Here are the **key points** andquestions about the relevant aspects of One Health that will finally enable data exchange es!

Part 1: Some key points of the **GDPR**!

**!**

**Goal:** Providing an overview of the rules for processing of data related to One-health currently in place in each EU countries both in terms of legislative measures as well as the practical and technical manner in which data is governed at national level.

**Data relating to the field of processing for the purposes of social healthcare {human/food/animal/chemicals, etc.} in term National legislation and Legal basis GDPR are mentioned as follows:**

**1Processing One-Health data for the primary use of providing social healthcare:**

1. Legislation on processing data related to One-Health for normal healthcare provision purposes within the context of a patient - expert relationship.

2. Legislation that regulates the way in which scocialcare providers or professionals are **allowed to share** health data with another healthcare provider or healthcare professional for healthcare provision purposes.

3. Specific law addressing the processing of data for **providing digital** One-Health services.

**2Processing health data for the secondary use of planning, management and improvement of the social healthcare system**

1. Specific legislation addressing the processing of One-Health data for planning, management, administration and improvement of the social healthcare systems entities such as One-Health authorities.

2. Specific legislation addressing the processing of One-Health data that was originally collected for the purpose of providing care to allow it to be used for market approval of medicines and devices.

3. Specific legislation addressing the processing of One-Health data that was originally collected for the purpose of providing care to allow it to be used for monitoring of medical device safety and/or pharmacovigilance.

4. Specific legislation addressing the processing of One-Health data that was originally collected for the purpose of providing care to allow it to be used for protecting against serious cross-border threats to health.

5. Under MS legislation, is it possible that data are transmitted from the laboratories directly to institutions **dealing with communicable diseases/ECDC**, without going through a reporting cascade, and if so, what is the legislation or guidance that allows for such direct reporting?

6. Legal basis used for national level specific legislation that has been enacted about other cross border health threats, such as food borne diseases, sexually transmitted diseases, which are not covered by the WHO International Health Regulation\*.

7. Specific legislation has been enacted to address the creation of disease registries (which can be used to record the prevalence and incidence of certain diseases, both common and rare).

**3Processing health data for the secondary use of scientific or historical research**

1. Specific legislation has been adopted that addresses the processing of health data that was originally collected for the purpose of providing care by third party public-sector researchers, i.e. by a different controller than that where the treating professionals were based.

2. Specific legislation has been adopted that addresses the processing of health data that was originally collected for the purpose of providing care by thirdparty researchers not in the public sector – i.e. researchers based in not for profit organisations, researchers based in industrial or commercial research organisations and researchers based in o ther privately funded research organisations.

**4Legal or regulatory mechanisms which address the use of One-Health data for research purposes**

1. Mechanisms through which access to One-Health data for research is organized in national level.
2. A data altruism system has been adopted that establishes a possibility for ones to provide their data to be used by researchers without reference to a particular research project.
3. Legislation has been adopted that in any way requires that data processed for research purposes are processed in a way that ensures the FAIR principles that data are Findable, Accessible, Interoperable and Reusable.
4. A system has been adopted to facilitate the re-use of electronic One-Health record data for research purposes.
5. Legislation has been adopted which requires privately funded researchers to share the research data with public bodies.
6. Data access infrastructure entities through which researchers can share, and access One-Health record data for research purposes.

**5The rights of the person concerned**

1. Right to access data concerning him or her.
2. Right to rectify any inaccurate data concerning him or her.
3. Right to be forgotten’ May a patient have medical records relating to One-Health deleted?
4. Right to data portability.

**6Electronic Records**

1. There is any system through which patients can access their data.
2. Citizens increasingly use apps and **devices to track and record issues like food intake**, exercise, sleep etc. Such data may be included into EHRs through the following mechanisms (**Pathway** **risk assessment**).
3. Participation in the European infrastructure (e.g. eHDSI: eHealth Digital Service Infrastructure, also known as ‘MyHealth @ EU’)

**7Technical standards**

1. Interoperability policies regarding the technical standards to be used to ensure that the structure and format of data are interoperable so that such data may be shared between One-Health agencies or incorporated into more than one database for secondary use
   1. Policy level: which addresses use of standards and interoperability across all One-Health provider sectors.
2. Health data security policies regarding the technical standards to be used to ensure One-Health data for primary use are processed and stored securely
   1. Policy level: which addresses use of security standards across all One-Health provider sectors.
   2. Each region has several data security policies which address use of security standards in each One-Health provider sectors.
3. Data quality policies regarding the technical standards to be used to ensure the quality of One-Health data for use in other digital applications
   1. Policy level: which address use of standards for each One-Health provider sector.
4. Agencies which oversee the implementation of technical standards.

**8National examples of organisations and registries on secondary use of data**

**Part 2:** **General Questions!**

**Goal:** Assess familiarity with the One Health topic.

**Awareness & preparedness**

The IHR Handbook was created in 2005 as the starting point for One Health!

Quotation from handbook (page 4):

*“URGES Member States: to build, strengthen and maintain the capacities required*

*under the International Health Regulations (2005), and to mobilize the resources*

*necessary for that purpose; …….. to collaborate actively with each other……”*

1. **How familiar are your authorities with these regulations?**

A few years later the three international leadership WHO, FAO & OIE published the following two manuals:

*(1). Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries (TZG); (2). Joint Risk Assessment Operational Tool (JRA OT).*

2 **How familiar are your authorities with these mechanisms?**

TECHNICAL REPORT: Towards One Health preparedness: A quick review of the ups and downs of One Health.



3. **How familiar are your authorities with is REPORT?**

4. **How familiar are your officials with OHEJP projects** aimed at creating safe mechanisms and infrastructures that ensure rapid response to biological hazards by sharing data on biohazard events?

Critical areas are listed as follows:

**Part 3:** **Some questions to clarify the existence of the infrastructure for the data exchange in term GDPR**

**1NATIONAL LEGISLATION & POLICY (Role & Function)**

Evaluated by: Current legislation including laws, regulations, administrative requirements, policies or other government instruments, proven to be adequate in all relevant sectors to support One Health implementation.

1. How are the legislation and regulations developed, reviewed and operationalized in the country?
2. Is there an **existing national plan to strengthen One Health capacities** and has this plan been financed?
3. Is there a **plan to coordinate the functions and operations of the One Health** in national levelwith the country’s relevant Health, environment and agriculture responders?
4. Do **policies or regulations exist** **for the use of drugs and chemicals** that can be part of Health importance, such as AMR, insecticides?
5. Does the **assessment also identify areas for adjustment for relevant** legislation, regulations, administrative requirements and other government instruments for One Health implementation?
6. Is there **evidence of using relevant legislation and policies in various sectors** involved in the implementation of One Health? Give examples of how rights created by the One Health are exercised and how One Health obligations are complied with.
7. **Address the country's legislation** or other references to additional specific areas and functions for related sectors of One Health (name and how it works); if so, which areas are these?
8. What are the **administrative requirements the country has identified to implement** these legislation and/or regulations?
   1. How have **the priorities in related sectors been aligned** in One Health?
9. How does the country **ensure the coordination of legal and regulatory frameworks between sectors**? (Show evidence.)
10. Is there a **National Strategic Plan for support the One Health** or other specific plans (such as the National Action Plan or One Health Emergency Preparedness Plan)?
11. Are there **any memoranda of understanding (MoUs) or other agreement(s)** with partners to finance One Health capacities? If yes, what is the proportion of financing from partners for related functions?
12. Is there a budget available for all relevant Government agencies or ministries for activities related to strengthening and maintaining One Health capacities for all IHR-relevant hazards? If yes, which of the Government agencies or ministries have fully allocated budgets, and what are the possible funding limitations?
13. How does the country ensure coordination of budget planning and development, among different ministries and relevant departments? Does anational authority coordinate different **sectors** in the implementation of One-health-related activities, and the distribution and execution of their finances?
14. Does each relevant ministry or authority entity have a budget line in place for activities related to responding to one health emergencies?
15. Are there **special mechanisms in place that allow for the rapid execution** of funds allocated for emergencies, making it possible to quickly contract human resources, procure equipment, supplies and commodities, mobilize the distribution of both human resources and commodities, among other necessary emergency response interventions, without having to go through the standard, time-consuming procedures that these normally require?
16. Are there special mechanisms in place that allow for execution of funds to go to private sector or nongovernmental actors, where these normally require special procedures or are excluded from the public provision of services?
17. Is **real-time monitoring** carried out during the response to a public health emergency that communicates the changing resource needs for the response to the entities that coordinate the distribution of finances between sectors, levels and geographical areas of the country?
18. Are procedures in place that allow for **rapid re-distribution of funds and resources between sectors, levels or geographical areas of the country**, with change in requirements for responding to a One Health emergency over time?

**2IHR COORDINATION, COMMUNICATION AND ADVOCACY**

Evaluated by:(1) Establishment of a functional **multisectoral and multidisciplinary mechanism** for the coordination and integration of relevant sectors in the implementation of IHR and to respond to any public health, animal health events. (2) Regular testing of the mechanism through exercises and subsequent improvement of arrangements and procedures.

1. How does the country **coordinate with different ministries**, including government agencies and other relevant sectors for health emergencies (before, during and after an emergency)?
2. Are key members of the **One Health sectors able to communicate effectively**, in writing and verbally, with each other and other international experts for reporting purposes?
3. Is there an **updated contact directory including all members of the One Health sectors**?
4. Is this mechanism **placed at a high enough level within the government** so that a whole-of-government approach can be taken?
5. Are there **examples of effective coordination within the relevant ministries on events that may constitute a public health event or risk of national or international concern**?
6. Are **SOPs or guidelines available for coordination between** the One Health actors?
7. Is there **timely and systematic information exchange** between District/Provincial Health Offices (Human & animal), animal surveillance units, laboratories, human health surveillance units and other relevant sectors regarding potential zoonotic risks and urgent/emerging zoonotic events?
8. Is there a **functional mechanism for multisectoral collaboration** with other relevant sectors for other IHR related hazards, such as **chemical and radiation** sectors?
9. Is there a **coordination mechanism for detecting and responding to deliberate and/or accidental events occurring for example in mass gatherings**?
10. Is a **multisectoral, multidisciplinary coordination and communication mechanism updated and tested regularly**?
11. Have the functions of the multidisciplinary coordination and communication mechanism been evaluated for effectiveness?

**Documentation or evidence for level of capability:**

1. OIE PVS Pathway reports.
2. Reports to EU/WHO governing bodies on One Health implementation (such as Executive Board).
3. **Legislation, protocols or other policies related to reporting to EU & International leadership WHO/OIE/FAO.**

**“It is vital to have clearly defined genetic threshold parameters and epidemiological parameters (geographic, temporal etc,) in order to carry out the optimum analysis and draw appropriate conclusions from shared analyses.” (ref: OHEJP)**

1. Any plans that have been drafted or other evidence that covers response to possible biological, chemical and radiological events.

**3ANTIMICROBIAL RESISTANCE**

Evaluated by: (1) Multisectoral national action plan to combat AMR has been produced and made public. (2) Implementation of the national action plan/sector plans on AMR, with monitoring and yearly reporting on progress (including reporting to the international level).

1. How is multisectoral work on AMR organized? Is there an **intersectoral coordination committee** or working group with defined terms of reference and reporting/accountability mechanisms? How often has it met and who attends the meetings?
2. Does the national action plan consider the main areas identified in the global action plan on AMR – particularly raising awareness, training/education on AMR, surveillance of resistance and use, prevention of infections and **optimizing the use of antimicrobials in both human and veterinary/agriculture sectors**?
3. How does the plan **recognize the roles and responsibilities of multiple jurisdictions and levels of government**?
4. What is the **laboratory capacity to detect, isolate and identify** antimicrobial-resistant organisms from humans, animals, food and the environment?
5. Is there a national plan/system for surveillance of infections caused by antimicrobial-resistant pathogens? Is there **monitoring of the surveillance system** to inform regular plan reviews and updates?
6. How will surveillance be established/what is in place in the community and in outpatient settings?
7. How many farms (percentage of total number of farms) with livestock are (will be) sentinel sites for surveillance of infections caused by antimicrobial resistant pathogens in livestock?
   1. **What animal species are covered** by AMR surveillance?
   2. What **zoonotic bacterial species are covered** by AMR surveillance?
   3. What **veterinary pathogens are covered** by AMR surveillance?
   4. Where is AMR **surveillance conducted in the food chain**? **On-farm, slaughtered animals, retail meat**?
8. Is there a national coordinating centre established that is producing reports on resistance levels?
9. What **types of reports are generated**? Who receives these reports? Are reports sent to GLASS? Are reports accessible to other stakeholders (such as FAO, OIE)?
10. Does surveillance of AMR integrate data from both human and animal health sources?
11. How representative is the reported AMR data of the community and across geographic areas and settings?
12. . How has the data from AMR surveillance been used? Has it been **considered by national policy makers**? Have local or national treatment guidelines been adapted? Have **any voluntary or legislative policies** been put into place based on the surveillance data?
13. Is antimicrobial use and/or consumption monitored for humans, animals, and food crops? If yes, how?
14. Does the country provide data to the OIE’s global database on antimicrobial agents used in animals?
15. Is there a national plan for **preventing infectious diseases in animals**? What measures are included (such as biosecurity, vaccine use and coverage, postvaccination monitoring, market hygiene SOPs, farm identification and registries, farm logs, national serological surveillance plans, outbreak/event reporting to national authorities/OIE)?
16. What systems are in place to **support the implementation of good animal husbandry practices**, biosecurity and vaccine strategies in animal production systems? Are there national plans for vaccination in animals (terrestrial or aquatic)? Is there a system in place to report animal diseases to veterinary services?
17. What is the **extent of extension services** to farmers, fishermen, livestock owners and cooperatives?
18. What systems are in place to **regularly evaluate the effectiveness of infection control measures** and publish results in animal health (such as use of the OIE PVS tool)?
19. Are there **food hygiene practice**s for harvesting and processing of foods in place and functional?
20. Is there a **wastewater management plan** in place and being implemented?

Documentation or evidence for level of capability:

1. National action plan for AMR and/or plans for AMR detection/reporting, surveillance of AMR, monitoring antimicrobial consumption and use, IPC programmes in human health facilities, infection prevention and improved husbandry in livestock/food production, and plans to improve use and quality of antimicrobials (such as antimicrobial stewardship programmes).
2. Monitoring reviews of progress with implementation of national action plan(s) and related plans.
3. Country response to the global monitoring survey on AMR.
4. Available OIE PVS Pathway reports.
5. Minutes from meetings or outputs of the multisectoral coordination committee or group.
6. Copy of reports measuring:
   1. proportion of AMR pathogens among specimens or isolates;
   2. results from participation in international external quality assessment (EQA) rounds of the national reference laboratory;
   3. incidence of infections caused by AMR pathogens at sentinel sites (community and hospital acquired);
   4. mandatory farm quality assurance programmes that include antimicrobial use surveillance and stewardship information;
   5. availability of antimicrobials (or stock-outs), hygiene supplies and WASH in health facilities; and
   6. percentage of antibiotics administered appropriately (if surveyed).
7. Documentation of the review process, including participating agencies or sectors

**4ZOONOTIC DISEASE**

Evaluated by: (1) **Agreement by the animal health and public health sectors** on a common list of zoonotic diseases/pathogens of greatest national public health concern. (2) **Existence of functional capacities** in the animal health and public health sectors and of collaboration, coordination and communication between them for preparedness, detection, assessment and response to zoonotic diseases.

1. For which of the **zoonotic diseases of greatest public health concern** within the country is it assumed that the prioritized list of zoonotic diseases for the country is based on an intersectoral decision making process?
   1. What process was used to develop the list of zoonotic diseases of greatest public health concern? Did the process include animal health, as well as environmental and other relevant sectors?
2. Is there a formal **multisectoral policy for collaboration on zoonotic diseases** in the country? If so, how is it organized/led/governed?
3. Is there a **national multisectoral coordination committee** for one or more zoonotic diseases holding regular meetings currently? If so, which is the lead agency?
4. Is there a mechanism for **risk assessment for zoonotic** disease events?
5. Within the past two years, has an **exercise been conducted or a real event occurred involving the ministries of health and agriculture to practice and test the skills of public health workers in both human and animal sectors to investigate and respond to a zoonotic event**?
   1. Describe the exercise or real event that occurred.
   2. What were the most significant lessons learned from the exercise/real event?
6. Has there been an **OIE PVS** evaluation mission or **PVS Gap Analysis**? If so, what year(s) was it held?
7. Has there been an **IHR-PVS National Bridging Workshop** or other “One Health” related workshops for relevant ministries? If so, mention which one(s).

**Surveillance systems in place for priority zoonotic diseases/pathogens**

1. Describe **partnerships between the ministries of health and agriculture and other relevant agencies** including biological specialists, academia, wildlife specialists and environmental groups as they relate to zoonotic disease detection and response.
   1. Are situational awareness reports or **reports of potential disease outbreaks shared** between the agencie
2. Do public health laboratories and animal health laboratories communicate with each other?
   1. Is there a process for **sharing unique or serious isolates** between public health and animal health laboratories?
   2. Is there a process for **sharing biological specimens** between public health and animal health laboratories?
   3. Is there a process for **sharing laboratory reports or alerts** between public health and animal health laboratories?
   4. Are these **reports shared on a regular basis**, or only when zoonotic diseases are discovered or suspected?
3. Describe the **exchange of epidemiological reports**.
   1. How organized is the exchange of epidemiological reports on zoonotic diseases?
   2. How are animal surveillance systems linked to surveillance systems used for human pathogens?
   3. Is there a process for **sharing surveillance reports** between public health and animal health laboratories?

**Mechanisms for responding to infectious and potential zoonotic diseases established and functional**

1. Describe the **policy, strategy or plan for responding to zoonotic events** in the country in the animal health and public health sectors. a. Is there a joint plan or strategy that exists between human health and animal health (including wildlife) sectors?
2. Describe how the **latest zoonotic events were managed**, for example:
   1. How was the **information shared** between sectors?
   2. How often did the sectors **meet at the technical level**?
   3. Are there outbreak investigation and response reports on the latest zoonotic events?
3. Are there any mechanisms for **establishing interagency response** **teams** in the event of a suspected zoonotic outbreak?
4. Describe the roles and responsibilities of human health and animal health (including wildlife) sectors on these recent zoonotic events.
5. Does the country have capacity to respond to more than 80% of zoonotic events on time? What is the timeliness at present?
6. Does the country have a **preparedness plan for handling emerging or re-emerging zoonotic** diseases with verification?

**Documentation or evidence for level of capability:**

1. Agreed list of zoonotic priority pathogens in public health
2. Descriptions of existing zoonotic surveillance systems
3. OIE country PVS Pathway mission report

**5FOOD SAFETY**

Evaluated by: (1) **Existence** of indicator-based disease surveillance (**IBS**) or event-based disease surveillance (**EBS**) and supporting laboratory analysis to detect and assign aetiology for foodborne diseases or origin of contamination event, and investigation of hazards in foods linked to cases, outbreaks or events. (2) Existence of **a national food safety emergency plan**. (3) Existence of a designated International Food Safety Authorities Network (**INFOSAN**) Emergency Contact Point, and the **OIE Focal Point on Animal Production Food Safety** with a central coordination mechanism in place.

**ISurveillance systems in place for the detection and monitoring of foodborne diseases and food contamination**

1. Does the country have a **surveillance and monitoring system** in place that includes priority foodborne diseases as well as **priority hazards** (chemical and microbiological)?
2. Does the country have case **definitions for each of the notifiable foodborne diseases**?
3. Are health care workers and **sanitary/food inspectors** trained on reporting foodborne events (disease outbreaks or contamination events)?
4. Is there a team at the national and subnational level who can rapidly assess foodborne events?
5. Are people identified to take part in the outbreak or event response teams trained to undertake outbreak investigations of foodborne diseases?
6. Are outbreak response teams trained to **collect and transport appropriate specimens** to a laboratory during foodborne outbreaks to **identify the aetiological agent**?
7. Does the country have an **updated list of laboratories that can perform the necessary testing during foodborne outbreaks or contamination events**?
8. Are representatives from food safety and other laboratories (and animal health, where applicable) routinely part of the outbreak response team?
9. Do surveillance and response staff know the focal points for food safety, animal health and the key laboratories that would be required to test clinical and/or food samples collected during an event?
10. Is there an effective (formal or informal) **mechanism for rapid information exchange** during suspected foodborne disease outbreak or event investigations between all the stakeholders/relevant sectors?

**IIMechanisms are established and functioning for the response and management of food safety emergencies**

1. Does the country have a plan that documents response **procedures to address food safety emergencies**?
2. Was the plan developed in a participatory way?
3. Are all key partners and involved stakeholders properly aware of their **roles and of the response procedures** required of them in the event of a food safety crisis/ emergency?
4. Is there an active **INFOSAN Emergency Contact Point**? Are there active INFOSAN Focal Points? Are there active **OIE National Focal Points on Animal Production Food Safety**?
5. Is there a **coordination mechanism in place (such as a multiagency coordination team)** with clear terms of reference to facilitate communication between central and local levels?
6. Are key stakeholders **aware of the** **principles and practices of communication and control systems in the event of a food safety crisis or emergency**?
7. Is there a **list of all necessary contact details for communicating with partners readily available and updated (local and foreign governments, international organizations, industry)?**
8. Does the country undertake regular activities aimed at preparing effective communications for food safety emergency responses?
9. Are there **periodic simulation exercises to pre-test the emergency response plan**?
10. Are there **records of feedbacks from past emergency reviews**?

**Documentation or evidence for level of capability**

1. List of priority foodborne diseases and priority foodborne hazards (chemical and microbiological).
2. Guidance on priority foodborne diseases and their case definitions.
3. National level report based on collated local reports for rapid risk assessment.
4. Training material, reports and certificates.
5. Interviews with sanitary/food inspectors.
6. Protocols for collecting/testing clinical specimens and food samples for all priority foodborne diseases and foodborne hazards.
7. Data reporting protocols for all priority foodborne diseases and foodborne hazards
8. List of contact laboratories.
9. Questionnaires for priority foodborne pathogens and foodborne hazards
10. Integrated food chain surveillance database.
11. Data analysis reports l Copies of regular surveillance bulletins l Documentation presenting the definition of a national food safety emergency.
12. Data analysis reports l Copies of regular surveillance bulletins l Documentation presenting the definition of a national food safety emergency.
13. Records of information exchange and communication with relevant international, regional and national networks.
14. Updated list of partners’ contacts l Documented and updated lists of possible external resources (experts, competencies, or specialist groupings).
15. Any documentation, report or record on the establishment, implementation and ongoing work of the coordination mechanisms
16. List of all necessary contact details (local and foreign governments, international organizations, industry).
17. Templates for notifications of incidents.
18. Model press releases.
19. Recall and withdrawal notices.
20. Prepared questions and answers.
21. Reports on simulation exercises to pre-test the response emergency plan.
22. Record of feedbacks from past emergency reviews.

**6NATIONAL LABORATORY SYSTEM**

Evaluated by: (1) A nationwide laboratory system able to reliably conduct at least five of the **10 core tests** (included: Influenza virus; virus culture for poliovirus; serology for HIV; microscopy for Mycobacterium tuberculosis; rapid diagnostic testing for Plasmodium spp.; bacterial culture for Salmonella enteritidis serotype typhi. and four tests should be selected by the country on the basis of major national public health concerns.) on appropriately identified and collected outbreak specimens transported safely and securely to accredited laboratories from at least 80% of intermediate levels/districts in the country. (2) Existence of **national quality laboratory standards** and system for licencing labories.

1. What are the **priority diseases of the country** and which of these are tested in the country?
2. Which of the **10 core tests** is the country capable of conducting?
3. Describe the **structure of the laboratory system**, including the number of laboratories, at local, intermediate levels/districts, and the national level.
4. **Have national laboratories been accredited?**
5. How is laboratory data on zoonotic diseases shared between human and animal health laboratories? Are the two interoperable data systems?
6. What biosecurity/biosafety training is provided to laboratory workers?
7. Is there a set of **national diagnostic algorithms for performance of core laboratory tests** that has been aligned with international standards (i.e. Clinical and Laboratory Standards Institute (CLSI), OIE, WHO)?
8. How many of the core tests for the **10 priority diseases** are implemented effectively across the tiered laboratory network?
   * 1. Does the **laboratory have quality assurance/quality control/Quality Management System (QMS) plans** in place?
9. Specimen referral and transport system
10. **Effective national diagnostic network**
11. Laboratory quality system

**Documentation or evidence for level of capability**

1. National laboratory strategic plan defining tiered laboratory network.
2. National laboratory policy.
3. Documented list of top 10 priority diseases and three core syndromes for targeted improvement of prevention, detection and response.
4. Certificates of accreditation for national laboratories and/or EQA results within the past six months for core tests.
5. Documented specimen referral routes for detection/confirmation of top 10 priority diseases.
6. Plan for transporting specimens safely throughout the country.
7. All OIE relevant tools and standards (Manual) should be cited.

**7EMERGENCY PREPAREDNESS**

Evaluated by: (1) Existence of **national strategic multihazard emergency risk assessments** (risk profiles) and resource mapping. (2) Existence **of multihazard emergency response plans**. (3) **Evidence**, from exercises, after-action and other reviews of effective and efficient multisectoral emergency response operations for outbreaks and other public health emergencies.

**Strategic emergency risk assessments conducted and emergency resources identified and mapped.**

1. Does the country have a **national emergency risk profile** based on strategic multihazard emergency risk assessments?
2. Does the country have a **national inventory and mapping** of the available resources for emergency response?

**National multisectoral multihazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested.**

1. Does the country have **plans and mechanisms for coordinating the development and implementation of multisectoral multihazard** emergency preparedness measures?
2. Does the country have multisectoral multihazard emergency **response plans**?

**8EMERGENCY RESPONSE OPERATIONS**

Evaluated by: (1) **Establishment of an emergency response coordination mechanism or incident management system**. (2) Development of national health EOC (Emergency operations center) plans and procedures. (3) **Emergency response systems and decision-making** have been tested and operating efficiently and effectively.

1. During an emergency, is there a process for **sharing scientific data and recommendations with policy makers and national leaders**?
2. Is there a multisectoral **commission or a multidisciplinary emergency** coordination department or unit for public health/animal health?
3. How do **subnational (intermediate and local) entities manage emergency response** activities?
4. How do **localities manage emergency response** activities?
5. Is there a hotline that people/clinicians can call for help on handling a disease of unknown origin?

**IEmergency response coordination**

1. **Describe scenarios or triggers for activation of emergency response**. Are there multiple levels of emergency response activation?
   1. Who decides the change of level?
   2. Is there a national point of **contact available for 24/7 coverage of emergency operations**?
   3. Is there a national health sector emergency response coordination mechanism, committee or national health EOC?
   4. Is there a dedicated coordination mechanism under the national health EOC for activation and **coordination of emergency medical teams (EMTs)** (such as a EMT Coordination Cell)?
   5. Is there an incident management system in the health sector at the national level?
   6. Are there health sector emergency response coordination mechanisms, committees or health EOCs at subnational levels?
   7. Is there an incident management system in the health/food/animal/ sector at the national level? And at subnational levels?
   8. Is there an incident management system in the health/food/animal sector at the national level? And at subnational levels?
   9. How are **surge staff for emergency response coordination identified**? Is there a roster of staff? Is training available to surge staff in advance of a response? **Is there “just in time” training available**?

**IIEmergency operations centre (EOC) capacities, procedures and plans**

1. **Describe the Human/food/animal health EOC** at the national level (these questions are to be answered whether there is a permanent EOC, temporary EOC or virtual EOC).
   1. If there is a **dedicated EOC (physical), provide a floor plan and description of equipment**.
   2. What is the total staff capacity for the EOC? Is there a plan in place to accommodate additional staff if necessary?
   3. Is there a reliable power source for the EOC?
   4. Is there a **reliable communications structure** for the EOC? Does this include **Internet, email and phone capabilities**?
   5. Is the **organization able to convene participants from ministries and agencies of all relevant sectors and other national and multinational partners as appropriate**?
2. **Describe the plans and SOPs** that are in place for the EOC
   1. Are the plans and procedures based **on an incident management system**? Do they include the following functions and resources: incident command, operations, planning, logistics, and finance?
   2. When there is a national emergency, **who serves as the “incident manager” for the human/food/animal health EOC**?
   3. Is there a **procedure in place for decision making in the EOC**?
   4. Does the national health EOC plan include roles for public health science (epidemiology, medical and other subject matter expertise), public communications, partner liaison?
   5. How often are these procedures updated? When was the last time they were updated?
   6. How are EOC records and procedures maintained and distributed?
3. **How long after the receipt of an early warning or information does it take for the activation of the EOC? How many times was the EOC activated in the past five years?**
4. Are there subnational health EOCs with staff who are trained in emergency management and EOC SOPs?
5. How often are **exercises conducted to test national EOC activation and networking** with subnational and multisectoral EOCs? When was the last time this happened?
6. Describe roles for staff that have been identified for EOC functions. Are there role descriptions and job aids for national EOC functional positions?
7. **Describe how staff have been trained for their role in EOCs**?
8. Does the EOC use standardized forms and templates for data/information management, reporting, briefing, etc.?
9. Describe the availability/dissemination of situational awareness reports from health EOC for different target groups.

**IIIEmergency exercise management programme**

1. Describe health emergency exercises that have been conducted, and any activation of the emergency response operations for **real events** in the past five years.

**Documentation or evidence for level of capability**

1. Plans of the EOC, and listing of available equipment.
2. Training plans for emergency operations staff.
3. Exercise plan, including evaluation and corrective action plan, if available.
4. Activation plan for emergency response, such as roster of emergency operations staff and role.

**9RISK COMMUNICATION**

Evaluated by: (1) **Formal government risk communications plans**, arrangements and systems in place. (2) **Existence of risk communication coordination platform** and mechanisms for internal and partner communication. (3) **Evidence that public communication unit** or team operates efficiently and effectively. (4) Evidence that risk communication units systematically engage populations at community level during emergencies. (5) Existence of a system to gather information on perceptions, risky behaviours and misinformation to analyse public concerns and fears.

1. **Risk communication systems for unusual/unexpected events and emergencies**.
2. **Internal and partner communication and coordination** for emergency risk communication.
3. **Public communication** for emergencies.
4. **Communication engagement** with affected communities.
5. **Addressing perceptions, risky behaviours and misinformation**
6. Additional information: **Availability of documentation.**