

---

**COUNTRY**  
**ROADMAP**  
**GEORGIA**

---

**Updated: 02/24/2017**

---

## Overview and Context

---

The purpose of this document is to develop a roadmap for ongoing and planned Global Health Security Agenda (GHSA) activities in support of the GHSA targets and International Health Regulations 2005 (IHR 2005) through 2019. The goal is to ensure coordination and partnership across all organizations to ensure that targets are met and sustainable systems and networks are established. The roadmap is organized by specific capacities under the Prevent, Detect, Respond framework, and provides a snapshot of all activities planned to support GHSA implementation in Years One (2015) to Five (2019).

This will be a living document that will change over time to reflect shifts in priorities and/or resources. This template is designed as a resource for GHSA planning and should ultimately be adapted as countries articulate how best to meet their needs for GHSA planning and implementation. This document is intended to inform and complement annual country-specific work plans.

Other contextual issues that will be addressed in this roadmap include:

- Relevant country history with GHSA
- Presence and role of donors
- Prior relevant policy and program efforts with World Health Organization (WHO) International Health Regulations (IHRs) and World Organization for animal Health (OIE) World Animal Health Information System (WAHIS) reporting
- International Organizations' presence and programs
- Regional Organizations' presence and programs (e.g. African Union)
- Non-state organizations of relevance (e.g. Institute Pasteur)
- Other key issues and sensitivities

### Note

The information contained in this document is meant for planning and discussion purposes between the host-country and other GHSA partners. All activities will be carried out in a manner that is consistent with organizations requirements, budget authorities, and missions of host countries and GHSA partners. All GHSA partner country foreign assistance is subject to availability of funds and appropriations by the governmental processes of GHSA partner countries.

Within the context of Prevent/Detect/Respond, this overarching implementation roadmap should reflect by target the following:

- Host country's institutional structures and responsibilities, roles, responsibilities (*under host government activity*)
- Other donors' programs, support, etc. (*under other activity*)
- Non state organizations' activities. (*under other activity*)
- Coordination mechanisms

---

# Table of Contents

---

## PREVENT

---

1. Antimicrobial Resistance (AMR)
2. Zoonotic Disease
3. Biosafety and Biosecurity
4. Immunization

## DETECT

---

5. National Laboratory System
6. Real Time Surveillance
7. Reporting
8. Workforce Development

## RESPOND

---

9. Emergency Response Operations
10. Linking Public Health and Security Authorities
11. Medical Countermeasures and Personnel Deployment

# Prevent

## Antimicrobial Resistance

Target	Desired Impact			
<p>Support work being coordinated by WHO, FAO, and OIE to develop an integrated global package of activities to combat antimicrobial resistance, spanning human, animal, agricultural, food and environmental aspects (i.e. a one-health approach), including: a) Each country has its own national comprehensive plan to combat antimicrobial resistance; b) Strengthen surveillance and laboratory capacity at the national and international level following agreed international standards developed in the framework of the Global Action plan, considering existing standards and; c) Improved conservation of existing treatments and collaboration to support the sustainable development of new antibiotics, alternative treatments, preventive measures and rapid, point-of-care diagnostics, including systems to preserve new antibiotics.</p>	<p>Decisive and comprehensive action to enhance infection prevention and control activities to prevent the emergence and spread of AMR, especially among drug-resistant bacteria. Nations will strengthen surveillance and laboratory capacity; ensure uninterrupted access to essential antibiotics of assured quality; regulate and promote the rational use of antibiotics in human medicine and in animal husbandry and other fields as appropriate; and support existing initiatives to foster innovations in science and technology for the development of new antimicrobial agents</p>			
	Key Milestones	Host Government Activity	Other Donors and Stakeholders	Other Activity (e.g. NGO, other governments, multilaterals, private sector)
Year 1	<ol style="list-style-type: none"> <li>1. AMR surveillance at pilot or representative regional and referral hospitals is initiated;</li> <li>2. Approved National AMR Action Plan is distributed to key stakeholders.</li> </ol>	<p>National Center for Disease Control and Public Health (NCDC)</p> <p>Ministry of Labor, Health and Social Affairs of Georgia (MoLHSA)</p>	<p>U.S. DoD Global Emerging Infections Surveillance (GEIS), U.S. Army Medical Research Unit – Georgia (USAMRU-G) WHO</p>	<p>DoD-GEIS/USAMRU-G: Establish AMR surveillance to assess the extent and nature of AMR in patient subjects at the Georgian MoD's Gori Military Hospital.</p>

Year 2	<ol style="list-style-type: none"> <li>1. SOPs, protocols, and databases for surveillance data and system for reporting to MOH, and analysis and reporting back to facilities and to WHO are established</li> <li>2. AMR training and mentorship programs for national and county laboratories are established</li> </ol>	<p>MoLHSA</p> <p>NCDC</p>	<p>WHO</p>	
Year 3	<ol style="list-style-type: none"> <li>1. Training programs for data collection and reporting of AMR at national and regional levels are developed and initiated</li> <li>2. AMR surveillance at pilot or representative regional and referral hospitals is initiated</li> <li>3. External quality assessments are conducted</li> <li>4. AMR study of Shigella and Salmonella isolates</li> </ol>	<p>MoLHSA</p> <p>NCDC</p>	<p>CDC/ WHO</p>	

Year 4	1. HCAI programs, including AMR prevention, at designated facilities are implemented	MoLHSA NCDC	CDC	
Year 5	1. AMR surveillance system is evaluated, results are disseminated, and action plan for improvements is developed  2. Improvements for AMR surveillance system as outlined by surveillance evaluation are implemented	MoLHSA  NCDC	WHO /CDC	

## Zoonotic Diseases

Target		Desired Impact		
Adopted measured behaviors, policies and/or practices that minimize the transmission of zoonotic diseases from animals into human populations.		Implementation of guidance and models on behaviors, policies and practices to minimize the spill over, spread, and full emergence of zoonotic disease into or out of human populations prior to the development of efficient human-to-human transmission. Nations will develop and implement operational frameworks—based on international standards, guidelines, and successful existing models—that specify the actions necessary to promote One Health approaches to policies, practices and behaviors that could minimize the risk of zoonotic disease emergence and spread.		
Key Milestones		Georgia assessed at a capacity level of 4 for indicator 1: “Surveillance systems in place for priority zoonotic diseases/pathogens”, a 4-5 for indicator 2: “Veterinary or Animal Health Workforce” for Zoonotic disease Action Package. The third indicator “Mechanisms for responding to infectious zoonosis and potential zoonosis are established and functional” was not included in the original version of the GHSA baseline assessment.		
		Host Government Activity	Other Donors and Stakeholders	Other Activity (e.g. NGO, other governments, multilaterals, private sector)
Year 1	<ol style="list-style-type: none"> <li>Legislative amendment is developed to improve and simplify registration procedures for veterinary medicine</li> <li>Regional cooperation among neighboring countries is established</li> <li>Regulations regarding state budgeted diseases are updated</li> </ol>	MoA, NFA	DTRA FAO	
Year 2	<ol style="list-style-type: none"> <li>Long term disease prevention and control programs for state budgeted diseases in accordance with National Animal Health Program are developed;</li> <li>Disease surveillance system including Electronic notification through Electronic Integrated</li> </ol>	MoA, NFA	EU - CIB USDA DTRA FAO	

	<p>Disease Surveillance System is improved;</p> <ol style="list-style-type: none"> <li>3. Program is launched in order to modernize Animal Identification-Registration database</li> <li>4. Surveillance on animal migration including seasonal migration and export is improved;</li> </ol>			
Year 3	<ol style="list-style-type: none"> <li>1. Structure for safe disposal of animal carcasses in case of EDP-s is established</li> <li>2. More comprehensive veterinary control measures over the vet business-operators which are working in the veterinary field is established;</li> <li>3. Veterinary education is returned among regulated professions</li> <li>4. Standard operational procedures for state veterinarians for their everyday work are established;</li> <li>5. Wildlife surveillance plan for major diseases is established;</li> </ol>	MoA, NFA	EU - CIB USDA DTRA	
Year 4	<ol style="list-style-type: none"> <li>1. Private veterinary associations are strengthened through contracting them for conducting activities against state budgeted diseases</li> <li>2. Multiple year program against brucellosis prevention and control is updated;</li> <li>3. Responsibilities of Animal Identification and registration is transferred to animal's owners and private sector</li> </ol>	MoA, NFA	USDA	
Year 5	<ol style="list-style-type: none"> <li>1. Activities and results of 5-year program for disease control is</li> </ol>	MoA, NFA	USDA	



	revised; 2. National Animal Health Program for additional 5 years is updated; 3. All listed regulations are updated based on DCFTA agreement with European Union			
--	--	--	--	--

## Biosafety & Biosecurity

Target	Desired Impact			
<p>A whole-of-government national biosafety and biosecurity system is in place, ensuring that especially dangerous pathogens are identified, held, secured and monitored in a minimal number of facilities according to best practices; biological risk management training and educational outreach are conducted to promote a shared culture of responsibility, reduce dual use risks, mitigate biological proliferation and deliberate use threats, and ensure safe transfer of biological agents; and country-specific biosafety and biosecurity legislation, laboratory licensing, and pathogen control measures are in place as appropriate.</p>	<p>Implementation of a comprehensive, sustainable and legally embedded national oversight program for biosafety and biosecurity, including the safe and secure use, storage, disposal, and containment of pathogens found in laboratories and a minimal number of holdings across the country, including research, diagnostic and biotechnology facilities. A cadre of biological risk management experts possesses the skillset to train others within their respective institutions. Strengthened, sustainable biological risk management best practices are in place using common educational materials. Rapid and culture-free diagnostics are promoted as a facet of biological risk management. The transport of infectious substances will also be taken into account.</p>			
	Key Milestones	Host Government Activity	Other Donors and Stakeholders	Other Activity (e.g. NGO, other governments, multilaterals, private sector)
Year 1	<ol style="list-style-type: none"> <li>1. Site-specific bio risk management programs and supporting documents have been developed (to include biosafety, biosecurity, waste management, incident response, and emergency plans e.g. in case of explosion, fire, flood, worker exposure, accident or illness, major spillage)</li> <li>2. Formal acceptance of the BS&amp;S Sanitary Norms document and approved select agent list.</li> <li>3. Incident response plan for Lugar Center (LC) and National Center for Disease Control NCDC is approved;</li> </ol>	<ul style="list-style-type: none"> <li>- NCDC and LMA implement BRM program</li> </ul>	DoD CTR-CBEP	DOD CTR-CBEP: Provide technical expertise and mentorship including, but not limited to the development of the BRM Program for NCDC and the incident response plan for the LC.

	<p>4. Pathogen control measures and inventory control systems have been implemented for pathogens and toxins in a subset of facilities</p> <p>5. Equipment operation and maintenance plans are developed and implemented at laboratories storing especially dangerous pathogens.</p> <p>6. Procedures for pathogen processing, transfer and storage have been improved.</p> <p>7. National standard of specimen collection, handling, preservation, protection, transportation, disposal, packaging and import/export procedures are improved</p>			
Year 2	National plans for biosafety and biosecurity functioning and compliance are strengthened	NCDC		
Year 3	Adequate availability of funding mechanisms are in place to support training programs from the national government	NCDC		
Year 4	Sustainable funding and an oversight and enforcement mechanism is in place to support biosafety and biosecurity programs/initiatives from the ministry level	NCDC		

## Immunization

Target		Desired Impact		
<p>A functioning national vaccine delivery system—with nationwide reach, effective distributions, access for marginalized populations, adequate cold chain, and ongoing quality control—that is able to respond to new disease threats.</p>		<p>Effective protection through achievement and maintenance of immunization against measles and other epidemic-prone vaccine preventable diseases (VPDs). Measles immunization is emphasized because it is widely recognized as a proxy indicator for overall immunization against VPDs. Countries will also identify and target immunization to populations at risk of other epidemic-prone VPDs of national importance (e.g., cholera, Japanese encephalitis, meningococcal disease, typhoid, and yellow fever). In the case of some diseases that are transferable from cattle to humans, such as anthrax and rabies, animal immunization should also be taken into account.</p>		
	Key Milestones	Host Government Activity	Other Donors and Stakeholders	Other Activity (e.g. NGO, other governments, multilaterals, private sector)
Year 3-5 2018-2020	<p><b>Program performance and data quality improved and strengthened</b></p> <ul style="list-style-type: none"> <li>- Generate evidence to identify gaps and low performing areas/population groups;</li> <li>- Improve immunization coverage among low performing areas/population groups;</li> <li>- Improve knowledge and skills through the training for immunization service providers and Public Health specialists;</li> <li>- Conduct supportive supervision activities on all levels;</li> <li>- Strengthen immunization data quality</li> </ul>	NCDC	GAVI 2016-2017	
Year 3-5 2018-2020	<p><b>Vaccine management and immunization logistics are strengthened</b></p> <ul style="list-style-type: none"> <li>- Institutionalize best vaccine management practices</li> <li>- Systematic documentation and review of cold chain performance</li> <li>- Capacity building activities</li> </ul>	NCDC	GAVI 2016-2017	

	Improve the vaccine supply management module to be integrated with the system and immunization module			
Year 3-5 2018-2020	<p><b>AEFI surveillance system strengthened</b></p> <ul style="list-style-type: none"> <li>- Update AEFI guidelines to include AEFI causality assessment scheme according to international standards;</li> <li>- Conduct basic vaccine safety trainings;</li> </ul> <p>Start sharing routine information with all stakeholders on: EPI coverage, serious AEFI, vaccine cold-chain, and communicable disease outbreaks</p>	NCDC	GAVI 2016-2017	
Year 3-5 2018-2020	<p><b>Communications and advocacy activities address to vaccine hesitancy and resistance through strategic planning and implementation developed</b></p> <ul style="list-style-type: none"> <li>- Conduct research into knowledge, attitudes and practices among public and health care workers</li> <li>- Train health care workers to tackle with vaccine hesitancy and resistance</li> </ul> <p>Train media</p>	NCDC	GAVI 2016-2017	

## Detect

### Laboratory Systems

Target		Desired Impact		
Real-time bio surveillance with a national laboratory system and effective modern point-of-care and laboratory-based diagnostics		Effective use of a nationwide laboratory system capable of safely and accurately detecting and characterizing pathogens causing epidemic disease, including both known and novel threats, from all parts of the country. Expanded deployment, utilization and sustainment of modern, safe, secure, affordable and appropriate diagnostic tests or devices established.		
	Key Milestones	Host Government Activity	Other Donors and Stakeholders	Other Activity (e.g. NGO, other governments, multilaterals, private sector)
Year 1	<ol style="list-style-type: none"> <li>1. Reliable diagnostic capacity is improved for core pathogen tests according to a process aligned with international best practices;</li> <li>2. Laboratories capable of rapidly and accurately detecting pathogens of security concern using modern diagnostic techniques are established</li> <li>3. Plan is developed with MoH and stakeholders to <b>update</b> policies for QMS for national and reference laboratories</li> <li>4. Site-specific QMS is developed for designated laboratories and disseminated supporting documents to include biosafety, biosecurity, incident response and</li> </ol>	<ul style="list-style-type: none"> <li>- Procure necessary funding to support LC operations and management.</li> </ul> <p style="text-align: center;">NCDC</p>	DoD CTR-CBEP	<ul style="list-style-type: none"> <li>- DOD CTR-CBEP: Provide technical expertise and mentorship in accordance with Joint Transition Agreement.</li> </ul>

	emergency plans (e.g. in case of explosion, fire, flood, worker exposure, accident or illness, major spillage)			
Year 2	<ol style="list-style-type: none"> <li>1. Implementation and training for a Laboratory Information Management System (LIMS) at select laboratories. Improve laboratory quality management systems and allow Georgia to achieve and maintain laboratory accreditation.</li> <li>2. Sustainable funding for integrated laboratory capacity support is obtained</li> <li>3. National Plan of Action that includes essential functions of laboratories, minimum standards and licensing/registration aligned with internationally accepted best practices for priority diseases implemented and operationalized</li> <li>4. Reliable diagnostic capacity is improved for core pathogen tests according to a standard process</li> </ol>	<ul style="list-style-type: none"> <li>- Budget for funding necessary to support ULS CDC technical assistance; develop cooperative agreement with partner(s); procure equipment and supplies.</li> </ul> <p style="text-align: center;">NCDC</p>	DoD CTR/CBEP	<ul style="list-style-type: none"> <li>- DOD CTR-CBEP: Provide technical expertise and mentorship</li> </ul>
Year 3	<ol style="list-style-type: none"> <li>1. Proficiency Testing (PT) requirements developed</li> <li>2. QMS for subnational and national public health laboratories is implemented and regulated</li> <li>3. Monitoring and evaluation to document diagnostics, data quality and staff performance, and incorporation of recommendations into the national laboratory strategic plan is completed</li> </ol>	NCDC		
Year 4	<ol style="list-style-type: none"> <li>1. Procedures are in place for rapid virological assessment of cluster of cases with severe acute respiratory illness of unknown cause, acute febrile diseases of unknown cause or individual cases when epidemiologic risk is high</li> </ol>			

	<ol style="list-style-type: none"> <li>2. Recommendations have been developed for how clinical labs can use rapid diagnostic tests</li> <li>3. Collaborations with WHO, OIE, and other international stakeholders are focused on the development of integrated laboratory capacity to develop a sustainable plan for laboratory functioning</li> </ol>	NCDC		
Year 5	<ol style="list-style-type: none"> <li>1. Sustainable funding for the national standard of specimen collection, handling, preservation, protection, transportation, disposal, packaging and import/export procedures is obtained</li> <li>2. Sustainable funding for the support of integrated laboratory capacity is obtained</li> </ol>	NCDC		



## Real Time Surveillance Systems

Target	Desired Impact			
<p>Strengthened foundational indicator- and event-based surveillance systems that are able to detect events of significance for public health, animal health and health security; improved communication and collaboration across sectors and between sub-national (local and intermediate), national and international levels of authority regarding surveillance of events of public health significance; improved country and intermediate level/regional capacity to analyze and link data from and between strengthened, real-time surveillance systems, including interoperable, interconnected electronic reporting systems. This can include epidemiologic, clinical, laboratory, environmental testing, product safety and quality, and bioinformatics data; and advancement in fulfilling the core capacity requirements for surveillance in accordance with the IHR and the OIE standards</p>	<p>A functioning public health surveillance system capable of identifying potential events of concern for public health and health security, and country and intermediate level/regional capacity to analyze and link data from and between strengthened real-time surveillance systems, including interoperable, interconnected electronic reporting systems. Countries will support the use of interoperable, interconnected systems capable of linking and integrating multi-sectoral surveillance data and using resulting information to enhance the capacity to quickly detect and respond to developing biological threats. Foundational capacity is necessary for both indicator-based (including syndromic) surveillance and event-based surveillance, in order to support prevention and control activities and intervention targeting for both established infectious diseases and new and emerging public health threats. Strong surveillance will support the timely recognition of the emergence of relatively rare or previously undescribed pathogens in specific countries.</p>			
	Key Milestones	Host Government Activity	Other Donors and Stakeholders	Other Activity (e.g. NGO, other governments, multilaterals, private sector)
Year 1	<ol style="list-style-type: none"> <li>1. Priority pathogens for laboratory-based surveillance and reporting are identified;</li> <li>2. HIV population-based screening is strengthened;</li> <li>3. Population-based HCV screening is introduced;</li> <li>4. More partners to regional surveillance working group/Cross-Border Cooperation are engaged;</li> </ol>	NCDC/MoLHSA	<p>U.S. DoD-GEIS/USAMRU-G</p> <p>CDC</p>	DoD-GEIS/USAMRU-G: Conduct surveillance to identify the causative agents of severe acute respiratory infections(SARI) in Georgia and characterize molecular epidemiology of selected respiratory pathogens of special interest
Year 2	<ol style="list-style-type: none"> <li>1. EIDSS is integrated with e-Health</li> <li>2. EIDSS data entry sites are set at large</li> </ol>	NFA/NCDC/MoLHSA	DTRA	

	<p>hospitals</p> <p>3. One or more additional syndromes are added to syndromic surveillance capabilities</p> <p>4. MoH all-hazard plan based on IHR requirements, epidemiology and resources for priority diseases is developed;</p>			
Year 3	<p>1. Modern Point-of-care methodologies available to identify infectious disease agents are developed;</p> <p>2. Event-based surveillance is established;</p>	NCDC/ MoLHSA		
Year 4	<p>1. Surveillance of nosocomial infections by using existing GeneXpert capacity at the district level is strengthened;</p>	NCDC		

## Reporting

Target		Desired Impact		
Timely and accurate disease reporting according to WHO requirements and consistent coordination with FAO and OIE.		Countries and their National IHR Focal Points, OIE Delegates, and WAHIS National Focal Points will have access to a toolkit of best practices, model procedures, reporting templates, and training materials to facilitate rapid (within 24 hours) notification of events that may constitute a PHEIC to WHO / listed diseases to OIE and will be able to rapidly (within 24/48 hours) respond to communications from these organizations.		
	Key Milestones	Host Government Activity	Other Donors and Stakeholders	Other Activity (e.g. NGO, other governments, multilaterals, private sector)
Year 1	Contact persons in key agencies across multiple sectors are identified.	MoLHSA, NCDC, MoA, NFA		
Year 2	Formalized communication mechanisms for sharing information on public health events within country stakeholders across all sectors in place.	MoLHSA ,NCDC,MoA, NFA		
Year 3	Exercise for evaluation of communication capabilities within agencies is organized/conducted.	MoLHSA , NCDC, MoA, NFA		
Year 4	Sustainability for maintaining and improving reporting and communication mechanism/capabilities is ensured.	MoLHSA , NCDC, MoA, NFA	CDC	

## Workforce Development

Target		Desired Impact		
State parties should have skilled and competent health personnel for sustainable and functional public health surveillance and response at all levels of the health system and the effective implementation of the IHR (2005). A workforce includes physicians, animal health or veterinarians, biostatisticians, laboratory scientists, farming/livestock professionals, with an optimal target of one trained field epidemiologist (or equivalent) per 200,000 population, who can systematically cooperate to meet relevant IHR and PVS core competencies.		Prevention, detection, and response activities conducted effectively and sustainably by a fully competent, coordinated, evaluated and occupationally diverse multi-sectoral workforce.		
	Key Milestones	Host Government Activity	Other Donors and Stakeholders	Other Activity (e.g. NGO, other governments, multilaterals, private sector)
Year 1	<ol style="list-style-type: none"> <li>Assessment of country's current strategy for recruitment of public health workforce including physicians, veterinarians, biostatisticians, laboratory personnel, livestock professionals is completed</li> <li>FETP program is implemented at either the basic, intermediate or advanced level at designated sites.</li> </ol>	NCDC -Budget for CDC technical assistance; develop cooperative agreement with partner(s); procure equipment and supplies.	DoD CTR/CBEP:	<ul style="list-style-type: none"> <li>- DoD CTR-CBEP: Provide technical expertise for development of trainings</li> <li>- DoD CTR-CBEP: Continue training of FELTP cohorts, including the selection of new cohorts, job placement for graduates within the Ministry of Health or other relevant government agencies, exchange of information with partners in forums such as the FETP conference, international conferences, etc.</li> </ul>
Year 2	<ol style="list-style-type: none"> <li>Engagement meeting with MoH, partners and stakeholders to discuss a plan for healthcare workforce strategy, funding and implementation is completed</li> <li>FETP program is implemented at either the basic, intermediate or</li> </ol>	NCDC -Implement clinician support tool. - Budget for CDC technical assistance; develop cooperative agreement with	DoD CTR/CBEP	<ul style="list-style-type: none"> <li>- DoD CTR-CBEP: Provide technical expertise for development of trainings</li> <li>- DoD CTR-CBEP: Continue training of FELTP cohorts, including the selection of new cohorts, job placement for graduates within the Ministry of Health or other relevant government agencies,</li> </ul>

	advanced level at designated sites.	partner(s); procure equipment and supplies.		exchange of information with partners in forums such as the FETP conference, international conferences, etc. DoD CTR-CBEP: Assist with the implementation of the clinician support tool through British Medical Journal to establish continued medical education for clinicians.
Year 3	Sustained funding is established for FETP career tracks	NCDC		
Year 4	National plan for workforce strategy is reviewed and updated to include healthcare professionals with final approval from Ministry of Health or equivalent	NCDC		



Year 2	<ol style="list-style-type: none"> <li>1. Authorities for activation and deactivation of the PHEOC are identified</li> <li>2. Database of PHEOC SMEs for preparedness and response is activated</li> <li>3. Routine communication connectivity with international, national, and subnational public health focal points is established</li> <li>4. Develop 5-year strategic plan for PHEM capacity</li> <li>5. Develop Multi-year budget to sustain PHEM capacities with</li> <li>6. Documentation of priority public health threats and hazards and completion of a risk assessment</li> <li>7. Key PHEOC planning documents are developed</li> <li>8. Development and conduct of a discussion based (table top) exercise to develop policies and procedures</li> <li>9. Completion of an After Actions Report (AAR) and Improvement plan</li> </ol>	NCDC / NFA/ MoLHSA / MoIA/ MoA	CDC/ WHO	
Year 3	<ol style="list-style-type: none"> <li>1. Occupy EOC facility</li> </ol>		WHO/CDC	

	<ol style="list-style-type: none"> <li>2. Technical assistance with the receipt, inventory, installation and testing of PHEOC equipment systems</li> <li>3. EOC logistical plans to link lab and surveillance capabilities to the incident management center at the EOC</li> <li>4. National CONOPS that defines the relationship between the national disaster management organization and national EOC identified</li> <li>5. EOC roles and responsibilities plans to key stakeholders are disseminated</li> <li>6. Risk communications strategy/operational plan disseminated</li> <li>7. National baseline assessment of public health emergency management capacities, including PHEOC infrastructure, PHEM workforce, and PHEM systems is completed</li> </ol>	<p style="text-align: center;">NCDC/NFA/ MoLHSA /MoIA /MoA</p>		
<p style="text-align: center;">Year 4</p>	<ol style="list-style-type: none"> <li>1. Discussion Based (TTX) exercise conducted to prepare for Operations (Functional exercise) based exercise.</li> </ol>			



	<ol style="list-style-type: none"> <li>2. National legislation for directives for PHEOC and other entities to manage public health emergencies are developed/improved</li> <li>3. Measurable success criteria to document progress of PHEOC capacity are identified</li> <li>4. EOC activates a coordinated response or test its ability to respond within 120 minutes of identification of a public health emergency</li> </ol>	NCDC / MoLHSA	WHO/CDC	
Year 5	<ol style="list-style-type: none"> <li>1. Conduct Full-scale Exercise to test operability of the EOC systems.</li> <li>2. Produce AARs and implement an improvement plan to redefine and improve policies and procedures</li> </ol>	MoLHSA /NCDC	WHO/ CDC	

## Linking Public Health and Security Authorities

Target		Desired Impact		
<p>In the event of a biological event of suspected or confirmed deliberate origin, a country will be able to conduct a rapid, multi-sectoral response, including the capacity to link public health and law enforcement, and to provide and/or request effective and timely international assistance, including to investigate alleged use events.</p>		<p>Development and implementation of a memorandum of understanding (MOU) or other similar framework outlining roles, responsibilities, and best practices for sharing relevant information between and among appropriate human and animal health, law enforcement, and defense personnel and validation of the MOU through periodic exercises and simulations. In collaboration with FAO, International Criminal Police Organization (INTERPOL), OIE, WHO, individual Biological and Toxin Weapons Convention States Parties (and where appropriate the Implementation Support Unit), the United Nations Secretary-General's Mechanism for Investigation of Alleged Use of Chemical and Biological Weapons (UNSGM), and other relevant regional and international organizations as appropriate, countries will develop and implement model systems to conduct and support joint criminal and epidemiological investigations to identify and respond to suspected biological incidents of deliberate origin.</p>		
	Key Milestones	Host Government Activity	Other Donors and Stakeholders	Other Activity (e.g. NGO, other governments, multilaterals, private sector)
Year 1	<ol style="list-style-type: none"> <li>Stakeholders (public health, animal health, security, and other sectors) for the response to biological threats are identified;</li> <li>Points-of-contact from the various stakeholders (public health, animal health, security), to assist with action package implementation are Identified</li> </ol>			
Year 2	<ol style="list-style-type: none"> <li>An engagement meeting (or other activity) to determine stakeholder baseline capacity/capabilities for the response to a biological threat is</li> </ol>			

	<p>conducted;</p> <p>2. Triggers for sharing information on biological threats or other incidents of concern with relevant stakeholders are developed;</p> <p>1. An informal communications process to share information related to biological threats or other incidents of concern is developed and implemented</p>			
Year 3	<p>1. Activities (notifications, assessments, investigation, laboratory testing) to be covered by a written protocol or MOU between public health and law enforcement are identified;</p> <p>2. Written protocol or MOU, which formalizes and institutionalizes interactions between public health, animal health, and security authorities is developed;</p> <p>3. Measurable success criteria are developed to document progress of multi-sectorial response to biological threats or other incidents of concern;</p> <p>4. Written protocol/MOU is utilized during an exercise or emergency response</p>			
Year 4	<p>1. Training curriculum for joint investigations between public health, animal health, and security is developed;</p> <p>2. Joint Investigations Workshop is delivered to public health, animal health, security, and other sector personnel</p>			
Year 5	<p>1. National response plans are updated to identify multi-sectoral approaches</p>			

	<p>for responding to biological threats and other incidents of concern;</p> <p>2. The effectiveness of multi-sectoral response activities are evaluated using the previously defined criteria under MOU.</p>			
--	--	--	--	--

## Medical Countermeasures and Personnel Deployment

Target		Desired Impact		
A national framework for transferring (sending and receiving) medical countermeasures and public health and medical personnel among international partners during public health emergencies.		Countries will have the necessary legal and regulatory processes and logistical plans to allow for the rapid cross-border deployment and receipt of public health and medical personnel during emergencies. Regional (international) collaboration will assist countries in overcoming the legal, logistical and regulatory challenges to deployment of public health and medical personnel from one country to another.		
	Key Milestones	Host Government Activity	Other Donors and Stakeholders	Other Activity (e.g. NGO, other governments, multilaterals, private sector)
Year 1	<ol style="list-style-type: none"> <li>Revision/ assessment of existing policy and regulations concerning the use of MCMs;</li> <li>Bilateral meetings with all stakeholders;</li> <li>Training seminar on management of MCM is conducted;</li> </ol>	MoLHSA, NCDC,	CDC	
Year2	<ol style="list-style-type: none"> <li>MCM management plan is developed;</li> <li>MOUs / MOAs with internal and external partners executed;</li> <li>MCM management plan validation workshop / table top</li> <li>Training on MCM logistics planning is conducted;</li> </ol>	NCDC, MoLHSA	CDC	
Year3	<ol style="list-style-type: none"> <li>Agreements between cross-border partners on rapid sending/receiving</li> </ol>	MoLHSA NCDC,		

	countermeasures during health emergencies is developed;			
Year4	2. Exercise/validation to test MCMs provision is conducted	NCDC, MoLHSA	CDC	