21.4.3.3.  Time     Yes □  No □  Unknown □  Not applicable □

21.4.3.4.  If yes, what data analysis tools are utilized (list):________________

21.4.3.5.  Is there an electronic (computerized) system for data analysis and management?  
Yes □  No □  Unknown □  Not applicable □

21.5.  Supervision and feedback

21.5.1.  Are supervisory visits required from this level?  
Yes □  No □  Unknown □  Not applicable □

21.5.2.  How many supervisory visits have been made in the last 12 months to the community level?  
________________

21.5.3.  Is there feedback on data collected, from this facility to the community level?  
Yes □  No □  Unknown □  Not applicable □

21.5.3.1.  If yes, how is feedback provided (tick all that apply):

21.5.3.1.1.  Surveillance reports
21.5.3.1.2.  Electronic summaries
21.5.3.1.3.  Meetings
21.5.3.1.4.  Bulletins/newsletters
21.5.3.1.5.  Other: ___________

21.6.  Event based surveillance

21.6.1.  Are surveillance and control manual/guidelines available for event detection, reporting, confirmation, and assessment at this facility for the following:

21.6.1.1.  Food safety events   Yes □  No □  Unknown □  Not applicable □
21.6.1.2.  Zoonotic events    Yes □  No □  Unknown □  Not applicable □
21.6.1.3.  Nuclear events     Yes □  No □  Unknown □  Not applicable □

21.6.1.4. Chemical events  Yes ☐ No ☐ Unknown ☐ Not applicable ☐

21.6.1.5. Other events (list): ________________________________

21.6.2. Can new, emerging or unknown events be immediately detected?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

21.6.2.1. If yes, describe how:

21.7. Sources of information

21.7.1. Is media continuously and systematically monitored as a source of epidemic intelligence?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

21.7.1.1. If yes, describe:

Community based surveillance

21.7.2. Is there a local community level reporting strategy or system in place for unusual, unexpected or new events?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

21.7.3. Is there an established list of community based information sources, e.g., traditional healers, community groups (volunteers, CHW), community leaders, community services (religious organizations, homes for elderly), etc.?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

21.7.4. Is there an established list of events to be notified by the community?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

21.7.5. Are there standard community case definitions for selected priority conditions (diseases, events etc.) available?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

21.7.5.1. If yes, are they disseminated?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

21.7.6. Is there active engagement, sensitizing and training of community leaders, health volunteers, and other community members as appropriate, in the detection and reporting of unusual health events?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

Cross-border and international surveillance

21.7.7. Are there any cross-border activities for monitoring, preparing for and responding to cross-border public health emergencies including potential PHEICs? (To be asked only at facilities in cities bordering other countries)?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

21.7.7.1. If yes, what activities:

21.7.7.2. What countries are involved:

21.7.7.3. How often do they meet:_________________________

21.7.8. Does this facility have access to international sources of morbidity and mortality data, and outbreak information?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

87 e.g., WHO disease outbreak news, ProMED-Mail (Program for Monitoring Emerging Diseases), GPHIN (Global Public Health Information Network).
### 21.8. Event confirmation\(^{88}\) (epidemiological)/investigation

21.8.1. Are reported events systematically filtered for relevance and credibility?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

21.8.1.1. If yes, by whom and how (describe):
__________________________________________________________________________

21.8.2. What resources are available for event confirmation and event data storage:

<table>
<thead>
<tr>
<th>21.8.2.1. Logbooks</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.8.2.2. Databases</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>21.8.2.3. SOPs</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>21.8.2.4. Logistics</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>21.8.2.5. Staffing</td>
<td>Yes ☐</td>
<td>If yes, number of staff assigned to this activity: ___ No ☐</td>
</tr>
<tr>
<td>21.8.2.6. Funding</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>21.8.2.7. Other</td>
<td>____________________________</td>
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</table>

21.8.3. Are preliminary control measures immediately implemented upon event confirmation?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

### 21.9. Risk assessment

21.9.1. Is risk assessment for public health emergencies/events systematically carried out?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

### 21.10. Event reporting and feedback

21.10.1. What is the time frame for reporting urgent public health events/emergencies to the next higher level?

- [ ] Within 24 hours
- [ ] Within 48 hours
- [ ] Within 72 hours
- [ ] Other: ___________

21.10.2. Of the last three reported events, how many were reported within the required time frame?

- [ ] All
- [ ] 2
- [ ] 1
- [ ] 0

21.10.3. Do reports of public health events from this facility contain the following essential information?

<table>
<thead>
<tr>
<th>21.10.3.1.</th>
<th>☐ Time and place of event</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.10.3.2.</td>
<td>☐ Health measures employed</td>
</tr>
<tr>
<td>21.10.3.3.</td>
<td>☐ Source and type of risk</td>
</tr>
<tr>
<td>21.10.3.4.</td>
<td>☐ Laboratory results</td>
</tr>
<tr>
<td>21.10.3.5.</td>
<td>☐ Clinical information</td>
</tr>
<tr>
<td>21.10.3.6.</td>
<td>☐ Number of human cases and deaths</td>
</tr>
<tr>
<td>21.10.3.7.</td>
<td>☐ Conditions affecting the spread of disease</td>
</tr>
<tr>
<td>21.10.3.8.</td>
<td>☐ Health measures employed</td>
</tr>
</tbody>
</table>

### 22. RESPONSE

#### 22.1. Rapid response teams

22.1.1. Can an investigation team be assembled to provide on-site assistance within 24 hours if needed?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

#### 22.2. Case management

22.2.1. Are there guidelines or SOPs for case management of:

<table>
<thead>
<tr>
<th>22.2.1.1.</th>
<th>☐ Priority infectious diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.2.1.1.1. If yes, list:</td>
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</table>

<table>
<thead>
<tr>
<th>22.2.1.2.</th>
<th>☐ Chemical events</th>
</tr>
</thead>
</table>

\(^{88}\) Note that event confirmation here refers to verifying and affirming that a reported event is a real public health event.
22.2.1.2.1. If yes, list:

22.2.1.3. Poisoning

Yes ☐ No ☐

22.2.1.3.1. If yes, list:

22.2.1.4. Radiological and nuclear events such as contamination with radionuclides

Yes ☐ No ☐

22.2.2. Are there guidelines or SOPs for:

22.2.2.1. Triage and management of mass casualty events

Yes ☐ No ☐

22.2.2.2. Decontamination of patients and the environment before receiving patients in health-care facilities

Yes ☐ No ☐

22.2.2.3. Handling and disposal of contaminated waste (e.g., water used for decontamination, bandages, clothes, etc.)

Yes ☐ No ☐

22.2.2.4. A referral system with identification of responsible hospitals

Yes ☐ No ☐

22.2.2.5. Isolation of patients in the field

Yes ☐ No ☐

22.2.3. Are case management guidelines disseminated to:

22.2.3.1. Public health-care facilities

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.3.2. Private health-care facilities

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.3.3. NGOs

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.3.4. Other partners:

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.4. Have drugs, materials and other products essential for case management been available in the last 12 months for:

22.2.4.1. Infectious hazards

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.4.1.1. If yes, list: __________________________________________

22.2.4.2. Chemical hazards

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.4.3. Radiological hazards

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.5. Are staff trained on case management of chemical emergencies, including decontamination, clinical management, administration of antidotes, etc.?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.6. Are staff trained on case management of radiation emergencies, including decontamination, clinical management, administration of antidotes, etc.?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.7. Is there an organized patient referral system in place?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.7.1. If yes, describe:

22.2.8. Is there an organized patient transportation system in place?

Yes ☐ No ☐ Unknown ☐ Not applicable ☐

22.2.8.1. If yes, describe:

22.2.9. Is there an occupational health programme for protecting, monitoring and treating health-care workers in facilities at this level (e.g., influenza or hepatitis vaccine programme for health-care workers)?

Yes ☐ No ☐ Unknown ☐ Not Applicable ☐
### 22.3. Infection control

#### 22.3.1. Is an infection control policy implemented at this facility?
- Yes
- No
- Unknown
- Not applicable

#### 22.3.2. Is there a functioning infection control programme (terms of reference, staff, budget, activities, etc.) at this facility?
- Yes
- No
- Unknown
- Not applicable

- **22.3.2.1.** If yes, does the infection control programme at this facility liaise with these professional groups?
- Yes
- No
- Unknown
- Not applicable

- **22.3.2.2.** If yes, which groups? list:

#### 22.3.3. Are SOPs, guidelines and protocols available for the following:

<table>
<thead>
<tr>
<th>Subsection</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>22.3.3.1.1</td>
<td>Hand hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3.3.1.2</td>
<td>Personal protective equipment use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3.3.1.3</td>
<td>Safe injection practices and sharps management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3.3.1.4</td>
<td>Post-exposure procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3.3.1.5</td>
<td>Instrument and equipment re-processing (e.g., autoclaving, steam sterilization)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3.3.1.6</td>
<td>Medical waste management and disposal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3.3.1.7</td>
<td>Contaminated wastes (e.g., water used for decontamination, bandages, clothes etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3.3.1.8</td>
<td>Laundry management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3.3.1.9</td>
<td>Management of patients with undiagnosed respiratory illnesses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.3.3.1.10</td>
<td>Isolation ward standards</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>22.3.3.10.1.</strong></td>
<td>If yes; to whom have they been disseminated (list):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 22.3.4. Have isolation wards been identified at this facility?
- Yes
- No
- Unknown
- Not applicable

- **22.3.4.1.** If yes, do they meet established standards?
- Yes
- No

#### 22.3.5. Is there surveillance for hospital acquired infections?
- Yes
- No
- Unknown
- Not applicable

#### 22.3.6. Is there surveillance for antimicrobial resistance?
- Yes
- No
- Unknown
- Not applicable

#### 22.3.7. How is compliance with infection control monitored (describe):

#### 22.3.8. Has a needs assessment for infection control been carried out at this facility?
- Yes
- No
- Unknown
- Not applicable

- **22.3.8.1.** If yes, when (date):

### 22.4. Decontamination

#### 22.4.1. Are decontamination equipment, materials and products available at this facility?
- Yes
- No
- Unknown
- Not applicable

- **22.4.1.1.** If yes, list:

#### 22.4.2. Have decontamination capabilities been established at this facility for:

<table>
<thead>
<tr>
<th>Subsection</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.4.2.1.</td>
<td>Infectious hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.4.2.2.</td>
<td>Chemical hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.4.2.3.</td>
<td>Radiological and nuclear hazards</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Protocol for Assessing National Surveillance and Response Capacities for the International Health Regulations (2005)

## 23. PREPAREDNESS

### 23.1. Emergency preparedness/ response plans

#### 23.1.1. Are emergency preparedness/response plans available at this facility?
- Yes
- No
- Unknown
- Not applicable

#### 23.1.1.1. If yes, are they tested on a regular basis? (table top exercises, drills, simulations, lessons learned etc.)
- Yes
- No
- Unknown
- Not applicable

#### 23.1.1.2. If yes, when were they last tested (year):

---

### 23.2. Stockpiling

#### 23.2.1. Has there been an assessment of needs for medical and public health supplies for emergencies based on risk assessment and priority setting at this facility (including drugs, chemical-toxin antidotes, radiation emergencies supplies, etc.)?
- Yes
- No
- Unknown
- Not applicable

#### 23.2.2. Are stockpiles easily accessible at all times?
- Yes
- No
- Unknown
- Not applicable

### 23.3. Capacity to support lower level during a public health emergency

#### 23.3.1. Is there capacity for the management of large numbers of affected individuals at this facility?
- Yes
- No
- Unknown
- Not applicable

---

## 24. RISK COMMUNICATION

### 24.1. Communications coordination

#### 24.1.1. Is there a designated unit for risk communication at this facility?
- Yes
- No
- Unknown
- Not applicable

#### 24.1.2. Are there SOPs for coordination of communication, with roles and responsibilities of all stakeholders?
- Yes
- No
- Unknown
- Not applicable

### 24.2. Effective information dissemination and transparency

#### 24.2.1. Are guidelines on the release and dissemination of information during an emergency available at this facility?
- Yes
- No
- Unknown
- Not applicable

#### 24.2.2. Is there a designated spokesperson, identified for communication during an emergency at this facility?
- Yes
- No
- Unknown
- Not applicable

#### 24.2.3. How is information disseminated (tick all that apply):

- Media interviews
- Press briefings
- Press releases
- Press conferences
- Internet
- Frequently asked questions
- Community meetings
- Radio discussions (radio talk shows)
- Phone-in fact sheets
- Other: ________

---

89 Consider surge capacity and protocols/guidelines for triage, referral, transport, quarantine and decontamination. Protocols/guidelines may be part of an emergency plan.
### 24.3. Social mobilization and communication in support of community based interventions

#### 24.3.1. Are appropriate community messages and information, education and communication materials available for various events at this facility?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

24.3.1.1. If yes, for which events (list):

#### 24.4. Emergency communication plan

#### 24.4.1. Is there an emergency communication plan at this facility?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

24.4.1.1. If yes, has the communication plan been tested?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

24.4.1.1.1. If yes what was done (describe when, how, who was involved, etc.):

---

### 25. HUMAN RESOURCES

#### 25.1 General information

25.1.1. Has a training needs assessment been carried out at this facility?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

25.1.1.1. If yes, when (date):

25.1.2. Has a training plan been developed? Yes | No | Unknown | Not applicable

25.1.3. Are there continuous, short-, or medium-term courses on epidemiology organized by this facility?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

---

### 26. LABORATORY

#### 26.1. General information

26.1.1. Are the diagnostic tests and methods (e.g., rapid diagnostic tests *versus* culture or screening tests *versus* confirmatory tests) for this level based on the list of priority public health risks?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

26.1.2. Are the corresponding equipment, consumables and reagents available at this level?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

#### 26.2. National capacity to deliver laboratory services for all hazards

**Structure and regulations**

26.2.1. Is a document that defines the roles and responsibilities of laboratories at this level available?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

**Domestic laboratory capacity**

26.2.2. Has an inventory of laboratory capacity been carried out for laboratories at this level?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

26.2.2.1. If yes, which types of laboratories have been inventoried:

---

26.2.3. Is there an operational plan for strengthening laboratory services at this level?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

26.2.3.1. If yes, when was it developed:___________
26.2.3.2. Is it being implemented? Yes □ No □ Unknown □

26.2.4. Is there a plan for the continuing education of laboratory staff at this level?
Yes □ No □ Unknown □

26.2.5. Are the diagnostic tests and methods used\(^{90}\) appropriate for the laboratories at this level as defined by national standards (if any)?
Yes □ No □ Unknown □ Not applicable □

26.2.6. Are resources made available to this level (based on national minimal requirements)?
Yes □ No □ Unknown □ Not applicable □

26.2.6.1. Are the resources at this level (fill-in table accordingly):

<table>
<thead>
<tr>
<th>Resource</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen collection and transport materials</td>
<td></td>
</tr>
<tr>
<td>Reagents and consumable</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>Facilities</td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

26.2.6.2. By whom are these resources made available: ____________________________

26.2.7. Is there capacity at this level (trained personnel, appropriate equipment, reagents, supplies, consumables, SOPs, etc.) to confirm the following:

26.2.7.1. Chemical events
Yes □ No □ Unknown □ Not applicable □

26.2.7.1.1. If yes, list different kinds of events:

26.2.8.2. Radiological and nuclear emergency events, including biodosimetry\(^{91}\) and radiation bioassays
Yes □ No □ Unknown □ Not applicable □

26.2.7.2.1. If yes, list different kinds of events:

26.2.7.3. Infectious events
Yes □ No □ Unknown □ Not applicable □

26.2.7.3.1. If yes, list: ____________________________________________

26.2.8. Do laboratories at this level participate in antimicrobial resistance monitoring for priority pathogens?
Yes □ No □ Unknown □ Not applicable □

26.2.8.1. If yes, list pathogens:

---

\(^{90}\) E.g., rapid diagnostic tests versus culture or screening tests versus confirmatory tests.

\(^{91}\) Biological dosimetry is the detection and, if possible, the quantification of radiation exposure using biological indicators.
## Networking with national collaborating laboratories

### 26.2.9. Is there laboratory networking at this level?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

#### 26.2.10. If yes, list the type of network:

__________________________________________  __________________________________

#### 26.2.10.1. If yes, which of the following activities do the participating laboratories carry out?

<table>
<thead>
<tr>
<th>26.2.10.1.1.</th>
<th>Exchange of specimens</th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.2.10.1.2.</td>
<td>Exchange of data/results</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>Unknown ☐</td>
</tr>
<tr>
<td>26.2.10.1.3.</td>
<td>Provision of reagents</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>Unknown ☐</td>
</tr>
<tr>
<td>26.2.10.1.4.</td>
<td>Supervision</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>Unknown ☐</td>
</tr>
<tr>
<td>26.2.10.1.5.</td>
<td>External quality assessment</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>Unknown ☐</td>
</tr>
</tbody>
</table>

### 26.2.11. Do private laboratories participate in laboratory networks at this level?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

### 26.2.12. Is there an official list of designated national reference laboratories available at this level?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

#### 26.2.12.1. Please ask to see. Was it provided for you to see?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
</table>

## Specimen collection and transport

### Capacity to ship rapidly within the country

#### 26.3.1. Is there an established system at this level for the collection, packaging, storage and transport of biological specimens?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

#### 26.3.1.1. If yes, is it functional (correct amounts of viable samples can be appropriately collected, packed, stored and transported to a reference laboratory within the required time frame)?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

#### 26.3.2. Are there emergency sample collection and transport kits available for immediate mobilization during a public health event?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

#### 26.3.3. Are supplies (including transport media and triple packages for category A and B substances) available for shipping biological material under the appropriate conditions?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

#### 26.3.4. Are local carriers available for the transportation of specimens under the appropriate conditions at this level?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

#### 26.3.4.1. If yes, list the types of carriers:

__________________________________________  __________________________________

#### 26.3.5. Are national regulations, manuals, guidelines or SOPs available at this level for the collection and/or transport of infectious substances?

<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Unknown ☐</th>
<th>Not applicable ☐</th>
</tr>
</thead>
</table>

## Biosafety

### 26.4.1. Is there a biosafety programme at this level?

---

92 Includes personal protective equipment, sample collection material, transport media, etc.
### 26.4.2. Are there national biosafety regulations, guidelines, manuals or SoPs available at this level?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.4.3. Are there national regulations and/or guidelines for hazardous (including infectious) waste management and disposal at this level?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.4.4. Are any national or local policies or regulations for the protection of laboratory workers implemented at this level (e.g., immunization, emergency antiviral therapy, specific measures for pregnant women, etc.)?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.4.5. Has a biorisk\(^{93}\) assessment been carried out at this level to guide and update biosafety procedures and practices?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.4.6. Are laboratories inspected (by an inspection body, providers of materials and equipment, etc.) for their compliance with biosafety requirements at this level?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.4.7. Are there any training courses on biosafety at this level?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.4.8.1. If yes, list:___________________________

### 26.5. Quality assurance\(^{94}\)

### 26.5.1. Are national quality policy norms, standards, guidelines or SOPs for laboratory practices available at this level?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.5.1.1. If yes, list for which diagnostics (e.g., malaria, vaccine preventable diseases, etc.) or laboratory activities (e.g., food safety, clinical laboratory): _______________________

### 26.5.2. Are laboratories supervised (by central/intermediate laboratories, inspection unit, etc.) at this level?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.5.3. Is a national external quality assessment\(^{95}\) scheme(s) implemented for laboratories at this level (e.g., proficiency testing, panel testing or systematic rechecking)?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.6. Laboratory based surveillance

### 26.6.1. Are there standard formats for collecting laboratory data at this level?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.6.2. Is a list of laboratory notifiable diseases/events that must be reported available at this level?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

### 26.6.3. Are there established standard reporting procedures between the laboratory services and the surveillance services at this level?  
**Yes ☐ No ☐ Unknown ☐ Not applicable ☐**

---

\(^{93}\) Biorisks are risks posed by the handling, manipulation, storage, and disposal of infectious substances.  

\(^{94}\) Quality is the degree to which a set of inherent characteristics fulfils requirements. Assurance is the set of measures in place to ensure that quality is reached. Laboratory quality is the accuracy, reliability, and timeliness of the reported results.  

\(^{95}\) An assessment can be internal (self assessment) or external.
26.6.4. Is there a standardized form/document for reporting notifiable diseases or other events to the surveillance unit?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

26.6.5. What is the frequency and means of reporting laboratory data to the surveillance unit?

26.6.6. What is the frequency and means of reporting laboratory data to the intermediate/national level?

26.6.7. Are there electronic information systems for tracking and monitoring relevant laboratory data at this level?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

26.6.8. Is there analysis of laboratory data at this level?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

26.6.8.1. If yes, are reports generated from the data analysis?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

26.7. Participation in public health activities

26.7.1. Is the laboratory services/unit part of any committee or task force that prepares for and responds to public health events (including the Emergency Response Committee)?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐

26.7.1.1. If yes, list committees, terms of reference, membership etc.:

26.7.2. Do laboratories at this level participate in the investigation of public health events?
Yes ☐ No ☐ Unknown ☐ Not applicable ☐