World Health Organization
REGIONAL OFFICE FOR Europe

Strengthening health-system emergency preparedness

Toolkit for assessing health-system capacity for crisis management

Part 2. Assessment form

World Health Organization

REGIONAL OFFICE FOR **Europe**

Strengthening health-system emergency preparedness

Toolkit for assessing health-system capacity for crisis management

Part 2. Assessment form

Directorate-General for
Health & Consumers

Abstract

In preparing for health crises, health systems face the prospect of multiple hazards, limited resources for dealing with them and high expectations with regard to their performance. The WHO Regional Office for Europe is working with its Member States towards strengthening health-system capacity by providing technical assistance in developing and implementing crisis preparedness and management programmes. In 2008, with the aim of improving the preparedness of countries for public health emergencies, the European Commission Directorate-General for Health and Consumers and the Regional Office embarked on a joint project entitled, "Support to health security, preparedness planning and crises management in European Union (EU), EU accession and neighbouring (ENP) countries". The objectives of this project included the development of a standardized toolkit for assessing health-system capacity for managing crises.

This toolkit was developed and revised during the course of pilot assessments carried out in Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Poland, the Republic of Moldova, Turkey and Ukraine between 2007 and 2010. It comprises two parts: (1) the present document (the assessment form) and (2) the user manual.

This document has been produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

Address requests about publications of the WHO Regional Office for Europe to:
    Publications
    WHO Regional Office for Europe
    Scherfigsvej 8
    DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (http://www.euro.who.int/pubrequest).

Contents

Section 1. Leadership and governance

<table>
<tr><td colspan="5" style="background:#d95f2a">Key component 1.1. Legal framework for national multisectoral emergency management</td></tr>
<tr><td colspan="5" style="background:#f5a623">Essential attribute 1. Laws, policies, plans and procedures relevant to national multisectoral emergency management</td></tr>
</table>

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Does the legislation follow an all-hazards approach?	○	○	○	
(b) Does the legislation consider all phases of emergency management?	○	○	○	
(c) Is the legislation reviewed and revised regularly?	○	○	○	
(d) Are procedures for declaring and terminating a state of emergency at both the national and subnational levels defined in the legislation?	○	○	○	
(e) Does the legislation recognize, and is it consistent with, legally binding international agreements and conventions to which the country is a party and/or which it has ratified (in particular the International Health Regulations (IHR) (2005) and the Hyogo Framework for Action, 2005–2015)?	○	○	○	
(f) Does a formal arrangement exist for the protection and identification of infrastructures and personnel?	○	○	○	

<table>
<tr><td colspan="5" style="background:#f5a623">Essential attribute 2. National structure for multisectoral emergency management and coordination</td></tr>
</table>

	Yes	Partly	No	
(a) Does the national structure for emergency management and coordination consist of a high-level multisectoral committee?	○	○	○	
(b) Is it supported by an operational entity and relevant subcommittees on specific technical issues?	○	○	○	
(c) Are the roles and responsibilities of the various partners clearly defined?	○	○	○	
(d) Is health on board of this committee and have resources been allocated for health-sector disaster-risk reduction, emergency preparedness and response?	○	○	○	

Summary of findings relating to key component 1.1. Legal framework for national multisectoral emergency management.

Key component 1.2. Legal framework for health-sector emergency management

Essential attribute 3. Laws, policies, plans and procedures relevant to health-sector emergency management

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Does the legislation follow a whole-health, all-hazards approach to emergency management?	○	○	○	
(b) Does it cover all phases of emergency management?	○	○	○	
(c) Is it reviewed and revised regularly?	○	○	○	
(d) Does it define the conditions and procedures for quarantine and isolation relevant to emergencies?	○	○	○	

Essential attribute 4. Structure for health-sector emergency management and coordination

	Yes	Partly	No	
(a) Does the structure for health-sector emergency management consist of a high-level multidisciplinary committee?	○	○	○	
(b) Is it linked at all levels to similar structures in other sectors?	○	○	○	
(c) Is it supported by an operational entity and relevant subcommittees on specific technical issues?	○	○	○	
(d) Does it specify the roles and responsibilities of key health-sector stakeholders?	○	○	○	
(e) Does it promote mechanisms to ensure the allocation of resources for disaster risk reduction, emergency preparedness and response?	○	○	○	

Essential attribute 5. Regulation of external health-related emergency assistance

	Yes	Partly	No	
(a) Are there any regulations relating to the entry of foreign health workers to provide emergency relief services?	○	○	○	
(b) Are medical relief items exempt from import tax?	○	○	○	
(c) Are there any regulations relating to donations of health and medical items?	○	○	○	

Summary of findings relating to key component 1.2. Legal framework for health-sector emergency management.

Key component 1.3. National institutional framework for multisectoral emergency management

Essential attribute 6. National committee for multisectoral emergency management

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Has a national committee for multisectoral emergency management been established?	⬤	⬤	⬤	
(b) If so, does the committee include high-level representatives of all relevant sectors?	⬤	⬤	⬤	
(c) Are the responsibilities and authority of the committee members and secretariat defined?	⬤	⬤	⬤	
(d) Are procedures for convening meetings defined?	⬤	⬤	⬤	
(e) Is the committee supported by an operational entity?	⬤	⬤	⬤	
(f) Is the committee linked to similar structures at all levels?	⬤	⬤	⬤	

Essential attribute 7. National operational entity for multisectoral emergency management

	Yes	Partly	No	Justification
(a) Does the national operational entity for multisectoral emergency-management possess sufficient resources and support systems to enable it to fulfil its mandate?	⬤	⬤	⬤	
(b) Are the responsibilities and authority of the entity defined?	⬤	⬤	⬤	
(c) Does the entity coordinate and supervise national preparedness planning involving all relevant stakeholders?	⬤	⬤	⬤	
(d) Are similar structures in place at all administrative levels?	⬤	⬤	⬤	

Summary of findings relating to key component 1.3. National institutional framework for multisectoral emergency management.

Key component 1.4. National institutional framework for health-sector emergency management

Essential attribute 8. National committee for health-sector emergency management

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Has a national committee for health-sector emergency management been established?	●	●	●	
(b) If so, does the committee include high-level representatives of all relevant sectors and disciplines?	●	●	●	
(c) Are the responsibilities and authority of the members of the committee and its secretariat defined?	●	●	●	
(d) Are procedures for convening meetings of the committee defined?	●	●	●	
(e) Is the committee supported by an operational entity?	●	●	●	
(f) Is the committee linked to complementary structures at all levels?	●	●	●	

Essential attribute 9. National operational entity for health-sector emergency management

Indicator-related questions	Yes	Partly	No	Justification
(a) Are the available resources (staff, equipment, finances) and systems (emergency-operations centres, transport and communications systems) considered sufficient to allow the operational entity for health-sector emergency management to fulfil its mandate?	●	●	●	
(b) Are the responsibilities and authority of the national operational entity for health-sector management defined?	●	●	●	
(c) Does the operational entity coordinate and supervise the planning of the national health-sector emergency- preparedness programme and, if so, are all the relevant stakeholders involved?	●	●	●	
(d) Are there similar entities in place at all administrative levels?	●	●	●	

Key component 1.4. National institutional framework for health-sector emergency management *continued*

Essential attribute 10. Mechanisms of coordination and partnership-building

(a) Do existing mechanisms of emergency coordination and partnership-building include agreements with entities in the public and private sector and civil society?

(b) Are health authorities at all levels involved in governmental and nongovernmental coordination mechanisms?

(c) Do existing coordination mechanisms also include regular planning meetings on disaster-risk reduction and preparedness during emergency operations?

(d) Do existing mechanisms of coordination and partnership-building promote the documentation and follow-up of decisions made at the planning meetings?

(e) Does the institutional framework promote joint planning procedures (to identify and deal with duplications and gaps in programme implementation)?

(f) Do existing mechanisms of coordination and partnership-building promote the joint mobilization of, and access to, resources?

Summary of findings relating to key component 1.4. National institutional framework for health-sector emergency management.

Key component 1.5. Components of national programme on health-sector emergency management

Essential attribute 11. National health-sector programme on risk reduction

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Has a national health-sector risk-reduction programme been established?	◯	◯	◯	
(b) If so, does it, in collaboration with the national operational entity for multisectoral emergency management, identify risk-prone populations on the basis of risk analyses?	◯	◯	◯	
(c) Does the programme identify risk-prone health facilities on the basis of risk analyses?	◯	◯	◯	
(d) Does the programme have resources to address vulnerabilities and reduce risks?	◯	◯	◯	

Essential attribute 12. Multisectoral and health-sector programmes on emergency preparedness

(a) Do emergency-preparedness programmes existing at the national and/or subnational levels promote and conduct research?	◯	◯	◯	
(b) Do they include the development and dissemination of emergency-management guidelines?	◯	◯	◯	
(c) Do they foresee reviews and revisions of emergency-management policies?	◯	◯	◯	
(d) Do they include the development, organization and delivery of emergency-management training programmes?	◯	◯	◯	
(e) Do they include the promotion of a participatory emergency-management planning process?	◯	◯	◯	
(f) Do they mobilize and allocate resources for preparedness?	◯	◯	◯	
(g) Do they include the development and maintenance of information systems and databases?	◯	◯	◯	
(h) Do they include the development of risk-communication, health-promotion and education strategies?	◯	◯	◯	
(i) Do they foresee the development and evaluation of exercises and drills?	◯	◯	◯	
(j) Do they include the development and maintenance of standards for emergency-management plans?	◯	◯	◯	
(k) Do they provide for the coordination and monitoring of, and the regular reporting on, programme implementation?	◯	◯	◯	

Key component 1.5. Components of national programme on health-sector emergency management *continued*

Essential attribute 13. National health-sector plan for emergency response and recovery

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Is the national emergency-response plan based on an all-hazards approach and risk assessment?	●	●	●	
(b) Does the plan include contingency measures?	●	●	●	
(c) Is it compatible with relevant intersectoral and subnational health plans?	●	●	●	
(d) Does it define activation, coordination and incident-command mechanisms?	●	●	●	
(e) Is it based on available resources?	●	●	●	
(f) Is it disseminated to key stakeholders after each revision?	●	●	●	
(g) Is it regularly tested through exercises, drills and simulations?	●	●	●	
(h) Has it been disseminated to the public?	●	●	●	

Essential attribute 14. Research and evidence base

	Yes	Partly	No	
(a) Is the research agenda defined?	●	●	●	
(b) Have resources been allocated for research?	●	●	●	
(c) Have research results been applied?	●	●	●	

Summary of findings relating to key component 1.5. Components of a national programme on health-sector emergency management.

Recommendations for priority action with respect to Section 1. Leadership and governance.

Section 2. Health workforce

Key component 2.1. Human resources for health-sector emergency management

Essential attribute 15. Development of human resources

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Does a human-resources plan for emergency management exist and, if so, is it based on defined competencies?	○	○	○	
(b) Is there a database of staff trained in emergency management and is it maintained?	○	○	○	
(c) Do procedures exist for integrating national and international volunteers into service delivery in emergency situations?	○	○	○	

Essential attribute 16. Training and education

	Yes	Partly	No	
(a) Do needs assessments determine the frequency and content of training, as well as the number of participants?	○	○	○	
(b) Does a needs-based training plan exist?	○	○	○	
(c) Do the curricula cater for the different competencies required?	○	○	○	
(d) Are the curricula and training materials harmonized across stakeholders?	○	○	○	
(e) Does a formal mechanism exist for reviewing and revising curricula?	○	○	○	
(f) Does training include exercises and drills?	○	○	○	
(g) Are opportunities provided for emergency-management training?	○	○	○	
(h) Have sufficient resources been allocated for training programmes?	○	○	○	

Summary of findings relating to key component 2.1. Human resources for health-sector emergency management.

Recommendations for priority action with respect to Section 2. Health workforce

Section 3. Medical products, vaccines and technology

Key component 3.1. Medical supplies and equipment for emergency-response operations

Essential attribute 17. Medical equipment and supplies for prehospital and hospital (including temporary health facilities) activities and other public health interventions

Indicator-related questions	Answer (enter X where applicable)			
	Yes	Partly	No	Justification
(a) Are essential medical supplies and equipment for emergency operations determined on the basis of risk assessments and analyses?	⬤	⬤	⬤	
(b) Are they readily available in sufficient quantities?	⬤	⬤	⬤	
(c) Are medical supplies periodically tested, and are expired or inappropriate items disposed of in accordance with established guidelines?	⬤	⬤	⬤	
(d) Are maintenance of the inventory and the rotation and safe stockpiling of medical supplies and equipment executed in accordance with established guidelines?	⬤	⬤	⬤	
(e) Is there a system in place, including cold chain, for the distribution of medical supplies and equipment in the event of a health-sector emergency?	⬤	⬤	⬤	
(f) Do procedures exist for the exceptional procurement of medical supplies that are not on the list of basic equipment?	⬤	⬤	⬤	

Essential attribute 18. Pharmaceutical services

	Yes	Partly	No	Justification
(a) Are essential pharmaceutical supplies for emergency operations determined on the basis of risk analyses?	⬤	⬤	⬤	
(b) Are they readily available in sufficient quantities?	⬤	⬤	⬤	
(c) Are pharmaceutical supplies periodically tested, and are expired or inappropriate items disposed of in accordance with established guidelines?	⬤	⬤	⬤	
(d) Are maintenance of the inventory and the rotation and safe stockpiling of pharmaceutical supplies executed in accordance with established guidelines?	⬤	⬤	⬤	
(e) Is there a system in place, including cold chain, for the distribution of pharmaceutical supplies in the event of a health- sector emergency?	⬤	⬤	⬤	
(f) Do procedures exist for the exceptional procurement of pharmaceutical supplies that are not on the list of essential drugs?	⬤	⬤	⬤	

Key component 3.1. Medical supplies and equipment for emergency-response operations *continued*

Essential attribute 19. Laboratory services

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Are essential laboratory supplies and equipment for emergency operations determined on the basis of risk analyses?	⬤	⬤	⬤	
(b) Are they readily available in sufficient quantities?	⬤	⬤	⬤	
(c) Are laboratory supplies and equipment periodically tested, and are expired or inappropriate items disposed of in accordance with established guidelines?	⬤	⬤	⬤	
(d) Do procedures exist for the exceptional procurement of laboratory supplies and equipment?	⬤	⬤	⬤	
(e) Are the safe transport and export of biological and environmental specimens for testing and/or confirmation by national and international reference laboratories assured?	⬤	⬤	⬤	

Essential attribute 20. Blood services

(a) Are essential supplies and equipment for blood services determined on the basis of risk analyses?	⬤	⬤	⬤	
(b) Are blood supplies readily available in sufficient quantities?	⬤	⬤	⬤	
(c) Are arrangements (including public campaigns) in place for the rapid and exceptional collection, storage and distribution of blood and are these in accordance with established guidelines?	⬤	⬤	⬤	
(d) Do procedures exist for the exceptional procurement of supplies and equipment for blood services?	⬤	⬤	⬤	
(e) Is the safety of blood and blood products (and their safe disposal) ensured in accordance with established guidelines?	⬤	⬤	⬤	

Summary of findings relating to key component 3.1. Medical supplies and equipment for emergency-response operations.

Recommendations for priority action with respect to Section 3. Medical products, vaccines and technology.

Section 4. Health information

Key component 4.1. Information-management systems for risk-reduction and emergency-preparedness programmes

Essential attribute 21. Information system for risk-assessment and emergency-preparedness planning

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Are the responsibilities and authority related to the information system defined?	⬤	⬤	⬤	
(b) Do protocols and procedures exist for the collection, management, analysis and dissemination of the necessary data for conducting risk assessments and performing emergency-preparedness planning?	⬤	⬤	⬤	
(c) Does a national profile of health risks exist and, if so, is it based on disaggregated risk, hazard and vulnerability data?	⬤	⬤	⬤	
(d) Are reports on the activities of the emergency-preparedness programme published and disseminated regularly?	⬤	⬤	⬤	

Essential attribute 22. National health information system

	Yes	Partly	No	
(a) Does the national health information system provide disaggregated data for health-related emergency management at the national and subnational levels?	⬤	⬤	⬤	
(b) Are the triggers for switching from routine to emergency reporting defined?	⬤	⬤	⬤	

Essential attribute 23. National and international information-sharing

	Yes	Partly	No	
(a) Have information mechanisms for use in emergency situations been established at the community level and is trained staff available?	⬤	⬤	⬤	
(b) Does the information-management system facilitate reporting according to IHR and other mandatory reporting requirements?	⬤	⬤	⬤	

Essential attribute 24. Surveillance systems

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Do emergency managers have access to relevant data (including data on trauma and injuries, communicable diseases, vector-borne diseases, water quality, nutrition, noncommunicable diseases and food safety)?	●	●	●	
(b) Are epidemic-related intelligence activities being carried out (baseline estimates, definition of trends and thresholds for alert and action defined at the primary-response level, regular analysis of epidemic-prone diseases, etc.)?	●	●	●	
(c) Is early-warning capacity in place to enable recognition of and reporting on any event of potential public health concern within 24 hours?	●	●	●	
(d) Is the surveillance system able to provide sufficiently trained staff?	●	●	●	
(e) Is there a network infrastructure, including surge capacity, to enable adequate response to an event?	●	●	●	
(f) Does the surveillance system have standardized protocols defining roles, responsibilities and procedures related to the standardization, collection, management, analysis and dissemination of data?	●	●	●	
(g) Does the surveillance system provide for data-sharing with agricultural, veterinary and environmental disease surveillance systems?	●	●	●	

Summary of findings relating to key component 4.1. Information-management systems for risk-reduction and emergency-preparedness programmes.

Key component 4.2. Information-management systems for emergency response and recovery

Essential attribute 25. Rapid health-needs assessment

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Do mechanisms exist for carrying out rapid health-needs assessments?	●	●	●	
(b) Are the necessary resources and trained staff available for doing so?	●	●	●	
(c) Do data resulting from rapid health-needs assessments determine resources' allocation and priority action?	●	●	●	
(d) Do these data reflect the needs in terms of the population and health services' delivery?	●	●	●	

Essential attribute 26. Multisectoral initial rapid assessment (IRA)

(a) Is the health sector fully involved in the planning, preparation and implementation of IRAs?	●	●	●	
(b) Do health professionals receive appropriate training in carrying out IRAs?	●	●	●	
(c) Do mechanisms exist for allocating resources and initiating priority action based on IRA data?	●	●	●	

Essential attribute 27. Emergency reporting system

(a) Does an emergency reporting system exist?	●	●	●	
(b) Are resources and trained staff available?	●	●	●	
(c) Does the emergency reporting system provide information on critical human resources, health infrastructure, etc.?	●	●	●	
(d) Are data from all relevant stakeholders collected through the emergency reporting system?	●	●	●	

Summary of findings relating to key component 4.2. Information-management systems for emergency response and recovery.

Key component 4.3. Risk communication

Essential attribute 28. Strategies for risk communication with the public and the media

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Are the communication strategies based on risk assessment?	○	○	○	
(b) Are there coordination mechanisms in place for involving stakeholders in the formulation of information for the public and the media to ensure consistency?	○	○	○	
(c) Do procedures exist for the dissemination of information?	○	○	○	
(d) Is information regarding ongoing emergency-preparedness activities systematically communicated to the public and the media?	○	○	○	
(e) Do the communication strategies also target minority and vulnerable populations?	○	○	○	
(f) Is the function of spokesperson defined?	○	○	○	

Essential attribute 29. Strategies for risk communication with staff involved in emergency operations

	Yes	Partly	No	
(a) Do coordination mechanisms exist to ensure consistency of the information supplied by stakeholders to responders?	○	○	○	
(b) Do procedures exist for the communication of risk information by stakeholders to responders?	○	○	○	
(c) Has information on specific risks and self-protection measures for responders involved in emergency operations been prepared and, if so, is it regularly updated and disseminated?	○	○	○	

Summary of findings relating to key component 4.3. Risk communication.

Recommendations for priority action with respect to Section 4. Health information.

Section 5. Health financing

Key component 5.1. National and subnational strategies for financing health-sector emergency management

Essential attribute 30. Multisectoral mechanisms of financing emergency preparedness and management

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Are funds available for the multisectoral preparedness for, and management of, emergencies at the national and subnational levels?	○	○	○	
(b) Do multisectoral financing mechanisms include contingency funding for response and recovery at the national and subnational levels?	○	○	○	
(c) Are multisectoral financing procedures available for the request, acceptance and utilization of international financial assistance?	○	○	○	

Essential attribute 31. Health-sector financing mechanisms

	Yes	Partly	No	
(a) Do the health-sector financing mechanisms include a budget for a risk-reduction programme?	○	○	○	
(b) Are funds designated for a health-sector emergency-preparedness programme?	○	○	○	
(c) Do mechanisms exist for accessing contingency funds for health-sector emergency-response and recovery operations?	○	○	○	
(d) Do health-sector financing mechanisms include effective and rapid recovery for loss and damage (e.g. damage to health facilities)?	○	○	○	

Summary of findings relating to key component 5.1. National and subnational strategies for financing health-sector emergency management.

Recommendations for priority action with respect to Section 5. Health financing.

Section 6. Service delivery

Key component 6.1. Response capacity and capability

Essential attribute 32. Subnational health-sector emergency-response plans

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Are subnational emergency-response plans based on national policy?	○	○	○	
(b) Are these plans compatible with the relevant subnational multisectoral emergency plan?	○	○	○	
(c) Do the plans define mechanisms for activation, coordination, command and control?	○	○	○	
(d) Are the plans based on available resources?	○	○	○	
(e) Are the plans tested, validated, exercised and maintained?	○	○	○	
(f) Are the plans revised on the basis of lessons learnt?	○	○	○	
(g) Are the plans disseminated to key stakeholders after each revision?	○	○	○	

Essential attribute 33. Surge capacity for subnational health-sector response

	Yes	Partly	No	
(a) Do mechanisms exist for the rapid mobilization of additional resources (personnel, equipment and materials) to and between subnational levels?	○	○	○	
(b) Are there procedures in place for the pre-positioning of essential supplies and their release to high-risk areas?	○	○	○	
(c) Do mechanisms of hospital networking exist?	○	○	○	
(d) Do procedures and the required capacity (ventilators, incubators, etc.) exist for providing life support and critical care during patient dispatch to hospitals outside the affected area?	○	○	○	

Key component 6.1. Response capacity and capability *continued*

Essential attribute 34. Management of prehospital medical operations

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Is there a system in place for managing medical activities at the scene?	○	○	○	
(b) Is a standardized triage system in place?	○	○	○	
(c) Is there a system in place for medical evacuation and dispatch to appropriate health-care facilities?	○	○	○	
(d) Do search and rescue operations include a medical component?	○	○	○	
(e) Are there specific arrangements in place for the prehospital handling of patients with diseases with epidemic potential and victims of chemical, biological, radiological and nuclear (CBRN) incidents?	○	○	○	

Essential attribute 35. Management of situations involving mass fatality and missing persons

	Yes	Partly	No	
(a) Are there mechanisms in place for identifying victims and tracking missing persons?	○	○	○	
(b) Are there mechanisms in place for the storage and release of corpses?	○	○	○	
(c) Are there mechanisms in place for informing the public about the dead?	○	○	○	
(d) Are there mechanisms in place for assisting international disaster victim identification (DVI) teams, if needed?	○	○	○	
(e) Has surge capacity been provided for with respect to forensics and mortuaries?	○	○	○	

Summary of findings relating to key component 6.1. Response capacity and capability.

Key component 6.2. EMS system and mass-casualty management

Essential attribute 36. Capacity for mass-casualty management

Indicator-related questions	Yes	Partly	No	Justification
(a) Are EMS plans (for dispatch, on-site management, transportation and evacuation) adaptable to mass-casualty incidents and other similar crises?	○	○	○	
(b) Do the plans include the simultaneous management of day-to-day emergencies?	○	○	○	
(c) Are there mechanisms in place for accessing local, regional and national EMS resources?	○	○	○	
(d) Is the role of the EMS system in identifying and reporting unusual public health events clearly defined?	○	○	○	
(e) Are EMS providers included in coordination meetings, joint exercises, drills and training exercises?	○	○	○	

Note: Answer (enter X where applicable)

Summary of findings relating to key component 6.2. Emergency-medical-services system and mass-casualty management.

Key component 6.3. Management of hospitals in mass-casualty incidents

Essential attribute 37. Hospital emergency-preparedness programme

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Does a formal hospital emergency-preparedness programme exist?	○	○	○	
(b) If so, is staff assigned to the programme?	○	○	○	
(c) Are funds allocated to the programme?	○	○	○	
(d) Are resources available for the programme?	○	○	○	
(e) Does the programme fully incorporate the concept of safer hospitals?	○	○	○	

Essential attribute 38. Hospital plans for emergency response and recovery

	Yes	Partly	No	
(a) Do hospitals have planning committees for emergency response and recovery?	○	○	○	
(b) Do hospitals have plans for emergency response and recovery?	○	○	○	
(c) If so, were these plans developed through a continuous planning process involving a planning committee?	○	○	○	
(d) Are they in accordance with national policy?	○	○	○	
(e) Is a plan for emergency response and recovery a requirement for hospital accreditation?	○	○	○	
(f) Are hospital plans for emergency response and recovery validated and accredited in accordance with national criteria?	○	○	○	
(g) Are the plans reviewed, exercised, revised and updated regularly?	○	○	○	
(h) Are the plans linked to subnational multisectoral emergency-response plans?	○	○	○	
(i) Are the plans complemented by contingency procedures for internal incidents and local threats?	○	○	○	
(j) Do the plans include mechanisms for switching to emergency mode?	○	○	○	

Summary of findings relating to key component 6.3. Management of hospitals in mass-casualty incidents.

Key component 6.4. Continuity of essential health programmes and services

Essential attribute 39. Continuous delivery of essential health and hospital services

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Does capacity exist for the immediate assessment of structural, nonstructural and functional safety after any incident?	◯	◯	◯	
(b) Do procedures exist for ensuring back-up of critical resources (e.g. water, electricity, heating, etc.)?	◯	◯	◯	
(c) Do plans exist for ensuring the continuous delivery of essential hospital services (e.g. maternal care, dialysis, etc.)?	◯	◯	◯	

Essential attribute 40. Prevention and control of communicable diseases and immunization

	Yes	Partly	No	
(a) Is an active health-surveillance system with early-warning capacity in place?	◯	◯	◯	
(b) Is there sufficient capacity for setting up special immunization programmes to meet specific needs?	◯	◯	◯	

Essential attribute 41. Mother-and-child health care and reproductive health

	Yes	Partly	No	
(a) Are there mechanisms in place to ensure the continued delivery of core components of reproductive-health progammes in an emergency situation?	◯	◯	◯	
(b) Are there mechanisms in place to ensure the continued delivery of care for newborn and emergency obstetrical patients?	◯	◯	◯	

Essential attribute 42. Mental health and psychosocial support

	Yes	Partly	No	
(a) Are there mechanisms in place to ensure the continuous treatment of patients in an emergency situation?	◯	◯	◯	
(b) Does capacity exist for identification of the psychosocial needs of high-risk groups (including bereaved families) and for providing them with the appropriate support?	◯	◯	◯	

Key component 6.4. Continuity of essential health programmes and services *continued*

Essential attribute 43. Environmental health

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Are there mechanisms in place to ensure the availability of adequate amounts of safe water for service providers and the affected population?	⬤	⬤	⬤	
(b) Are there mechanisms in place to enable health authorities to identify and control environmental factors that are hazardous to health?	⬤	⬤	⬤	
(c) Do procedures and facilities exist for the safe disposal of medical waste in emergencies?	⬤	⬤	⬤	
(d) Do procedures exist for the safe disposal of non-medical waste in emergencies?	⬤	⬤	⬤	

Essential attribute 44. Chronic and noncommunicable diseases

(a) Are there mechanisms in place to ensure access to essential medicines and essential medical services?	⬤	⬤	⬤	
(b) Are there mechanisms in place to ensure access to rehabilitation services?	⬤	⬤	⬤	

Essential attribute 45. Nutrition and food safety

(a) Are there mechanisms in place to ensure coverage of food and nutrition needs?	⬤	⬤	⬤	
(b) Are there mechanisms in place to ensure capacity for food quality and safety control?	⬤	⬤	⬤	

Essential attribute 46. Primary health care

(a) Are there mechanisms in place to ensure patient access to clinical investigation and treatment?	⬤	⬤	⬤	
(b) Are there mechanisms in place to ensure continuity of the referral systems?	⬤	⬤	⬤	

Key component 6.4. Continuity of essential health programmes and services *continued*

Essential attribute 47. Health services for displaced populations

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Are there mechanisms in place to assure displaced populations have access to essential health programmes, including PHC?	⬤	⬤	⬤	
(b) Are there mechanisms in place to establish mobile teams that operate outside the existing health facilities (with displaced populations)?	⬤	⬤	⬤	
(c) Are there mechanisms in place to ensure efficient monitoring of the health status of people living in temporary settlements and at ad hoc sites?	⬤	⬤	⬤	
(d) Are there mechanisms in place to address cultural barriers in terms of language, insurance and access to care?	⬤	⬤	⬤	
(e) Are there mechanisms in place to ensure adequate sanitary and personal-hygiene facilities for displaced populations?	⬤	⬤	⬤	

Summary of findings relating to key component 6.4. Continuity of essential health programmes and services.

Key component 6.5. Logistics and operational support functions in emergencies

Essential attribute 48. Emergency telecommunications

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Do guidelines and procedures exist for establishing standardized telecommunications systems across all sectors?	●	●	●	
(b) Do protocols exist for the use of temporary means of telecommunication?	●	●	●	
(c) Has staff been trained in the use of emergency telecommunications equipment?	●	●	●	
(d) Are adequate human resources available for emergency telecommunications?	●	●	●	

Essential attribute 49. Temporary health facilities

	Yes	Partly	No	
(a) Do guidelines and procedures exist for the establishment of temporary health facilities?	●	●	●	
(b) Are the roles of field hospitals and mobile hospitals clearly defined?	●	●	●	
(c) Are adequate resources available for establishing temporary basic health facilities?	●	●	●	

Essential attribute 50. Logistics

	Yes	Partly	No	
(a) Do guidelines and procedures exist for the management and use of logistics systems in emergency situations?	●	●	●	
(b) Is there a logistics system in place that includes tracking, monitoring and reporting components?	●	●	●	
(c) Has staff been trained in the use of logistics systems in emergencies?	●	●	●	
(d) Are adequate resources available to ensure logistics support in emergencies?	●	●	●	
(e) Are agreements in place with partners and/or private companies for the provision of logistics services to ensure continuity of essential functions?	●	●	●	

Key component 6.5. Logistics and operational support functions in emergencies *continued*

Essential attribute 51. Service-delivery support function

Indicator-related questions	Answer (enter X where applicable)			Justification
	Yes	Partly	No	
(a) Is the security of health-care facilities guaranteed during an emergency?	◯	◯	◯	
(b) Is continuity of lifelines in health-care facilities planned for in case of an emergency?	◯	◯	◯	
(c) Have transportation and fuel requirements for emergencies been taken into consideration in planning?	◯	◯	◯	

Summary of findings relating to key component 6.5. Logistics and operational support functions in emergencies.

Recommendations for priority action with respect to Section 6. Service delivery.

Annex 1. Outline of essential attributes by WHO health-system function and key component

Section	WHO health-system functions	No.	Key components	No.	Essential attributes
1.	Leadership and governance	1.1	Legal framework for national multisectoral emergency management	1.	Laws, policies, plans and procedures relevant to national multisectoral emergency management
				2.	National structure for multisectoral emergency management and coordination
		1.2	Legal framework for health-sector emergency management	3.	Laws, policies, plans and procedures relevant to health sector emergency management
				4.	Structure for health-sector emergency-management and coordination
				5.	Regulation of external health-related emergency assistance
		1.3	National institutional framework for multisectoral emergency management	6.	National committee for multisectoral emergency management
				7.	National operational entity for multisectoral emergency management
		1.4	National institutional framework for health-sector emergency management	8.	National committee for health-sector emergency management
				9.	National operational entity for health-sector emergency management
				10.	Mechanisms of coordination and partnership-building
		1.5	Components of national programme on health-sector emergency management	11.	National health-sector programme on risk reduction
				12.	Multisectoral and health-sector programmes on emergency preparedness
				13.	National health-sector plan for emergency response and recovery
				14.	Research and evidence base
2.	Health workforce	2.1	Human resources for health-sector emergency management	15.	Development of human resources
				16.	Training and education

Section	WHO health-system functions	No.	Key components	No.	Essential attributes
3.	Medical products, vaccines and technology	3.1	Medical supplies and equipment for emergency-response operations	17.	Medical equipment and supplies for prehospital and hospital (including temporary health facilities) activities and other public health interventions
				18.	Pharmaceutical services
				19.	Laboratory services
				20.	Blood services
4.	Health information	4.1	Information-management systems for risk-reduction and emergency-preparedness programmes	21.	Information system for risk assessment and emergency-preparedness planning
				22.	National health information system
				23.	National and international information-sharing
				24.	Surveillance systems
		4.2	Information-management systems for emergency response and recovery	25.	Rapid health-needs assessment
				26.	Multisectoral initial rapid assessment (IRA)
				27.	Emergency reporting system
		4.3	Risk communication	28.	Strategies for risk communication with the public and the media
				29.	Strategies for risk communication with staff involved in emergency operations
5.	Health financing	5.1	National and subnational strategies for financing health-sector emergency management	30.	Multisectoral mechanisms of financing emergency preparedness and management
				31	Health-sector financing mechanisms
6.	Service delivery	6.1	Response capacity and capability	32.	Subnational health-sector emergency-response plans
				33.	Surge capacity for subnational health-sector response
				34.	Management of prehospital medical operations
				35.	Management of situations involving mass-fatality and missing persons

Section	WHO health-system functions	No.	Key components	No.	Essential attributes
6.	Service delivery	6.2	EMS system and mass-casualty management	36.	Capacity for mass-casualty management
		6.3	Management of hospitals in mass-casualty incidents	37.	Hospital emergency-preparedness programme
				38.	Hospital plans for emergency response and recovery
		6.4	Continuity of essential health programmes and services	39.	Continuous delivery of essential health and hospital services
				40.	Prevention and control of communicable diseases and immunization
				41.	Mother-and-child health care and reproductive health
				42.	Mental health and psychosocial support
				43.	Environmental health
				44.	Chronic and noncommunicable diseases
				45.	Nutrition and food safety
				46.	Primary health care
				47.	Health services for displaced populations
		6.5	Logistics and operational support functions in emergencies	48.	Emergency telecommunications
				49.	Temporary health facilities
				50.	Logistics
				51.	Service-delivery support function

Annex 2. Colour-coded overview of assessment

Colour the boxes corresponding to each question according to the results of the assessment: ● = yes; ● = partly; ● = no.

Section 1. Leadership and governance

1.1 Legal framework for national multisectoral emergency management

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
1. Laws, policies, plans and procedures relevant to national multisectoral emergency management	○	○	○	○	○	○					
2. National structure for multisectoral emergency management	○	○	○	○							

1.2 Legal framework for health-sector emergency management

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
3. Laws, policies, plans and procedures relevant to health-sector emergency management	○	○	○	○							
4. Structure for health-sector emergency management and coordination	○	○	○	○	○						
5. Regulation of external health-related emergency assistance	○	○	○								

1.3 National institutional framework for multisectoral emergency management

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
6. National committee for multisectoral emergency management	○	○	○	○	○	○					
7. National operational entity for multisectoral emergency management	○	○	○	○							

Colour the boxes corresponding to each question according to the results of the assessment: ● = yes; ● = partly; ● = no.

1.4 National institutional framework for health-sector emergency management											
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
8. National committee for health-sector emergency management	○	○	○	○	○	○					
9. National operational entity for health-sector emergency management	○	○	○								
10. Mechanisms of coordination and partnership-building	○	○	○	○	○	○					

1.5 Components of national programme on health-sector emergency management											
11. National health-sector programme on risk reduction	○	○	○	○							
12. Multisectoral and health-sector programmes on emergency preparedness	○	○	○	○	○	○	○	○	○	○	○
13. National health-sector plan for emergency response and recovery	○	○	○	○	○	○	○	○			
14. Research and evidence base	○	○	○								

Section 2. Health workforce

2.1 Human resources for health-sector emergency management								
15. Development of human resources	○	○	○					
16. Training and education	○	○	○	○	○	○	○	○

Colour the boxes corresponding to each question according to the results of the assessment: ● = yes; ● = partly; ● = no.

Section 3. Medical products, vaccines and technology

3.1 Medical supplies and equipment for emergency-response operations

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
17. Medical equipment and supplies for prehospital and hospital (including temporary health facilities) activities and other public health interventions	○	○	○	○	○	○					
18. Pharmaceutical services	○	○	○	○	○	○					
19. Laboratory services	○	○	○	○	○						
20. Blood services	○	○	○	○	○						

Section 4. Health information

4.1 Information-management systems for risk-reduction and emergency-preparedness programmes

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
21. Information system for risk-assessment and emergency-preparedness planning	○	○	○	○							
22. National health information system	○	○									
23. National and international information- sharing	○	○									
24. Surveillance systems	○	○	○	○	○	○	○				

Colour the boxes corresponding to each question according to the results of the assessment: ● = yes; ● = partly; ● = no.

4.2 Information-management systems for emergency response and recovery

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
25. Rapid health-needs assessment	○	○	○	○							
26. Multisectoral initial rapid assessment (IRA)	○	○	○								
27. Emergency reporting system	○	○	○	○							

4.3 Risk communication

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
28. Strategies for risk communication with the public and the media	○	○	○	○	○	○					
29. Strategies for risk communicating with staff involved in emergency operations	○	○	○								

Section 5. Health financing

5.1 National and subnational financing strategies for health-sector emergency management

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
30. Multisectoral mechanisms for financing emergency preparedness and management	○	○	○								
31. Health-sector financing mechanisms	○	○	○	○							

Colour the boxes corresponding to each question according to the results of the assessment: ● = yes; ● = partly; ● = no.

Section 6. Service delivery

6.1 Response capacity and capability

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
32. Subnational health-sector emergency-response plans	○	○	○	○	○	○	○				
33. Surge capacity for subnational health-sector response	○	○	○	○							
34. Management of prehospital medical operations	○	○	○	○	○						
35. Management of situations involving mass-fatality and missing persons	○	○	○	○	○						

6.2 EMS system and mass-casualty management

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
36. Capacity for mass-casualty management	○	○	○	○	○						

6.3 Management of hospitals in mass-casualty incidents

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
37. Hospital emergency-preparedness programme	○	○	○	○	○						
38. Hospital plans for emergency response and recovery	○	○	○	○	○	○	○	○	○	○	

Colour the boxes corresponding to each question according to the results of the assessment: ● = yes; ● = partly; ● = no.

6.4 Continuity of essential health programmes and services

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
39. Continuous delivery of essential health and hospital services	○	○	○								
40. Prevention and control of communicable diseases and immunization	○	○									
41. Mother-and-child health care and reproductive health	○	○									
42. Mental health and psychosocial support	○	○									
43. Environmental health	○	○	○	○							
44. Chronic and noncommunicable diseases	○	○									
45. Nutrition and food safety	○	○									
46. Primary health care	○	○									
47. Health services for displaced populations	○	○	○	○	○						

6.5 Logistics and operational support functions in emergencies

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
48. Emergency telecommunications	○	○	○	○							
49. Temporary health facilities	○	○	○								
50. Logistics	○	○	○	○	○						
51. Service-delivery support function	○	○	○								

Annex 3.Template for plan of action

Function	Main findings	Goals	Objectives	Expected results	Activities	Milestones (targets)	Timeline		Implementers	Resources	Obstacles (risk and assumption)	Performance indicators
							Start	End				
Leadership and governance												
Health workforce												
Medical products, vaccines and technology												
Health information												
Health financing												
Service delivery												

"New diseases are global threats to health that also cause shocks to economies and societies. Defence against these threats enhances our collective security. Communities also need health security. This means provision of the fundamental prerequisites for health: enough food, safe water, shelter, and access to essential health care and medicines. These essential needs must also be met when emergencies or disasters occur."

– Dr Margaret Chan
WHO Director-General

World Health Organization
Regional Office for Europe
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 17 17. Fax: +45 39 17 18 18.
E-mail: contact@euro.who.int
Web site: www.euro.who.int

9 789289 002622