

# Emergency Preparedness and Response Capacity Assessment Tool

Public health preparedness and response is a complex task involving expertise and resources across public health sectors, encompassing public and private enterprises, and extending across international, regional, national, and local stakeholders. The purpose of this document is to guide the country's Lead Public Health Response Agency /Ministry coordinating the COVID-19 response in determining their emergency preparedness and response capacity needs in the main areas of:

- Public Health Systems Integration (PHSI)
- Rapid Response Teams (RRT)
- Incident Management Systems (IMS)
- Public Health Emergency Operations Centers (PHEOC)
- Risk Communications and Community Engagement (RCCE)

This list of potential activities is not exhaustive. This information will help CDC's Emergency Response Capacity Team (ERCT) to design and tailor the appropriate technical assistance needs required to enhance the country's COVID-19 response.

With receipt of the completed assessment, the CDC team will then address the gaps of that particular country or organization. CDC will provide technical assistance for the gaps that can be addressed currently during the active COVID-19 response, including the provision of additional resources for the country. Data will also be compiled and aggregated in a published short report to assist with response modeling and assessing global response capacity.

In the table below please indicate the current capacity in country by selecting one option from the drop-down menu in the column "Implemented Capacity." If assistance/support is needed in a specific area, please select one option from the drop-down menu in the "Priority Support Needed" and indicate the implementation priority level by adding the corresponding number as described below.

## Capacity:

- **No Capacity:** Country has no competency or proficiency.
- **Partial Capacity:** Country has demonstrated limited competency or proficiency. Attributes are currently in the development stage and/or established, but sustainability has not been ensured.
- **Implemented Capacity:** Country has demonstrated full competency or proficiency. Attributes are in place and sustainable and can be measured and secure funding source is ensured.

## Priority Support Needed:

- None needed
- Yes, short-term priority (<6 months)
- Yes, medium-term priority (6-12 months)
- Yes, long-term priority (>12 months)



No.	Public Health Systems Integration (PHSI)	Capacity	Priority Support Needed	Comments
1.1	Established national policies, directives regulatory documents, and guidelines for public health program information sharing			
1.2	Development of national strategic multi-hazard public health risk assessment in collaboration with EOC and IMS technical lanes			
1.3	Mapped the lead public health agency's role and responsibilities in the national response framework			
1.4	Development of COVID-19 National Strategic Response Plan			
1.5	Established working group with representation from public health programs to define critical emergency management components within the programs			
1.6	Identified external public health stakeholders' roles and capacity to contribute to the response			
1.7	Development of National Response Stakeholder Engagement Plan with defined external public health stakeholder responsibilities			
1.8	Mapped and assessed critical public health systems and programs and their connection (or lack thereof) to the emergency coordination entity			
1.9	Development of guidance documents and SOPs on how public health systems integrate into emergency coordination entity			
1.10	Established universal information channel and coordination methods during a response			
1.11	Established a central and accessible public health information sharing platform among multidisciplinary public health systems to support decision making process and emergency management operations during a public health response			
1.12	Trained multidisciplinary public health workforce on how integrate their scientific and technical expertise into an emergency management system			
1.13	Established public health system integration exercise and evaluation program			
1.14	Established legal, regulatory, or administrative authority to integrate public health programs during a response to facilitate communication and information/data/resource sharing			

No.	Public Health Systems Integration (PHSI)	Capacity	Priority Support Needed	Comments
1.15	Development of recovery and mitigation plans, policies and procedures for public health systems involved in the response			
1.16	Incorporated emergency preparedness and response technical content in the FETP curriculum			

No.	Rapid Response Team (RRT)	Capacity	Priority Support Needed	Comments
2.1	Identified human resources to manage/support the RRT in peacetime and response			
2.2	Established RRT budget considering the requisite preparedness and response operations (i.e. salary, per diem, training programs, travel, equipment, vaccinations, database maintenance, etc.)			
2.3	Established legal contracts/agreements for multisectoral RRT mobilization (both inter- and extra-organizational)			
2.4	Identified resources and mechanisms to ensure RRT safety, health and wellbeing including in RRT planning (e.g. medical/disability/life insurance, medical care, mental health care, emergency evacuation etc.), and inclusion in response plans			
2.5	Established RRT recruitment and onboarding standard operating procedures (e.g. candidate inclusion/exclusion criteria, multisectoral/multidisciplinary candidate sources, database platform/variables, data collection, roster updates, mitigating roster attrition, etc.)			
2.6	Established continual training paradigm with the inclusion of multidisciplinary RRT technical content, operations, and deliverables			
2.7	Identified sustainable and trained <i>multidisciplinary</i> rapid response workforce/surge pool			
2.8	Development of pre-deployment standard operating procedures (e.g. briefing, just-in-time training, equipment, etc.)			
2.9	Development of deployment standard operating procedures (e.g. communication, reporting, team evolution, etc.)			
2.10	Development of post-deployment standard operating procedures (e.g. demobilization criteria, debriefs, etc.)			

No.	Incident Management Systems (IMS)	Capacity	Priority Support Needed	Comments
3.1	Creation of 'standardized' organograms for defined Response Levels (1 – 3) with identified IMS positions.			
3.2	Established Terms of Reference (ToR) development for all IMS positions			
3.3	Identified staff and surge staff rostered to fill and backup the above key IMS roles (or their equivalents) in order to support operations 24/7 if needed			
3.4	"Rostered Staff" have received foundational training on Emergency Management and Incident Management System			
3.5	Staff have been trained on core functions of IMS (Operations, Logistics, Planning, Finance and Admin, Public Information Officer, Liaison Officer, Safety Officer)			
3.6	Established structure for COVID 19 Response is established and utilized for coordination			

No.	Public Health Emergency Operations Center (PHEOC)	Capacity	Priority Support Needed	Comments
4.1	Designated space for the Public Health EOC exists			
4.2	Public Health EOC is equipped (e.g. computers, telephones, etc.) to function in a response			
4.3	Dedicated staff responsible for the operations of the Public Health EOC			
4.4	Creation of a PHEOC Watch Desk and protocols to work with Call Center			
4.5	Established designated Call Center for Event Based Surveillance			
4.6	Development of Concept of Operations (ConOps) to articulate PHEOC relationship with other governmental sectors EOCs			
4.7	Development of risk-based national health EOC plans and procedures			

No.	Public Health Emergency Operations Center (PHEOC)	Capacity	Priority Support Needed	Comments
4.8	Development of Terms of Reference (TOR) for each EOC position			
4.9	Development of processes, procedures, protocols, and SOPs for PHEOC operations			

No.	Risk Communications & Community Engagement (RCCE)	Capacity	Priority Support Needed	Comments
5.1	Dedicated training team responsible for risk communication and community engagement (RCCE) training			
5.2	Development and utilization of a risk communication plan incorporated into the strategic response plans			
5.3	Development and utilization of a risk communication plan incorporated into the operational response plans			
5.4	Identification of RCCE partners and community stakeholders and how they will coordinate with the emergency coordination unit			
5.5	Development of SOPs to identify, track and respond to rumors, misinformation, and other community beliefs			
5.6	Development of SOPs delineating the who, what, where, and when for receiving, triaging, tasking and managing RCCE requests/needs			
5.7	Roster of dedicated and trained team responsible for risk communications and community engagement			
5.8	Established RCCE budget and equipment for messaging and communication campaigns			