International Health Regulations (2005)

IHR CORE CAPACITY MONITORING FRAMEWORK:

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

2016 Questionnaire

Global Capacities
Alert and Response

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

Date: -25 / -10 / -2016Ministr (dd/mm/yyyy)

The IHR Secretariat is required to provide an annual report to the World Health Assembly detailing WHO and States Parties progress on IHR implementation. In order to assist the States Parties in their responsibility to report to the Assembly, the IHR Secretariat has developed a data collection tool which will enable each State Party to provide standardized information about progress of its core capacity development in implementation of IHR (2005) (IHR). The completed data collection tool can be submitted to ihrmonitoring@who.int via email; or by fax to +41227911388 or +41227911399; or in hard copy to IHR Monitoring (HSE/GCR/CAD) 20, avenue Appia, 1211 Geneva 27 Switzerland. The submission of this questionnaire will allow the compilation of a consistent report to the Assembly. However, the use of this format by States Parties is entirely voluntary.

All questions should be completed.

Respondent identification

State Party	-Ministry of Health Sri Lanka
Name and title of contact officer for this report	Dr Paba Palihawadana -Chief Epidemiologist (National IHR CO-focal point) Dr Palitha Karunapemma -Director Quarantine ,Ministry of Health Sri Lanka (National IHR CO-focal point)
Telephone number	-+94 - 11- 2695112 , +94 -112675817
E-mail	-paba@health.gov.lk, palitha_66@yahoo.com

Enquiries relating to the questionnaire should be directed to the IHR Monitoring Team at ihrmonitoring@who.int

*Please indicate **top three priority areas** for strengthening; For States Parties that have obtained a two-year extension, please also report progress against the implementation of IHR action plans submitted in the extension request and highlight **areas where gaps still exist**.*

-

INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

This data collection tool is designed primarily for use by National IHR Focal Points (NFPs) in collaboration with public health professionals, managers and other sectors and stakeholders responsible for implementing the IHR. Completion of the questionnaire may require input from professionals and representatives from other sectors such as animal health, food and water safety, environmental health, radiological, nuclear, and chemical disciplines. Data collection should be carried out by the IHR NFPs in consultation with these experts.

The data collection process can be accomplished through a workshop, with the questionnaires distributed to the relevant expert groups beforehand, or through other means as appropriate in a specific country context. WHO can provide technical assistance upon request by the States Parties. The completed data collection tool should be properly attested by the IHR NFP and submitted to ihrmonitoring@who.int, with copies to the WHO Regional Office and where available, to the WHO Country Office.

The questionnaire is divided into thirteen sections, one for each of the eight core capacities, PoE and four hazards. Individual questions are grouped by Components and Indicators in the questionnaires.

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

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

If a question is not applicable for your country context (in the Points of Entry section), please indicate this in the comment box provided at the end of each section along with the reason why it is not applicable.

Please note that the "double questions" (marked as "a" and "b" respectively) in this questionnaire are sub-questions that are linked with each other. However, answering "No" to the first question will not make the second question "not applicable", i.e. "n/a" is not included in the possible responses to the second question in this case.

Questions may cover multiple aspects of implementation, and it is important to note that when answering yes to a question, it should mean a yes to all such aspects. In order to answer "**yes**" to a given question both the presence (i.e. function is available) and quality of the function (i.e. the content is directly relevant to the indicator, component and the IHR) should be considered, and both must be present to qualify for a yes answer. Partly fulfilled functions can be further commented in the comments box, but should be answered as "no". "No" to a question therefore means all or part of the function is not present.

If possible, please provide a link to, or a hard copy of: documentation of laws, policies, designated PoE and their competent authorities, authorized ports (with ISO, LOCODE, SSCC, SSCEC and Extension), website, publications, reports etc.

Where the term "documented" or "documentation" is mentioned, this means a document or other evidence is available with the IHR NFP or relevant government authorities showing that the required function is achieved and the quality of that achievement is appropriate for that indicator. There is no need to submit relevant documentation or other means of evidence to WHO unless the country wishes to do so; where the term "published" is mentioned, please refer to the relevant footnote for interpretation of the meaning if needed; where the term "National" is used, for countries that have a federal system, this should be interpreted as being for the level appropriate for that function, as determined by the country.

Core Capacity	**1**	**National legislation[1],[2], policy and financing**
Component	**1.1**	**National legislation and policy**
Indicator	**1.1.1**	**Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient[3] for implementation of IHR**

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

Yes 1.1.1.1 Has an assessment[4] of relevant legislation, regulations, administrative requirements and other government instruments for IHR implementation been carried out?

Yes 1.1.1.2 Have recommendations following assessment of relevant legislation, regulations, administrative requirements and other government instruments been implemented?

Yes 1.1.1.3 Has a review of national policies to facilitate IHR NFP functions and IHR technical core capacities[5] been carried out?

Yes 1.1.1.4 Have policies to facilitate IHR NFP core and expanded[6] functions and to strengthen core capacities been implemented?

Yes 1.1.1.5 Are key elements of national/domestic IHR-related legislation published[7]?

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

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

-

1 The WHO Constitution provides that once a new revision of the IHR is adopted by the Health Assembly, all WHO Member States are automatically legally bound by it unless the Member State affirmatively and formally opts out of the new IHR within a limited time period. The deadline to reject or make a reservation to the IHR passed on 15 December 2006. No Member State rejected or opted out of the IHR; only two Member States made reservations. Accordingly, all WHO Member States were legally bound as a matter of international law to the IHR. Under the WHO Constitution and the IHR, it is not required that Member States individually ratify or sign the IHR in order to be bound by it as of 2007.

2 Not strictly a technical core capacity, but important to facilitate implementation of other core capacities of technical nature.

3 A sufficient legal framework for complying with IHR obligations was required as of the date the IHR entered into legal force for all States Parties in 2007; the 2012 deadline for implementation of additional technical capacities in Annex 1 does not apply to the legal framework.

4 While an assessment and revision of national legislation for IHR implementation is not explicitly required in the IHR, it has been strongly urged by the WHA, and advised in WHO guidance documents. For detailed information, see Section I.2 of the WHO Toolkit for IHR Implementation in National Legislation at http://www.who.int/ihr/3._Part_I_Questions_and_Answers.pdf Moreover, as technical capacities and national governance and legal contexts have evolved since entry into force of the IHR in 2007, an assessment of this period is advisable. For advantages and benefits of revising legislation, laws, regulations, administrative requirements, policies or other government instruments, see paragraph 4 on Page 14 of this document.

5 Technical core capacities include surveillance, response, preparedness, risk communication, human resources and laboratory.

6 In addition to coordination and communications, expanded roles of the IHR NFP (see Toolkit for Implementation in national legislation, section 2.5 Functions of the NFP at http://www.who.int/ihr/NFP_Toolkit.pdf) include risk assessment, core capacity development, advocacy etc.

7 WHO does not endorse or recommend specific legislation. For information purposes, WHO publishes a compilation of national IHR-Related legislation adopted by States Parties on its web site http://www.who.int/ihr/7._Part_III_Compilation_of_examples_of_national_LEGISLATION.pdf. Other relevant documents and materials are available to download on the WHO IHR website, at: http://www.who.int/ihr/legal_issues/legislation/en/index.html.

Core Capacity	**2**	**Coordination[8] and NFP Communications**
Component	**2.1**	**IHR coordination[9], communication and advocacy[10]**
Indicator	**2.1.1**	***A functional mechanism is established for the coordination of relevant sectors[11] in the implementation of IHR**

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

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

Yes 2.1.1.2 Are Standard Operating Procedures (SOP)[12] or equivalent available for coordination between IHR NFP and relevant sectors?

Yes 2.1.1.3 Is a multi-sectoral, multidisciplinary body, committee or taskforce[13] in place addressing IHR requirements on surveillance and response for public health emergencies of national and international concern?

Yes 2.1.1.4a Have multisectoral and multidisciplinary coordination and communication mechanisms been *updated* regularly?

Yes 2.1.1.4b Have multisectoral and multidisciplinary coordination and communication mechanisms been *tested* through exercises or through the occurrence of an actual event?

No 2.1.1.5 Have action plans been developed to incorporate lessons learnt of multisectoral and multidisciplinary coordination and communication mechanisms?

Yes 2.1.1.6 Are annual updates conducted on the status of IHR implementation to stakeholders across all relevant sectors?

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

Yes 2.1.2.1 Has the IHR NFP[14] been established?

Yes 2.1.2.2 Does the IHR NFP provide WHO with updated contact information and annual confirmation of the IHR NFP?

Yes 2.1.2.3 Have any additional roles[15] and responsibilities for the IHR NFP functions been implemented?

Yes 2.1.2.4 Have functions of the IHR-NFP been evaluated for effectiveness (e.g. empowerment, timeliness, transparency, appropriateness of communication)?

---

8 "Coordination" means that the coordination mechanism is available and functional with respect to sectors relevant to IHR implementation.
9 The country assigns or determines responsible unit, institution, committee or other body as relevant for IHR coordination
10 "Advocacy" means awareness among all relevant stakeholders of the IHR and their roles in their implementation.
11 Relevant sectors and disciplines (private and public), for example, all levels of the health care system (national, sub-national and community/primary public health) NGOs, and ministries of agriculture (zoonosis, veterinary laboratory), transport (transport policy, civil aviation, ports and maritime transport), trade and/or industry (food safety and quality control), foreign trade (consumer protection, control of compulsory standard enforcement), communication, defence (information about migration flow), treasury or finance (customs) of the environment, the interior, home office, health and tourism.
12 SOPs should detail the ToR, roles and responsibilities of the IHR NFP, implementing structures, various administrative levels, and stakeholders in the implementation of the IHR established, and should be disseminated to all relevant stakeholders.
13 Countries decide who will chair this committee or taskforce, but it should include participation of the national IHR NFP in meetings and decision making processes.
14 The IHR NFP should have been established (as of 2007) with the following mandatory elements for all Member States:--24/7 availability for communications with WHO--Send urgent communications regarding IHR to WHO--Collect information from all relevant sectors to send to WHO under IHR WHO (Arts. 5-12)--Disseminate urgent IHR info from WHO to relevant government sectors etc.--Functional Communications channels with all sectors, decision-maker(s) --Communications with competent authorities on health measures implemented
15 For suggestions on additional roles of the IHR NFP, see http://www.who.int/ihr/elibrary/legal/en/index.html

Yes 2.1.2.5 Have national stakeholders[16] responsible for the implementation of IHR been identified?

Yes 2.1.2.6 Has information on obligations[17] of the IHR NFP under the IHR been disseminated to relevant national authorities and stakeholders?

Yes 2.1.2.7a Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been ***defined***?

Yes 2.1.2.7b Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been ***disseminated***?

Yes 2.1.2.8 Have plans to sensitize stakeholders to their roles and responsibilities been implemented [18]?

Yes 2.1.2.9 Is the IHR Event Information Site used as an integral part of the IHR NFP information resource[19]?

Yes 2.1.2.10 Has an active[20] IHR website or webpage been established?

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

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

-

16 "Stakeholders" are any groups, organizations, or systems who can help affects or can be affected by a public health event. These include relevant sectors, various levels and non-governmental organizations working within State Parties
17 Member States need to fulfil all IHR obligations unless an exception or discretion applies.
18 This question refers to activities carried out to increase the awareness of the IHR with stakeholders including with Ministries and partners.
19 i.e. used at least monthly
20 "Active" means that the website is regularly reviewed and updated, with timely information.

Core Capacity	3	Surveillance[21]
Component	3.1	Indicator based[22] surveillance[23] (also referred to as structured surveillance, routine surveillance or surveillance for defined conditions)
Indicator	3.1.1	*Indicator-based surveillance includes an early warning[24] function for the early detection of a public health event

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

Yes 3.1.1.1 Is there a list of priority diseases[25], conditions and case definitions for surveillance?

Yes 3.1.1.2 Is there a specific unit(s) designated for surveillance of public health risks?

Yes 3.1.1.3 Are surveillance data on epidemic prone and priority diseases analysed at least weekly at national and sub-national levels?

Yes 3.1.1.4 Have baseline estimates, trends, and thresholds for alert and action been defined for the community /primary response level for priority diseases/events?

Yes 3.1.1.5 Is there timely[26] reporting from at least 80% of all reporting units?

Yes 3.1.1.6 Are deviations or values exceeding thresholds detected and used for action at the primary public health response level[27]?

Yes 3.1.1.7 Has regular[28] feedback[29] of surveillance results been disseminated to all levels and other relevant stakeholders?

Yes 3.1.1.8a Have evaluations of the early warning function of the indicator based surveillance been carried out?

Yes 3.1.1.8b Have country experiences, findings, lessons learnt on indicator based surveillance been shared with the global community?

Component	3.2	Event-Based Surveillance[30]
Indicator	3.2.1	*Event-Based Surveillance is established and functioning

Yes 3.2.1.1 Has a unit(s) responsible for event-based surveillance[31] been identified?

Yes 3.2.1.2 Are country SOPs and/or guidelines for event based surveillance[32] available?

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

Yes 3.2.1.4 Have information sources[33] for public health events[34] and risks been identified?

---

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

22 Indicator-based surveillance is the routine reporting of cases of disease, including notifiable diseases surveillance systems, sentinel surveillance, laboratory-based surveillance, etc .This routine reporting is commonly health-care facility-based with reporting done on a weekly or monthly basis

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

24 Early warning component serves to detect departures from normal.

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

26 as defined by country standards

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

28 As defined by country

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

30 Event-based surveillance is the organized and rapid capture of information about events that are a potential risk to public health. This information can be rumours and other ad-hoc reports transmitted through formal channels (i.e. established routine reporting systems) and informal channels (i.e. media, health workers and nongovernmental organizations reports)

31 This may be part of the existing routine surveillance system

32 Covers event capture, reporting, epidemiological confirmation, assessment and notification as appropriate.

Yes 3.2.1.5 Is there a system or mechanism in place at national and/or sub-national levels for capturing public health events from a variety of sources[35]?

Yes 3.2.1.6 Is there active engagement and sensitization of community leaders, networks, health volunteers, and other community members on the detection and reporting of unusual health events?

Yes 3.2.1.7 Has the community/primary response level reporting been evaluated and updated as needed?

Yes 3.2.1.8a Are country experiences and findings on implementation of event-based surveillance, and the integration with indicator based surveillance ***documented***?

No 3.2.1.8b Are country experiences and findings on implementation of event-based surveillance, and the integration with indicator based surveillance, ***shared*** with the global community?

No 3.2.1.9 Are there arrangements with neighbouring countries to share data on surveillance and the control of public health events that may be of international concern?

Yes 3.2.1.10 Is the decision instrument in Annex 2 of the IHR used to notify WHO?

Yes 3.2.1.11 Have all of events that meet the criteria for notification under Annex 2 of IHR been notified by the IHR NFP to WHO within 24 hours of conducting risk assessments[36] over the last 12 months?

***If No**, what % of events that meet the criteria for notification under Annex 2 of IHR has been notified by the IHR NFP to WHO within 24 hours of conducting risk assessments[37] over the last 12 months?* -

Yes 3.2.1.12 Have all events identified as urgent[38] within the last 12 months been assessed[39] within 48 hours of reporting?

***If No**, what % of events identified as urgent within the last 12 months have been assessed within 48 hours of reporting?* -

Yes 3.2.1.13 Has the IHR NFP responded to all verification requests from WHO within 24 hours in the last 12 months?

***If No**, what % of verification requests from WHO has the IHR NFP responded to within 24 hours* in the last 12 months? -

Yes 3.2.1.14a Has the use of the decision instrument been reviewed?

No 3.2.1.14b Have the procedures for decision making been updated on the basis of lessons learnt?

No 3.2.1.15a Are country experiences and findings in notification and use of Annex 2 of the IHR ***documented***?

No 3.2.1.15b Are country experiences and findings in notification and use of Annex 2 of the IHR ***shared*** globally?

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

---

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

34 Includes events related to the occurrence of disease in humans, such as clustered cases of a disease or syndromes, unusual disease patterns or unexpected deaths as recognized by health workers and other key informants in the country; and events related to potential exposure for humans

35 e.g. including veterinary, media (print, broadcast, community, electronic, internet etc.)

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

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

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

39 Risk assessment can be carried out at various levels (national or levels below the national level) depending on national structure.

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

Country did not experianced any suspected PHEIC during the last 12 months period.

Core Capacity	4	Response
Component	4.1	Rapid Response Capacity
Indicator	4.1.1	*Public health emergency[40] response mechanisms are established and functioning

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

Yes 4.1.1.1 Are resources for rapid response during public health emergencies of national or international concern accessible?

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

Yes 4.1.1.3 Is there a functional, dedicated command and control operations centre in place?

Yes 4.1.1.4 Have emergency response management procedures (including mechanism to activate response plan) been implemented for a real or simulated public health response in the last 12 months?

Yes 4.1.1.5a Have emergency response management procedures (including mechanism to activate response plan) been *evaluated* after a real or simulated public health response?

No 4.1.1.5b Have emergency response management procedures been *updated* after a real or simulated public health response?

Yes 4.1.1.6 Are there Rapid Response Teams[41] (RRTs) to respond to events that may constitute a public health emergency?

Yes 4.1.1.7 Are there SOPs and/or guidelines available for the deployment of RRT members?

Yes 4.1.1.8 Have staff been trained (including RRT members) in specimen collection and transport?

Yes 4.1.1.9 Are there case management guidelines for priority conditions?

Yes 4.1.1.10 Are evaluations of response (including the timeliness[42] and quality of response) systematically carried out?

Yes 4.1.1.11 Can multidisciplinary RRT be deployed within 48 hrs[43] from the first report of an urgent[44] event?

Yes 4.1.1.12 Has the country offered assistance to other States Parties for developing their response capacities or implementing control measures?

Component	4.2	Infection Control[45]
Indicator	4.2.1	*Infection Prevention and Control (IPC) is established and functioning at national and hospital levels

Yes 4.2.1.1 Has responsibility been assigned for surveillance of health-care-associated infections within the country?

Yes 4.2.1.2 Has responsibility been assigned for surveillance of anti-microbial resistance within the country?

---

40 Emergencies here refer to emergencies relevant to IHR

41 RRT is a group of :multisectoral/multidisciplinary persons that are ready to respond on a 24 hour basis (Annex 1A, Article 6h) to a public health event; trained in outbreak investigation and control, infection control and decontamination, social mobilization and communication, specimen collection and transportation, chemical event investigation and management and if applicable, radiation event investigation and management. The composition of the team is determined by the country concerned.

42 "Timeliness" here is the time between detection of the event and initiation of a recommended response

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

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

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

Yes 4.2.1.3 Is a national infection prevention and control policy or operational plan available?

Yes 4.2.1.4 Are SOPs, guidelines and protocols for IPC available to hospitals?

Yes 4.2.1.5 Do all tertiary hospitals have designated area(s) and defined procedures for the care of patients requiring specific isolation[46] precautions according to national or international guidelines?

Yes 4.2.1.6 Are there qualified IPC professionals in place in all tertiary hospitals?

Yes 4.2.1.7 Are defined norms or guidelines developed for protecting health-care workers[47]?

Yes 4.2.1.8 Have infection control plans been implemented nationwide?

Yes 4.2.1.9 Is there surveillance within high risk groups[48] to promptly detect and investigate clusters of infectious disease patients, as well as unexplained illnesses in health workers?

No 4.2.1.10 Are infection control measures and the effectiveness regularly evaluated and published?

Yes 4.2.1.11 Has a monitoring system for antimicrobial resistance been established?

Yes 4.2.1.12a Has a functional monitoring system for antimicrobial resistance been implemented?

Yes 4.2.1.12b Are data available on the magnitude and trends of antimicrobial resistance?

Yes 4.2.1.13 Has a national programme[49] for protecting health care workers been implemented?

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

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

- Limited data on antomicrobial resistance available.
- Infection control meassures are regurlarly evaluated but findings are not published regiularly.
- Rotine antimicrobial resistance monitoring mechanisam on place but need to be strengthern further.

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

47 from health-care associated infections

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

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

Core Capacity	5	Preparedness[50]
Component	5.1	Public Health Emergency Preparedness and Response
Indicator	5.1.1	*Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed and implemented

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

Yes	5.1.1.1	Has an assessment[51] of the capacity of existing national structures and resources to meet IHR core capacity requirements been conducted?
Yes	5.1.1.2	Has a national plan[52] to meet the IHR core capacity requirements been developed?
Yes	5.1.1.3	Does the national public health emergency response plan incorporate IHR related hazards and PoE?
Yes	5.1.1.4a	Have national public health emergency response plan(s) been *implemented/tested* in an actual emergency or simulation exercises?
Yes	5.1.1.4b	Have national public health emergency response plan(s) been *updated* as needed?
Yes	5.1.1.5	Are procedures, plans or strategies *in place* to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level?
Yes	5.1.1.6	Have procedures, plans or strategy been *implemented* to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level?
Yes	5.1.1.7	Have procedures, plans or strategy to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level been *reviewed and updated* as needed?
Yes	5.1.1.8	Is surge capacity to respond to public health emergencies of national and international concern available?
No	5.1.1.9	Has the adequacy of surge capacity to respond to public health emergencies of national and international concern been tested through an exercise or actual event (e.g. as part of the response plans)?
No	5.1.1.10a	Have country experiences and findings on emergency response and in mobilizing surge capacity, been *documented*?
No	5.1.1.10b	Have country experiences and findings on emergency response and in mobilizing surge capacity, been *shared* with the global community?

Component	5.2	Risk and resource management for IHR preparedness
Indicator	5.2.1	*Priority public health risks and resources are mapped and utilized

Yes	5.2.1.1	Is a directory or list of experts in health and other sectors to support a response to IHR-related hazards available?
Yes	5.2.1.2	Has a national risk assessment[53] to identify potential 'urgent public health event[54], and the most likely sources of these events been conducted?
No	5.2.1.3	Have national resources been mapped[55] for IHR relevant hazards and priority risks?
No	5.2.1.4	Have national profiles on risks and resources been developed?

50 Preparedness for development of public health emergency response capacity including implementation of IHR
51 i.e. mapping of local infrastructure, PoE, health facilities, major equipment and supplies, staff, funding sources, experts, equipment, laboratories, institutions, NGOs to assist with community-level work, and transport.
52 As appropriate for country context (federal vs. central government)
53 Assessment to examine various hazards, disease outbreak patterns, local disease transmission patterns, contaminated food or water sources, etc.
54 "…criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread"
55 See footnote 51 above

Yes 5.2.1.5 Is the national risk profile assessed regularly to accommodate emerging threats?

Yes 5.2.1.6 Are the national resources for priority risks assessed regularly to accommodate emerging threats?

Yes 5.2.1.7 Is a plan for management and distribution of national stockpiles available[56]?

No 5.2.1.8 Are stockpiles (critical stock levels) accessible for responding to priority biological, chemical, radiological events and other emergencies?

No 5.2.1.9 Does the country contribute to international stockpiles[57]?

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

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

National stockpiles of antiviral drugs and PPE have being regurlaly review and updated.

56 Rotation of stocks, proper storage conditions for various drugs, distribution to pharmacies and hospitals around the country

57 "International stockpiles" include both routine stockpiles and stockpiles in response to a real outbreak.

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

NOTE: Before you begin, please review the general instructions on filling the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the question below. 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

Yes 6.1.1.1 Have risk communication partners and stakeholders been identified?

Yes 6.1.1.2 Has a risk communication plan[58] been developed?

No 6.1.1.3 Has the risk communication plan been implemented or tested through actual emergency or simulation exercise and updated in the last 12 months?

Yes 6.1.1.4 Are policies, SOPs or guidelines developed on the clearance[59] and release of information during a public health emergency?

Yes 6.1.1.5 Are regularly updated information sources accessible to media and the public for information dissemination[60]?

Yes 6.1.1.6 Are there accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population[61]?

Yes 6.1.1.7 In the last three national or international PH emergencies, have populations and partners been informed of a real or potential risk within 24 hours following confirmation?

Yes 6.1.1.8 Has an evaluation of the public health communication been conducted after emergencies, for timeliness, transparency[62] and appropriateness of communications?

No 6.1.1.9 Have the results of evaluations been used to update risk communication plan?

No 6.1.1.10 Have results of evaluations of risk communications efforts during a public health emergency been shared with the global community?

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

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

- As a country we didnt had any Public Health emergencies during the recent past.So Q 6.1.1.7 to 6.1.1.10 is not applicabe to Sri Lanka

58 Plan includes inventory of communication partners, focal points, stakeholders and their capacities in the country
59 Procedures in place for clearance by scientific, technical and communications staff before information is released during public health events
60 This may include website/webpage (national level), community meetings, radio broadcasts nationally as appropriate etc.
61 The views and perceptions of individuals, partners and communities affected by public health emergencies should be systematically taken into account; this includes vulnerable, minority, disadvantaged or other at-risk populations.
62 Transparency here implies openness, communication and accountability, i.e. all information about public health risk is open and freely available.

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

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

Yes 7.1.1.1 Has a unit that is responsible for the development of human resource capacities including for the IHR been identified?

Yes 7.1.1.2 Has a needs assessment been conducted to identify gaps in human resources and training[63] to meet IHR requirements?

Yes 7.1.1.3 Does a workforce development or training plan that includes human resource requirements for IHR exist?

Yes 7.1.1.4 Is progress for meeting workforce numbers and skills consistent with milestones set in the training plan?

No 7.1.1.5 Has a plan or strategy been developed to access field epidemiology training (one year or more) in-country, regionally or internationally?

No 7.1.1.6 Has the plan or strategy to access field epidemiology training (one year or more) in-country, regionally or internationally been implemented?

Yes 7.1.1.7Are there specific programs, with allocated budgets, to train workforces for IHR-relevant hazards?

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

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

- Country has 1 month FETP programme. Each year trained nearly 25 Public Health Workers over the past few years.

- Used to send 2 Regional Epiodemiologists (public Health medical officers) to 3 months FETP programme conducted in India.

63 Assessment of training needs includes circulating a questionnaire, a consensus of experts, a systematic review or other appropriate measures.

Core Capacity	**8**	**Laboratory**[64]
Component	**8.1**	**Laboratory diagnostic and confirmation capacity**
Indicator	**8.1.1**	***Laboratory services available to test for priority health threats**

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

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

Yes 8.1.1.2 Are national laboratory quality standards/guidelines available?

Yes 8.1.1.3 Does your country have access to networks of international laboratories to meet diagnostic and confirmatory laboratory requirements, and support outbreak investigations for events specified in Annex 2 of IHR?

Yes 8.1.1.4 Is there national laboratory capacity to meet diagnostic and confirmatory laboratory requirements for priority diseases?

No 8.1.1.5a Is an up to date inventory of public and private laboratories[65] with relevant diagnostic capacity available?

No 8.1.1.5b Is the inventory of public and private laboratories accessible?

Yes 8.1.1.6 Do national reference laboratories participate successfully[66] in External Quality Assessment schemes for major public health disciplines[67] for diagnostic laboratories?

Yes 8.1.1.7 Are more than 10 non-AFP (Acute Flaccid Paralysis) hazardous specimens per year referred to national reference laboratories for examination?

Yes 8.1.1.8 Are all national reference laboratories accredited to international standards[68] or to national standards adapted from international standards?

Yes 8.1.1.9 Are national regulations compatible with international guidelines implemented, for the packaging and transport of clinical specimens?

Yes 8.1.1.10 Is there a functional[69] system for collection, packaging and transport of clinical specimens?

Yes 8.1.1.11 Have sample collection and transportation kits been pre-positioned at appropriate levels for immediate mobilization during a PH event?

Yes 8.1.1.12 Has staff at national or relevant levels been trained for the safe shipment of infectious substances according to international standards (ICAO/IATA)?

Yes 8.1.1.13 Do the processes for shipment of infectious substances when investigating an urgent public health event consistently meet ICAO/IATA standards?

Yes 8.1.1.14 Can clinical specimens from investigation of urgent public health events be delivered for testing to appropriate national or international reference laboratories within the appropriate timeframe[70] of collection?

Yes 8.1.1.15 Have at least 10 hazardous specimen per year been shipped internationally to a collaborating laboratory as part of an investigation or exercise?

---

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

65 with their corresponding capacities

66 "Successfully" means to meet relevant standards as defined by the EQA organizer.

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

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

69 Proper samples collected and stored in good conditions, and sent to appropriate laboratories in a timely manner.

70 In accordance with national or international standards.

Component	8.2	Laboratory biosafety and biosecurity
Indicator	**8.2.1**	***Laboratory biosafety and laboratory biosecurity (Biorisk management[71]) practices in place and implemented**

Yes 8.2.1.1 Are biosafety guidelines accessible to laboratories?

Yes 8.2.1.2 Are regulations, policies or strategies[72] for laboratory biosafety available?

Yes 8.2.1.3 Has a responsible entity[73] been designated for laboratory biosafety and laboratory biosecurity?

Yes 8.2.1.4 Are relevant staff trained in laboratory biosafety and laboratory biosecurity guidelines?

Yes 8.2.1.5 Has an institution or person[74] responsible for inspection, (could include certification of biosafety equipment) of laboratories for compliance with biosafety requirements been identified?

Not Known 8.2.1.6 Has a biorisk[75] assessment been conducted in laboratories to guide and update biosafety regulations, procedures and practice, including for decontamination and management of infectious waste?

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

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

-

71 Management of biorisks in, or associated with the laboratory.
72 This includes local policies or regulations to protect laboratory workers (e.g. immunization, emergency antiviral therapy, specific measures for pregnant women, etc.) and strategies/guidance for the management and disposal of hazardous substances.
73 This could be an expert group, committee, or institution.
74 With allocated resources, SOPs etc.
75 "Biorisks" are risks posed by the handling, manipulation, storage, and disposal of infectious substance.

Core Capability	**9**	**Points of Entry (PoE)**
Component	**9.1**	General obligations required at Points of Entry (PoE)[76]
Indicator	**9.1.1**	***General obligations at PoE are fulfilled (including for coordination and communication)**

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

Yes 9.1.1.1 Have priority conditions[77] for surveillance at designated PoE been identified?

Yes 9.1.1.2 Has surveillance information at designated PoE been shared with the surveillance department/unit?

Yes 9.1.1.3 Has a review meeting (or other appropriate method) to designate PoE been held?

Yes 9.1.1.4 Have ports/airports/ground crossings been designated for development of capacities as specified in Annex 1 of the IHR?

9.1.1.5 Please indicate the **number** of Designated PoE (n/a if not applicable)

Ports -4 **Airports** -2 **Ground Crossings** -NA

9.1.1.6 Please indicate the number of designated PoE that 'Competent authority[78], been identified[79]

Ports 4- **Airports** 2- **Ground Crossings** -NA

Please send an updated list of the names of designated Points of Entry (Ports, airports and ground crossing as applicable) and designated PoE for which 'Competent authority' been identified, via email to ihrpag@who.int or fax to +41227914667.

Yes 9.1.1.7 Has a list of ports[80] authorized to offer ship sanitation certificates been sent to WHO (as specified in Article 20, No.3) if applicable?

If no, please send a list of authorized ports and include the ISO, LOCODE, SSCC, SSCEC and Extension for each designated PoE via email to ihrpag@who.int or fax to+41227914667.

Yes 9.1.1.8 Have relevant legislation, regulations, administrative acts, protocols, procedures and/or other government instruments to facilitate IHR implementation at designated PoE been updated as needed?

Yes 9.1.1.9 Have updated IHR health documents[81] been implemented at designated PoE(s)?

Yes 9.1.1.10 Have designated PoE been assessed[82] ?

9.1.1.11 Please indicate the number of designated PoE that have been assessed *(please refer to Question 9.1.1.5 above for the number of designated PoEs in your country. The number of PoEs assessed should not be greater than the number of designated PoEs)*

Ports -4 **Airports** -2 **Ground Crossings** -NA

9.1.1.12 Please indicate the number of designated PoE with joint designation between countries for core capacity development

Ports -4 **Airports** -2 **Ground Crossings** NA-

Please send an updated list of the names of designated PoEs that have been assessed and PoEs with joint designation between countries for core capacity development, via email to ihrpag@who.int or fax to +41227911388.

76 Please indicate the number of designated airports, ports and ground crossings in the comment box.
77 As defined by countries.
78 Please include Name, type of PoE (e.g. port, airport etc.), competent authority, address, phone, email, fax, Date and list of designated PoE, Date and number of designated PoE assessed and WHO certification (names of PoE)
79 And as specified in Article 19B (and whose functions are specified in Article 22 No.1) of the IHR (2005.)
80 Please include the LOCODE, SSCC, SSCEC and Extension for each designated PoE and attach a list of authorized ports.
81 International certificate of vaccination or prophylaxis, the Ship Sanitation Control Certificate, the Maritime declaration of Health, and the health part of the Aircraft General Declaration.
82 e.g. with PoE core capacities assessment tool and excel spread sheet http://www.who.int/ihr/ports_airports/PoE/en/index.html

9.1.1.13 Please indicate the **number** of designated PoE (by type), that have communications procedures established as required by the IHR in Annex 1[83]

Ports -4 **Airports** -2 **Ground Crossings** -NA

Yes 9.1.1.14 Are mechanisms for the exchange of information between designated PoE and medical facilities in place?

Yes 9.1.1.15a Are procedures *in place* for coordination and communication between the IHR NFP and the PoE competent authority and with relevant sectors and levels?

Yes 9.1.1.15b Have procedures for coordination and communication between the IHR NFP and the PoE competent authority and with relevant sectors and levels been *tested*?

No 9.1.1.16a Have procedures for communication internationally between the PoE competent authority and other countries' PoE competent authorities been *tested*?

No 9.1.1.16b Have procedures for communication internationally between the PoE competent authority and other countries' PoE competent authorities been *updated* as needed?

No 9.1.1.17 Have bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at designated PoE been established?

Component	9.2	Core Capacities required at all times
Indicator	9.2.1	* Routine capacities and effective surveillance[84] are established[85] at PoE

9.2.1.1 Please indicate the **number** of designated PoE (by type) that have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travellers and with adequate staff, equipment and premises (Annex 1b, 1a)

Ports 2- **Airports** 2- **Ground Crossings** -NA

9.2.1.2 Please indicate the **number** of designated PoE (by type) that can provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility

Ports -4 **Airports** -2 **Ground Crossings** -NA

9.2.1.3 Please indicate the **number** of designated PoE (by type) that have an inspection program to ensure safe environment at facilities[86] is functioning

Ports -4 **Airports** -2 **Ground Crossings** -NA

9.2.1.4 Please indicate the **number** of designated PoE (by type) that have a functioning programme for the surveillance and control of vectors and reservoirs in and near Points of Entry

Ports -4 **Airports** -2 **Ground Crossings** -NA

9.2.1.5 Please indicate the **number** of designated PoE (by type) that have trained personnel for the inspection of conveyances

Ports -4 **Airports** 2- **Ground Crossings** -NA

83 National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels, Direct operational link with other senior health officials, Communication link with conveyance operators, Communication link with travellers for health related information, Communication link with service providers, Communication mechanism for the dissemination of information and recommendations received from WHO, International communication link with competent authorities at other points of entry

84 This could be part of the national surveillance system, or as assigned by the country.

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

86 Including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk are, as appropriate

Yes 9.2.1.6a Has a review of surveillance of health threats at designated PoE been carried out in the last 12 months?

No 9.2.1.6b Have results from review of surveillance of health threats at designated PoE been published[87]?

Component	9.3	Core Capacities for Response Responding to public health emergencies at PoE
Indicator	9.3.1	*Effective response at PoE is established

Yes 9.3.1.1 Are SOPs for response at designated PoE available?

9.3.1.2 Please indicate the **number** of designated PoE (by type) that has an established and maintained public health emergency contingency plan to provide public health emergency response including a coordinator and contact points for relevant points of entry, public health and other agencies and services

Ports -4 **Airports** -2 **Ground Crossings** -NA

9.3.1.3 Please indicate the **number** of designated PoE (by type) that have public health emergency contingency plans tested and updated as needed

Ports -2 **Airports** -2 **Ground Crossings** -NA

9.3.1.4 Please indicate the **number** of designated PoE (by type) that have appropriate space, separate from other travellers, to interview suspect or affected persons (Annex 1B, 2c)

Ports -2 **Airports** -2 **Ground Crossings** -NA

9.3.1.5 Please indicate the **number** of designated PoE (by type) that can provide medical assessment or quarantine of suspect travellers, and care for affected travellers or animals [88](Annex 1B, 2b and 2d)

Ports 2- **Airports** -2 **Ground Crossings** -NA

9.3.1.6 Please indicate the **number** of designated PoE (by type) that can apply entry or exit controls for arriving and departing travellers and other recommended public health measures[89]

Ports -2 **Airports** -2 **Ground Crossings** -NA

9.3.1.7 Please indicate the **number** of designated PoE (by type) that have access to specially designated equipment, and to trained personnel (with appropriate personal protection), for the transfer of travellers who may carry infection or contamination available at designated PoE

Ports -4 **Airports** -2 **Ground Crossings** -NA

- 9.3.1.8a Has the effectiveness of response to PH events at PoE been evaluated?

- 9.3.1.8b Are results of the evaluation of effectiveness of response to PH events at PoE published?

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

Please insert comments or list any activities that the *country has conducted* at designated Points of Entry, and *that are not reflected* in *this questionnaire.*

-ON LINE HEALTH INFORMATION SYSTEM DEVELOPED
INFRASTRCURE HAS BEEN DEVELOPED
INSERVICE TRAINING PROGRAMS ARE CONDUCTING
WEB SITE DEVELOPED

Kindly mention the assessment of any designated PoE and the tools used to conduct the assessment:

-

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

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

Yes 10.1.1.1 Does coordination exist within the responsible government authority (ies) for the detection of and response[90] to zoonotic events?

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

Yes 10.1.1.3 Have focal points responsible for animal health (including wildlife) been designated for coordination[91] with the MoH and/or IHR NFP [92]?

Yes 10.1.1.4 Have functional mechanisms[93] for intersectoral collaborations that include animal and human health surveillance units and laboratories been established?

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

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

Yes 10.1.1.7 Is there timely[94] and systematic information exchange between animal surveillance units, laboratories, human health surveillance units and other relevant sectors regarding potential zoonotic risks and urgent zoonotic events?

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

Yes 10.1.1.9 Is zoonotic disease surveillance implemented that includes a community component?

Yes 10.1.1.10 Is there a regularly updated roster (list) of experts that can respond to zoonotic events?

Yes 10.1.1.11 Has a mechanism been established for response to outbreaks of zoonotic diseases by human and animal health sectors?

Yes 10.1.1.12 Is there timely[95] (as defined by national standards) response to more than 80% of zoonotic events of potential national and international concern?

If no, what percentage of zoonotic events of potential national and international concern is responded to in a timely manner? -

No 10.1.1.13 In the last 12 months, have country experiences[96] and findings related to zoonotic risks and events of potential national and international concern been shared with the global community?

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

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

-10.11.13 During last 12 months country did not report any zoonotic risk events.

90 Note that coordination for surveillance and coordination for response may be the responsibility of different authorities.
91 Note that this cross references with coordination (core capacity 2).and this component should also be fully addressed under that core capacity
92 This coordination will include information sharing, meetings, SOPs developed for collaborative response, etc.
93 This involves a joint working group or other mechanism between the animal health and human health surveillance systems and all other relevant sectors meeting regularly, with joint risk assessments, risk communications, planning, monitoring and documented procedures.
94 Timeliness is judged and determined by each country.
95 "Timely" here refers to the time between detection and response.
96 This could include information products, standards, best practices, innovative tools, etc.

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

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

Yes 11.1.1.1 Are national or international food safety standards available[97]?

Yes 11.1.1.2 Are there national food laws, regulations or policies in place[98] to facilitate food safety control?

Yes 11.1.1.3a Are national food laws, regulations or policies *up to date*[99]?

Yes 11.1.1.3b Are national food laws, regulations or policies *implemented*?

Yes 11.1.1.4 Has a coordination mechanism been established between the food safety authorities, e.g. the INFOSAN Emergency Contact Point (if member) and the IHR NFP?

Yes 11.1.1.5 Are there functional mechanisms[100] in place for multisectoral collaborations for food safety events?

Yes 11.1.1.6 Is your country an active[101] member of the INFOSAN[102] network?

No 11.1.1.7 Is a list of priority food safety risks available?

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

Yes 11.1.1.9 Have the guidelines or manuals on the surveillance, assessment and management of priority food safety events been implemented?

No 11.1.1.10 Have surveillance, assessment and management of priority food safety events been evaluated and relevant procedures updated as needed?

Yes 11.1.1.11 Is epidemiological data related to food contamination systematically collected and analysed?

Yes 11.1.1.12 Are there risk-based food inspection services in place?

Yes 11.1.1.13 Does the country have access to laboratory capacity (through established procedures) to confirm priority food safety events of national or international concern including molecular techniques?

No 11.1.1.14 Is there timely[103] and systematic information exchange between food safety authorities, surveillance units and other relevant sectors regarding food safety events?

Yes 11.1.1.15 Is there a roster of food safety experts for the assessment and response to food safety events?

No 11.1.1.16 Have operational plan(s) for responding[104] to food safety events been implemented?

No 11.1.1.17a Have operational plan(s) for responding to food safety events been *tested* in an actual emergency or simulation exercise?

No 11.1.1.17b Have operational plan(s) for responding to food safety events been *updated* as needed?

Yes 11.1.1.18 Have mechanisms been established to trace, recall and dispose of contaminated products[105]?

---

97 These could be based on international standards (e.g. Codex Alimentarius or ISO standards)
98 A national food safety control system includes: food law and regulations, food control management, inspection services, laboratory services, food monitoring, epidemiological data, information, education, communication and training.
99 As defined by countries
100 A network, task force, committee or other mechanism to share information about events that may affect food safety and which is able to operate in a timely manner and effectively reduce the risk of foodborne illness.
101 "Active" means regularly accessing website, sharing information during a crisis situation, sharing with INFOSAN information from the country.
102 The International Food Safety Authorities Network (INFOSAN) is a global network of 177 national food safety authorities, developed and managed by WHO in collaboration with the Food and Agriculture Organization of the United Nations (FAO), which disseminates important global food safety information and improves national and international collaboration.
103 Timeliness is judged and determined by each country.
104 Example of essential steps in food event response system after an alert include investigation, risk assessment, risk management, risk communication, effectiveness checks and recall follow up.
105 This would include all products that could be the source of contamination, e.g. feed, food ingredients and food products.

Yes

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

Yes

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

Yes

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

No

11.1.1.22 Has an analysis been published[106] of food safety events, foodborne illness trends and outbreaks which integrate data from across the food chain?

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

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

-

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

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

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

Yes 12.1.1.1 Have experts[107] been identified for public health assessment and response to chemical incidents?

Yes 12.1.1.2 Are national policies or plans in place for chemical event surveillance, alert[108] and response?

Yes 12.1.1.3 Do national authorities responsible for chemical events have a designated focal point for coordination[109] and communication with the ministry of health and/or the IHR National Focal Point?

Yes 12.1.1.4 Do coordination[110] mechanisms with relevant sectors exist for surveillance and timely response to chemical events?

No 12.1.1.5 Have functional coordination mechanisms with relevant sectors been implemented for surveillance and timely response to chemical events?

No 12.1.1.6 Is surveillance in place for chemical events, intoxication or poisonings?

Yes 12.1.1.7 Has a list of priority chemical events/syndromes that may constitute a potential public health event of national and international concern been identified?

No 12.1.1.8 Is there an inventory of major hazard sites and facilities that could be a source of chemical public health emergencies (e.g. chemical installation and toxic waste sites)?

Yes 12.1.1.9 Has a national chemical profile[111] been developed?

No 12.1.1.10a Are there manuals and SOPs for rapid assessment, case management and control of chemical events?

No 12.1.1.10b Have manuals and SOPs for rapid assessment, case management and control of chemical events been disseminated?

No 12.1.1.11 Is there timely and systematic information exchange between appropriate chemical units[112], surveillance units and other relevant sectors about urgent chemical events and potential chemical risks?

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

No 12.1.1.13 Has laboratory capacity or access to laboratory capacity been established to confirm priority chemical events?

No 12.1.1.14a Has a chemical event response plan been *tested* through occurrence of real event or through a simulation exercise?

No 12.1.1.14b Has a chemical event response plan been *updated* as needed?

Yes 12.1.1.15 Is there (are there) an adequately resourced Poison Centre(s) in place[113]?

Yes 12.1.1.16 Have country experiences and findings regarding chemical events and risks of national and international concern been shared with the global community?

---

107 "Experts" include chemical risk assessors, risk managers and clinical toxicologists.
108 Elements of alert include SOPs for coverage, criteria of when and how to alert, duty rosters, etc.
109 Note that this cross references with coordination (core capacity 2).and this component should also be fully addressed under that core capacity.
110 Note that this cross-references with legislation, policy and financing (core capacities 1 and 2) and these attributes for this component should be also fully addressed under those core capacities. They are under this hazard for coherence, flow, and triangulation where this is administered to the hazard expert.
111 Definition and relevant information of National Chemical Profile, are available at http://www2.unitar.org/cwm/nphomepage/index.html
112 e.g. chemical surveillance, environmental monitoring and chemical incident reporting.
113 e.g. clinical toxicology, 7/24 hotline, material data sheet, safety data sheet and contact details of chemical manufacturers.

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

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

-Country did not experianced any PHEIC due to chemical events in the recent past

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

NOTE: Before you begin, please review the general instructions for completing the questionnaire. Mark one appropriate value (Yes, No, or Not Known) for each of the questions below. A 'Not Known' value will be statistically equivalent to a 'No' value. If a question is not applicable for your country context please indicate this in the comment box below.

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

Yes 13.1.1.2 Have national policies, strategies or plans been established for the detection, assessment and response to radiation emergencies?

Yes 13.1.1.3Have national policies, strategies or plans been implemented for the detection, assessment and response to radiation emergencies?

No 13.1.1.4 Have national policies, strategies or plans been established for national and international transport of radioactive material, samples and waste management, including those from hospitals and medical services?

Yes 13.1.1.5 Is there a functional coordination[114] and communication mechanism[115] between relevant national competent authorities responsible for nuclear regulatory control/safety, and relevant sectors[116]?

Yes 13.1.1.6 Have national authorities responsible for radiological and nuclear events designated a focal point for coordination and communication with the ministry of health and/or IHR NFP?

Yes 13.1.1.7 Does radiation monitoring exist for radiation emergencies that may constitute a public health event of international concern?

No 13.1.1.8 Is there systematic information exchange between radiological competent authorities and human health surveillance units about urgent radiological events and potential risks that may constitute a public health emergency of international concern?

No 13.1.1.9a Have technical guidelines or SOPs been *developed* for the management of radiation emergencies (including risk assessment, reporting, event confirmation and notification, and investigation)?

No 13.1.1.9b Have technical guidelines or SOPs for the management of radiation emergencies (including risk assessment, reporting, event confirmation and notification, and investigation) been *evaluated and updated*?

No 13.1.1.10 Is there a radiation emergency response plan[117]?

No 13.1.1.11 Have radiation emergency response drills been carried out regularly, including the requesting of international assistance (as needed) and international notification?

No 13.1.1.12 Is there a mechanism in place to access[118] health facilities (inside or outside the country) with capacity to manage patients of radiation emergencies?

Yes 13.1.1.13 Does the country have access (nationally or internationally) to laboratory capacity to detect and confirm the presence of radiation and identify its type (alpha, beta, or gamma) for potential radiation hazards?

Yes 13.1.1.14 Are there collaborative mechanisms in place for access[119] to specialized laboratories that are able to perform bioassays[120], biological dosimetry by cytogenetic analysis and ESR[121]?

---

114 This cross-references with core capacities 1 and 2.and these attributes for this component should be also fully addressed under those core capacities. They are under this hazard for coherence, flow, and triangulation where this is administered to the hazard expert.
115 Information sharing, meetings, SOPs developed for collaborative response etc.
116 Coordination for risk assessments, risk communications, planning, exercising, monitoring and including coordination during urgent radiological events and potential risks that may constitute a public health emergency of international concern
117 This could be part of national emergency response plan
118 Could also be via agreements, established arrangements or mechanisms to access these capacities in relevant collaborating institutions.
119 To monitor the amount of incorporated radioactivity in human body by the use of whole-body, lung or thyroid monitors, or in biological samples.

Yes

13.1.1.15 Have collaborative mechanisms for access to specialized laboratories that are able to perform bioassays, biological dosimetry by cytogenetic analysis and ESR been evaluated?

Yes

13.1.1.16 Have country experiences[122] with the detection and response to radiological risks and events been documented and shared with the global community?

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

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

-Country did not experianced any PHEIC due to radiation events in the recent past

120 See footnote 113.

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

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