



**International Health Regulations
(2005)**

IHR MONITORING FRAMEWORK:

**QUESTIONNAIRE FOR MONITORING
PROGRESS IN THE
IMPLEMENTATION OF IHR CORE
CAPACITIES IN STATES PARTIES**

11 February 2010

© World Health Organization 2010

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

**STATE PARTY MONITORING QUESTIONNAIRE FOR CORE CAPACITIES
RELATING TO THE INTERNATIONAL HEALTH REGULATIONS (2005) (IHR
(2005))**

Date: 8 / 4 / 2010 (dd/mm/yyyy)

The IHR Secretariat is required to provide an annual report to the World Health Assembly detailing WHO and State Party progress on IHR implementation. In order to assist the States Parties in their responsibility to report to the Assembly, the IHR Secretariat has developed a data collection tool which will enable each State Party to provide standardized information about progress of its core capacity development in implementation of IHR (2005). National IHR Focal Points (NFP) may complete the questionnaire online, by e-mail attachment or in hard copy (links below). The submission of this questionnaire will allow the compilation of a consistent report to the Assembly. However, the use of this format by States Parties is entirely voluntary.

The online test version is available at: http://t4biweb01.t4bi.com:8090/who_ihrc/. In the online and electronic version of the questionnaire, submission is possible only after responses to all WHA indicator questions (questions marked with an asterisk (*) have been entered. The names of the WHA indicators are in blue font in the questionnaires. Respondents choosing to submit a hard copy of the questionnaire are requested to ensure that questions marked with an asterisk (*) have been completed.

Respondent identification

State Party	KINGDOM OF BAHRAIN
Name and title of contact officer for this report	Dr Mona Al Musawi Chief of Disease Control Section IHR focal Point
Telephone number	+973 39622424
E-mail	MMosawi@health.gov.bh

Enquiries relating to the questionnaire should be directed to the IHR Secretariat at ihradmin@who.int.

INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

This data collection tool is designed primarily for use by National IHR Focal Points (NFPs), public health professionals, managers and other stakeholders responsible for implementing and monitoring the IHR. Completion may also require input from professionals from other sectors concerned with implementing and monitoring of surveillance and response of events of potential public health importance of international concern. These sectors include food and water safety, environmental health, and nuclear and chemical issues. Data collection should be carried out by the NFPs in consultation with these experts.

This data collection can be accomplished through a workshop, with the questionnaires distributed to different expert groups according to the contents beforehand, or through other means as appropriate in a specific country context. WHO can provide technical assistance upon request by the States Parties. Completed data collection tool should be properly attested by National IHR Focal Point and submitted once a year to either the WHO Regional Office or, where available, the WHO Country Office. In addition, the content of the completed data collection tool should be electronically transmitted using the web-link <http://www.who.int/ihr/data-reporting> before 1 February of each year.

There are a total of thirteen questionnaires, one for each of the eight core capacities, PoE and four hazards. Individual questions are grouped by Components and Indicators in the questionnaires.

Before you begin each questionnaire, please first review the facilitation, administrative and technical notes which appear on the back of each questionnaire.

For each question, mark only one appropriate value (Yes, No, or Not Known) or the appropriate range of percentages. For statistical purposes, the 'Not Known' value will be computed as 'No' value.

The individual questions are self-explanatory and any additional comments or contributions you may wish to make can be accommodated at the end of each section, in the comment box.

Questions may cover multiple aspects of implementation, and it is important to note that when answering yes to a question, it should mean a yes to all such aspects.

In order to answer "yes" to a given question, both the presence (function is available) and quality of the function (the content is directly relevant to the indicator, component and the IHR) should be considered, and must both be present to qualify for a yes answer. Partly fulfilled functions can be further commented in the comments box, but should be answered as "no".

"No" to a question means all or part of the function is not present.

Where required, please upload and provide a link to or a hard copy of documentation of laws, policies, website, publications, reports etc. Documents can be appended to the electronic web-based tool.

Where the term "documented" or "documentation" is mentioned, this means a document or other evidence is available with the NFP or relevant government authorities that the required function is achieved and the quality of that achievement is appropriate for that indicator. There is no need to submit relevant documentation or other means of evidence to WHO unless the country wishes to do so.

Where the term "published" is mentioned, please refer to the relevant footnote for interpretation of the meaning if needed.

Where the term "National" is used, countries that have a federal system, should understand this term to be a central body

Skip patterns are the sequence of questions asked and skipped. For instance, if a respondent answers "no" to a question, the sub questions pertaining to that question can be "skipped". Please note that questions that allow this type of skip pattern are clearly indicated with instructions in *italics*.

Annual Data Collection Tool

Core Capacity	1	National Legislation ¹ , Policy & Financing
Component	1.1	National legislation and policy
Indicator	1.1.1	*Laws, regulations, administrative requirements², policies or other government instruments in place, sufficient³ for implementation of obligations under the IHR⁴

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. Technical notes appear at the end of this questionnaire.

1.1.1.1 Has an assessment⁵ of relevant legislation, regulations, administrative requirements and other government instruments for IHR (2005) implementation been carried out?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

1.1.1.2 Is there documentation that recommendations following assessment of relevant legislation, regulations, administrative requirements and other government instruments have been implemented in your country?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

¹ Under the WHO Constitution and the IHR, it is not required that Member States ratify or sign the IHR in order to be bound by it. The WHO Constitution (as to which all Member States are parties) provides that once a new revision of the IHR is adopted by the Health Assembly, all WHO Member States are automatically legally bound by it unless the Member State affirmatively and formally opts out of the new IHR within a limited time period. The deadline to reject or make a reservation to the IHR (2005) took place on 15 December 2006. No Member State rejected or opted out of the IHR (2005); two Member States made reservations. Accordingly, all WHO Member States are legally bound as a matter of international law to the IHR (2005).

² These cover biological (infectious diseases, food safety, zoonotic etc.), chemical and radiological and nuclear event detection and response.

³ Allows fulfilment of obligations

⁴ This includes any additional or improved technical capacities or otherwise improved IHR implementation

⁵ While an assessment and revision of national legislation for IHR implementation is not explicitly required in the IHR, it has been strongly urged by the World Health Assembly, and advised in WHO guidance documents. Some governance or legal systems may effectively require some revised or new legislation; even if not required by national law or governance, revised or new legislation concerning IHR implementation may be important for other reasons (see Section I.2 of the WHO Toolkit for IHR Implementation in National Legislation at http://www.who.int/ihr/3_Part_I_Questions_and_Answers.pdf). Moreover, as technical capacities and national governance and legal contexts evolve over the years, ongoing assessments are advisable. An extensive assessment tool and related guidance is provided in that WHO Toolkit.

1.1.1.3 Has there been a review of national policies to facilitate the implementation of IHR NFP functions and the implementation of technical core capacities⁶?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

1.1.1.4 Is there documentation that policies to facilitate IHR NFP core and expanded⁷ functions and strengthening of technical core capacities have been implemented?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

1.1.1.5 Is there a published⁸ compilation of national IHR-related legislation⁹?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

1.1.1.6 Has your country evaluated and shared national experiences¹⁰ in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

Please provide the URL link(s) to any relevant documentation: *Link/URL* _____

⁶ Technical Core Capacities include, Surveillance , Response, Preparedness, Risk Communication, Human Resources and Laboratory

⁷ Expanded roles of the NFP could include risk assessment, monitoring of IHR implementation, advocacy etc.

⁸ “Published” means that these are available in a publically accessible domain, with reference or URL provided

⁹ WHO does not endorse or recommend specific legislation. For information purposes, WHO publishes a compilation of national IHR-Related legislation adopted by States Parties on its website
http://www.who.int/ihr/7_Part_III_Compilation_of_examples_of_national_legislation.pdf

¹⁰ This could include publications, information products, standards, best practices, innovative tools etc

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Technical Notes

The IHR (2005) defines new obligations and rights for States. All States Parties who are signatories must comply with and implement the IHR from the time of its entry into force in 2007. An adequate and appropriate legal framework to support and enable implementation of the IHR (2005) is needed within each State Party. Legislation, regulations, administrative requirements and other governmental instruments are necessary tools that facilitate putting policy into effect. Some States may need to adopt new legislations to implement some or all State Party rights and obligations. Where new or revised legislation may not be required by the State Party, revision of some legislation, regulations or administrative requirements, or other governmental instruments may still be need to considered to improve the performance of the IHR activities. See detailed guidance on IHR implementation in national legislation (http://www.who.int/ihr/legal_issues/legislation/en/index.html).

Clear structures and clearly defined roles and responsibilities are needed for surveillance and response at each level , i.e. peripheral, intermediate and national levels, preferably defined through public health policy and legislation. Policies which identify national structures, responsibilities and allocation of adequate budgets are also important.

Annual Data Collection Tool

Core Capacity	2	Coordination ¹¹ and NFP Communications
Component	2.1	IHR coordination, communication and advocacy ¹²
Indicator	2.1.1	*Mechanism established for the coordination of relevant sectors¹³ in the implementation of IHR

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A ‘Not Known’ value will be statistically equivalent to a ‘No’ value. Technical notes appear at the end of this questionnaire.

2.1.1.1 Is there coordination within relevant ministries on events that may constitute a public health event of national or international concern?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

2.1.1.2 Are Standard Operating Procedures (SOP)¹⁴ available for coordination between IHR NFP and stakeholders of relevant sectors? Q8

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

¹¹ “Coordination” means that the coordination mechanism is available and functional with respect to sectors relevant to IHR implementation.

¹² “Advocacy” means awareness among all relevant stakeholders of the IHR and their roles in their implementation.

¹³ Relevant sectors and disciplines include, for example: all levels of the health care system (local community level and/or primary public health response level, intermediate, national/central), NGOs, iNGOs, nongovernmental organizations and Ministries or Departments of Agriculture (zoonosis, veterinary laboratory), Transport (transport policy, civil aviation, ports and maritime transport), Trade and/or Industry (food safety and quality control), Foreign Trade, Industry (consumer protection, control of compulsory standard enforcement), for Communication, Defence (information about migration flow), Treasury, Finance (Customs), Environment, Interior or Home Office, Health and Tourism

¹⁴ SOPs should detail the ToR, roles and responsibilities of the IHR NFP, implementing structures, various administrative levels, and stakeholders in the implementation of the IHR established, and disseminated to all relevant stakeholders.

2.1.1.3 Is a multisectoral, multidisciplinary committee, body or task force¹⁵ in place in order to address IHR requirements on surveillance and response for public health emergencies of national and international concern¹⁶?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

2.1.1.4 Are coordination mechanisms tested through an actual event occurrence or through exercises and updated as needed?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

2.1.1.5 Is there a list of national stakeholders¹⁷ involved in the implementation of IHR?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

2.1.1.6 Have the roles and responsibilities of various stakeholders under the IHR been defined?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

2.1.1.7 Have plans been developed to sensitize all relevant stakeholders to their roles and responsibilities under the IHR?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

2.1.1.8 Have plans to sensitize stakeholders to their roles and responsibilities been implemented¹⁸?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

¹⁵ This should include Terms of Reference (ToR), membership from all relevant sectors, established communications channels, access to decision-makers and contacts, joint activities, meeting reports, plans, evaluation

¹⁶ Countries decide who would chair this committee but it should include participation of the national IHR NFP in meetings and decision-making processes.

¹⁷ “Stakeholders” are any groups, organizations, or systems who can help affects or can be affected by a public health event. These include relevant sectors, various levels and non-governmental organizations working within State Parties

¹⁸ This question refers to activities carried out to increase the awareness of the IHR with stakeholders including with Ministries and partners.

2.1.1.9 Has your country established an active¹⁹ IHR website?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

2.1.1.10 Have updates on the IHR been conducted with relevant stakeholders on at least an annual basis ?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

Component	2.1	IHR coordination, communication and advocacy
Indicator	2.1.2	*IHR NFP functions and operations in place as defined by IHR (2005)

2.2.2.1 Has the IHR NFP²⁰ been established?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

2.2.2.2 Has information on obligations²¹ under the IHR been disseminated to relevant national authorities and stakeholders?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

¹⁹ “Active” means that the website is regularly reviewed and updated, with timely information.

²⁰ The IHR NFP should have been established (as of 2007) with the following mandatory elements for all Member States:

- 24/7 availability for communications with WHO
- Send urgent communications regarding IHR to WHO
- Collect information from all relevant sectors to send to WHO under IHR WHO (Arts. 5-12)
- Disseminate urgent IHR info from WHO to relevant government sectors etc.
- Functional Communications channels with all sectors, decision-maker(s)
- Communications with competent authorities on health measures implemented

²¹ Member States need to fulfil all IHR obligations unless an exception or discretion applies.

2.2.2.3 Has the IHR NFP provided WHO with updated contact information as well as annual confirmation of the IHR NFP?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

2.2.2.4 Has the NFP accessed IHR Event Information Site (EIS) at least monthly in the past 12 months?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

2.2.2.5 Has there been at least one (written) NFP-initiated communication with WHO (consultation, notification or information sharing on a public health event) in the past 12 months?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

2.2.2.6 Is there documentation of actions taken by the IHR NFP and relevant stakeholders following communications with WHO?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

2.2.2.7 Has the country implemented any roles²² and responsibilities which are additional to the IHR NFP functions?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

2.2.2.8 Has your country evaluated and shared national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

Please provide the URL link(s) to any relevant documentation: *Link/URL* _____

²² <http://www.who.int/ihr/elibrary/legal/en/index.html>

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Technical Notes

The effective implementation of the IHR requires multisectoral, multi-disciplinary approaches through national partnerships for effective alert and response systems. Coordination of nationwide resources is a key requisite for IHR implementation, including the designation of National IHR Focal Point, the national centre for IHR communications. The IHR NFP should be accessible at all times to communicate with the WHO IHR Contact Points and with all relevant sectors and other stakeholders in the country. The States Parties must provide WHO with annually updated contact details of the IHR NFP.

Annual Data Collection Tool

Core Capability	3	Surveillance²³
Component	3.1	Indicator based ²⁴ or routine surveillance ²⁵ (also referred to as Structured Surveillance, Surveillance; surveillance for defined conditions)
Indicator	3.1.1	*Indicator-based (Routine) surveillance (IBS) includes early warning²⁶ function for early detection of public health events

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A ‘Not Known’ value will be statistically equivalent to a ‘No’ value. Technical notes appear at the end of this questionnaire.

3.1.1.1 Is there a list of priority diseases²⁷ or conditions for surveillance?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.1.1.2 Are there case definitions for priority diseases?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.1.1.3 Are there specific units designated for surveillance of public health risks?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

²³ Indicator-based and event-based surveillance are not necessarily separate surveillance systems and both contribute to the early warning function critical for early detection and prompt response. Although the surveillance functions described are often common to both types of surveillance, the expert working group proposed that the two strategies be separated in this document. This would help countries better identify areas to strengthen in implementing this newer concept, particularly since routine surveillance (IBS) is already well established in many countries

²⁴ 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

²⁵ “Surveillance” is the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination to those who need to know for public health action.

²⁶ Early warning component serves to detect departures from normal.

²⁷ “Priority diseases” are those with the highest public health significance as defined by the country and should include the diseases in Annex 2 of the IHR

3.1.1.4 From what proportion of all reporting units has there been timely reporting?

<input type="radio"/> <60%	<input checked="" type="radio"/> 60%-80%	<input type="radio"/> >80%
----------------------------	--	----------------------------

3.1.1.5 Are surveillance data on epidemic prone and priority diseases **analysed** at least weekly at national and sub-national levels?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.1.1.6 Have baseline estimates, trends, and thresholds for alert and action been defined for the local public health response level for priority diseases/events?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

3.1.1.7 Are there reports or other documentation showing that deviations or values exceeding thresholds are detected and used for action at the primary public health response level²⁸?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.1.1.8 Is there at least quarterly feedback²⁹ of surveillance results disseminated to all levels and other relevant stakeholders?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.1.1.9 Have evaluations of the early warning function of routine surveillance been carried out and country experiences, findings, lessons learnt shared with the global community?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

²⁸ e.g. documented investigations of outbreaks into actual disease situation other than AFP

²⁹ e.g. Epi bulletins, electronic summaries, newsletters, surveillance reports, etc.

Component	3.2	Event-Based Surveillance³⁰
Indicator	3.2.1	*Event-Based Surveillance established

3.2.1.1 Have information sources³¹ for public health events³² and risks been identified?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

3.2.1.2 Are there unit(s) designated for event-based surveillance that may be part of an existing routine surveillance system?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.2.1.3 Have SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification been developed and disseminated?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.2.1.4 Have SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification been implemented, reviewed and updated as needed?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

³⁰ 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 organizations reports)

³¹ Sources of information could include health sources such as poison centres, some veterinary and animal health sources, environmental health services, pharmaco-vigilance centres, quarantine service, sanitation agencies and associated laboratories (water, food, environmental monitoring, etc.), food safety Authorities/agencies, health inspection agencies (restaurants, hotels, buildings), water supply companies, competent authorities at PoE. non-health sources- radiation protection offices, radiological monitoring services, nuclear regulatory bodies, consumer protection groups, political sources, NGOs, embassies, military, prisons, media, published sources (internet, academic press) or community based sources. Other sources may reflect the impact of health events, for example pharmacies to monitor drug consumption patterns, schools to monitor student absenteeism, metrological centres to monitor effects of weather changes (rainfall, temperatures) etc.

³² 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 exposure for humans

3.2.1.5 Is there a system in place at national and/or sub-national levels for capturing and registering public health events from a variety of sources including, media (print, broadcast, community, electronic, internet etc.)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.2.1.6 Has a local community (primary response) level reporting strategy been developed?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

3.2.1.7 Is there active engagement and sensitization of community leaders, networks, health volunteers, and other community members to the detection and reporting of unusual health events?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

3.2.1.8 Has implementation of local community reporting been evaluated and updated as needed?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

3.2.1.9 Have country experiences and findings on the implementation of event-based surveillance, and the integration with indicator-based surveillance been documented and shared with the global community?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.2.1.10 Do reported events contain essential information specified in the IHR³³?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

³³ IHR essential information (annex 1A art 4b) includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and to implement preliminary control measures immediately

3.2.1.11 For what proportion of events identified as urgent³⁴ in the last 12 months has risk assessment³⁵ been carried out within 48 hours of **reporting** to national level?

<input type="radio"/> <60%	<input type="radio"/> 60%-100%	<input checked="" type="radio"/> 100%
----------------------------	--------------------------------	---------------------------------------

3.2.1.12 What proportion of **verification requests from WHO** has IHR NFP responded to within 24 hours (Art 10)?

<input type="radio"/> <80%	<input type="radio"/> 80%-100%	<input checked="" type="radio"/> 100%
----------------------------	--------------------------------	---------------------------------------

3.2.1.13 Is the decision instrument in Annex 2 of the IHR (2005) used to notify WHO?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.2.1.14 What proportion of events that met the criteria for notification under Annex 2 of IHR were notified by NFP to WHO (Annex 1A Art 6b) within 24 hours of conducting risk assessments over the last 12 months?

<input type="radio"/> <50%	<input type="radio"/> 50%-100%	<input checked="" type="radio"/> 100%
----------------------------	--------------------------------	---------------------------------------

3.2.1.15 Has the use of the decision instrument been reviewed, with procedures for decision making updated on the basis of lessons learnt?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

3.2.1.16 Are country experiences and findings in notification and use of Annex 2 of the IHR documented and shared globally?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

³⁴ "For the purposes of Annex 1, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread".

³⁵ Risk assessment can be carried out at various levels (national or sub-national) depending on national structure.

3.2.1.17 Has your country evaluated and shared national experiences³⁶ in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

Please provide the URL link(s) to any relevant documentation: *Link/URL* _____

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Technical Notes

The IHR requires the rapid detection, prompt risk assessment, notification, and response to public health risks. A sensitive and flexible surveillance system is needed with an early warning function. Structures, roles and responsibilities for implementing the system need to be clear and preferably defined through public health policy and legislation. Chains of responsibility need to be clearly identified to ensure effective communications within the country as well as with WHO, and with other countries if required.

³⁶ This could include publications, information products, standards, best practices, innovative tools etc

Annual Data Collection Tool

Core Capability	4	Response
Component	4.1	Rapid Response Capacity
Indicator	4.1.1	*Public Health Emergency³⁷ Response mechanisms established

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. Technical notes appear at the end of this questionnaire.

4.1.1.1 Are resources for rapid response during outbreaks of national or international concern accessible?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.2 Have management procedures been established for command, communications and control during public health emergency response operations?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.3 Is there a functional, dedicated command and control operations centre at the national or other relevant level?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.4 Have emergency response management procedures been evaluated after a real or simulated public health response?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

³⁷ Emergencies here refer to emergencies relevant to IHR

4.1.1.5 Are resources for rapid response during outbreaks of national or international concern accessible?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.6 Are Rapid Response Teams³⁸ (RRT) available in the country?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.7 Is there a roster of trained³⁹ RRT members?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.8 Are SOPs available for the deployment of RRT members?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.9 Can multidisciplinary RRT be deployed within 48 hrs⁴⁰ from the time when the decision to respond is taken?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.10 Do RRT submit preliminary written reports on investigation and control measures to relevant authorities in less than one week of investigation?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.11 Are RRT mobilized for real events or through simulation exercise at least once a year at relevant levels?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

³⁸ “RRT” refers to a group of trained persons that is ready to respond quickly to an event. The composition of the team is determined by the country.

³⁹ RRT trained in outbreak investigation and control, Infection control and decontamination, social mobilization and communication, specimen collection and transportation, chemical event investigation and management and if applicable, radiation event investigation and management

⁴⁰ Response to some hazards may require a more timely response than 48 hours.

4.1.1.12 Has an evaluation of response including the timeliness⁴¹ and quality of response been carried out?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.13 Have response procedures been updated as needed following actual event occurrence or an assessment?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.1.1.14 Has the country offered assistance to other States Parties for developing their response capacities or implementing control measures?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

Component **4.2** Infection Control⁴²

Indicator **4.2.1** ***Infection Prevention and Control (IPC) established at national and hospital levels**

4.2.1.1 Has responsibility been assigned for surveillance of health-care-associated infections and anti-microbial resistance?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.2 Are national infection prevention and control policies or guidelines in place?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁴¹ “Timeliness” here is the time between detection of the event and initiation of a recommended response

⁴² This capacity is considered as health facility based. Institutionalized National IPC programme (ToR, trained staff, available in hospitals, budget, activities etc.)

4.2.1.3 Is an operational plan for infection control available?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.4 Have infection control plans been implemented nationwide?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.5 Is there a documented review of implementation of infection control plans?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.6 Are SOPs, guidelines and protocols for IPC available to all hospitals?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.7 Are defined norms or guidelines developed for protecting health-care workers?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.8 Is there national coordination for surveillance of relevant events such as health-care-associated infections, and infections of potential public health concern with defined strategies, objectives, and priorities in place?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.9 Do all tertiary hospitals have designated area(s) and defined procedures for the care of patients requiring specific isolation precautions⁴³ according to national or international guidelines?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁴³ Isolation structure includes: designated area (e.g., single room or ward), adequate number of staff and appropriate equipment for management of infectious risks.

4.2.1.10 Does the management of patients with highly infectious diseases meet established IPC standards (national/international)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.11 Is there surveillance within high risk groups⁴⁴ to promptly detect and investigate clusters of infectious disease patients, as well as unexplained illnesses in health workers?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.12 Has a monitoring system for antimicrobial resistance been implemented, with available data on the magnitude and trends?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.13 Are there qualified IPC professionals in place at a minimum in all tertiary hospitals?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.14 Has compliance with infection control measures and their effectiveness been evaluated and published⁴⁵?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

4.2.1.15 Has a national programme⁴⁶ for protecting health care workers been implemented?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁴⁴ High risk groups include intensive care unit patients, neonates, immunosuppressed patients, emergency department patients with unusual infections, etc.

⁴⁵ "Published" here means available in a public domain with URL or reference

⁴⁶ This would include, preventive measures and treatment offered to health care workers; e.g. Influenza or hepatitis vaccine programme for health care workers, PPE. Occupational health and medical surveillance Programs for employees to identify potential "Laboratory Acquired Infections" among staff, or the monitoring of accidents, incidents or injuries (outbreaks caused by LAIs).

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Please note that all of those are implemented in primary and secondary care facilities in governmental section Private sectors are followed by licensure Office to implement the above needs.

Technical Notes

Command, communications and control operations mechanisms are required to coordinate and manage outbreak operations and other PH events. Multi-disciplinary, multi-sectoral Rapid Response Teams (RRT), should be established, and should be available 24 hours a day, 7 days a week. They should be able to rapidly respond to events that may constitute a public health emergency of national or international concern. Appropriate case management, infection control, and decontamination are all critical responsibility components of capacity that need to be considered.

Annual Data Collection Tool

Core Capability	5	Preparedness⁴⁷
Component	5.1	Public Health Emergency Preparedness and Response
Indicator	5.1.1	*Multi-hazard National Public Health Emergency Preparedness and Response Plan exists

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A ‘Not Known’ value will be statistically equivalent to a ‘No’ value. Technical notes appear at the end of this questionnaire.

5.1.1.1 Has an assessment of core capacities for the implementation of IHR been conducted (Annex 1A Article 2) and the report of the assessment shared with relevant national stakeholders?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

5.1.1.2 Has a national plan to meet the IHR core capacity requirements been developed (Annex 1A Article 2)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.1.1.3 Has a national public health emergency response plan for hazards and Points of Entry (PoE) been developed (Annex 1A, Article 6g)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.1.1.4 Have national public health emergency response plan(s) for multiple hazards and PoE been tested in an actual emergency or simulation and updated as needed?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁴⁷ Preparedness for development of public health emergency response capacity including implementation of IHR

5.1.1.5 Is there a policy or strategy in place to facilitate development of surge capacity?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.1.1.6 Is there a national plan⁴⁸ for surge capacity⁴⁹ to respond to public health emergencies of national and international concern?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.1.1.7 Has surge capacity been tested either through response to a public health event or during an exercise, and determined to be adequate?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.1.1.8 Have country experiences and findings on emergency response and mobilizing surge capacity, been documented and shared with global community?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

Component **5.2** Risk and resource management for IHR preparedness

Indicator **5.2.1** ***Public health risks and resources mapped**

5.2.1.1 Is there a directory of experts in health and other sectors to support a response to IHR-related hazards?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁴⁸ This could be a component of the overall preparedness and response plan

⁴⁹ “Surge capacity” means the ability of the health system to expand beyond normal operations to meet a sudden increased demand through funding, trained staff, equipment, drugs, supplies, logistics specialized resources and including capacity for triage, referral, transport, quarantine and decontamination. National surge capacity to reinforce, sustain and monitor human resource support during a public health emergency, e.g. through redeployment of RRT and appropriate staff turnover to avoid burnout, is also crucial.

5.2.1.2 Has a national risk assessment⁵⁰ to identify the most likely sources of 'urgent public health event'⁵¹ and vulnerable populations⁵² been conducted?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.2.1.3 Have national resources been assessed⁵³ to address priority risks?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.2.1.4 Have major hazard sites or facilities that could be the source of chemical, radiological, nuclear or biological public health emergencies of international concern been mapped?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

5.2.1.5 Have experts been mobilized from multiple disciplines/sectors in response to an actual public health event or simulation exercise in the past twelve months?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.2.1.6 Is the national risk profile and resources regularly assessed (e.g. annually) to accommodate emerging threats?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.2.1.7 Is a plan for management and distribution (if applicable) of national stockpiles available⁵⁴?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁵⁰ This assessment will examine various hazards, disease outbreak patterns, local disease transmission patterns, contaminated food or water sources, etc.

⁵¹ "For the purposes of Annex 1, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread"

⁵² Examples include workers at nuclear or chemical plants, populations living near such sites, etc.

⁵³ Mapping of local infrastructure, points of entry, health facilities, staff, funding sources, as well as experts, laboratories, institutions, list of NGOs to assist with community-level work, transport

⁵⁴ This includes the rotation of stocks in respect to their expiry dates, proper storage conditions for various drugs, distribution to pharmacies and hospitals around the country

5.2.1.8 Are stockpiles (critical stock levels) for responding to the country's priority biological, chemical and radiological events and other emergencies available and accessible at all times?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.2.1.9 Has the stockpile management system been tested through a real or simulated exercise and updated?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.2.1.10 Does the country contribute to international stockpiles⁵⁵?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

5.2.1.11 Has your country evaluated and shared national experiences⁵⁶ in terms of risk and resource management, with the global community?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

Please provide the URL link(s) to any relevant documentation: *Link/URL* _____

⁵⁵ “International stockpiles” include both routine stockpiles and stockpiles in response to a real outbreak.

⁵⁶ These experiences could be shared through information products, standards, best practices, innovative tools, etc.

Please insert any comments or clarifications to the questions above and list any activities that the country has conducted in terms of response, and that are not reflected in this questionnaire. (additional pages may be attached if necessary):

Technical Notes

Preparedness includes the development of national, intermediate and peripheral level public health emergency response plans for relevant biological, chemical, radiological and nuclear hazards. Other components of preparedness include the mapping of potential hazards and hazard sites, the identification of available resources, the development of appropriate national stockpiles as well as the capacity to support sub-national levels during a public health emergency.

Annual Data Collection Tool

Core Capability	6	Risk Communication
Component	6.1	Policy and procedures for public communications
Indicator	6.1.1	*Mechanisms for effective risk communication during a public health emergency are established

NOTE: Before you begin, please review the general instructions on filling the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the question below. ‘Not Known’ value will equate to a ‘No’ value. Technical notes are available at the end of this questionnaire.

6.1.1.1 Have risk communication partners and stakeholders been identified?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

6.1.1.2 Is there a unit responsible for coordination of public communications⁵⁷ during a public health event, with roles and responsibilities of the stakeholders⁵⁸ clearly defined?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

6.1.1.3 Has a risk communication plan⁵⁹ including social mobilization of communities been developed?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

6.1.1.4 Are policies, SOPs or guidelines disseminated on the clearance⁶⁰ and release of information during a public health event?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁵⁷ Including the designated spokesperson(s) and alternates identified

⁵⁸ “Stakeholders” are any groups, organizations, or systems who can help effect or can be affected by communications during a PH event, e.g. NGOs, HCW, etc.

⁵⁹ Plan includes inventory of communication partners, focal points, stakeholders and their capacities in the country

⁶⁰ Procedures in place for clearance by scientific, technical and communications staff before information is released during public health events

6.1.1.5 In what proportion of public health events of national or potential international concern has the risk communication plan been implemented in the last 12 months?

<input checked="" type="radio"/> <50%	<input type="radio"/> 50%-100%	<input type="radio"/> 100%
---------------------------------------	--------------------------------	----------------------------

6.1.1.6 Are policies, SOPs or guidelines available to support community-based risk communications interventions during public health emergencies?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

6.1.1.7 Has an evaluation of the public health communication been conducted after emergencies, including for timeliness, transparency⁶¹ and appropriateness of communications, and SOPs updated as needed?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

6.1.1.8 Have SOPs been updated as needed following evaluation of the public health communication?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

6.1.1.9 In what proportion of PH emergencies in the last 12 months were populations and partners informed of a real or potential risk (as applicable) within 24 hours following confirmation of event?

<input type="radio"/> <30%	<input type="radio"/> 30%-50%	<input checked="" type="radio"/> >50%
----------------------------	-------------------------------	---------------------------------------

6.1.1.10 Are regularly updated information sources accessible to media and the public for information dissemination⁶²?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁶¹ Transparency implies openness, communication and accountability, i.e. all information about public health risk is open and freely available.

⁶² This includes website/webpage (national level), community meetings, radio broadcasts nationally as appropriate etc.

6.1.1.11 Are there accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population⁶³?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

6.1.1.12 Have results of evaluations of risk communications efforts during a public health emergency been shared with the global community?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

Please provide the URL link(s) to any relevant documentation: *Link/URL* _____

⁶³ The views and perceptions of individuals, partners and communities affected by public health emergencies should be systematically taken into account; this includes vulnerable, minority, disadvantaged or other at-risk populations.

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Technical Notes

Risk communications should be a multi-level and multi-faceted process which aims to help stakeholders define risks, identify hazards, assess vulnerabilities, promote community resilience and therefore the capacity to cope with an unfolding public health emergency.

Risk communication should include communication with the general public, families and communities about public health risks and events. Outbreak communication is an essential part of risk communication. Effective communications about risks including potential PHEICs need to take into consideration the social, religious, cultural, political and economic context in which events occur, as well as listening to the affected populations. This promotes the uptake of appropriate control and preventive actions through community-based interventions by individuals, families and communities. Information dissemination through appropriate channels is also important.

Communication partners and stakeholders in the country need to be identified, and functional coordination and communication mechanism established. Communication policies and procedures on the timely release of information need to be established, with transparency in decision making that is essential for building trust between authorities, populations and partners. Emergency communications plans need to be developed and tested.

Annual Data Collection Tool

Core Capability	7	Human Resource Capacity
Component	7.1	Human Resource Capacity
Indicator	7.1.1	*Human resources available to implement IHR Core Capacity requirements

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. Technical notes appear at the end of this questionnaire.

7.1.1.1 Has a responsible unit been identified to assess human resource capacities to meet the country's IHR requirements?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

7.1.1.2 Have critical gaps been identified in existing human resources (numbers and competencies) to meet IHR requirements?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

7.1.1.3 Has a training needs assessment⁶⁴ been conducted and plan developed to meet IHR requirements?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

7.1.1.4 Has a plan been developed to meet training needs requirements?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁶⁴ Assessing training needs could include a questionnaire that is circulated, a consensus of experts or a systematic review.

7.1.1.5 Have workforce development plans and funding for the implementation of the IHR been approved by responsible authorities?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

7.1.1.6 Are targets being achieved for meeting workforce numbers and skills consistent with milestones set in training development plan?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

7.1.1.7 Has a strategy been developed for the country to access field epidemiology training (one year or more) in-country, regionally or internationally?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

7.1.1.8 Is there evidence of a strengthened workforce when tested by urgent public health event or simulation exercise?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

7.1.1.9 Are there specific programs, with allocated budgets, to train workforces for IHR-relevant hazards?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

7.1.1.10 Are training opportunities or resources being used to train staff from other countries?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Technical Notes

Strengthening the public health personnel through development of appropriate knowledge, skills and competence is critical for effective IHR implementation. Human resource development should enable sustainable practice of public health surveillance and response at all levels of the health system.

Annual Data Collection Tool

Core Capability	8	Laboratory⁶⁵
Component	8.1	Laboratory diagnostic and confirmation capacity
Indicator	8.1.1	*Laboratory services available and accessible to test for priority health threats

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A ‘Not Known’ value will be statistically equivalent to a ‘No’ value. Technical notes appear at the end of this questionnaire.

8.1.1.1 Is there a policy to ensure the quality of laboratory diagnostic capacities (e.g. licensing, accreditation, etc.)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

8.1.1.2 Is there an updated and accessible inventory of public and private laboratories⁶⁶ with relevant diagnostic capacity available?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

8.1.1.3 Have national reference laboratories (NRL) been designated?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

8.1.1.4 Has a list of NRL been disseminated to relevant stakeholders?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

⁶⁵ Annex 1 Para 6 (b) Public health response to provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance (e.g. equipment, supplies and transport)

⁶⁶ with their corresponding capacities

8.1.1.5 Does the country have access to diagnostic services⁶⁷ for priority diseases, for pathogens listed in Annex 2 of the IHR (2005) and for public health threats including hazardous substances⁶⁸?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

8.1.1.6 Have national or international External Quality Assessment Schemes been implemented for diagnostic laboratories in the country for major public health disciplines⁶⁹?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

8.1.1.7 Is there a network of national and international laboratories established to meet diagnostic and confirmatory laboratory requirements and support outbreak investigations for events specified in Annex 2 of IHR (2005)

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

8.1.1.8 Are more than 10 non-AFP (Acute Flaccid Paralysis) hazardous specimens per year referred to national or international reference laboratories for examination?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

8.1.1.9 Are laboratory test results received from diagnostic laboratories in a timely⁷⁰ manner to inform decision-making and actions?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

8.1.1.10 Are all diagnostic laboratories certified or accredited to international standards⁷¹ or to national standards adapted from international standards?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

⁶⁷ Through national laboratory or through written agreement with international laboratory/s

⁶⁸

⁶⁹ E.g. virology, microbiology, immunology etc.

⁷⁰ Timeliness depends on the disease and should be in accordance with national standards/ guidelines.

⁷¹ International standards: ISO 9001, ISO 17025, ISO 15189, WHO polio, measles, etc.

8.1.1.11 Is there a national system in place for reliable and safe detection of MDR and XDR⁷² *M. tuberculosis*, with quality assurance results readily available?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

8.1.1.12 Does the country have one or more NRL contributing to diagnostic services in another country?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

Component	8.2	Laboratory biosafety and biosecurity
Indicator	8.2.1	*Laboratory biosafety and biosecurity practices in place

8.2.1.1 Are biosafety guidelines accessible to individual laboratories?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

8.2.1.2 Do regulations, policies or strategies⁷³ exist for laboratory biosafety?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

8.2.1.3 Has a responsible entity⁷⁴ been designated for laboratory biosafety and biosecurity?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

8.2.1.4 Have biosafety guidelines, manuals or SOPs been disseminated to laboratories?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

⁷² MDR-TB is multi drug resistant tuberculosis (TB); XDR is extensively drug-resistant TB.

⁷³ This includes local policies or regulations to protect laboratory workers (e.g. immunization, emergency antiviral therapy, specific measures for pregnant women, etc.) and strategies/guidance for the management and disposal of hazardous substances.

⁷⁴ This could be an expert group, committee, or institution.

8.2.1.5 Are relevant staff trained on biosafety guidelines?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

8.2.1.6 Has national classification of microorganisms by risk group ⁷⁵ been completed?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

8.2.1.7 Is there an institution or person ⁷⁶ responsible for inspection, (could include certification of biosafety equipment) of laboratories for compliance with biosafety requirements?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

8.2.1.8 Are biosafety procedures implemented, and regularly monitored?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

8.2.1.9 Has a biorisk ⁷⁷ assessment been conducted in laboratories to guide and update biosafety regulations, procedures and practice, including for decontamination and management of infectious waste?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

8.2.1.10 Are diagnostic laboratories designated and authorized or certified BSL 2 or above for relevant levels of the health care system?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

⁷⁵ Classification by pathogenicity, mode of transmission, local availability of effective measures and local availability of effective treatment. Risk Group 1 (no or low individual and community risk): microorganism is unlikely to cause human or animal disease. Risk Group 2 (moderate individual risk, low community risk) Pathogen can cause human or animal disease but is unlikely to be a serious hazard to laboratory workers, the community, livestock or the environment. Laboratory exposures may cause serious infection, but effective treatment and preventive measures are available and the risk of spread of infection is limited. Risk Group 3 (high individual risk, low community risk) Pathogen usually causes serious human or animal disease but does not ordinarily spread from one infected individual to another. Effective treatment and preventive measures are available. Risk Group 4 (high individual and community risk) Pathogen usually causes serious human or animal disease and can be readily transmitted from one individual to another, directly or indirectly. Effective treatment and preventive measures are not usually available. (Laboratory biosafety manual:3rd ed. WHO)

⁷⁶ With allocated resources, SOPs etc.

⁷⁷ "Biorisks" are risks posed by the handling, manipulation, storage, and disposal of infectious substance.

8.2.1.11 Have country experience and findings related to biosafety been evaluated and reports shared with the global community?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

8.2.1.12 Have country experience⁷⁸ and findings regarding laboratory surveillance been shared within the country and global community?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

Please provide the URL link(s) to any relevant documentation: *Link/URL* _____

⁷⁸ This could include information products, standards, best practices, innovative tools etc.

Please insert any comments or clarifications to the questions above and list any activities that the country has conducted in terms of response, and that are not reflected in this questionnaire. (additional pages may be attached if necessary):

Technical Notes

Laboratory services are part of every phase of alert and response, including detection, investigation and response, with laboratory analysis of samples either domestically or through collaborating centers. States Parties need to establish mechanisms for providing reliable and timely laboratory identification of infectious agents and other hazards likely to cause public health emergencies of national and international concern, including shipment of specimens to the appropriate laboratories if necessary.

Annual Data Collection Tool

Domain	9	Points of Entry
Component	9.1	General obligations required at Points of Entry (PoE)⁷⁹
Indicator	9.1.1	*General obligations at PoE fulfilled

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A ‘Not Known’ value will be statistically equivalent to a ‘No’ value. Technical notes are available at the end of this questionnaire.

9.1.1.1 Was a review meeting (or other appropriate method) conducted to identify Points of Entry for designation?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

9.1.1.2 Has a ‘Competent authority’ for each PoE⁸⁰ been designated?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

9.1.1.3 Have designated ports (as relevant)/airports for development of capacities specified in Annex 1 (as specified in Article 20, no.1) been identified?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

9.1.1.4 Has a list of Ports authorized to offer certificates relating to ship sanitation been sent to WHO (as specified in Article 20, no.3)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁷⁹ Please indicate the number of designated airports, ports and ground crossings in the comment box.

⁸⁰ And as specified in Article 19B (and whose functions are specified in Article 22 No.1) of the IHR (2005.)

9.1.1.5 What proportion of designated **airports** has competent authority?

<input checked="" type="radio"/> 50%	<input type="radio"/> 50%-100%	<input type="radio"/> 100%
--------------------------------------	--------------------------------	----------------------------

9.1.1.6 What proportion of designated **airports** has been assessed⁸¹ ?

<input checked="" type="radio"/> <50%	<input type="radio"/> 50%-100%	<input type="radio"/> 100%
---------------------------------------	--------------------------------	----------------------------

9.1.1.7 What proportion of designated **ports** has competent authority?

<input checked="" type="radio"/> <50%	<input type="radio"/> 50%-100%	<input type="radio"/> 100%
---------------------------------------	--------------------------------	----------------------------

9.1.1.8 What proportion of designated **ports** has been assessed?

<input checked="" type="radio"/> <50%	<input type="radio"/> 50%-100%	<input type="radio"/> 100%
---------------------------------------	--------------------------------	----------------------------

9.1.1.9 Have country experiences and findings about the process of meeting PoE general obligations been shared and documented?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

Component **9.2** **Surveillance at PoE**

Indicator **9.2.1** ***Effective surveillance established⁸² at PoE**

9.2.1.1 Have priority conditions for surveillance at designated PoE been identified?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

⁸¹ Assess ability to meet the minimum requirements described Annex 1a of the IHR (2005).

⁸² This is part of the national surveillance system, or as assigned by the country

9.2.1.2 Has surveillance information at designated PoE been shared with the surveillance department/unit?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

9.2.1.3 Are mechanisms for the exchange of information between designated PoE and medical facilities in place?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

9.2.1.4 Do designated PoE have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travelers, with adequate staff, equipment and premises (Annex 1b, art 1a)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

9.2.1.5 Has surveillance of conveyances for presence of vectors and reservoirs at designated PoE been established (Annex 1B art 2e)?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

9.2.1.6 Do designated PoE have trained personnel for the inspection of conveyances (Annex 1b, art 1c)?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

9.2.1.7 Do designated PoE have the capacity to safely dispose of potentially contaminated products?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

9.2.1.8 Is there a functioning programme for the surveillance and control of vectors and reservoirs in and near Points of Entry (Annex 1A, art 6a Annex 1b, art 1e)?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

9.2.1.9 Has a review of surveillance of health threats at PoE been carried out in the last 12 months and results published⁸³?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

Component	9.3	Response at PoE
Indicator	9.3.1	*Effective response at PoE established

9.3.1.1 Are SOPs for response at PoE available?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

9.3.1.2 Has a public health emergency contingency response plan at designated PoE been developed and disseminated to key stakeholders?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

9.3.1.3 Have the public health emergency contingency plans at designated PoE been integrated with other response plans?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

9.3.1.4 Have the public health emergency contingency plans at designated PoE been tested and updated as needed?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

9.3.1.5 Do designated PoE have appropriate space, separate from other travelers, to interview suspect or affected persons (Annex 1B, art 2c)?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

⁸³ “Published” here means available in a public domain with URL or reference.

9.3.1.6 Can designated PoE provide medical assessment or quarantine of suspect travelers, and care for affected travelers or animals ⁸⁴(Annex 1B, art 2b and 2d)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

9.3.1.7 Is there a referral and transport system for the safe transfer of ill travelers to appropriate medical facilities and access to relevant equipment, in place at a designated PoE (Annex 1b, art 1b and 2g)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

9.3.1.8 Can recommended public health measures⁸⁵ (article 1B art 2e and 2f) be applied at designated PoE?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

9.3.1.9 Are results of the evaluation of effectiveness of response to PH events at PoE published?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

⁸⁴ By establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required.

⁸⁵ This includes entry or exit controls for arriving and departing travellers, and measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose.

Please insert comments or list any activities that the country has conducted in terms of Points of Entry, and that are not reflected in this questionnaire:

Technical Notes

All core capacities and potential hazards apply to the points of entry, and thus enable the effective application of health measures to prevent international spread of disease. States Parties are required to designate the international airports and ports and any ground crossings which will develop specific capacities in the application of the public health measures required to manage a variety of public health risks.

Annual Data Collection Tool

Core Capability	10	Zoonotic Events
Component	10.1	Capacity to detect and respond to zoonotic events of national or international concern
Indicator	10.1.1	*Mechanisms for detecting and responding to zoonoses and potential zoonoses established

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A ‘Not Known’ value will be statistically equivalent to a ‘No’ value.

10.1.1.1 Is there a coordination mechanism within the responsible government authority(ies) for the detection of and response⁸⁶ to zoonotic events?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

10.1.1.2 Is there a national policy or strategy in place for the surveillance and response to zoonotic events?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

10.1.1.3 Have focal points responsible for animal health (including wildlife) been designated for coordination with the MoH and/or IHR NFP⁸⁷?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

10.1.1.4 Have functional mechanisms⁸⁸ for intersectoral collaborations that include animal and human health surveillance units and laboratories been established and documented?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

⁸⁶ Note that coordination for surveillance and coordination for response may be the responsibility of different authorities.

⁸⁷ This coordination will include information sharing, meetings, SOPs developed for collaborative response, etc.

⁸⁸ This involves a joint working group or other mechanism between the animal health and human health surveillance systems and all other relevant sectors meeting regularly, with joint risk assessments, risk communications, planning, monitoring and documented procedures.

10.1.1.5 Is there a list of priority zoonotic diseases with case definitions available?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

10.1.1.6 Is there systematic and timely collection and collation of zoonotic disease data?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

10.1.1.7 Is there systematic information exchange between animal and human health surveillance units about urgent zoonotic events and potential zoonotic risks using?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

10.1.1.8 Does the country have access to laboratory capacity, nationally or internationally (through established procedures) to confirm priority zoonotic events?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

10.1.1.9 Is zoonotic disease surveillance implemented with a community component?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

10.1.1.10 Is there timely⁸⁹ and systematic information exchange between animal, human health surveillance units, and other relevant sectors regarding urgent zoonotic events and risks, ?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

10.1.1.11 Has regular (e.g. monthly) information exchange been established on zoonotic diseases among the laboratories responsible for human diseases and animal diseases?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

⁸⁹ Timeliness is judged and determined by each country.

10.1.1.12 Is there a regularly updated roster (list) of experts that can respond to zoonotic events?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

10.1.1.13 Has a mechanism been established for response to outbreaks of zoonotic diseases by human and animal health sectors?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

10.1.1.14 Do animal health (domestic and wildlife) authorities/units participate in a national emergency response committee?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

10.1.1.15 Have operational, intersectoral public health plans for responding to zoonotic events been tested through occurrence of events or simulation exercises and updated as needed?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

10.1.1.16 Is there timely⁹⁰ (as defined by national standards) response to more than 80% of zoonotic events of potential national and international concern?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

10.1.1.17 In the last 12 months, have you shared country experiences⁹¹ and findings related to zoonotic risks and events of potential national and international concern with the global community ?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

Please provide the URL link(s) to any relevant documentation: *Link/URL* _____

⁹⁰ “Timely” here refers to the time between detection and response.

⁹¹ This could include information products, standards, best practices, innovative tools, etc.

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Annual Data Collection Tool

Core Capability	11	Food Safety
Component	11.1	Capacity to detect and respond to food safety events that may constitute a public health emergency of national or international concern
Indicator	11.1.1	*Mechanisms established for detecting and responding to foodborne disease and food contamination

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A ‘Not Known’ value will be statistically equivalent to a ‘No’ value.

11.1.1.1 Are national or international food safety standards available⁹²?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

11.1.1.2 Are there national food laws or regulations or policy in place⁹³ to facilitate food safety control?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

11.1.1.3 Is there an operational national multisectoral mechanism⁹⁴ for food safety events in place?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

11.1.1.4 Are decisions of the food safety multisectoral body implemented and outcomes documented?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

⁹² These could be based on international standards (e.g. Codex Alimentarius or ISO standards)

⁹³ A national food safety control system includes: food law and regulations, food control management, inspection services, laboratory services, food monitoring, epidemiological data, information, education, communication and training.

⁹⁴ This may be a network, taskforce, committee or other mechanism to share information about events that may affect food safety and which is able to operate in a timely manner and effectively to reduce the risk of foodborne illness.

11.1.1.5 Has a functioning coordination mechanism been established between the Food Safety Authorities, specifically the INFOSAN Emergency Contact Point (if member) and the IHR NFP?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

11.1.1.6 Is your country an active⁹⁵ member of the INFOSAN⁹⁶ network?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

11.1.1.7 Is a list of priority food safety risks available?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

11.1.1.8 Are guidelines or manuals on the surveillance, assessment and management of priority food safety risks available?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

11.1.1.9 Has epidemiological data related to food contamination been systematically collected and analyzed?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

11.1.1.10 Do food safety authorities report systematically on food safety events of national or international concern to the surveillance unit?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

11.1.1.11 Are risk-based food inspection services in place?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

⁹⁵ “Active” means regularly accessing website, sharing information during a crisis situation, sharing with INFOSAN information from the country.

⁹⁶ The International Food Safety Authorities Network (INFOSAN) is a global network of 177 national food safety authorities, developed and managed by WHO in collaboration with the Food and Agriculture Organization of the United Nations (FAO), which disseminates important global food safety information and improves national and international collaboration.

11.1.1.12 Does the country have access to laboratory capacity to confirm priority food safety events of national or international concern including molecular techniques?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

11.1.1.13 Is there a roster of food safety expert available for the assessment and response to food safety events?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

11.1.1.14 Have operational plans for responding⁹⁷ to food safety events been tested and updated as needed?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

11.1.1.15 Are food safety events investigated by teams that include food safety experts?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

11.1.1.16 Have mechanisms been established for tracing, recall and disposal of contaminated products⁹⁸?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

11.1.1.17 Are communication mechanisms and materials in place to deliver information, education and advice to stakeholders across the farm-to-fork continuum?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

11.1.1.18 Have food safety control management systems (including for imported food) been implemented?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

⁹⁷ Example of essential steps in food event response system after an alert include investigation, risk assessment, risk management, risk communication, effectiveness checks and recall follow up.

⁹⁸ This would include all products that could be the source of contamination, e.g. feed, food ingredients and food products.

11.1.1.19 Has information from foodborne outbreaks and food contamination been used to strengthen food management systems, safety standards and regulations?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

11.1.1.20 Has the analysis of food safety events, foodborne illness trends and outbreaks which integrates data from across the food chain been published⁹⁹?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

⁹⁹ “Published” here means available in a public domain with a reference or URL.

Please insert comments or list any activities that the country has conducted in terms of food safety events, and that are not reflected in this questionnaire:

Annual Data Collection Tool

Core Capability	12	Chemical Events
Component	12.1	Capacity to detect and respond to chemical events of national and international public health concern
Indicator	12.1.1	*Mechanisms established for detection, alert and response to chemical emergencies

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A ‘Not Known’ value will be statistically equivalent to a ‘No’ value.

12.1.1.1 Have experts¹⁰⁰ been identified for public health assessment and response to chemical incidents?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.2 Is legislation, policy or protocol in place for chemical event surveillance, alert¹⁰¹ and response?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.3 Do national authorities responsible for chemical events have a designated focal point for coordination with the Ministry of Health and/or the IHR National Focal Point?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.4 Is there an alert system in place for rapid communication with the IHR NFP?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

¹⁰⁰ “Experts” include chemical risk assessors, risk managers and clinical toxicologists.

¹⁰¹ Elements of alert include SOPs for coverage, criteria of when and how to alert, duty rosters, etc.

12.1.1.5 Are national authorities responsible for chemical events part of national emergency coordinating structures?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

12.1.1.6 Have coordination¹⁰² mechanisms been tested and updated through exercises?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.7 Is surveillance in place for chemical events, intoxication or poisonings?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.8 Has a list of priority chemical events/syndromes that may constitute a potential public health event of national and international concern been identified?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.9 Is there an inventory of major hazard sites and facilities that could be a source of chemical public health emergencies?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.10 Are manuals and SOPs for rapid assessment, case management and control of chemical events available and disseminated?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.11 Is there timely and systematic information exchange between appropriate chemical units¹⁰³ and surveillance units about urgent chemical events and potential chemical risks?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

¹⁰² Note that this cross references with legislation, policy and financing (CC1 and CC2).and that attributes for this component should be also fully addressed under those core capacities.

¹⁰³ e.g. chemical surveillance, environmental monitoring and chemical incident reporting.

12.1.1.12 Is there an emergency response plan that defines the roles and responsibilities of relevant agencies in place for chemical emergencies?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.13 Does the country have laboratory capacity or access to laboratory capacity to confirm priority chemical events?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

12.1.1.14 Is there a risk communication plan for chemical events coordinated with the national risk communications plan?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.15 Have chemical event response plans been tested through occurrence of real event or through a simulation exercise and updated as needed?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

12.1.1.16 Is there an adequately-resourced Poison Centre(s) in place¹⁰⁴?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

12.1.1.17 Have country experience and findings regarding chemical events and risks been shared with the global community?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

Please provide the URL link(s) to any relevant documentation: *Link/URL* _____

¹⁰⁴ e.g. clinical toxicology, 7/24 hotline, material data sheet, safety data sheet and contact details of chemical manufacturers.

Please insert any comments or clarifications to the questions above and list any activities that the country has conducted in terms of response, and that are not reflected in this questionnaire. (additional pages may be attached if necessary):

Annual Data Collection Tool

Core Capability	13	Radiation Emergencies
Component	13.1	Capacity to detect and respond to radiological and nuclear emergencies that may constitute a public health event of national or international concern
Indicator	13.1.1	*Mechanisms established for detecting and responding to radiological and nuclear emergencies

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A ‘Not Known’ value will be statistically equivalent to a ‘No’ value.

13.1.1.1 Have experts been identified for public health assessment and response to radiological and nuclear events?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.2 Is there a national policy or plan for the detection, assessment and response to radiation emergencies?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.3 Is there a national policy or plan for national and international transport of radioactive material and samples and waste management, including from hospitals and medical services?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.4 Is there an established coordination¹⁰⁵ and communication mechanism¹⁰⁶ for risk assessments, risk communications, planning, exercising and monitoring among relevant National Competent Authorities (NCAs) responsible for nuclear regulatory control/safety, national public health authorities, the Ministry of Health, the IHR NFP and other relevant sectors?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

¹⁰⁵ Note that this overlaps with legislation, policy and financing (CC1 and CC2)..

¹⁰⁶ This includes information-sharing, meetings, SOPs developed for collaborative response, etc.

13.1.1.5 Is there an inventory of hazard sites and facilities using/handling radioactive sources¹⁰⁷ which may be the source of a public health emergency of international concern?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.6 Is monitoring in place for radiation emergencies?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.7 Is there mapping of the radiological risks that may be a source of a potential public health emergency of international concern (sources of exposure, populations at risk, etc.)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.8 Is there systematic information exchange between radiological competent authorities and human health surveillance units about urgent radiological events and potential risks that may constitute a public health emergency of international concern?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.9 Are there scenarios, technical guidelines and SOPs for risk assessment, reporting, event verification and notification, investigation and management of radiation emergencies?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.10 Do agencies responsible for radiation emergencies participate in a national emergency response committee and in coordinated responses to radiation emergencies?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

¹⁰⁷ E.g. nuclear installations, factories, research or medical facilities.

13.1.1.11 Is there a radiation emergency response plan¹⁰⁸?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.12 Have radiation emergency response drills been carried out regularly at national level, including requesting international assistance (as needed) and international notification?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

13.1.1.13 Is there a mechanism in place for access to hospitals or health-care facilities with capacity to manage patients from radiation emergencies (in or out of the country)?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

13.1.1.14 Is there a strategy for public communication¹⁰⁹ in case of a radiological or nuclear event?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.15 Does the country have basic laboratory capacity and instruments to detect and confirm presence of radiation and identify its type (alpha, beta, or gamma) for potential radiation hazards?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Known
--------------------------------------	--------------------------	---------------------------------

13.1.1.16 Are there regularly updated collaborative mechanisms in place for access¹¹⁰ to specialized laboratories that are able to perform bioassays¹¹¹, biological dosimetry by cytogenetic analysis and ESR¹¹²?

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Known
---------------------------	--------------------------	--

¹⁰⁸ This could be part of the national emergency plan.

¹⁰⁹ This could be part of the risk communication strategy or plan.

¹¹⁰ This means having agreements, established arrangements and mechanisms to access these capacities in relevant collaborating institutions in other countries.

¹¹¹ These will measure and monitor the amount of incorporated radioactivity in human body by the use of whole-body Counters, lung monitors, thyroid monitors, or in biological samples.

¹¹² ESR (electron-spin resonance technique) allows the measurement of a dose of radiation absorbed in human body by measuring signals from tooth enamel, nails, hair, or other material samples e.g. clothing, mobile phones, etc.

13.1.1.17 Are country experiences¹¹³ relating to the detection and response to radiological risks and events documented and shared with the global community?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Known
---------------------------	-------------------------------------	---------------------------------

Please provide the URL link(s) to any relevant documentation: *Link/URL* _____

¹¹³ This could include publications, information products, standards, best practices, innovative tools, etc.

Please insert any comments or clarifications to the questions above and list any activities that the country has conducted in terms of response, and that are not reflected in this questionnaire. (additional pages may be attached if necessary):