

THE REPUBLIC OF THE GAMBIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

THE PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE PLAN FOR THE GAMBIA

Version July 2018

FOREWARD

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EXECUTIVE SUMMARY

A public health emergency operations centre (PHEOC) is a physical location or virtual space in which designated emergency management functions are performed, supported by appropriate legislation and regulations, and designed and resourced with sustainability in mind. The PHEOC play a vital role in the coordination of information and resources for efficient and effective responses. Such an operations centre may be a temporary facility or may be established in a permanent location

The National PHEOC is the focal point for coordination of emergency planning, training, response and recovery efforts in The Gambia. It coordinates response efforts, makes decisions, gather and disseminate information. It also establishes standard procedures for the activation and operation of the country`s PHEOC.

The national PHEOC provides a management structure and system for conducting on-site operations applicable to small scale daily operational activities as well as major mobilizations. The processes follow the national All-Hazards approach to major disasters such as fires, floods, disease outbreaks, acts of terrorism and large-scale public health events that may require involvement of multi-disciplinary collaborators.

The PHEOC is a subset of the National Emergency Operation Center managed by the National Disaster Management Agency (NDMA).The Public Health Emergency Operations Centre (PHEOC) is a place activated for the duration of an emergency, within which personnel responsible for planning; organizing, acquiring and allocating resources and providing direction and control can focus these activities on responses to the emergency

An important element of any effective Incident Management System (IMS) is the ability of the system to adapt based on the context (scale and scope) of the emergency. This should be driven by the decision process requirements and through adjusting the structure and functions, starting with the Operational (coordination) level to accommodate the interests and mandates of a number of entities with potentially overlapping roles and responsibilities.

Preparedness and Response to public Health emergencies use a multi-hazard, multi-sectoral national coordination approach; this function is assigned to the Public Health Emergency Operations Centre (PHEOC). Therefore, coordination at this stage might be effectively achieved through the structure of a Public Health Emergency Operations Centre (PHEOC) headed by a dedicated “Critical Incident / Operations Managers”. PHEOC is located within the MoH&SW Epidemiology and Disease Control offices (EDC) at the National Pharmaceutical Services (NPS) facility in Kotu. This location ensures proximity and a close level of collaboration, coordination and information exchange is maintained with other partners.

Plan B is to have another PHEOC at the World Health Organisation Country Office at Kotu, Kanifing Municipality. If the scale and scope of the outbreak were to escalate requiring the involvement of a large number of non-health responders (multi-sectoral), then consideration for the merger of the PHEOC into the NDMA should be given. In the case where merger or joint operations are agreed, given the “health nature” of the response, the overall technical lead might still remain under the responsible Health “Critical Incident/Operations Manager”.

Legal authority provided by legislation or a government directive is required for Ministry of Health and Social welfare or National Disaster Management Agency (NDMA) to manage public health emergencies, and is an essential component of a national emergency management framework. Such authority will allow Ministry of Health and Social welfare or National Disaster Management Agency (NDMA) to oversee the health emergency management program and the planning and operation of a PHEOC; coordinate response policy; access national disaster management resources; and obtain the funding necessary to respond to public health emergencies. This legal authority should outline the public health agency's roles and responsibilities, its coordination mechanism with national and international disaster management resources, and a funding mechanism for the operations of a PHEOC

The Ministry of Health and Social welfare being responsible for the PHEOC will establish a policy group to provide policy guidance to the PHEOC. The policy group includes heads of involved organizations, subject matter experts (including legal counsel and an ethics advisor), government officials and other executive officers, and professionals tasked with providing strategic level leadership

A steering committee was formed for the planning and development of the PHEOC, with membership comprised of key PHEOC stakeholders and users.

Throughout the planning process, the steering committee should follow incident management principles (see Fig 2). The committee conducts risk and capacity assessments, leading to decisions on the scope and operational structure of the PHEOC as well as the broader public health emergency management model

MoH&SW shall also appoint a PHEOC facility manager (as distinct from the incident manager). The facility manager is responsible for the operation and maintenance of the PHEOC, ensuring that all of its functionality, systems, and hardware, software and staff support tools are well-maintained and operational when needed, and that designated personnel have access to training to support their effectiveness. A team of technical personnel will work with the PHEOC Facility Manager and provide management support for information systems, telecommunications, geospatial information systems (GIS) and security.

The PHEOC has an adequate space for EDC and PHEOC staff, and contains both open common areas and closed workspaces suitable for meetings, conference calls and small group activities. It also has necessary space for media briefings, communication center, interviews, press conferences, and coordination of external partners.

The facility is of sufficient size to accommodate all its functions in reasonable comfort. It has adequate sanitary facilities, rest areas and food amenities for the personnel who may on occasion be deployed there for considerable periods. Configuration of the space provides both meeting areas and relatively quiet working spaces.

The authority for declaration of an emergency is vested in the hands of the office of the president through the Minister of Health and social welfare with technical advice and guidance of the Director of Health Services, Incident Manager; National Task force chairperson and the World Health Organisation.

An emergency coordination meeting of the Rapid Response Team, PHEOC and steering committee and the sub-committee leads needs to be held urgently to discuss the situation at hand as well assess the state of readiness of the whole response system. A plan of action has to be developed with clear lines of communication and responsibility.

INTRODUCTION

A public health emergency operations centre (PHEOC) is a physical location or virtual space in which designated emergency management functions are performed, supported by appropriate legislation and regulations, and designed and resourced with sustainability in mind. The PHEOC play a vital role in the coordination of information and resources for efficient and effective responses. Such an operations centre may be a temporary facility or may be established in a permanent location.

This document outlines the key concepts and essential requirements for managing a public health EOC (PHEOC) in The Gambia. It provides an outline for managing a PHEOC to achieve a goal-oriented response to public health emergencies and unity of effort among response agencies. The document will be revised as necessary. Practical guidance on specific aspects of the PHEOC framework will be developed and published separately.

A public health emergency is here defined as an occurrence, or imminent threat, of an illness or health condition that poses a substantial risk of a significant number of human fatalities, injuries or permanent or long-term disability. Public health emergencies can result from a wide range of hazards and complex emergencies. Experience has shown that timely implementation of an EOC provides an essential platform for the effective management of public health emergencies.

Public health emergencies involve increased incidence of illness, injury and/or death and require special measures to address increased morbidity, mortality and interruption of essential Health services. For such emergencies, a multi-agency, multi-jurisdictional response is often required, working with the national disaster management authority. When normal resources and Capacities are exceeded, support from outside the affected areas will also be required. External assistance could include national, cross-border, regional or international resources.

In this document, the words “incident”, “event” and “emergency” are used interchangeably.

ABOUT THE PHEOC FRAMEWORK

The Public Health Emergency Operations Centre (PHEOC) is a place activated for the duration of an emergency, within which personnel responsible for planning; organizing, acquiring and allocating resources and providing direction and control can focus these activities on responses to the emergency

The Public Health Emergency Centre Plan is the primary reference document for the PHEOC before, during and after a public health emergency. It is specific and relates to the management and coordination processes.

The purpose of the Plan is to identify the objectives that result in a transition from reactive response to pro-active situation management.

The PHEOC plans ensure the use of an action plan to achieve objectives, it:-Main Objective:

Provides guidance for the Coordination, management, operation and staffing of the PHEOC

Specific Objectives

- standardize basic and routine activities
- minimizes the need for improvisation in the management process
- Ensures management is by objectives and is the key to results.
- provides the supervisory personnel with directions for both current and future actions
- forms the basis for defining operational periods; based on the needs of the event, and the time required to achieve objectives
- When the emergency event is large and involves the full or partial activation of an off-site EOC to support the response
- helps ensure continuity of action and management

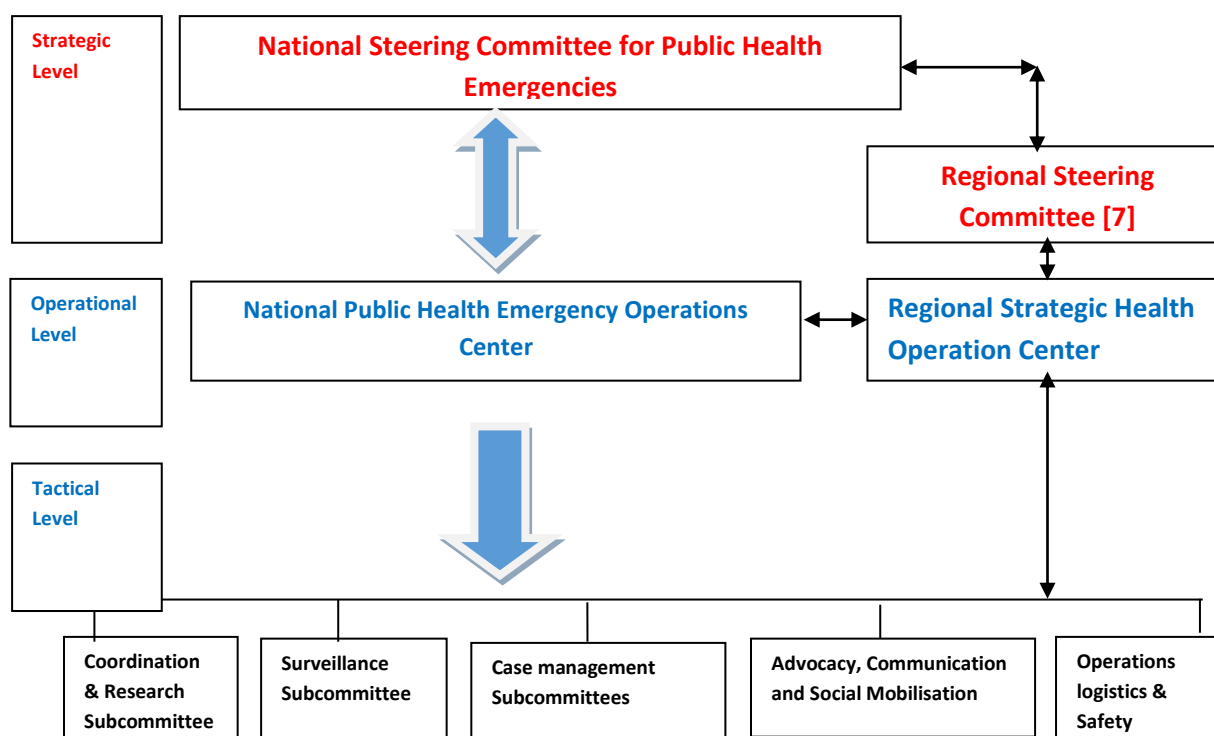
CONCEPT OF THE NATIONAL PHEOC

Large-scale emergencies generally overwhelm the response capacities of any single entity; therefore an effective response usually involves more than one jurisdiction or technical area operating under a single response strategy (strategic leadership) through multiple entities each with interdependent operational structures.

An important element of any effective Incident Management System (IMS) is the ability of the system to adapt based on the context (scale and scope) of the emergency. This should be driven by the decision process requirements and through adjusting the structure and functions, starting with the Operational (coordination) level to accommodate the interests and mandates of a number of entities with potentially overlapping roles and responsibilities.

The following Concept of Operations (ConOps) outlines the three key levels for responding to a public health emergency in The Gambia and describes how they might interrelate with wider National Emergency Management structures depending on the scale and scope of the outbreak or event.

PUBLIC HEALTH EMERGENCIES, CONCEPT OF OPERATIONS



Strategic and Policy (leadership) Level – National Steering Committee for Public Health Emergency

As part of the overarching national disaster management architecture, this is the highest level responsible for strategic coordination and policy making of Public Health emergency in the country. It is led by the Ministry of Health and Social Welfare with representation of line ministries and key technical partners. This level requires involvement of executive management from participating agencies and also political representatives from the affected Regions and districts.

The National Steering Committee will work hand in hand with other Regional Steering Committees for public health emergencies in Seven (7) Health regions.

While not limited to, the National and Regional Steering Committees are responsible for:

- Providing the high level strategic direction for the response
- Making and endorsing policy required to enable the response
- Monitoring the operational coordination and implementation of the strategy (and making amendments as needed)
- Ensuring resources are available for preparedness and response activities

- Resource mobilisation

Operational (coordination) Level

The two key elements to be considered at the operational level are effective coordination of all response elements to the outbreak and the provision of the “common operation platform” to enable informed strategic leadership.

Preparedness and Response to public Health emergencies use a multi-hazard, multi-sectoral national coordination approach; this function is assigned to the Public Health Emergency Operations Centre (PHEOC). Therefore, coordination at this stage might be effectively achieved through the structure of a Public Health Emergency Operations Centre (PHEOC) headed by a dedicated “Critical Incident / Operations Managers”. PHEOC is located within the MoH&SW Epidemiology and Disease Control offices (EDC) at the National Pharmaceutical Services (NPS) facility in Kotu. This location ensures proximity and a close level of collaboration, coordination and information exchange is maintained with other partners.

Plan B is to have another PHEOC at the World Health Organisation Country Office at Kotu, Kanifing Municipality. If the scale and scope of the outbreak were to escalate requiring the involvement of a large number of non-health responders (multi-sectoral), then consideration for the merger of the PHEOC into the NDMA should be given. In the case where merger or joint operations are agreed, given the “health nature” of the response, the overall technical lead might still remain under the responsible Health “Critical Incident/Operations Manager”.

The following aspects are critical at this operational level:

- Provision of a technical lead for the operational response (under the strategic direction provided by the National Steering Committee).
- Coordination of all aspects of the response regardless of the technical nature of the response activities.
- Prioritization and provision of resources to support sustained response activities
- Provision of the “common operation picture” against which strategic and operational decision are made.
- Preparation of public communications materials, technical guidance and activities
- Assessment of the logistical needs and develop a logistics plan and tracking system to address these needs.
- Strengthening of response capacities through staff training and the implementation of drills and simulation exercises programmes.
- Information sharing and exchange

Tactical (implementation) Level

The third level of the PHEOC / IMS is the tactical management of response operations rather than at the national level, this is located as close to the emergency as possible (District / Community level). In the form of a District HEOC or Command Post and under the Strategic and

operational guidance described above, this level is responsible for the day-to-day decision making required to operationalize the response. In a large scale emergency involving multiple response partners, Regional / District dedicated (localised) EOCs will be used to manage their own technical and tactical elements of the response.

Table 1: Limited outbreak with only first order health response requirements

INSERT NEW CHART [YAYA]

Figure 1: Large scale outbreak with health and beyond health (whole-of-society/whole-of-government) response requirements

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PHEOC planning guidance

A well-designed plan is a prerequisite for the development of a PHEOC. Developing a PHEOC is a process that evolves over time. The essential steps to this process are:

1. Establishing legal authority and planning guidance
2. Forming an effective steering committee
3. Developing main objectives
4. Defining essential functions of the PHEOC
5. Developing the core components of the EOC
6. Training and exercises
7. Monitoring and evaluation
8. Costing, funding and sustaining a PHEOC.

4.1. Legal authority

Legal authority provided by legislation or a government directive is required for Ministry of Health and Social welfare or National Disaster Management Agency (NDMA) to manage public health emergencies, and is an essential component of a national emergency management framework. Such authority will allow Ministry of Health and Social welfare or National Disaster Management Agency (NDMA) to oversee the health emergency management program and the planning and operation of a PHEOC; coordinate response policy; access national disaster management resources; and obtain the funding necessary to respond to public health emergencies. This legal authority should outline the public health agency's roles and responsibilities, its coordination mechanism with national and international disaster management resources, and a funding mechanism for the operations of a PHEOC.

4.1.1 Policy group

The Ministry of Health and Social welfare being responsible for the PHEOC will establish a policy group to provide policy guidance to the PHEOC. The policy group includes heads of involved organizations, subject matter experts (including legal counsel and an ethics advisor), government officials and other executive officers, and professionals tasked with providing strategic level leadership.

The policy group provides high-level policy and technical guidance on overall management of the emergency, and facilitates inter-agency and inter-jurisdictional coordination. It is also responsible for endorsing requests for external resources and assistance, and initiating requests for assistance from more senior levels of government, donors, or international aid. For example: a request for human and material resources beyond those available within the response agency or jurisdiction would, where no other superseding mutual aid arrangement had been made with nearby agencies, be processed through the policy group. The policy group may delegate these responsibilities to the PHEOC.

4.1.2 PHEOC Steering committee

A steering committee was formed for the planning and development of the PHEOC, with membership comprised of key PHEOC stakeholders and users.

Throughout the planning process, the steering committee should follow incident management principles (see Fig 2). The committee conducts risk and capacity assessments, leading to decisions on the scope and operational structure of the PHEOC as well as the broader public health emergency management model.

This activity covers, among other things:

1. Prevention and mitigation strategies
2. Preparedness activities
3. Planning for continuity of operations.

The steering committee determines the size, type and scope of the intended PHEOC; develops its principle objectives, essential functions and operational structure; defines how processes will be managed; ensures that core components are in place; develops monitoring and evaluation plans; and develops a costing and budgeting plan for implementing the PHEOC.

The size, type and scope of the PHEOC varies with the magnitude and impact of the event to which it is intended to respond, the scope of the management activities that may occur within it, and the amount of collaboration required with response partners.

4.2 Planning

The planning process is driven by an analysis of the hazards, vulnerabilities and consequent risks to which the PHEOC may be required to respond. In addition, it requires an assessment of baseline response capacity. Optimally, there would be a comprehensive risk management

programme that recognizes all hazards, is integrated with national and other incident management systems, and involves all relevant agencies.

4.2.1 Emergency response plan (ERP)

Larger scale and multi-sectoral public health emergencies require capacities and capabilities not normally found in a health ministry, and which may not be available in the health sector at all. The Ministry of Health and Social welfare must therefore work with the national disaster management Authority and other agencies, including international organizations where necessary, to access those capabilities through an emergency response plan (ERP). The ERP clarifies the roles and responsibilities of involved departments and agencies, and the resources that may be utilized, as well as providing a clear authority structure. The ERP will cover periods before, during and immediately following a public health emergency. It should also clarify the health authority's responsibility for providing technical assistance and guidance in managing the health related consequences of a broader range of emergencies. The components of an ERP are shown in Fig. 1.

Figure 1: Components of an emergency response plan (ERP)

The ERP lays out the concept of operations (CONOPS), and includes:

- Responsibilities of the incident management functional sections
- Procedures for requesting, receiving and coordinating support from partners, and for coordination with other sectors
- Physical and technological aspects of the PHEOC
- PHEOC Staffing and standard operating procedures (SOPs)
- Incident evaluation and categorization or grading
- PHEOC activation and scaling thresholds and processes
- Situation report (SITREP) preparation protocols
- Vertical and horizontal internal communication processes for any event
- Continuity of operations or business continuity plan to be followed if the operations of the PHEOC are interrupted. The ERP plan may include hazard-specific and functional annexes.

4.2.2 Concept of operations (CONOPS)

The CONOPS defines the intended operation of the entire emergency response system and describes:

1. The responsibilities of designated organizations at strategic, operational and tactical levels

2. The structure and organization of the overall response
3. Grading of the event to determine necessary levels of response
4. The nature of escalating levels of response
5. How the components of the response work together.

While there are many common elements to different concepts of operations, a CONOPS is unique to a jurisdiction, reflecting its legal, operational and infrastructural mandates and constraints. It also describes how and when to engage different branches and levels of government as well as other partners (including international agencies) in the incident management system. The CONOPS is key to detailing how multi-sectoral and transnational coordination will work at the strategic, operational and tactical levels. A sample CONOPS is provided in [Annex 2.5. Management of public health emergencies](#). All emergencies and their management occur in a particular context, which can be affected by factors including:

- Magnitude, location and impact of the event
- Availability of human and material resources to address it
- Legal and policy environments and mandates
- Strengths and limitations of emergency response and management agencies
- Degrees of resilience in individuals, social systems and health service agencies
- Other factors that contribute to the uniqueness of each situation.

The scope of necessary management activities and the required amount of collaboration with response partners vary across different contexts.

5.1 Important planning and operational considerations that hinders management

There are known points of failure in managing emergencies; but these can be minimized through awareness, appropriate planning, and attention to management processes.

Lack of clarity regarding authority and responsibility can result in flawed or delayed decision-making. Technical communications failures within the response organization can result in delayed decisions and untimely action, including the inability to produce a common operational picture and shared situational awareness.

Lack of coordination between partners causes inefficient use of resources, avoidable duplication and/or gaps leading to a less-than-optimal response. Absence or poor use of specialized resources or response assets, including insufficiencies of surge staff, can lead to undesirable outcomes. Public health emergencies often require deployment of significant numbers of specialized personnel, use of large volumes of material, and access to scarce scientific and technical resources. Absence of capacity or capability, misuse of resources, and poor management of media relations and public communications opportunities can all result in ineffective public health outcomes.

See Fig. 2 for important principles to support the planning process when developing and operating an EOC.

Management of public health emergencies comprises a range of activities, from direct response at local or field level to high-level policy and logistical coordination by a national government or international agency.

These differences in focus distinguish tactical operations from strategic operations to protect public health and safety; maintain or restore essential services; provide emergency relief; and mitigate event-associated risk. During public health emergencies, routine public health functions are augmented, not replaced, by emergency management activities.

Figure 2: Incident management principles

The ERP lays out the concept of operations (CONOPS), and includes:

- **An all-hazards approach**—i.e. incident management processes and structures, with clear decision making processes, supported by hazard-specific response plans developed in response to a comprehensive risk assessment
- **Modular, scalable or adaptable management structures** that can be expanded or contracted (scaled) to deal with changes in the scope and context of the emergency
- **Support for joint involvement of multiple jurisdictions, sectors, and organizations** in making and implementing joint management decisions (unified management)
- **Clear lines of accountability**, with all personnel in work units of no greater than seven people reporting to only one supervisor, even if working within a matrix of teams within the EOC
- **Clearly defined roles and responsibilities** for staff that are consistent with their established competencies and supported by specific training in EOC functions and operations
- **Clearly articulated authorities, threat thresholds and procedures** for activation, escalation, and deactivation of emergency operations
- **Clearly articulated policies and procedures** for communication between international, national, subnational and local EOCs or event management entities
- **Common terminology, functions and technology** at all levels of the response structure to support interoperability
- **Capacity for integration or involvement with partner and stakeholder agencies including international partners** through joint (unified) management or active liaison
- **Sufficient capacity to manage public communications opportunities**, including through traditional and social media, in culturally suitable ways, to support effective risk communication, social mobilization and community engagement.

5.2 Elements of an emergency management programme

A comprehensive emergency management programme has five commonly recognized elements:

1. **Risk assessment** includes hazard identification, vulnerability or threat assessment, risk estimation and surveillance and monitoring of potential or evolving threats.
2. **Prevention and mitigation** involves the treatment of identified risks so as to prevent them or introduce measures to reduce their impact. It may include disease detection and outbreak prevention and control, vaccination of populations, food and water safety, environmental protection programmes, community education, and social mobilisation.
3. **Preparedness** involves assessment of capacities and capabilities, development of plans, development and maintenance of infrastructure, maintenance of stockpiles, design and implementation of procedures, and training of personnel. It also includes technical capacity building, planning, training and exercising.
4. **Response** involves utilizing preparedness resources, undertaking activities to react to an event, and managing the event proactively. Response activities may include the situation assessment, mobilization of treatment and prevention resources, enhanced surveillance, contact tracing, and environmental health intervention and monitoring.
5. **Recovery** refers to the restoration of damaged infrastructure and resources, restoration of routine surveillance and monitoring activities and licensed health facilities, restoration of community infrastructure and resilience, evaluation of response outcomes, conduct of an after action review, and implementation of an action plan to mitigate risks and improve future responses.

Response to public health emergencies requires management processes and structures that support the following:

- Confident and competent decision making and operational execution
- Reliable and rapid processing of data and information into action plans
- Rapid deployment of resources
- Effective human and financial resourcing and accountability.

These capabilities are central to an effective PHEOC, and are created and maintained through the selection and training of knowledgeable staff as well as coordination with other relevant sectors (e.g. veterinary services for zoonotic diseases).

Applying a common organizational model or framework to all levels of emergency management responsibility within a jurisdiction, from national government to front-line emergency response services, is highly beneficial. In most cases the incident management system (IMS) is becoming standard practice, and is the model on which this framework is based.

5.3 Incident management system (IMS)

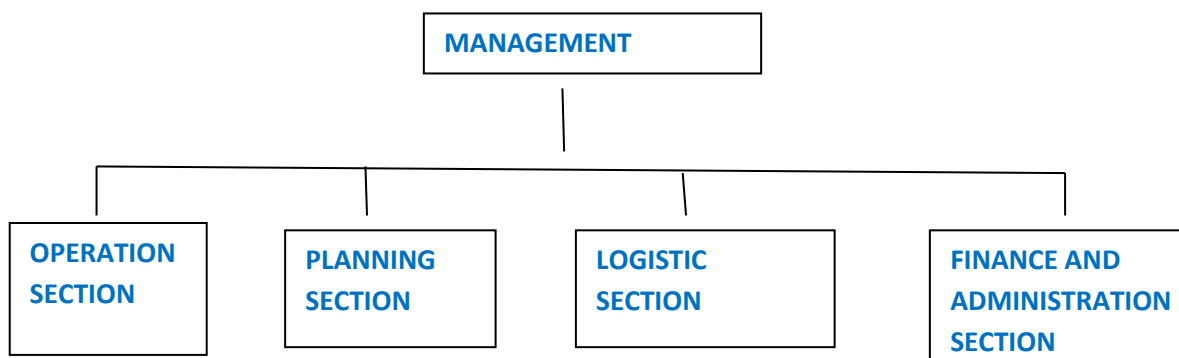
The IMS is a common organizational model for all hazards and emergencies. PHEOCs play a vital role in the IMS, as they are focal points or hubs for the coordination of information and resources to support incident management activities. Within an IMS, five functions are typically established:

1. Management
2. Planning

3. Operations
4. Logistics
5. Finance and administration (see Fig. 3).

The management function is an executive, strategic, operational, command and coordination function that involves making decisions and coordinating risk communication.

Figure 3: IMS Model



- The operations section deals with supporting tactical application of resources.
- The planning section is responsible for evaluation of the situation (information gathering and analysis), assessment of the options for dealing with it, and keeping track of resources.
- The logistics section deals with acquiring and deploying resources.
- The financial and administrative section tracks expenditure, makes payments, and provides administrative services.

This five-function IMS model is flexible and can be adapted to individual events, agencies and jurisdictions, whether local, regional, or national, according to needs and available resources.

5.4 Event or hazard-specific response and management plans

Event or hazard-specific plans are best built on an all-hazards basis, recognizing both the commonalities in responses to different kinds of emergencies and the differences in context-dependent response requirements. For example: some public health emergencies require rapid deployment of personal protective equipment (PPE) for responders, or pharmaceuticals for treatment and prophylaxis. The exact type of equipment and pharmaceuticals depends on the specific contaminant or pathogen causing the emergency.

Event or hazard-specific plans often provide details about particular required processes and resources.

These may include the following:

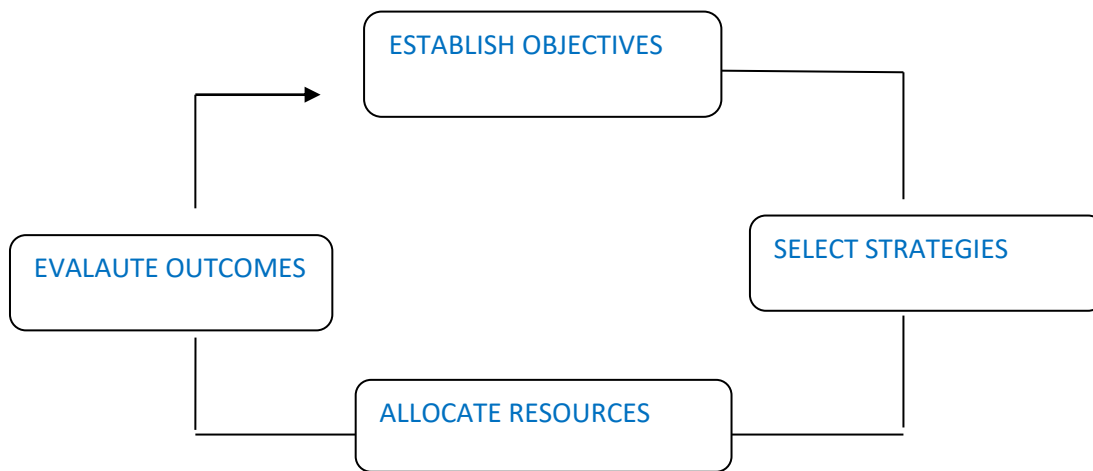
- Threat or occurrence thresholds that trigger alerts and escalating levels of emergency response (event and response grading)
- Technical and scientific capacities that need to be engaged (laboratories, subject matter experts)
- Data collection and processing requirements
- Risk communication messaging, public warning, community engagement, and inter-agency communication processes
- Decision approval processes
- Legal and ethical issues
- Cultural sensitivities
- Material acquisition and deployment processes
- Key partners to engage
- Special (as opposed to standard) operating procedures.

Pre-established and tested risk and crisis communication messages and distribution plans are a vital part of a hazard-specific plan and must be coherent with other sectors. They enlist the cooperation of key target audiences and mobilize the public to participate in mitigating the impact of an event.

Transitioning from reactive response to proactive situation management and resolution requires management by objectives for the achievement of objectives within limited timeframes. Management by objectives involves four cyclically applied steps (See Fig. 4):

1. Within the context of agency mandate and policy, establish specific, measurable or observable objectives that are realistically achievable with available resources and within a specific time frame
2. From an evaluation of options by which to achieve the objectives, select an appropriate strategy
3. Acquire and coordinate the use of resources: identify tactics (activities) appropriate to the chosen strategy and allocate the appropriate resources
4. Monitor and evaluate intervention outcomes to re-initiate this cycle, to identify gaps and constraints or to achieve the goal of resolving the situation.

Figure 4: Proactive situation management



6. MANAGEMENT OF THE PUBLIC HEALTH EMERGENCY OPERATION CENTRE (PHEOC)

6.1. Purpose of the PHEOC

The National PHEOC is the focal point for coordination of emergency planning, training, response and recovery efforts in The Gambia. It coordinates response efforts, makes decisions, gather and disseminate information. It also establishes standard procedures for the activation and operation of the country's PHEOC.

The national PHEOC provides a management structure and system for conducting on-site operations applicable to small scale daily operational activities as well as major mobilizations. The processes follow the national All-Hazards approach to major disasters such as fires, floods, disease outbreaks, acts of terrorism and large-scale public health events that may require involvement of multi-disciplinary collaborators.

The PHEOC is a subset of the National Emergency Operation Center managed by the National Disaster Management Agency (NDMA).

6.2. Operational Objectives of the PHEOC

The operational objectives of the national PHEOC include:

- Timely, event-specific operational decision-making using the best available information, policy, technical advice and plans
- Communication and coordination of responses
- Collection, collation, analysis, presentation and utilisation of event data and information
- Acquisition and deployment of resources, including surge capacity, services and material to support all PHEOC functions

- Preparation of public communications and coordination with response partners to support audience awareness, outreach and social mobilisation
- Monitoring financial commitments and providing administrative services for the PHEOC.

6.3. Essential functions of the national PHEOC

The national PHEOC will function under the guidance of a national steering committee for emergency preparedness and response in accordance with the roles and responsibilities set out in the Health sector emergency preparedness and response plan related to all hazards and the incident management system (IMS).

An operational structure has been established to reflect the essential PHEOC functions; to this end, IMS will provide a useful way of thinking about and organizing the processes involved in public health emergency response and management.

Within the IMS, five essential functions are typically established, with flexibility to adapt to different events, agencies, and jurisdictions.

The five essential functions of the PHEOC are:

1. **Management** – responsible for overall operation of incidents or events (including coordinating risk communication and liaison with other agencies)
2. **Operations** – at the field level, this function provides direct response to the incident or event; at higher levels, it provides coordination and technical guidance
3. **Planning** – collection of data, analysis, and planning of future actions based on the likely course of the incident and the resources available for the response.
4. **Logistics** – this function acquires tracks, stores, stages, maintains, and disposes of material resources required for the response. It also provides services in support of the response, such as health services for responders
5. **Finance and administration** – cash flow management; tracking of material and human resource costs; budget preparation and monitoring; and production and maintenance of administrative records.

6.4. PHEOC operational structure

The operational structure of the national PHEOC is based on the Incident Management System (IMS) and its five functional areas. These should be modular and scalable, capable of being elaborated on, expanded and adapted to particular types of emergencies, from tactical to strategic level. The amount of time and activity committed to each function, and whether external assistance is required for any function, will vary with the scale, context and type of emergency.

Responses to public health emergencies often require specific public health functions, such as preventive and curative public health interventions, services and technical guidance.

The public health function shall provide technical advice on novel risks and interventions, or research related to the event, and may cross functional boundaries. Similarly, the finance and administration function (e.g. procurement) may be combined with the logistics section.

In case of small-scale emergencies or incidents, these shall be managed at the site of the emergency by the designated person in charge (an incident manager or commander). This person may establish a site-level command post. Most of the activities and decisions taken at the site level are for the direct management of human and material resources to address the situation; this is typically referred to as the 'tactical' level. Although the command post is not strictly speaking a PHEOC, it is part of the EOC system and should follow the EOC five-functional model. Often, all of the five functions in such a scenario are carried out on-site by one person, or by a few people working as a small team. In the latter case, the team should be led by the most qualified, senior or experienced person, or by the person with legally designated leadership authority.

In case of larger emergencies or public health emergencies of international concern, field-level responders may require additional resources, coordination, guidance or policy direction to support their response activities. A permanent site-support PHEOC at Kotu will be activated to provide the necessary management, planning, operations, logistics, finance and administrative support. The site-support PHEOC provides operational support, policy and technical guidance to site-level command posts. It also coordinates and expedites resource requests from field site(s); undertakes strategic planning during long events; and manages off-site activities, including engaging key partners in decision processes. This level is typically referred to as the 'operational' level.

In case of a large emergency that has multi-sectoral impact, the PHEOC is linked to the national EOC under the National Disaster Management Agency (NDMA) and the onsite Regional Disaster Management Committees (RDMCs) RCs.

6.5 PHEOC Organizational Structure

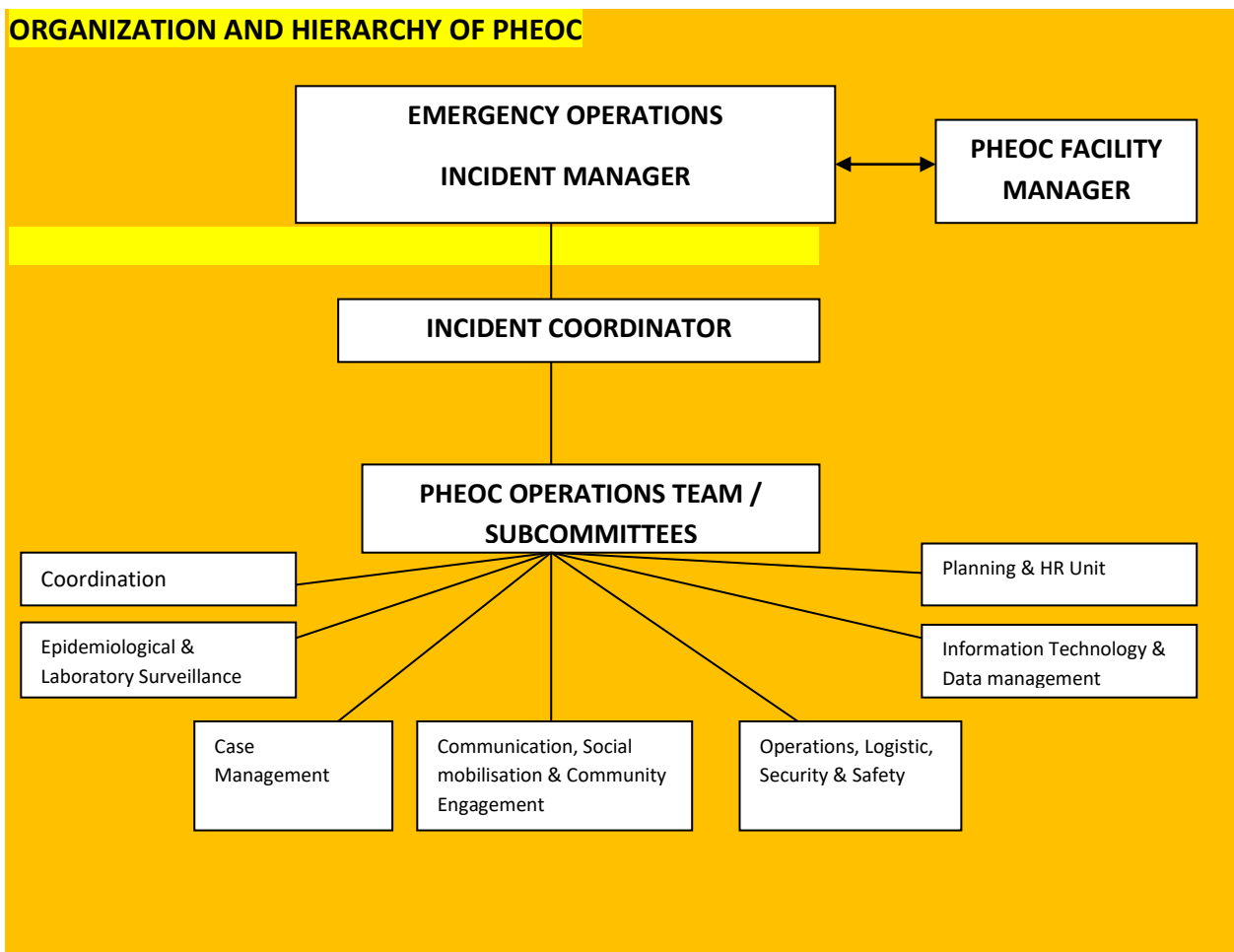
Organizational unity means that every individual within the PHEOC structure has a designated supervisor. Hierarchy or chain of Command / Management means an orderly line of authority within the ranks of the organization with lower levels subordinate to, and connected to, higher levels. Direction follows the chain of command.

The PHEOC is modular to allow elements to be activated or deactivated as the needs of emergency or disaster change over time. The system provides for expansion, as additional resources are required. Only those functional levels and elements required meeting current objectives need to be activated. When each level is activated, the Command/Management levels will always be staffed. The function of any non-activated element will be the responsibility of the next highest element in the organization. Each activated position must have a person in charge. However, a supervisor may supervise more than one element.

The Incident Manager and other supervisory staff should have the authority to modify assignments or to apply them in a manner that suits the particular needs of an emergency or disaster. It is the responsibility of the Incident Manager and supervisors to clearly identify the parameters of an assignment when deviating from standard assignments.

Maintaining a reasonable span of control is the responsibility of every person assigned a leadership role during an emergency response. The management structure should maintain an effective supervisory span of control at each level of the organization.

Each emergency response level establishes objectives to be achieved for a given timeframe, known as an “operational period”. These objectives always relate to the response goals stated above. Objectives are “what must be achieved” statements. Each objective may have several strategies and tactical action. Strategies are commonly stated as “how” actions should be performed. Tactics are the detailed steps of a strategy taken at the site level to achieve objectives.



6.6 Roles and tasks associated with the functional sections

6.6.1 Management staff

The management staff is responsible for:

- Overall operation of the PHEOC
- Determining coordination of response activities and partners
- Liaison with assisting agencies (i.e. those providing their own tactical resources) and cooperating agencies (those providing external support)
- Public communication
- The safety of responders
- Situation reporting to senior organizational leadership and getting direction from senior leadership
- Resource mobilization.

Complex public health emergency management requires consistency and continuity of action and effort among all partners. To that end the management section should promote:

- Understanding of the missions, mandates, capabilities and capacities of participating agencies
- Understanding of the contextual factors of an event for a common operating picture
- Creation of common outcome measures
- A common vision, goals, and objectives
- Coordination of actions.

Essential roles of the management staff include those of incident manager, PHEOC facility manager, and public communication officer. These are detailed below.

Incident manager

MoH&SW shall appoint an Incident Manager to be in charge of the management section. A public communication officer, a risk manager, a safety officer and liaison officers from cooperating agencies shall be positioned to provide direct support to the incident manager. At the site level, the person responsible for the management function is often called the 'incident commander'.

PHEOC facility manager

MoH&SW shall also appoint a PHEOC facility manager (as distinct from the incident manager). The facility manager is responsible for the operation and maintenance of the PHEOC, ensuring that all of its functionality, systems, and hardware, software and staff support tools are well-maintained and operational when needed, and that designated personnel have access to training to support their effectiveness. A team of technical personnel will work with the PHEOC Facility Manager and provide management support for information systems, telecommunications, geospatial information systems (GIS) and security.

Public communication officer

Public communication is critical in public health emergency management. The public communication officer is responsible for:

- Interaction with a variety of audiences and media
- Advocacy (supporting risk awareness and social mobilization)
- Developing communication products.

6.5.2 Planning and HR section

The planning section is responsible for:

- Aggregating and processing data
- Developing and communicating operational information
- Predicting the probable evolution of events
- Developing objectives, strategies and action plans
- Identifying the technical expertise that is needed.

At site level, much of the planning function is concerned with the assignment of available human and material resources to achieve maximum effect. At an off-site support PHEOC, planning activities tend to be concerned with different issues, such as mapping of capacities and functionality of all health resources, and tasking and deployment of newly acquired resources in order to contain the event.

Responsibility for analysis of data during epidemiological investigations can be placed with the planning or operations sections, in order to develop operational objectives for responders and maintain situational awareness within the PHEOC.

6.5.3 Operations section

The operations section is responsible for using resources to respond directly to the event. At a site-support PHEOC level, the operations function is responsible for coordination and technical guidance of all response operations, and for implementing an existing or improvised response plan to support the site-level response. At site level, the operations function is all about direct response activities, such as:

- Vaccination
- Contact tracing
- Triage
- Treating and transporting sick/injured/deceased people
- Decontaminating people and premises
- Conducting disease surveillance and collecting epidemiological data
- Establishing emergency clinics and/or restoring functionality of damaged health infrastructure
- Other public health interventions
- Scaling up community outreach for health promotion and case management.

Response activities vary depending on the type, scale and impact of an event—as does the sub-structure of the operations section.

6.5.4 Logistics section

The logistics section is responsible for the acquisition, tracking, storage, staging, maintenance and disposition of the tactical and operational resources required to respond to the event. These may include:

- Facilities
- Services (telecommunications equipment, furniture, food services, security, responder support, etc.)
- Monitoring food and water supplies;
- Disposal of solid, liquid and hazardous waste;
- Support personnel (information technology, clerical staff, ground transportation, etc.)
- Equipment (computers, radios, vehicles, personal protection equipment, etc.)
- Surge personnel
- Transportation and disposal services (patient transport, destruction of contaminated materials, removal and management of deceased persons).
-

These services may also be provided by the operations section.

6.5.5 Finance and administration section

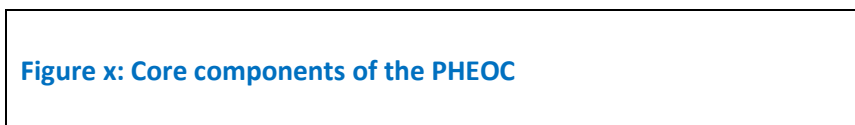
The finance and administration section is responsible for all financial activities and administrative tasks, which may include but are not limited to:

- Cash flow management
- Tracking of material and human resource costs
- Budget preparation and monitoring
- Production and maintenance of administrative records
- Processing of compensation claims
- Preparation of procurement contracts
- Incentive and insurance payments.

The finance and administration section chief should be routinely present and available in the PHEOC to facilitate operations. Space within the PHEOC shall be provided for administrative record keepers. Additional finance and administration personnel may be located outside the PHEOC.

6.6. Core components of the PHEOC

Achieving the main objectives and enabling the essential functions of a PHEOC requires the following essential core components (Fig. xx):



- Plans and procedures
- Physical infrastructure
- Information and communication technology (ICT) infrastructure
- Information systems and data standards
- Human resources

Each of these core components is described in the following sections.

6.6.1 Plans and procedures

Under the health sector emergency preparedness and response plan for The Gambia, the mission of a PHEOC is to shift from reaction of a public health event to its proactive management, and ultimately to its resolution. The PHEOC provides a management location, but it is implementation of the incident management system and various associated plans and procedures that leads to accomplishment of the mission.

A PHEOC operates on the basis of three types of plans:

1. A PHEOC plan
2. Event or hazard-specific response and management plans(Protocols)
3. An incident action plan.

The members of the PHEOC steering committee are responsible for working with their respective departments and agencies to produce and evaluate the initial set of working plans and procedures for the PHEOC. Specifically, before any public health emergency occurs, they must develop a PHEOC Plan.

The PHEOC plan

The PHEOC plan describes the structure, functions and procedures for operating a PHEOC. It is the primary resource manual for PHEOC staff, containing necessary forms, role descriptions, Concepts of operations and standard operating procedures (SOPs).

The plan may include specific and functional annexes, as well as plans for continuity of operations and SOPs. Developed before a public health emergency occurs, a PHEOC plan allows more effective development and implementation of an action plan during the incident or event.

The PHEOC plan is designed to make management of the PHEOC processes routine and predictable, allowing PHEOC personnel to focus on specific or unique aspects of the emergency, improvising as required by the context of the event.

Hazard-specific response and management plans (Protocols)

Hazard-specific response and management plans should be based on the prioritized list of threats and hazards determined in the threat assessment process. They should take into account the regional, national and local regulations or mandates that may apply to specific threats. They may be included as Annexes to the PHEOC Plan.

Incident action plans (operational / implementation plans)

Based on assessment of the scale and impact of the public health emergency and the availability of resources and capacities, action plans result in a more effective response. A written or oral incident action plan describes the specific objectives that must be accomplished in succession in order to achieve larger event management goals. Incident action plans are developed within the planning section, and provide all PHEOC supervisory personnel with directions for current and future actions.

Incident action plans also form the basis for defining operational periods. Operational periods reflect the time required to achieve specific objectives identified in the action plan, and to plan in advance for required resources. The length of operational periods varies according to the needs of particular events, often from a few hours to 24 hours.

6.6.2 PHEOC physical infrastructure

The PHEOC facility is a dedicated two- storage space purposely- built situated at National Pharmaceutical Services (NPS) premises in Kotu. It is physically and environmentally secured, and accessible and survivable in the event of a threat or disaster.

In the case of potential technological and other failures, an alternate option is available, and a backup physical location (WHO offices in Kotu) should be ready in case the primary PHEOC becomes unusable. A business continuity plan, or continuity of operations plan, should be developed and implemented. .

The PHEOC facility is easily accessible for users with adequate parking for private vehicles, adequate security, and reasonable proximity to designated lead and partner agencies.

Facility

The PHEOC has an adequate space for EDC and PHEOC staff, and contains both open common areas and closed workspaces suitable for meetings, conference calls and small group activities. It also has necessary space for media briefings, communication center, interviews, press conferences, and coordination of external partners.

The facility is of sufficient size to accommodate all its functions in reasonable comfort. It has adequate sanitary facilities, rest areas and food amenities for the personnel who may on occasion be deployed there for considerable periods. Configuration of the space provides both meeting areas and relatively quiet working spaces

Security

A PHEOC processes large amounts of information that is often sensitive, frequently on open displays. The working environment is also frequently pressured and intolerant of distractions. Media conferences and photo opportunities shall therefore be held either in the conference room, off-site or be staged at a time convenient to PHEOC staff, and when sensitive information is not visible.

All electronic linkages should be encrypted and password protected, and computer networks should be protected from external threats, including network attacks, power surges and outages.

On-site provisions are required to ensure protection and security of the facility, resources and personnel from routine hazards and possible attack. These may entail measures such as closed circuit television surveillance systems, perimeter protection, and/or access/entry controls. Maintaining security of the PHEOC data and the systems that process and store it requires routine use of firewalls; encryption; password protection; up-to-date antivirus software; and redundancy of data (and, to some extent, redundancy of hardware) to support rapid service recovery in the event of a security breach.

Redundancy

A PHEOC should be able to survive the probable hazards identified in a pre-development risk assessment.

It is necessary to have back-up plans for technological failures within the PHEOC, and to have an alternate site for the PHEOC in circumstances that make the designated facility unusable or unsuitable.

Depending on the magnitude and impact of emergencies contemplated, it may be possible to use an alternate site that does not fully satisfy all the requirements of a PHEOC and which might therefore rely on moving some equipment, along with personnel, from the primary site (a 'warm' site). A permanent PHEOC that is continuously, or often, in use should have an alternate location that can be activated with full functionality within minutes (i.e. a 'hot site') and for Gambia's case it is the WHO office in Kotu.

The PHEOC should have practised continuity of operations or business continuity plans to address operational/ business interruptions, including a succession plan for planned or unexpected losses of key personnel.

6.6.3 Information and communications technology infrastructure

Daily PHEOC operations rely on a variety of information and communication technology (ICT) infrastructure. There are no set standards for equipping a PHEOC, or for the systems that should be installed. Requirements will depend on numerous factors, including but by no means limited to the type or types of incident anticipated, the geographic location, and the number of staff. PHEOC technological solutions incorporate hardware and software systems, internal and external telecommunications, and all aspects of information management, including:

- A telecommunications system or network comprising a variety of choices depending on available connectivity options. Within the PHEOC, personnel will require workstation computers with internet connections and either a mobile or a hardwired telephone.
- For remote locations, radio or satellite telephone may be the only options.
- For all levels of PHEOC, the ability to conduct teleconferences is a key capacity, which optimally includes video conferencing.
- Large screen video displays support visual representation of the status of the event and its contextual aspects that influence decision-making. In addition, media monitoring capacity (television, radio, etc.) is required. It is useful to have video recording and playback capability.
- Also, a PHEOC is an office with all of the usual office requirements: computers, printers, copiers, document scanners, a fax machine, application hosting and data storage server(s), office supplies, forms designed to provide paper-based backups, in case of technology failure, etc.

Despite their inherent utility, the technologies that support telecommunications, data analysis, event information management and visualization of operational information are evolving rapidly and can be prone to failures. Consequently the information that the systems contain requires frequent, routine backup to mitigate the potential impact of a technological failure resulting in a loss of data. All equipment should be covered by warranty or a maintenance contract.

To the extent practicable, technologies utilized in a PHEOC should be compatible with those routinely in use in the rest of the facility and in host and partner agencies. As the needs of the PHEOC change over time and the facility matures from basic to mid-range to optimum capability, with the rapid advancements of technology it is beneficial to consult experts on hardware acquisitions, and to provide expert on-site ICT support within the PHEOC. An indicative list of systems and infrastructure requirements of a PHEOC is attached in **Annex x**. Items in this list are categorized as ‘basic’ (i.e. the minimum requirement); ‘general’ (the normal requirement)’ and ‘optimal.’

Personnel working in the PHEOC must be trained to use and maintain its ICT tools (see also section 7 of this document, Training and exercises).

6.6.4 Information systems and standards

The goal of an effective PHEOC information system is to increase the availability, accessibility, quality, timeliness, and usefulness of emergency operations information for public health action. Such an information system should support all the functions of the PHEOC, and have the capacity to:

- Ensure data security, privacy, and confidentiality
- Ensure uninterrupted operation of systems
- Adopt data and information technology standards, to ensure interoperable PHEOC information systems that integrate seamlessly with other relevant national health information systems.

The PHEOC information system must be seamlessly integrated with other relevant national information systems. Development and improvement of a PHEOC information system should follow general approaches, principles and processes for strengthening health information systems in the country.

A PHEOC information system includes six components:

1. Resources (leadership, policies, financial and human resources, infrastructure)
2. Indicators (e.g. morbidity, mortality, environmental risks, health resources availability and readiness, vaccine coverage)
3. Data sources (e.g. common operational datasets, health facilities data, reports from sub-national health management teams and coordination meetings, health workforce, human and animal surveillance, laboratories, data on stockpiles of medicines and commodities, financial data, etc.)
4. Data management (e.g. collection, storage, quality assurance, processing, compilation, analysis, and visualization of data, and geospatial information presentation)
5. A collaborative platform for information sharing
6. Information products (e.g. situation reports, 3Ws (who does what, where and when), case summary statistics, media/communication reports, financial reports, health workforce distribution reports, etc.)

Principles

Guiding principles for the developing and implementing a PHEOC include:

- Country leadership and ownership of all aspects of the information system
- The information system must respond to country needs and demands
- the information system must be built upon existing initiatives and systems
- The development and implementation of the information system must be achieved through stakeholder involvement leading to consensus
- Implementation of the PHEOC information system should be a gradual, incremental process guided by a long-term vision.

The implementation of a PHEOC information system must be phase-based:

Phase 1 is about leadership, coordination and assessment. This phase involves all key stakeholders. It clarifies the governance and coordination mechanisms of PHEOC information systems, and assesses needs, goals and objectives.

Phase 2 must articulate a clear vision for the information system, with a strategic plan for implementation (including an action plan and budget).

Phase 3 involves actual implementation of the PHEOC information system, including ICT capacities, human resources, training, etc. A continuous evaluation and quality improvement programme must be put in place to ensure that the system is effective.

Data and standards

There are three general types of data that need to be routinely captured, processed and displayed in a PHEOC:

- **Event specific data:** what, how many, where, who, how quickly and current status (e.g. clinical and epidemiological data)
- **Event management information** organized for the functional domains in the PHEOC: human and material resources on hand, status of interventions, partner activities, resource deployments, expenditure, progress on achievement of objectives
- **Context data:** geographic information mapping, population distribution, transportation links, locations of fixed and temporary facilities, availability of clean water, climate, weather and any other significant contextual information.

Within these general types there will be varying levels of detail that should be tailored to the needs of the event and the responsible jurisdiction (see Fig 6).

Figure 6: PHEOC data/Information Types

Timely processing of data and communication of information is central to the purpose of an EOC		
Event-specific data	Event management information	Context data
<ul style="list-style-type: none"> · What · How many · Where · Who · How quickly · Current status 	<ul style="list-style-type: none"> · Human and material resources · Status of interventions and partner activities · Resource deployments · Expenditure · Progress in achieving objectives 	<ul style="list-style-type: none"> · Mapping population distribution · Transportation links · Location of fixed and temporary facilities · Availability of clean water · Climate and weather

Standardization and interoperability of data systems, including software applications, are crucial to the functions of PHEOC. The designing of an effective information system must be unambiguous in identifying the components and relevant interoperable standards for data exchange. Data standards for collection of PHEOC data must be adopted as part of an interoperable information system.

There is a well recognized need for structured data, in the form of standardized data elements, that allows aggregation, reporting and sharing of healthcare information—not only within a country’s public health system but also between different systems. This applies particularly to PHEOCs and other EOCs involved in public health emergency management.

PHEOC software characteristics

Potential PHEOC software applications include a variety of tools, some available pre-packaged and off-the shelf, some proprietary, and others open source and free of charge.

General purpose EOC software addresses the component functions listed earlier in this document. In addition, health-specific PHEOC software may provide functions such as predictive analysis and modelling; health surveillance alert and warning; contingency planning; and situation analysis. Other characteristics to consider in software or license acquisition include: optimization for mobile devices;

offline mode or a disconnected client for server or cloud-based products; scalability to meet expanding requirements of the PHEOC; modularity; and a multi-language interface.

Human resources

A PHEOC requires competent and trained persons to achieve its objectives and functions successfully. Ideally, PHEOC staff should be familiar with the structure and systems of international components of public health response. Human resource needs for maintaining and operating a PHEOC include both routine and surge staff. For example, ICT and infrastructure staff includes a PHEOC facility manager, information management staff, ICT support and a GIS specialist, while the majority of response personnel assigned to a PHEOC are surge staff. A roster of competent and trained human resources must be maintained for each position.

Some positions are hazard specific and/or related to the scale of the event, such as those positions responsible for coordination of partners. Some personnel may not be assigned full-time to the PHEOC, and will be able to adjust their normal work schedule to accommodate part-time engagement. Others may be required full-time, and if the centre is required for long periods each day and over a prolonged period of time (as in a 24 hour continuous operation), it should have sufficient surge staff available to accommodate a standard shift schedule of either 12- or 8-hour shifts. This will commonly require workforce redundancy (two or three backup personnel for each position). Staff must not be assigned to roles and responsibilities unknown to them. Their roles within the PHEOC should be aligned as closely as possible with their established skill sets, and they should receive thorough orientation in the PHEOC as well as training specific to the functions, roles, and procedures they will undertake. PHEOC personnel, including those whose purpose is to provide staff support to the emergency response process, are required at varying levels to satisfy the following three criteria.

1. They must have relevant subject matter expertise: they must possess knowledge about the type of emergency event being managed or the management function they are performing
2. They must have the authority and responsibility to commit or access agency resources
3. They must have been trained in the functions and operations of a PHEOC.

It is normal in a PHEOC to use expedited and empowered processes, whereby those executing them have the authority to do what is required of their role. These will need to be supported by established agency structures and procedures, which may need to be suspended, delegated or accelerated for the duration of operation of the PHEOC.

All personnel recruited to the PHEOC must be committed to teamwork and emergency management work, and should be instructed to respect the fact that teamwork, collaboration and cooperation are absolute requirements. There are four ways in which personnel can learn or be assisted to engage effectively in a PHEOC:

1. Where possible and practical, involvement in developing or improving the PHEOC
2. Receiving training to develop required competencies for responsibilities within the PHEOC

3. Being oriented to and practicing assigned roles in a variety of ways (exercising)
4. Evaluating the effectiveness of the EOC and plans after exercises and events.

Human resource tracking is an important task. Depending on the staff functions, generic terms of reference should be maintained for surge staff.

Training and exercises

As mentioned in the previous section staff should not be assigned to roles and responsibilities unknown to them: PHEOC roles should be aligned as closely as possible with the established skill sets of staff, who should receive thorough orientation in the PHEOC and training specific to the functions, roles, and procedures they will undertake therein. A PHEOC requires a tiered approach to competency development. A list of required knowledge, skills and abilities for each PHEOC essential function is provided in Annex 6. Public health response requires additional specific competencies, including applied epidemiology; biostatistics; trauma care; mental health; environmental health; communicable disease; risk communications; Public Health Emergency and bioterrorism.

The knowledge, skills and abilities necessary at a tactical level within a PHEOC require a higher level of hands-on proficiency than those necessary at a strategic level, where a broad awareness of issues may be sufficient. The function and staffing of the PHEOC should be assessed through an ongoing series of training and exercises; this allows for the development and maintenance of critical skill sets, and continuous improvement of PHEOC function based on evaluation through exercises. Exercises should include both internal exercises and external exercises carried out with health response partners, as well as with other sectors involved in emergency management.

7.1 Training

A training needs assessment—either at organizational/institutional level or for individuals—proceeds from assessment of the knowledge, skills and abilities (competencies) people require in order to be able to work effectively in a PHEOC, as well as of their training needs and the existing opportunities for collaboration with partners and other sectors. These needs are then compared with known or identified shortfalls to formulate training objectives. A programme of training is then designed, developed, delivered, evaluated and projected forward to the next level of training requirements as successive groups of trainees progress from basic awareness to working-level knowledge, then on to advanced competence.

Participants in a training programme will undertake pre-and-post-training evaluation to confirm that the training objectives have been addressed. For personnel assigned to work in a PHEOC there are three specific types of training requirements:

1. Training in the incident management system used in the PHEOC
2. Training in the specific function the person is expected to fulfil within the PHEOC
3. Training on emergency management aspects of the subject matter expertise that the trainee brings to the operation.

In addition, all personnel should have the ICT skills required to work in the PHEOC. Specialized training for ICT support staff, induction for PHEOC users on facility utilization, and simulations involving use of facilities and ICT infrastructure should be planned and conducted.

There are many recognized training processes to establish the knowledge, skills and abilities required to function effectively in a PHEOC, including the following:

- Classroom-based courses leading to certification of acquired knowledge
- e-learning courses
- Participation in PHEOC planning and development of operating procedures
- Site and field assignments to provide training through experience
- Participation in exercises, peer-to-peer learning, coaching, mentoring, and team-building.

7.2 Exercises

Exercises are a primary training tool. There are two broad categories of exercise, each with different costs and benefits. The two categories are:

1. Discussion-based exercises, which are useful for learning and understanding plans and procedures
2. Operational exercises, which are useful for practicing and evaluating response and management procedures.

The types of exercises suitable for testing, validation and training are summarised by degree of complexity in Fig. 7, and described in detail in **Annex 7**. A table showing exercise selection criteria is provided in **Annex 8**.

Figure 7: Exercises suitable for testing, validation and training

- Orientation
- Skill Drills
- Tabletop
- Simulation exercises - Functional (Discrete) and Comprehensive
- Games

An appreciation of the readiness of response system can only be gained by actually testing it:

- Increase the frequency of conducting the simulation exercises during the planning, and preparedness phases by conducting orientation exercises. The simulation exercises include Table top exercises, Functional simulation exercises and Full scale simulation exercises. As participants informally work through the exercises and become familiar with the physical Event Treatment Centers, EOC,

its supporting hardware, protocols and procedures, they will be engaged in both training and an evaluation process.

- The objectives of simulation exercises are multiple. They can be used for validating policies, plans, procedures, training, equipment, and inter-organizational agreements; clarifying and training personnel in roles and responsibilities; improving inter-organizational coordination and communications; identifying gaps in resources; improving individual performance and identifying opportunities for improvement.
- These exercises simulate emergency situation in which members of teams or organizations realize their tasks as they would do during a real emergency situation. The simulation exercises are processes to train for, assess, practice, and improve performance in an organization

Types of evaluation exercises

Orientation exercise

- informal discussions
- focus on plans, roles and procedures
- deals with questions of coordination and assignment of responsibilities.

Skill Drills / simulations

- To develop, evaluate and maintain skills in specific procedures, such as alerting and notification, passage of critical information, activation of emergency resources that constitute one or more components of the EOC operational plan.
- Part of every drill is a critique of the procedure being practiced and whether the facility properly supports it.

Table-top exercise.

- Informal gathering of assigned personnel, including the policy group,

- Examine, discuss and hypothetically respond to simulated emergency situations and attempt to hypothetically respond and resolve problems using the EOC operational plan.
- Success of the exercise lies in the identification and evaluation of problem areas.

Simulation exercises - Functional (Discrete) exercise

- challenges participants by requiring them to respond in the roles designated for them
- time constraints similar to, or more challenging than a real event
- Conducted in the EOC facility, so the available tools and technologies can be used and evaluated.
- designed to evaluate policies, roles and responsibilities, capabilities and procedures, of single or multiple emergency management functions or agencies
- Requires considerable resources.

Simulation exercises, Full-scale (Comprehensive) exercise

- Focuses on evaluating operational capabilities of emergency response and management systems -features actual deployment of the resources required to demonstrate coordination and response capabilities.
- the added planning, staffing, operational and insurance costs are considerable
- Full-scale exercises are seldom used to evaluate an EOC by itself, but rather as a component of a total response system.

8. Monitoring and evaluation

Within an activated PHEOC there is a variety of tools available to monitor the effectiveness of the operation. The standard operating procedures required within an IMS operation contain specific vertical and horizontal communications processes, the presence or absence of which provides an early indication of organizational effectiveness and efficiency.

Routine planning meetings, which usually involve all supervisors and often many others, entail discussions that lead to continuing evaluation of the effectiveness of plans and interventions.

Routine use of status boards to monitor and track achievement of objectives and status of resources enables near real-time monitoring of effectiveness and efficiency.

All exercises and live activations should be followed by an evaluation (often called an 'after action review') focusing on the effectiveness of the plans and suitability of the PHEOC. All after action reviews are based on the construction of a timeline of what happened, with key events on the timeline changing the operational context of the PHEOC. Typical evaluation questions are shown in Fig. 8.

Usually there are two separate evaluations or reviews.

- The first is a ‘hot debrief’ immediately following termination of the exercise or activation, carried out when impressions are still fresh.
- A short time later (a few hours or days), there is a ‘cold debrief,’ which will be more structured and informed by a careful review of the outcomes.

Notes taken during these sessions become part of an after-action report (AAR), which documents strengths, weaknesses and lessons identified, resulting in recommendations for specific, actionable improvements. Large scale or prolonged activations and functional and full-scale exercises usually have a structured evaluation, often performed by an external evaluator or done jointly with partners, which results in a formal evaluation report containing recommendations for a corrective action plan. As part of a comprehensive exercise programme those recommendations should be implemented and then tested with a new exercise within the progressive exercise framework, thereby creating a continuous improvement process.

Figure 8: Typical evaluation questions

- What aspects of the exercise or operation met expectations or standards, and how might the plans or the facility be improved?
- What partially met expectations or standards, and what adjustments are needed to improve the plans or the facility?
- What did not meet expectations, and what corrections are necessary to the plans or the facility?
- Which capabilities were satisfactorily demonstrated by the exercise and which were not?

At national level and immediately subordinate subnational levels it is beneficial to have dedicated training and exercise staff to sustain this continuous improvement process.

9. Costing, funding and sustaining a PHEOC

A PHEOC is not a one-time investment. It is part of a programme intended to enhance and sustain institutional readiness. The costs of a PHEOC include all the aforementioned aspects of PHEOC planning and development required to achieve the minimum necessary scope and scale as determined by an assessment of anticipated needs. In addition, further consideration should be given to future enhancements that move the PHEOC towards a more optimal level as requirements change and new technological opportunities mature.

PHEOC development requires an understanding of fixed and recurring cost categories. The fixed cost categories include but are not limited to costs for acquiring and maintaining physical infrastructure and related utilities, ICT investments, and basic PHEOC staffing. Recurring variable cost categories include but are not limited to meetings, consultant fees, training, equipment, materials, travel and transport, and surge staff costs.

10. Contingency / operational plan

At this time the Country should be having an updated and costed Contingency plan for public health emergency. The contingency plan should be reviewed and confirmation must be made to ensure that the funds are available for all the critical activities identified, which funds can be released at short notice. Review and update the list of potential suppliers and confirm their readiness in case of an outbreak / emergency activation. Ensure that all the memorandum of understanding with supplies are up-to-date

The authority for activation of the PHEOC is vested on the Minister of Health and Social Welfare with technical advice and guidance of the Director of Health Services, Incident Manager; National Task force chairperson and the World Health Organisation.

11. Checklists for planning and implementing a PHEOC

A consolidated checklist for planning and implementing a PHEOC, compiled from various sources, is provided in **Annex 9**. The checklist reflects the contents of this framework document, augmented by requirements stated in some of the published standards. It is not intended to be rigorously followed, but rather used as a guide. The sources for the referenced tools and materials, which form much of the basis for these lists of core components and capabilities, were as follows:

- Other WHO programmes
- UN Office for the Coordination of Humanitarian Affairs (UNOCHA)
- Various national and international partner institutions
- Material prepared for the WHO Consolidated Ebola Virus Disease Preparedness Checklist
- A similar more comprehensive EOC assessment tool developed by the US Center for Disease Control and Prevention (CDC).
- Systematic reviews of PHEOCs through EOC-NET

PUBLIC INFORMATION AND WARNING PROCESSES/ INFORMATION MANAGEMENT

- Public information management will be handled by the Social mobilisation and awareness creation Subcommittee with the technical support of the technical officers and PHEOC.
- An individual designated by the Minister of Health as spokesperson for the ministry will be the only one to make official public statement regarding an emergency / outbreak
- A mechanism for engaging and communicating with the public will among others include setting up toll free hotline managed by Health Communication unit with support from EDC and social mobilization sub-committee. Unit

Annex. Xxxx.

PHEOC ACTIVATION PROCEDURES AND LEVELS, AND WHO HAS AUTHORITY

Activation of the PHEOC

- The authority for activation of the PHEOC is vested on the Minister of Health and Social Welfare with technical advice and guidance of the Director of Health Services, Incident Manager; National Task force chairperson and the World Health Organisation.
- The PHEOC will be considered activated when sufficient personnel for operational activities are physically present.
- All personnel reporting for duty in the PHEOC will make their presence known to the PHEOC facility manager or their section leaders.
- When the PHEOC is activated, space will be utilized as suits the operation and designated by the PHEOC facility manager.
- The initial situation briefing will be provided by the PHEOC facility manager when the PHEOC is activated. Subsequent briefings will be held as and when necessary.

TRIGGERS FOR CONSIDERATION WHEN ACTIVATING A MULTI SECTOR RESPONSE

Potential triggers for activation of a multi sector response will be context specific and should be identified and listed within the national PHEOC plan. The following aspects shall be used to inform this process

- I. **Scale** – the overall scale of the emergency (either size of affected areas, number of affected/potentially affected people) overwhelms the capacity of the health sector to respond alone.
- II. **Context** – the multi-layered nature of the emergency (beyond health) requires a coordinated multi-sectorial “whole-of-society” response from a wide range of technical and operations partners.
- III. **Complexity** – the complexity of the response (multiple affected countries, security concerns, involvement of non-state actors) requires a “whole-of-government” response.
- IV. **Outbreak Threshold** – technical guidance with the use of the WHO case definitions and the outbreak threshold level of specific diseases with outbreak potential shall guide the process. The specific outbreak threshold for the various diseases of outbreak potential shall be annexed to this plan

The following levels of activation will be used:-

- I. **Alert / Stand up** – Notification of an impending significant event. Prepare to receive command staff (IT and IC). Use of local or initial response resources only.

- II. **Standby / Lean Forward** – PHEOC technical staff and Rapid Response Team to monitor and assess the situation to determine the likelihood of the event occurring or escalating and required emergency response. This is the transition period from preparedness to response and hence, the state and status of readiness of the response system must be ascertained and ready to be activated.
- III. **Response** – Functional Areas required to manage response are stood up and participate in PHEOC response activities. Deployment of resources beyond local resources. Functional sections established according to the level of complexity
- IV. **Stand down** – Emergency response is no longer required. Prepare for after action reports submitted.

WHO HAS AUTHORITY TO DECLARE AN EMERGENCY

The authority for declaration of an emergency is vested in the hands of the office of the president through the Minister of Health and social welfare with technical advice and guidance of the Director of Health Services, Incident Manager; National Task force chairperson and the World Health Organisation.

Following surveillance reports from EDC, MoH&SW on threshold level of a particular disease of outbreak potential or rumours from the public / media, the department of communicable disease MoH&SW shall investigate and confirm the outbreak or emergency where applicable.

The Incident manager shall inform the Director of Health Services (DHS), who will then cross check with the IHR focal person to confirm the outbreak, The DHS will notify the Minister of Health and WHO about the emergency/ outbreak and thereafter following technical consultation with WHO and political consultation with the necessary hierarchy declare an outbreak / emergency.

Subsequently, the formation of a national task force with its various committees and EOC will be triggered. The same procedure will apply with de-activation.

OPERATIONAL PERIODS [RESPONSE]

An operational period is the length of time set by the PHEOC Team leader at the PHEOC level and by management in various departments to achieve a given set of objectives. The operational period in this case will depend on the nature and type of emergency. However, all effort should be made to keep the PHEOC operational. The operational period shall commence once the outbreak has been declared officially by the responsible Minister to the time an official statement is made declaring the outbreak over.

ESCALATION AND DE-ESCALATION PLAN [Transition period from Preparedness to Response]

ESCALATION OF CAPACITY:

- It shall involve expanding capacity or specialize capability
- It involves assessing the state of readiness of the response system
- Each of the PHEOC functions can be selectively activated or not, as needed,
- Each of the PHEOC functions can be scaled up or down to suit changing requirements

ESCALATION PRINCIPLES

- The Incident Manager is responsible for all functions and if one is not activated by staffing it, then the manager is doing it.
- Only as much or as many of the functions as the situation requires, need to be activated and resourced
- For site-level response, the functions are expanded from the 'bottom top' by the on-scene Incident Manager
- For a site-support EOC or more distant Coordinating Centre, functions expand from the 'top down'
- Span of control (ratio of supervisors to workers) ideally one to five, and each supervisor is one of no more than five reporting to the next level, up to the EOC Manager. This provides for a clear chain of control and accountability, unity of management, with each person directly reporting to only one person.

TRANSITION FROM PREPAREDNESS TO RESPONSE [STANDBY ACTIVATION LEVEL]

The preparedness period defines the systems and activities required to prepare for disease outbreak / emergency. The main goal of the preparedness is to ensure that the outbreak response team is set up and will be able to respond efficiently and effectively to an outbreak and all the essential resources are available for the rapid response. All systems should be established and functional before an outbreak.

The standby activation level is the transition period from preparedness to response and hence, the state of readiness of the response system must be ascertained and ready to be activated.

The following are a series of activities/ action that shall be undertaken during the transition period from preparedness to Response;

- Following surveillance reports from MoH&SW on threshold level of a particular disease of outbreak potential or rumours from the public/media, the Epidemiology and Disease

Control (EDC) unit of the MoH&SW shall investigate and confirm the outbreak or emergency or its escalation where applicable within or outside the country [in case of complex emergency].

- Potential triggers for activation of a multi sector response which is context specific should be identified and monitored closely.
- When a standby/lean forward activation level is issued by the MoH&SW, the PHEOC technical staff and rapid response team will immediately assess and monitor the situation to determine the likelihood of the event occurring or escalating and required emergency response.

The following are series of activities / action to be conducted during the transition period:

EMERGENCY COORDINATION MEETINGS

An emergency coordination meeting of the Rapid Response Team, PHEOC and steering committee and the sub-committee leads needs to be held urgently to discuss the situation at hand as well assess the state of readiness of the whole response system. A plan of action has to be developed with clear lines of communication and responsibility.

A situation report should be developed by the Incident Manager and the Rapid Response Team and share with the team on a regular daily basis at least twice a day as you monitor how the situation evolves.

INITIAL RAPID ASSESSMENT

A rapid initial assessment of the state of readiness has to be conducted targeting Human resources, material resources, staffing level for response, assessing skill and capacity, availability and prepositioning of medical and non-medical supplies, infrastructure(Health facilities, equipment's, Points of Entry etc). Gaps identified and addressed in readiness for response

ENSURE ACTIVE SURVEILLANCE AND COMMUNITY VIGILANCE

Escalate surveillance and maintain vigilance throughout the country especially in outbreak prone districts or regions through the health and community surveillance systems [Health facilities, Point of Entry, Community etc]. Maintain timely reporting including zero reporting and maintain a data base for all the data received and analysed [Database].

Update the contact list of all surveillance officers at Central, Regional, District and Community level and share the same with every team member.

CHECKLIST FOR ACTIVATION

Initial Activation

- Upon receipt of a confirmed/valid warning message or by being made aware of an incident, emergency, or impending event that may necessitate the activation of the PHEOC, the Facility Manager will gather as much information about the event as possible and determine if the circumstances warrant recommending an activation.
- If the incident or situation warrants it, recommend to the Incident Manager and/or Chairman of the SC, the issuance of a proclamation of a state of emergency.
- Make or cause to make contact with all appropriate PHEOC staff and/or all persons that should report to the PHEOC.
- Prepare an initial briefing to include, but not be limited to:
 1. The scope and known specifics of the incident that has caused the PHEOC to be activated.
 2. The names and location of national and regional Incident Commanders and Incident Command Posts.
 3. Location of the incident(s) (i.e. countrywide, area, specific location, etc.).
 4. Number of units or personnel currently assigned or dispatched to the incident(s).
 5. Number of currently known injured or dead.
 6. The Weather conditions.
 7. Initial personnel that will maned the PHEOC.
 8. The expected time period of activation.
 9. Security / Safety activation.
 10. Sign in and sign out process.
 11. Messaging
 12. Communications (i.e. telephone number assignments, radio assignments, etc.).
- Establish PHEOC incident command.
- Ensure that personnel are assigned to and understand their assignment to one or more of the instituted groups.
 1. Command
 2. Operations

3. Planning

4. Logistics

5. Finance

- Turn on all electronic displays.
- Turn on and ensure operation of all computer equipment and software.
- Activate all telephones and place telephone books at work areas.
- Ensure sufficient workspace and work equipment is on hand and in good working condition.
 - 1. Pens
 - 2. Paper
 - 3. Computers and accessories
 - 4. Forms
 - 5. Other materials
- Start a PHEOC event/incident log (major events).
- Prepare an incident action plan
- Contact the MOH&SW or SC and submit initial situation report to the security council.

Full / Partial continued activation

- Conduct a full briefing when PHEOC staff has arrived.
- The briefing should include but not be limited to:
 - 1. The scope and known specifics of the incident that has caused the PHEOC to be activated.
 - 2. The names and locations of Incident Commanders and Incident Command Posts.
 - 3. Location of the incident(s) (i.e. countrywide, area, specific location, etc.).
 - 4. Number of units or personnel currently assigned or dispatched to the incident(s).
 - 5. Number of currently known injured or dead.

6. Weather conditions.
 7. The expected time period of activation.
 8. Security / Safety.
 9. Sign in and sign out process.
 10. Messaging.
 11. Communications (i.e. telephone number assignments, radio assignments, etc.).
 12. "House keeping".
 13. Maps.
 14. Group assignments.
 15. Likelihood of a "second shift" requirement.
- Continue briefings as often as necessary to update staff on new information and to be updated by them on their activity.
 - Establish and maintain contact with MOHSW, SC and NDMA.
 - Receive and process resources as requested.
 - Establish and maintain communications with:
 1. On scene incident commanders / command posts.
 2. State and other agencies as appropriate.
 3. Communications Center.
 4. Media (through the Public Information Officer)
 - Maintain the level of PHEOC activation as appropriate or until the incident is terminated.
 - Prepare Incident Activation Plan for each shift.
 - Submit follow up reports (Sit Reps) to the MOH&SW in a timely manner.
 - As necessitated by the incident as it progresses, contact additional personnel for activation or possible activation. Such as:
 1. Damage Assessment
 2. Debris Management (Solid Waste)
 3. Animal Control

4. Radiation Protection

5. Transportation

Closing or deactivating the PHEOC

- When it is determined that closure of the PHEOC is imminent, prepare and hold a final briefing / debriefing. This debriefing should allow each PHEOC staff member to make comments, suggestions and offer objective critique of specific actions or inactions.

During the debriefing you may wish to include:

1. Return of equipment.
 2. Reports that are due or need to be collected.
 3. Final reminders of safety or security.
 4. Overall PHEOC performance.
 5. Success stories (or not so successful stories).
 6. Lessons learned.
 7. Date and time of the incident/emergency/disaster response critique.
- Only close or deactivate the PHEOC if the incident or incidents that caused it to open have been terminated or all actions have successfully been concluded.
 - If a Proclamation of a State of Emergency has been issued, ensure that a proclamation to terminate the emergency.

It is recommended that such a proclamation terminating the emergency not be issued until all activity regarding the incident(s)/emergency/disaster have concluded, including debris management. You may wish to consult with NDMA prior to formally terminating an emergency.

- Make backups or archives of all computer records.
- Print copies of reports or other documents that will be necessary to present to MOHSW, SC and other agencies.
- Collect all damage assessment reports or reports from other agencies relative to the incident(s)/emergency/disaster.
- Gather and return all used equipment according to NDMA Act 2008
- Turn off displays.

- Return telephones and telephone books and other supplies to their storage locations.
- Clean or have the PHEOC cleaned and ready for the next event.

Annex: xx

CORE FUNCTIONS, ROLES AND RESPONSIBILITIES OF PHEOC

The PHEOC has overall responsibility for the following activities:

- Technical direction and support
- Information, collection, evaluation and display
- Coordination of agencies and operations
- Establishment of priorities

- Resource management
- Communications
- Public Information and Warnings.

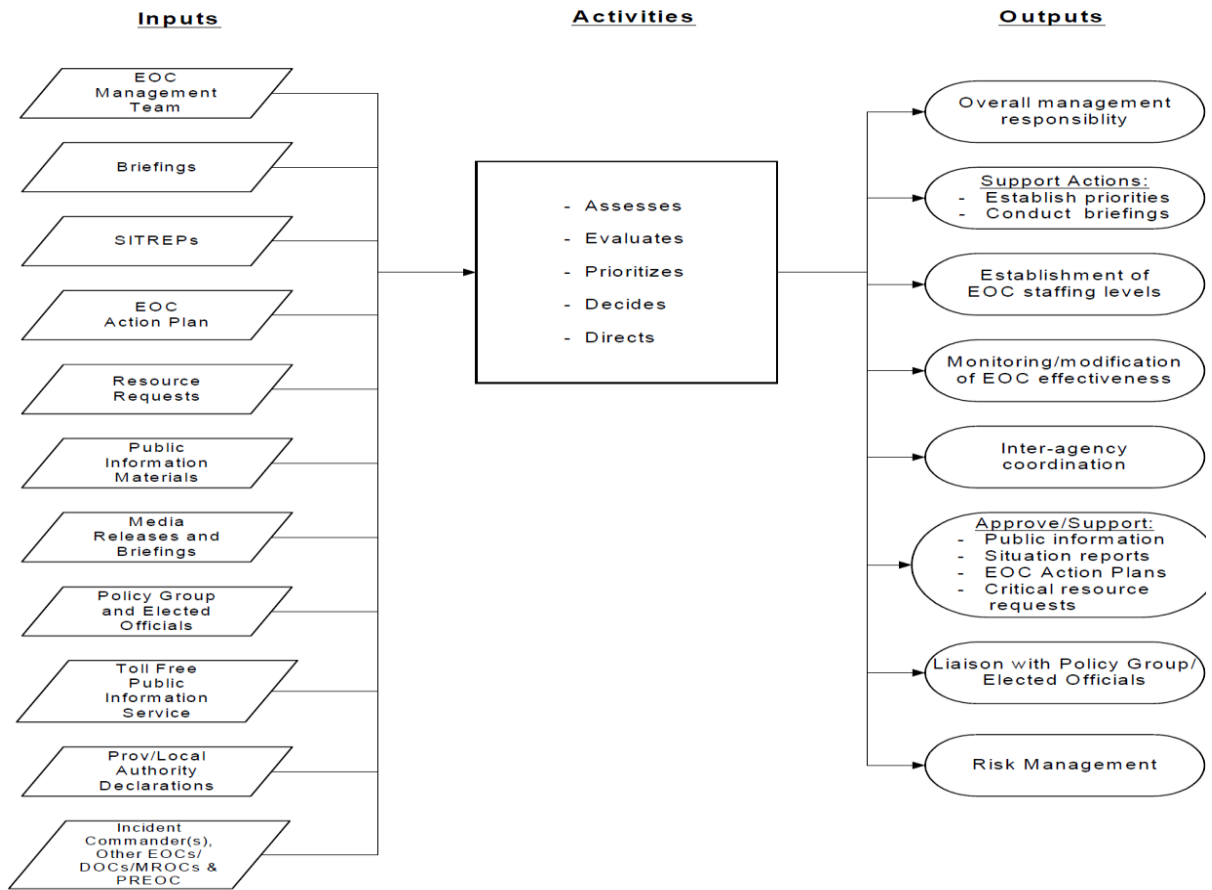
The Functional Elements and procedures of a PHEOC in Gambia

Most emergency responses require six intuitive behaviours

1. Evaluate situation and options
2. Decide what to do
3. Acquire response resources
4. Initiate a response
5. Keep track of the resources
6. Report on situation and actions

The Plan focuses primarily on site-support PHEOC responsible for:

- Provision of policy guidance and support
- Establishment of priorities
- Coordination of agencies and operations
- Collection, evaluation and display of information about the event for decision makers
- Resource acquisition and management
- Communications within the response structures
- Public information, risk and crisis communication



Annex: xxx. PHEOC working group

- Overall responsibility for addressing the facility, equipment, procedures, training and exercise requirements for the primary and secondary emergency operations centers.

There are three important considerations on how members of the team was selected:

- team members must have the commitment, authority and access to resources to complete the project
- The members must understand their organizations, the community and the processes of emergency response and planning.
- Be in agreement on their purpose and committed to working cooperatively

Members for the PHEOC Working Group:

AGENCIES AND POSITION RESPONSIBILITY FOR MAINTAINING AND UPDATING THE PLAN)

1. Incident Manager / EDC Coordinator
2. PHEOC Facility Manager/Public Health Emergency Coordinator
3. Co-chair Steering committee
4. Steering committee subcommittee Team leaders (6)
5. Surveillance officers (3)
6. IPC focal person
7. Medical officer / Nurses
8. Epidemiologist
9. Laboratory scientist (microbiologist)
10. Psycho social Officer Media Communications Officer
11. DPI (M&E)
12. Director of Health Services
13. Director of Public Health
14. IHR Focal Person
15. DLS

- 16. Ministry of Environment
- 17. Logisticians / Operational supervisor / manager
- 18. Accounts manager
- 19. Procurement manager
- 20. Information Technology Technical Support Manager
- 21. Data Manager and Dispatch personnel
- 22. Representative of Hospitals/ Manager
- 23. Risk Management personnel [Security and Safety managers]
- 24. Secretary
- 25. Gambia Red Cross Society
- 26. NDMA Health focal person, JOC, WHO, , UNICEF, UNDP, WFP, UNFPA, FAO, UNAIDS, MRC, , , GFATM, WB, NGOs, Civil Society

Annex xxx. ROLES OF PERSONNEL AND HOW THE COMPONENTS WORK TOGETHER

EMERGENCY RESPONSE TEAMS

The incident Manager is responsible for overall coordination of National response resources and obtaining such resources from appropriate state and agencies and shall:

1. Forward requests for assistance and / or resources to the appropriate agencies.
2. Keep local officials briefed on the activities of the State. Carry out other duties assigned by the State.
3. Emergency preparedness, Response and Recovery; resource mobilisation [human and material etc]

RESOURCE PERSONS – Technical support and expertise

Incident Manager

The incident Manager is charged with planning; organizing, directing and supervising emergency operations conducted within the country and in addition to other responsibilities such as to;

1. Assign and where necessary, train personnel to accomplish required tasks in the operation of the PHEOC.
2. Ensure that the PHEOC appropriate annexes are periodically updated.
3. Maintain sufficient supplies and equipment to ensure the operational capability of the PHEOC.
4. Supervise and coordinate the functions during operations.
5. Provide briefings as needed.
6. Conduct other tasks as may be required to safeguard property and protect the people of the country in emergencies.

Operations Manager

The Operations Manager will be responsible for the development of operational guidelines for conducting emergency operations and the overall management of survival and recovery efforts. He/she controls the activity of those agencies making a direct response in the containment and reduction of the emergency.

Shall have the following roles:

- Be the recipient of all incoming information concerning the emergency situation.
- Have available the most current status of resources (i.e., manpower, equipment and supplies), in and out of government.
- Establish a priority of effort based on the two preceding items of information.
- Maintain a complete record of activities in chronological order.
- Provide personnel for secretarial and clerical activities as needed within the PHEOC.
- Provide personnel for posting the operational status and activities on PHEOC display boards, charts, maps, etc.

PHEOC Facility Manager

Public Relations & Information Officer

The Public Relations & Information Officer is responsible for overall coordination of public information activities and shall have the following roles:

- Establish procedures for the dissemination of information.
- Provide public health information for the safety and protection of people.
- Disseminate public instruction and direction.
- Act as the government's point-of-contact with the news media.

Safety Officer and Law Enforcement [Joint Operations Center - JOC]

The Safety Officer is responsible for ensuring the overall safety of the PHEOC at all times and ensuring compliance with Occupational Safety & Health Standards (OSHA). The Law Enforcement Group is headed by the JOC or their representative. In addition to normal law enforcement activities, the JOC is charged in Emergency Operations with providing assistance in warning, search operations, evacuation, PHEOC Security, escorts for school buses, traffic control, and security for evacuated areas. Provision of human and material support during emergency

Liaison Officer

The Liaison Officer assists the Incident Manager by serving as point of contact for agency representatives who are helping to support the operation and provides briefings to and answers questions from supporting agencies.

Emergency Medical Service and Rescue

The Emergency Medical Service is represented in the PHEOC by the MOH&SW. Resources for the services are those of the Department of Public Health, Flying Squad, and the Ebola Treatment Center. In addition to services which would be required of this group in emergencies, they will support the medical and health requirements of Congregate Care.

Communications and Warning

Communications within the country are under the operational control of the Office of Emergency Communications Operations and Management. All Emergency Service agencies utilized within the country are terminated in the center station located at the PHEOC.

Warning within the country is provided by Emergency Alert System supplemented by public address systems mounted in emergency service vehicles. Warning is an assigned responsibility of the (PHEOC) and supplemented by the various emergency service agencies. The direction and control of the warning system is by the Operations Manager.

Hazardous Materials Safety Coordinator

The HMSC will be assigned by the Incident Manager and will serve as the Hazardous Materials Safety Section Manager. They are responsible for the receipt, evaluation and reporting of hazardous materials data. The HMSC is also responsible for working with the Director of Public Health Services in making recommendations for Emergency Workers. The HMSC will be assisted by the head of Environmental Health Unit of the Ministry of Health & Social Welfare and the National Environment Agency.

Other Technical Support Services

Other technical support services may be necessary such as representatives of utilities, chemical manufacturers, radiation specialists, information technology or other specialists. These persons will serve as technical advisors, liaisons and technical support within the scope of their expertise.

Logistics

The Logistics Team is headed by the Logistics Team Lead. This team is responsible for maintaining a display within the PHEOC of the current status of available government resources. Additionally, they must be knowledgeable of those resources available within the PHEOC. This information will be assembled and frequently updated in a resource manual by the NDMA. The Logistics Team may be established to coordinate the acquisition of supplies, equipment and other resources (public and private) necessary and approved to resolve / recover from the emergency or disaster situation. Logistics team also is responsible for mass care, feeding and shelter operations.

Social Services

In addition to the services provided by these organizations on a routine basis, they are tasked in emergencies with support operations of Congregate Care Centers if required. Facilities (schools) to be used as Congregate Care Centers are identified in appropriate plans. Supportive Congregate Care includes the entire spectrum of mass care from registering through feeding, bedding, physical hygiene, care of sick, aged, infirmed and children, to returning the facility to its pre-shelter condition. The Ministry of Health and Social Welfare is responsible for coordinating Congregate Care to the Special Needs population.

Public Health

Public health is represented in the PHEOC by the Director of Public Health Services. He / she is supported, as needed by members of their staff as required, based upon the nature of the incident. In addition to normal duties, the Director of Public Health Services will be responsible for directing their staff to assist in issues dealing with public health concerns with a specific focus on emergencies. The Director of Public Health Services will also address specific issues concerning food products, sanitation and population exposure to diseases that may manifest themselves in times of disaster.

Psychosocial Support

Psychosocial Support is represented in the PHEOC as a requirement for Operations. Psychosocial Support team will be headed by the Psychosocial Support Officer. The primary function of this person will be to provide assistance to PHEOC personnel, service users and providers.]. The psychosocial support team is also responsible for arranging and coordinating

CISD (critical incident stress debriefing) to emergency service personnel.

Cooperative Extension

Agriculture should be represented by the Ministry of Agriculture and will be responsible for all issues concerning agriculture including assessing crop, livestock and their product damages that may result from the loss suffered in a disaster. This person will keep the PHEOC advised regarding agricultural losses or the potential of such losses. This person is also responsible for the coordination of the removal of dead farm animals and / or the decontamination of such animals. This person will be responsible for issuing proper authority to farmers to re-enter stricken areas in coordination with the Local government Authorities and / or appropriate law enforcement agency.

Also this person coordinates assistance to the public by means of public information concerning the consumption of food products or the preparation of same. This activity is conducted in a coordinated manner with the MOH&SW and the Public Relations & Information Officer.

The Animal Control Section will be manned by the Director General of Livestock Services and / or their appointed representatives. Director General of Livestock Services will coordinate all issues dealing with domestic animals and may draw upon whatever resources are necessary and available to assist them.

School System

Schools shall be represented in the PHEOC by the Ministries of Education and / or their respective appointed representatives who have the authority to act on behalf of the schools. The primary function of this person(s) is to coordinate school related issues such as student evacuations, transportation and the use of school facilities as shelters by The Gambia Red Cross Society. This person works closely with The Gambia Red Cross Society and the MOH&SW to ensure that facilities are adequate and that the needs of both the public and the schools are met in times of disaster. This person(s) serves as the primary liaison between the PHEOC and the School system authorities.

The Gambia Red Cross Society (Buba and Fatou Gaye)

In addition to the services provided by these organizations on a routine basis, they are tasked in emergencies with operations of Congregate Care Centers (shelters) where applicable. Facilities (schools) to be used as Congregate Care Centers (shelters) are identified in appropriate plans. Congregate Care includes the entire spectrum of mass care from registering through feeding, bedding, physical hygiene, to returning the facility to its pre-shelter condition. The

MOH&SW will be responsible for coordinating Congregate Care to the Special Needs population.

Transportation

The Ministry of Works, Transport and Constructions of the country will provide support to PHEOC and facilitates all transportation needs and serves as technical advisor regarding transportation requirements for all emergencies.

Finance

This group is under the direction of the PHEOC Facility Manager. This group will be established to:

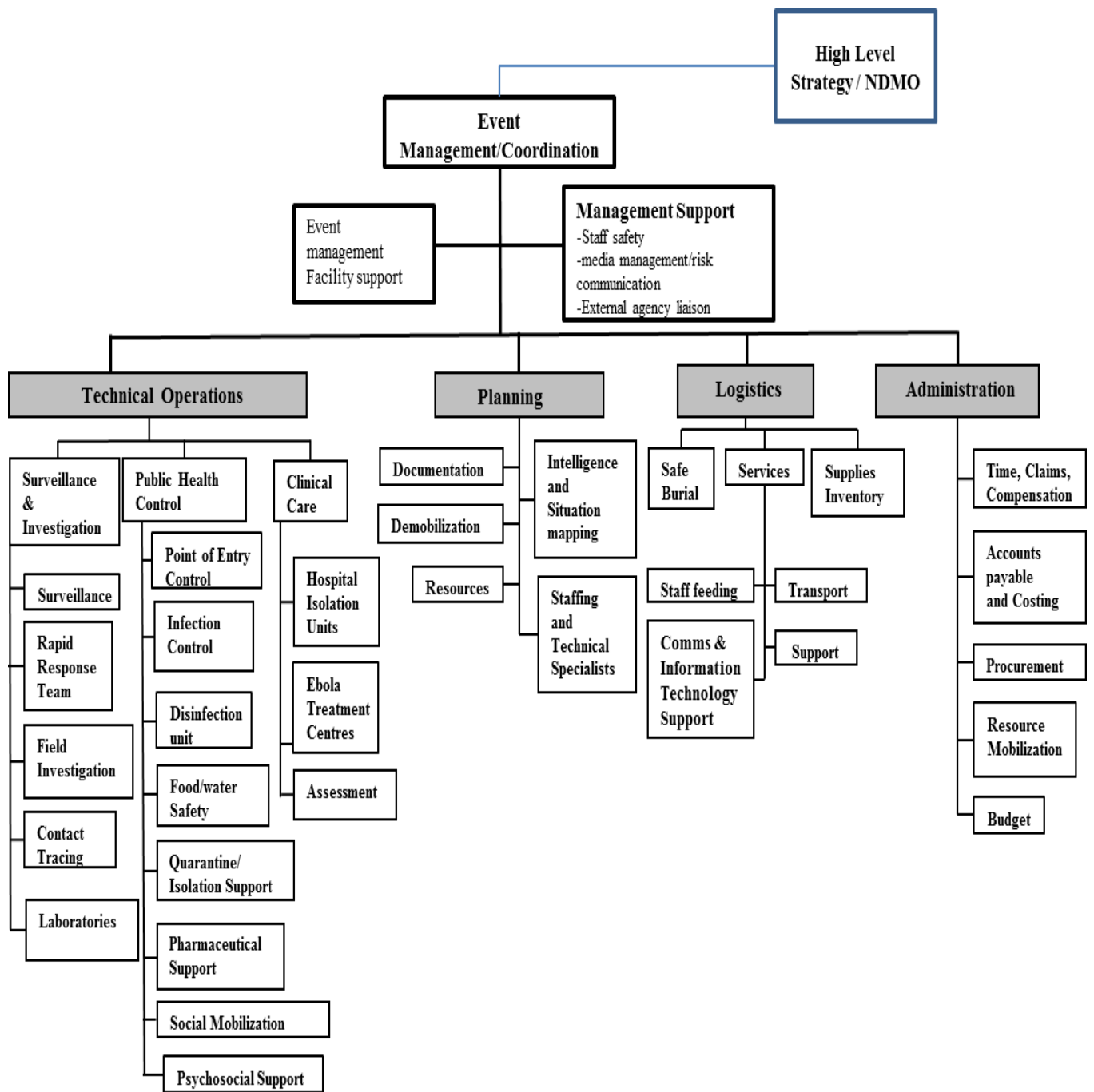
- Compile and maintain documentation of purchases, acquisition and utilization of emergency supplies, equipment and other services;
- Perform financial and cost analysis to develop conclusions on efficient methods of resolving and recovering from the emergency / disaster situation.

Action Planning

All areas should develop action plans to guide activities during pre-impact, response and recovery phases.

There are two general types of action plans:

- Action plans may be verbal (small tasks) or written (where more coordination is required) and should contain objectives, strategies and tactical assignments for one operational period. The PHEOC Facility Manager or immediate supervisor approves all action plans.
- Action plans address the policies, priorities and resource requirements to support the levels immediately below as well as provide leadership and direction to the PHEOC or other agencies.



ANNEX -5: TERMS OF REFERENCE FOR NATIONAL STEERING COMMITTEE

TERMS OF REFERENCE

HEALTH SECTOR ALL –HAZARD NATIONAL STEERING COMMITTEE, THE GAMBIA.

INTRODUCTION

The Ministry of Health & Social Welfare (MoH&SW) developed a plan in April 2014 to ensure a comprehensive and coordinated preparedness and response to Ebola outbreak, with a focus on:-

- a) Strengthening coordination at the National and Regional levels,
- b) Intensifying active surveillance (active case finding and contact tracing),
- c) prompt disease management, effective infection, prevention and control, and
- d) advocacy, social mobilization and communication.

DRAFT TERMS OF REFERENCE FOR THE NATIONAL STEERING COMMITTEE

2.1 OBJECTIVE OF THE NATIONAL STEERING COMMITTEE

- 2.1.1 The main objective of the National Task Force is to ensure the overall coordination of and resource mobilization for the EVD preparedness and response operations.

2.2 RESPONSIBILITIES OF NATIONAL STEERING COMMITTEE

- 2.2.1 Adopt Ebola epidemic control strategies as recommended by WHO.
- 2.2.2 Formulate a detailed EVD national preparedness and response action plan.
- 2.2.3 Define the responsibilities of the different teams (national and international) present in the field.
- 2.2.4 Develop resource mobilization strategies, together with partners.
- 2.2.5 Define information pathways for outbreak response activities.
- 2.2.6 Communicate regularly with the national and international press.
- 2.2.7 Convene meetings to coordinate and monitor EVD preparedness and response operations.
- 2.2.8 Keep the national authorities abreast of developments in EVD preparedness and response activities.
- 2.2.9 Promote the implementation and adherence of the International Health Regulations (IHR) (2005), where applicable.
- 2.2.10 Define and coordinate activities of donor agencies to avoid duplication and ensure that activities are aligned to the EVD national preparedness and response plan.

2.3 MAIN ACTIVITIES OF THE NATIONAL STEERING COMMITTEE

Ebola outbreak control strategies are based on robust Ministry of Health leadership reflected, for example, in the establishment (or strengthening) of a national committee to coordinate prevention and control activities and mobilize resources.

The Health sector All Hazard steering committee:

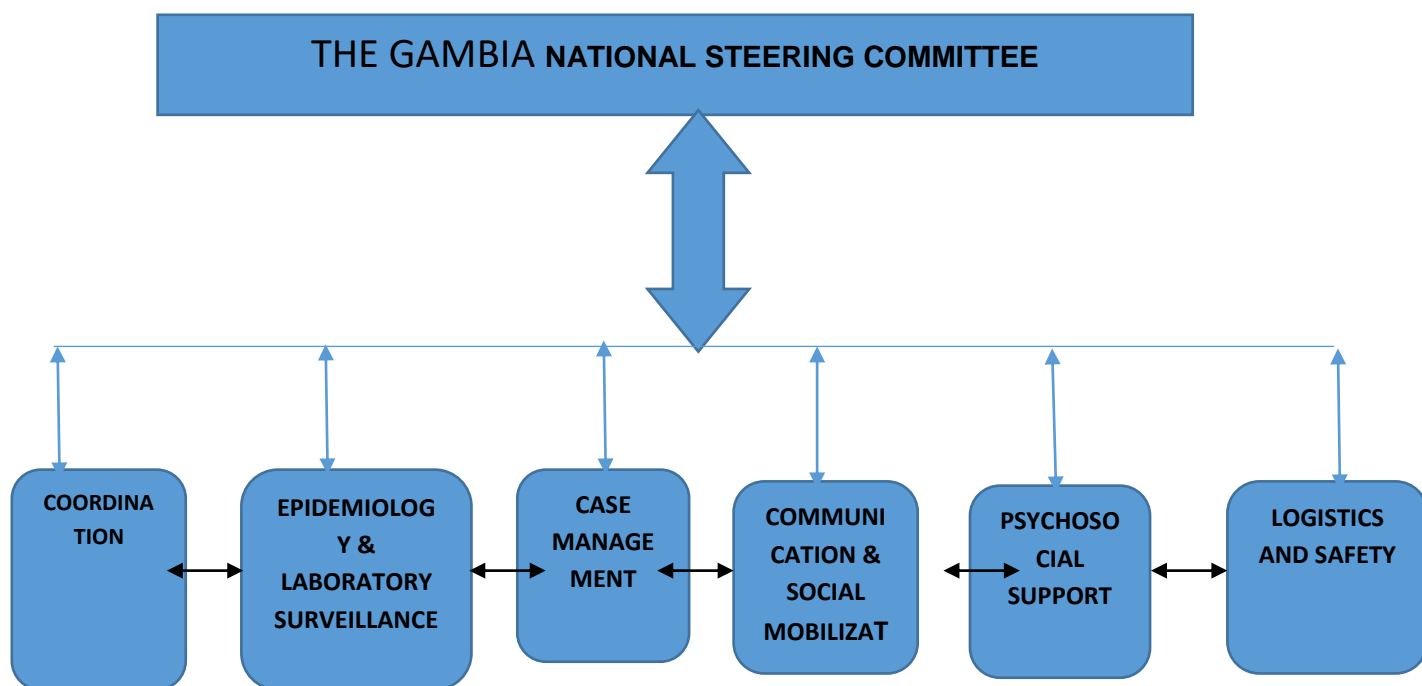
- 2.3.1 establishes local coordination committees to coordinate the daily activities of response teams in the field.
- 2.3.2 coordinates technical and scientific aspects of EVD preparedness and response operations for national and international teams.
- 2.3.3 oversees the proper implementation of strategies adopted by the Subcommittees.
- 2.3.4 grants approval for Ebola project proposals from donor agencies.
- 2.3.5 has the following Subcommittees in line with the fundamental principles of the Ebola outbreak control strategy, namely:
 - a. Subcommittee on epidemiological investigation, surveillance and laboratory testing.
 - b. Subcommittee on behavioural and social interventions.
 - c. Subcommittee on media and communications/social mobilization.
 - d. Subcommittee on the clinical management of patients.
 - e. Subcommittee on research projects and ethical aspects.
 - f. Subcommittee on logistics and safety.
 - g. Subcommittee on vector control and natural reservoirs.
 - h. Subcommittee on psychosocial support

2.4 MEMBERSHIP OF THE NATIONAL STEERING COMMITTEE

The National Task Force should comprise a variety of Stakeholders and Partners, namely:

- 2.4.1 The Office of the President (OP).
- 2.4.2 Ministry of Health and Social Welfare (MoHSW).
- 2.4.3 Ministry of Finance and Economic Affairs (MoFEA).
- 2.4.4 Ministry of Defense (MoD).
- 2.4.5 Ministry of the Interior (Mol).
- 2.4.6 Ministry of Environment, Climate Change, Water Resources, Parks and Wildlife (MOFEN).
- 2.4.7 Ministry of Basic and Secondary Education (MoBSE).
- 2.4.8 Ministry of Tourism and Culture (MoTC).
- 2.4.9 National Disaster Management Agency (NDMA).
- 2.4.10 United Nations Development Programme. (UNDP)
- 4.4.11 World Health Organization (WHO).
- 4.4.12 United Nations Children's Fund (UNICEF).
- 4.4.13 Medical Research Council Laboratories (MRC).
- 4.4.14 The Association of Non-Government Organization (TANGO)
- 4.4.15 Chairpersons of the eight Subcommittees.

ANNEX - 6: ORGANOGRAM OF THE NATIONAL STEERING COMMITTEE



ANNEX-7: OUTBREAK THRESHOLD OF SPECIFIC DISEASES OF EPIDEMIC POTENTIAL

ALERT AND EPIDEMIC THRESHOLD VALUES FOR PRIORITY DISEASES.

Diseases Targeted for Elimination and Eradication

DISEASE	ALERT THRESHOLD	EPIDEMIC THRESHOLD	REMARKS
MEASLES	1- suspected case	Laboratory confirmed case/s	
AFP/Polio	1(one) suspected case	1(one) –laboratory confirmed case	The Gambia is Polio free

Epidemic Potential Diseases

DISEASE	ALERT THRESHOLD	EPIDEMIC THRESHOLD	REMARKS
MENINGOCOCCAL MENINGITIS	Population more than 30.000 inhabitants 3/100,000 cases weekly	Pop. > 30,000 – inhabitants, 10/100,000 cases per week	
		If no epidemic during last 3 years & vaccine coverage < 80% epidemic threshold is 10/100,000 per week	Last major epidemic documented was in the 1997/98 epidemic season
	Populations less 30,000 inhabitants, 2 cases per week.	Pop. < 30,000 inhabitants, 5 cases weekly or doubling of the no. of cases over a week period	

CHOLERA	1 Suspected case	1 lab confirmed case where the disease has been absent for many years.	Cholera has been absent since 1995.
VIRAL HAEMORRHAGIC FEVERS E.g. Ebola, Marburg, Rift valley fever, laser, etc) lasers	1(one) Suspected case	1- lab confirmed case	Require thorough investigation and reporting
Chikungunya	1(one) Suspected case	1- lab confirmed case	Require thorough investigation and reporting
Smallpox	1(one) Suspected case	1- lab confirmed case	Require thorough investigation and reporting
Severe Acute Respiratory Syndrome (SARS)	1(one) Suspected case	1- lab confirmed case	Require thorough investigation and reporting
Human influenza caused by a new Subtype	1(one) Suspected case	1- lab confirmed case	Require thorough investigation and reporting

ANNEX -9: PARTNERS AND RESOURCES PERSONS

- **JOC** – Security, risk and safety management during the emergency, crowd control [law enforcement], provide human resource etc
- **WHO** – leadership and coordination of responses; Technical support and normative guidance during the emergency, resource mobilisation, capacity building
- **UNDP** – Resource mobilisation, budget and operations support; recovery and reconstruction
- **UNICEF** – social mobilisation and community awareness, resource mobilisation, water and sanitation
- **GCAA** – For all emergencies affecting airport and airline safety and technical operations
- **WFP** – Operations support including, supply chain management, resource mobilisation [storage, transportation, infrastructure etc,
- **NDMA** – overall technical expertise in Disaster and emergencies, resource mobilisation etc
- **GRCS** – Emergency Response and Rescue, Emergency Ambulance services,
- **MRC / CDC** – laboratory surveillance / support, resource mobilisation

ANNEX-10: CALL-OUT LIST AND NOTIFICATION PROCEDURES

Upon receipt of an authentic warning message, the Incident manager will:

1. Consult with the appropriate national or appropriate officials and make recommendations for the activation of the PHEOC.
2. Initiate alerting / notification procedures to extent directed in the manner prescribed in the guideline.
3. Officials alerted by the action prescribed above will alert those individuals and / or institutions for which they are responsible.

ANNEX-12: PARTNER MAPPING AND AREAS OF SUPPORT.

NO	PARTNER	LOCATION	AREA OF SUPPORT	FOCAL POINT
1	NAWEC	Kanifing	Water and electricity supply	
2	Municipalities/Area Councils	REGIONAL	Financial, logistics and Technical	
3	WHO	NEW KOTU LAYOUT, KMC	TECHNICAL, FINANCIAL AND MATERIAL	
4	UNICEF	UN BUILDING, CAPE POINT, BAKAU	TECHNICAL, FINANCIAL AND MATERIAL	
5	UNDP	UN BUILDING, CAPE POINT, BAKAU	TECHNICAL, FINANCIAL AND MATERIAL	
6	WFP	UN BUILDING, CAPE POINT, BAKAU	TECHNICAL, FINANCIAL AND MATERIAL	
7	CRS	Fajara	Financial and Technical	
8	PURA	Kairaba Avenue	Financial and Technical	
8	GPA	BANJUL	SEA TRANSPORT, Financial, logistics and Technical	
9	United Purpose(UP)	Kairaba Avenue	Humanitarian, financial and Technical	
10	Action Aid International The Gambia	KANIFING MDI ROAD	FINANCIAL AND TECHNICAL	
11	MOFEA	BANJUL	FINANCIAL	
12	RFH	KANIFING	TRANSPORTATION	

13	NEA	KANIFING	Technical	
14	GRA	Banjul	Financial and Technical support	
15	MRC	Fajara	Technical	
16	STATE HOUSE	BANJUL	Political, Financial and Technical	
17	GT Board	Senegambia	Financial and Technical	
18	GCCI	Bijilo	Financial and Technical	
19	VDF	Churchill's Town	Financial	
20	Embassies			

[THE LIST TO BE CONTINUED]

STANDARD OPERATION PROCEDURES (SOPs)

INTENSIFY INTERNAL COMMUNICATION: THE KEY TO TEAMWORK.

The Steering Committee will maintain open communication within the Steering sub committees, Rapid Response Teams, PHEOC, Hospitals, Partners and Regional Health Teams

- Vertical briefing process—every subcommittee Team leads and supervisor must keep their teams and staff briefed
- Horizontal briefing through mandatory attendance at planning meetings [Steering Committee, PHEOC, RTC, etc]
- Shared situation reports with the National and Regional Teams
- Shared new intelligence with the National and Regional Teams
- Press release and Shared media briefings to inform the public and ensure vigilance

ANNEX-: LIST OF CONTRIBUTORS TO PHEOC PLAN DEVELOPMENT

1. Dr Kabir Cham, Consultant
2. Dr. Patrick Abok, WHO
3. Dr. Abdoulie Jack, Consultant
4. Colonel Alhagie Sanneh, NDMA
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6. Lt. Cdr Alieu Sanneh, JOC
7. Serign Modou Joof, NDMA
8. Sana M. Sambou, EDC
9. Buba Darboe, GRCS
10. Abdoulie Camara, EDC
11. Borrie Jabang, DLS
12. Dr. Ousman Ceesay, DLS
13. Balla Jatta, EDC
14. Amadou Woury Jallow, EDC
15. Modou Njie, ICT
16. Bakary Sonko, MHP
17. Sheriffo Jagne, NPHL
18. Abdoulie Sanyang. NPHL
19. Mariam Njai Sey, WFP
20. William Wright, GCAA
21. Baba Njie, SKGH
22. Dr. Mamady Cham, AFPRC Hospital
23. Mbassi Sanneh, NDMA
24. Karamo Kanteh, GCCA
25. Buba Darboe Health Promotion Directorate
26. Tida C. Bojang DLS

ANNEX-4: EMERGENCY RESOURCE TELEPHONE NUMBERS

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4. Gamcel, Comium, Africell, Qcell - 1025
5. Alhagie Sankareh, WR-1 - 3509019
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7. Lamin Ceesay, URR -
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25. Bakary Sonko Mental Health Programme 2077563, 9930254, 6830254

ANNEX -13: GLOSSARY OF EMERGENCY MANAGEMENT TERMS

Action plan: a statement of intention that is specific to an incident or event, which details the response strategies, objectives, resources to be applied and tactical actions to be taken. (see 'plans')

Administration: the response management function that attends to the management of accounting, budgeting, time and record keeping, payments and disbursements and procurement contracting. Commonly identified as '**Finance and Administration**'

All-hazards: an approach to the management of emergency events based on the recognition that there are common elements in the management of responses to virtually all emergencies, and that by standardizing a management system to address the common elements, greater capacity is generated to address the unique characteristics of achievements.

Business continuity plan: a document that describes how an organization will restore critical operational functions in the event of an occurrence that disrupts its operational capabilities. The focus is not on the nature of the occurrence but on recovering from the damage to the organization. Often called a **continuity of operations plan**, particularly for government agencies

Command post: a form of site-level emergency operations centre, which may be mobile, assembled as needed by the agency (ies) responding to an incident

Command and Control System: aspects of a management system that provide for vertical authority and accountability (a 'chain of command') and control of resources such as staff and assets.

Common Operational Picture: a single representation of operational information displayed to all PHEOC personnel to create uniform situational awareness.

Comprehensive Emergency Management Program: a corporate or government emergency management program that commits resources to four fundamental aspects of the field; prevention and mitigation; preparedness; response and recovery. Typically, programs address these through hazard, vulnerability and risk assessment; preparedness planning; response and consequence management training and exercising; and long term risk management.

Comprehensive Exercise Program: a training and exercise program consisting of a series of increasingly complex exercises to learn and practise different emergency management capabilities. Five types of exercises comprise a program: orientations, drills, table-top exercises, functional exercises and full-scale exercises.

Concept of operations: a section or statement in an agency emergency plan or in an PHEOC plan that identifies policies, roles and responsibilities and how the structural or functional elements of the organization will work together to produce a coherent management response.

Consequence management: a slightly elusive term that intends to distinguish between dealing with the emergency event (putting out the fire) versus dealing with the effects or aftermath of the event (Treating the burn and smoke inhalation victims). Some examples of consequence management in the health sector include mass casualty management; psychosocial services; communicable disease control and environmental health measures.

Context: as applied to management of an emergency event, context relates to the setting, circumstances and environment of the emergency.

Contingency plan: a plan to deal with particular aspects of a specific threat that is different from other threats. For example: while the general management of emergencies is similar for most, and therefore efficiently addressed by a generic approach, the specific resources and actions that would be required to address a communicable disease outbreak are different from those used to treat multiple trauma victims. Each would require a different contingency plan. (See 'plans')

Coordination: management processes to ensure integration of effort

Drill: a limited form of operational training exercise, the purpose of which is to establish response behaviours, establish procedural skills and evaluate how the PHEOC facility supports the procedures.

Emergency: an exceptional event of any magnitude that produces damage and injury and exceeds or potentially exceeds the capacity of normal resources to cope. Public Health Emergencies produce current or future elevated morbidity and mortality. Emergencies have effects that may be considered on a continuum from localized incidents with limited consequences, to wide area disasters with catastrophic consequences, and are often referred to as incidents or events, with the terms used interchangeably.

Emergency Coordination Centre: a term used to describe a type of Emergency Operations Centre that has no direct, tactical/operational function, but serves as a point of control and coordination of the strategic allocation of resources and management of policy issues.

Emergency management: also referred to as disaster management. Emergency management is a discipline dealing with the assessment, reduction and avoidance of excessive risk; the organized response to natural, human-generated or technological disasters or risk events and post-event support for the planning and rebuilding of damaged institutions.

Emergency management agency or organization: an organization, usually either a government agency or a non-government agency mandated to provide a single point of accountability for all emergency preparedness, mitigation and response activities within a particular area.

Emergency plan: also referred to as an emergency response plan. Refers to a document that describes how an agency or organization will manage its responses to emergencies of various types. In this context, emergency plans are agency or jurisdiction-specific, detailing the resources, capacities and capabilities that the agency or organization will employ in its response. (see 'plans')

PHEOC, Emergency Operations Centre: a place, within which personnel responsible for planning, coordinating, organizing, acquiring and allocating resources and providing direction and control can focus these activities on responses to an emergency. PHEOC is a somewhat generic concept, embracing a range of emergency management facilities from an on-scene incident command post at an emergency site, to a national emergency coordination centre providing strategic direction and resources to multiple jurisdictions and agencies in a wide-area disaster. An PHEOC, usually, sits between the extremes and provides strategic policy, logistical and operational support to site-level responders and response agencies.

PHEOC plan: a document that specifically relates to the operation of the PHEOC, which describes the structure, functions and standard operating procedures for operating the facility. It is the primary resource manual for PHEOC staff, containing samples of all the forms, role descriptions, concept of operations and standard operating procedures.

Event: an emergency incident or occurrence. Event and incident are often used interchangeably. Under the *International Health Regulations, 2005 (Article 1)* an event is “ a manifestation of disease, or an occurrence that creates a potential for disease.

Exercise: a form of practice, training and evaluation of capabilities involving the description or simulation of an emergency, to which a described or simulated response is made based on agency emergency plans, contingency plans and an PHEOC plan.

Full-scale exercise: a fully simulated operational exercise that focuses on operational capabilities by actually deploying agency resources in real time, in as realistic a setting as possible, without putting public and staff safety at risk. The most complex and costly form of training and evaluation.

Functional exercise: a fully simulated, moderately complex, operational exercise for evaluation and training that focuses on policies, roles, responsibilities and management capabilities within the emergency response management system. A functional exercise will usually involve challenging time constraints and occur within the PHEOC or coordination centre, so that the available tools and technologies can be used and evaluated.

Incident: an emergency occurrence. (see 'event')

Joint management: a form of PHEOC management where agencies with complementary jurisdictions, or mandates in an emergency, work together to share the control and direction of the PHEOC, with agreement that one manager will take the lead for the emergency event, or for an agreed operational period. Commonly referred to as **unified management** or **unified command**.

Jurisdiction: an organization (an agency or level of government) with the authority and responsibility to provide particular functions and services within a defined area.

Liaison: a process of linking and coordinating joint planning and efforts of agencies that are external to the jurisdiction responsible for the response to an emergency. Such agencies may have either a policy or operational interest in the response and participate through a liaison officer, by either **assisting** in the response (have tactical resources assigned to the event) or **cooperating** (providing external support). Liaison Officers are considered part of the command/management staff and report to the Event Manager/Incident Commander.

Logistics: the aspect of emergency management that deals with the procurement, distribution, maintenance, replacement and repatriation of material and human resources, including the provision of support infrastructure and services to response staff.

Mobile command post: a vehicle, employed response agencies, designed and equipped to support tactical level coordination and control of personnel and agencies involved in responding to an emergency at field of site level.

Modular: an organizational characteristic where components are standardized to support flexibility in building or adjusting the organization to address changing requirements.

Operational period: a varying period of time linked to the time required to achieve a particular set of objectives.

Orientation: a discussion based process that is the simplest form of training and evaluation exercise, designed to acquaint users of an emergency plan, or emergency management facility with the features of the plan or facility, and how they should be used. An orientation uses low levels of simulation to focus on issues of coordination and assignment of responsibilities.

Plans: documents designed to identify, at various levels, responsibility for various response activities and the intended objectives, strategies and tactics. The purpose of plans is to maximize effectiveness and minimize response time to events and to standardize the routine activities associated with response and management, so that more capacity can be available to address the unique characteristics of each event. Plans are specific to their intended users: a contingency plan is specific to both the unique event (contingency) and the agency mandated to deal with it; an agency emergency plan is specific to the agency and deals generally with the kind of emergencies that agency is mandated to address; an PHEOC plan is specific to the PHEOC and relates to the management and coordination processes of the PHEOC; and a support plan is specific to a supporting agency or jurisdiction (such as a national government) and lays out when and how they will support another jurisdiction's emergency response.

Planning: In an PHEOC, the planning function is responsible for collection, evaluation and processing of information to identify strategies and objectives and for the preparation and dissemination of prediction and status reports.

Generally, planning is the intellectual and interpersonal processes of designing, developing, testing and evolving activities necessary to achieve objectives. An inclusive, comprehensive planning process usually results in the value of the product (the plan) being less important than the value of the planning process, which builds on the synergy of bringing together people and agencies with common interests to analyse and solve problems cooperatively

Public communication: the discipline and process of providing public audiences with information that creates awareness and knowledge so that people can adjust their personal understanding of risks and their reactions, decisions and responses to threats and crisis situations.

Redundancy: having secondary or backup human and physical resources capacity in case the primary resource capacity is impaired or become unavailable for any reason.

Risk: the chance of harm. The nature of the harm is related to the environment; business, environment, health etc. The extent of the potential harm (the risk) varies with the probability of the harm occurring and the actual damage it could do.

Risk assessment: the process of evaluating potential risk or the potential for harm

Risk management: the discipline of evaluating risks (hazards, threats and vulnerabilities) and reducing them to minimize potential loss of life, assets and resources, injury, illness and other adverse effects.

Scalable: capable of being expanded or reduced in size to adjust capacity and capability by adding or deactivating organizational modules, in order to adapt to changes in demand without the need for reconfiguration of a basic structure.

Sector: a division, or a collective aspect of a geographical area, an economy or a society.

Site-level: the actual location of the hands-on, tactical level response to an emergency. When site-level emergency responses capacities are overwhelmed, the role of a site-support PHEOC is to provide logistical (resources) and strategic (direction and coordination) assistance.

Situational awareness: being aware of and attentive to what is happening in a given environment at a particular time, with particular emphasis on the effect of changes in the environment; in effect, knowing how an event is evolving.

Steering committee: an oversight or user committee responsible for providing the sponsorship, leadership, policy and funding support to a working group assigned to develop an emergency operations centre.

Strategic: an unambiguous definition of strategic (pertaining to a strategy or strategies) is elusive, because the concept is always relative. What a local level of government sees as strategic from their perspective, is likely perceived as relatively tactical from the perspective of a more senior government. The defining characteristic of 'strategic' is that it deals with the concepts of relatively long term and big picture in relation to the pattern or plan that integrates an organization's major goals, policies, and action sequences into a cohesive whole and may have a normative or standard setting component.

Table-top (exercise): a discussion based form of training or evaluation exercise where all the personnel assigned to an PHEOC gather informally, without the pressure of tight time constraints to examine and discuss hypothetical emergency situations to which they discuss their intended

responses, identify and solve problems based on the PHEOC operational plan and the agencies' emergency plans.

Tactical: those activities, resources and manoeuvres that are directly applied at a task level to achieve goals. Compare with 'strategic' above.

Technical communications: relates to the protocols, procedures and methods used to pass critical information among key participants during the management of an emergency.

Unified management (command): a team approach to the management of complex, multi-agency or multi-jurisdictional emergencies that allows all agencies with complementary geographical or functional responsibilities in the response to establish a common set of objectives, strategies and operations. A lead agency is established based on an agreement about the primary problem being addressed; and the other agencies share responsibility and participate fully in decision making. See 'joint management'.

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