

**MINISTRY OF PUBLIC HEALTH OF AFGHANISTAN**

**NATIONAL ALL-HAZARD  
EMERGENCY RESPONSE PLAN FOR  
HEALTH (NERPH)**

**DRAFT  
APRIL 2016**

---

April 10, 2016

---

**AUTHORITY FOR PLANNING AND AUTHORIZATION OF THE PLAN**  
**Approval of the Plan**

This NATIONAL EMERGENCY RESPONSE PLAN in HEALTH has been prepared with the recognition to ensure a coordinated and participated approach to disaster preparedness and response in the State of the Islamic Republic of Afghanistan.

The plan is the result of a concerted effort by the Ministry of Public Health to provide a tool for effective co-ordination with other Governmental bodies and agencies in delivering appropriate and efficient aid and health care to the people in time of disasters and emergencies.

The plan is also meant to involve all concerned MoPH staff in keeping a clear reference for coordination within all assets in the health sector, including external stakeholders from private or international sector.

This Plan has been prepared with input and joint effort of the staff of the Ministry of Public Health, with support from the World Health Organization.

The above institution will continue their co-operation in this subject in order to keep this plan on purpose, with the widest dissemination and acknowledgements updating its contents to the needs and experiences of the country.

The Plan is recommended for approval as a National working live document.

This plan is approved by the Hon. Dr. Ferozudin Feroz.  
Ministry of State for Public Health

Signed .....

Date ...../...../.....

## Table of Contents -

---

Executive Summary .....	5
Record of Changes .....	5
<b>SECTION A. Introduction to the plan</b>	
Purpose and Situation Analysis.....	7
Purpose, Goal and Objectives.....	7
Scope and Limitations .....	7
Expected Outcomes of the Plan .....	8
Background .....	8
National and Regional Risk Assessment and Hazard Analysis .....	10
Critical Considerations and Assumptions .....	12
Concept of MoPH Operations .....	13
Mission .....	13
Principles of Ministry of Health Operations Management.....	13
Policies Relevant to Emergency Management .....	13
MOPH Management Structure.....	13
Chain of Command and Incident Management System .....	13
Composition of the Emergency Management National Decision Makers .....	14
The DRECH = Disaster Response Emergency Health Committee .....	15
The CCC = National Centre for Command and Control .....	16
Chair and Composition .....	16
Secretariat .....	17
Meetings .....	17
Alert, Notification, Levels of Activation and Transition Criteria.....	18
Triggers for activation of the response plan .....	18
Triggers for deactivation of the response plan .....	18
Ministry of Health Structure .....	19
Coordination, Communications, Evaluation .....	20
Coordination .....	20
Coordination Mechanisms and Requirements .....	21
Evaluation .....	22
Information Management .....	23
Information Management principles.....	23

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

Elements of information under the responsibility of the various Ministries .....23  
Information Management with other stakeholders .....23

**Training in Emergency Preparedness and Response .....24**  
Training principles .....24  
Consistency of Training activities .....24  
General principles .....24  
Basic Components .....24

**SECTION B. Standard Operational procedures**

**Standard Operational Procedure ..... 25**

**Appendices ..... 26**

- Appendix A: Emergency Response Tasks
- Appendix B: Acronyms
- Appendix C: Contact Information
- Appendix D: World Health Organization International Health Regulations Decision Chart
- Appendix E: Levels of Activation
- Appendix F: Job Action Sheets
- Appendix G: Form Templates
  - Logistics Log Sheet
  - Finance and Budgeting Log Sheet
  - Personnel Log Sheet
  - Information Sharing with Sub-National Health Authorities
  - Training Log Sheet

**Annexes**

- Appendix A: Human Resources
- Appendix B: Chemical / Radiological Plan
- Appendix C: Communicable Diseases Plan
- Appendix D: Nuclear Plan
- Appendix E: Natural Disasters Plan
- Appendix F: Technological Plan
- Appendix G: Humanitarian Response Plan

## *EXECUTIVE SUMMARY –*

---

The purpose of this plan is to outline a framework detailing the Ministry of Public Health of Afghanistan response activities for an emergency response in health. The plan includes operational, scientific, and technical information for emergency response activities. The National All Hazard Emergency Response Plan for Health outlines actions the MOPH of Afghanistan takes singularly and in coordination with partners to address any emergency response in health. This plan is designed to be scalable and flexible.

The plan is divided into two main sections.

The First section of the plan introduces the guiding principles which sustain the development of all Standard Operational Procedures.

It is specifically related and linked to the National Disaster Management Plan, which provides the framework and the legal basis for this plan.

The Second section provides Standard Operational Procedures in the form of action cards to be consulted by all stakeholders when implementing the National Disaster Management Plan.

The SOPs are intentionally structured for providing clear and straight-forward instructions to all stakeholders in case of implementation of the NDMP.

The plan is the result of a consultative process between concerned personnel of the MOPH supported by technical advice of the World Health Organization. It is meant to be constantly tested, reviewed and updated according to the experience of all those involved, to the needs of the population and to the newly acquired information.

## *RECORD of CHANGES*

---

### **The National All Hazard Emergency Response Plan for Health Record of Plan Revisions**

The National All Hazard Emergency Response Plan for Health (NERPH) is a living document that is initially developed to improve the safety measures in the country and to be used as a guideline for the national planning of health sector response. This document will be used as a guide for future risk reduction and emergency response activities.

MoPH is responsible for the maintenance of this plan and works in collaboration with the WHO Afghanistan Country office on the review of this plan.

Following evaluation of past experiences, inputs and information derived from drills and training activities, the Chair might submit amendments of the NERPH, which affect procedural matters to the Committee, and after its accurate revision it is transmitted in writing to WHO at the following address:

- Electronically: <emacoafgwr@who.int>
- Subject line: National All Hazard Emergency Response Plan for Health Changes
- Surface mail: (WHO Country office AFG UNOCHA compound )

**National All-Hazard Emergency Response Plan in Health**  
**DRAFT - APRIL 2016**

The NERPH will be reviewed and updated every 6 months, at each COMM meeting. The revised version will be shared with the WHO country office and posted on the MOPH website, with amendments highlighted in the text.

<b>NERPH Emergency Action Plan Record of Changes</b>		
<b>Date</b>	<b>Change Description</b>	<b>Change approved by</b>

Updated information of minor nature e.g. names, telephone numbers, addresses, etc. which do not affect the procedural matters will be dealt administratively by the Chair and promulgated as per the Distribution List.

**SECTION A. Introduction to the plan**

# 1. PURPOSE and SITUATION ANALYSIS

---

## A. PURPOSE, GOAL AND OBJECTIVES

### **Purpose of planning:**

The purpose of this plan is

1. To ensure organized response to health emergencies through this plan, which details the public health response activities of Afghan government to all hazard emergencies.
2. Maximize resource utilization and optimizing response effectiveness and efficiency

### **Goal**

The overarching goal of Afghanistan Ministry of Public Health' for an emergency response in health is to ensure continuity of essential lifesaving health care services in the event of emergency for affected population.

### **Objectives:**

1. To prevent and reduce avoidable mortality and morbidity through provision of lifesaving health services
2. To Enhance coordination among relevant stakeholders during emergency
3. To address public health risk with focus on communicable disease among affected Population

## B. SCOPE AND LIMITATIONS

This plan includes the operational, scientific, and technical information aimed to describe policies and procedures for the Ministry of Public Health emergency response activities. The NERPH outlines tasks that the MoPH takes singularly and in coordination with partners to address any health emergency. This plan is designed to be scalable and flexible.

The National All Hazard Emergency Response Plan for Health applies to MoPH departments, “contracted in and out” facilities, non-government organizations NGO (International and national) , UN agencies and private sector and will be coordinated with other sectorial ministries and is aligned with ANDMA plans

The plan includes

1. Management of casualties due to societal and or natural hazards this includes first aid, triage, transport, pre-hospital care, in-patient care, out-patient care
2. Control of communicable diseases through surveillance, tracking, treatment, prophylaxis, isolation and quarantine.
3. Maintaining continuity of delivery of critical and essential services in humanitarian

# National All-Hazard Emergency Response Plan in Health

## DRAFT - APRIL 2016

setting including mental health, environmental health, child and maternal health services.

4. Management of the dead bodies and missing people.
5. Management of information
6. Ensuring effective intra and inter-sectoral collaboration and coordination mechanism among health cluster partners and relevant sector, including WASH and nutrition

### Limitations

1. The plan is highly dependent on availability of resources ( financial and human resources)
2. Inadequate local capacity coupled with geographical and security challenges
3. Planning at health facilities level especially with BPHS and EPHS implementers will pose a problem due to lack of adequate resources for emergency response in their signed contract with MoPH.

### C. EXPECTED OUTCOMES OF THE PLAN

1. Reduce avoidable mortality, morbidity and disabilities arising due to ongoing emergencies.
2. Provide the tools to sustain health care service delivery in humanitarian settings.
3. Enhance level of resilience of critical services and infrastructures of the health sector.
4. Support the process of informed, systematized resource mobilization, utilization,
5. Strengthen health surge capacity at the national and sub-national levels for emergency response.

### D. BACKGROUND

Afghanistan is a disaster prone country with numerous recurrent natural calamities of different scales, as well as widespread longstanding conflict. The ongoing insecurity is reducing the national preparedness capacity and diminishing coping mechanisms, thus increasing the vulnerability and lowering community resilience. In order to prepare and respond effectively to disasters and public health emergencies, the MoPH developed a five year national disaster management plan for health sector which is in-line with the national disaster management plan. This National All Hazard Emergency Plan for Response in Health details the activities that Afghanistan MoPH should conduct in preparation for and in response to an internal or external emergency. It should respond to all emergency needs of the whole of Afghanistan in all 34 provinces.

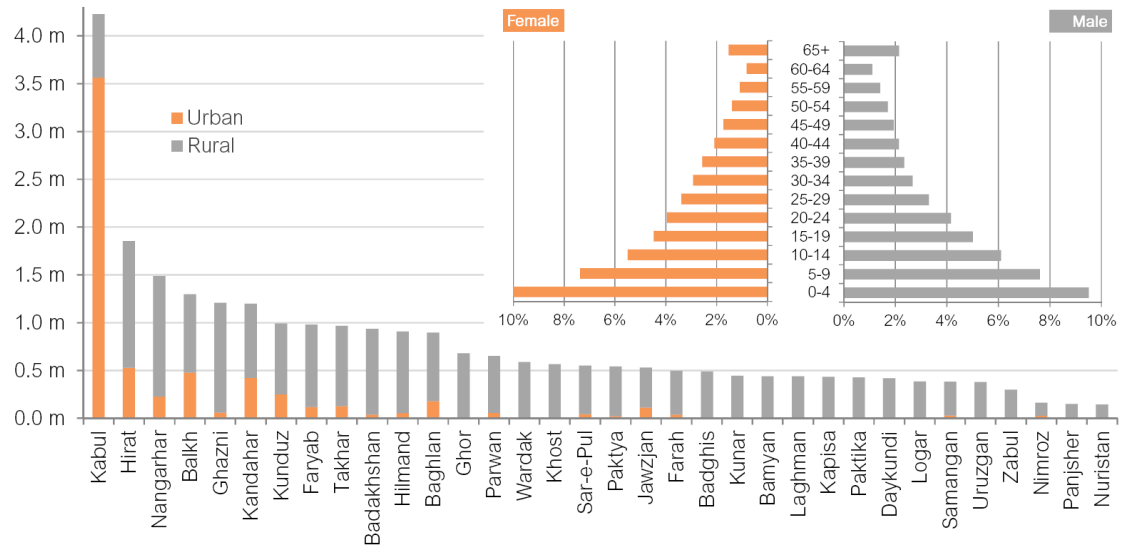


# National All-Hazard Emergency Response Plan in Health

## DRAFT - APRIL 2016

### Population of Afghanistan

#### Demographic Profile



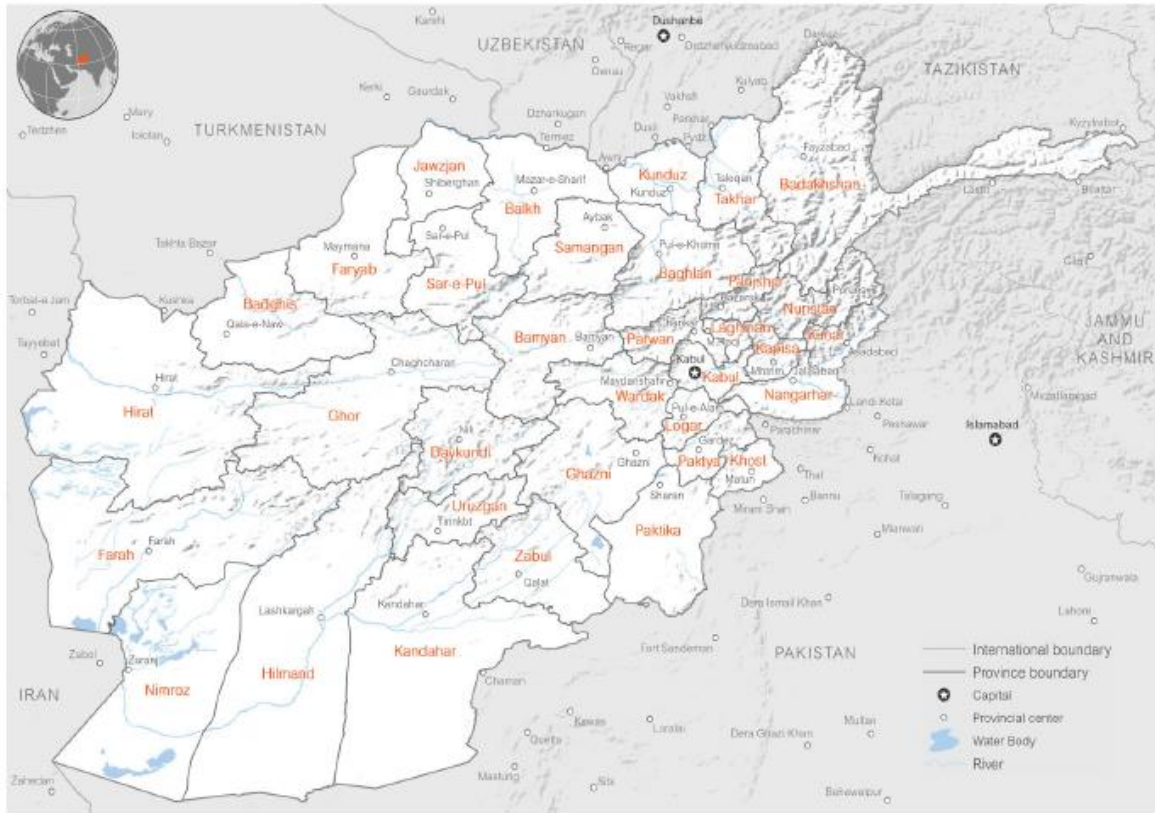
### Available resources

Health Facility/Service Type	Number
Number of Lab in EPHS/BPHS health facilities	501
Number of BHC (Basic Health Center)	802
Number of CHC (Comprehensive Health Center)	380
Number of Drug Addicted Treatment Center	10
Number of DH (District Hospital)	72
Number of MHT (Mobile Health Team)	128
Number of Provincial Hospital	30
Number of Regional Hospital	4
Number of HSC (Health Sub Center)	548
Number of Special Hospital	21
Rehabilitation Center	2
Other type of health facilities	158
Number of National Blood Banks	5
Number of Provincial Blood Banks	50
Number of Blood Transfusion unit	104

# National All-Hazard Emergency Response Plan in Health

## DRAFT - APRIL 2016

### Maps



## E. NATIONAL AND REGIONAL RISK ASSESSMENT AND HAZARD ANALYSIS

### National risk assessment

Health effects	Earthquake	Floods	Landslides	Epidemics	Fires	Conflict situations
Death & severe injuries	Many	Few	Many	Many	Few	Many
Requiring extensive treatment	Many	Few	Few	Few	Many	Many
Mental health concerns	Severe	Severe	severe	medium	Medium	Severe
Increased risk of epidemics	Yes	Yes	Yes	-	-	Yes
Damage to water system	Severe	Medium	Sever (but localized)	Light	Depends on location	Limited (depends on factions fighting)

**National All-Hazard Emergency Response Plan in Health**  
**DRAFT - APRIL 2016**

Damage to health facilities	Severe structural & equipment	Severe equipment	Severe (but localized)	None	Dependent on location	Limited (depends on factions fighting)
Damage to health services	High	High	Low	Moderate	Moderate	High
Food shortage	Possible	Common	Common (localized)	None	Possible crop destroyed	Common in prolonged conflict
Major population movement	Common generally limited	Common	Common (limited)	Rare	Unlikely	Common (generally limited)
Biological, chemical, radio-nuclear events/accidents	possible	few	few	few	Few	possible

# National All-Hazard Emergency Response Plan in Health

DRAFT - APRIL 2016

## Provincial risk assessment

No	Province	Population	Earthquake	Drought	Flood	Landslide	Avalanche
1	Kabul	2,974,808	M	L	L	L	M
2	Kapisa	360,292	M	M	L	L	H
3	Parwan	762,839	M	M	L	L	H
4	Logar	291,880	M	M	L	M	M
5	Wardak	413,596	L	M	M	L	H
6	Bamyan	340,005	M	H	M	L	H
7	Ghazni	1,865,762	L	M	H	L	H
8	Ghor	486,108	L	H	H	L	L
9	Paktika	352,629	L	M	M	L	L
10	Khost	70,246	L	H	M	L	L
11	Nuristan	111,898	L	L	L	L	M
12	Laghman	308,260	M	M	M	L	M
13	Nangarhar	1,086,593	M	M	M	L	L
14	Kunar	321,662	M	M	M	L	M
15	Badakhshan	593,148	H	M	H	H	H
16	Baghlan	758,242	H	M	M	H	H
17	Kunduz	815,107	M	M	H	M	M
18	Takhar	697,601	H	M	M	H	M
19	Balkh	935,742	M	H	H	M	M
20	Faryab	699,897	M	H	H	L	M
21	Jawzjan	508,660	M	H	H	L	M
22	Samangan	304,073	H	M	H	H	M
23	Sar-I-Pul	467,763	M	H	M	L	L
24	Helmand	745,616	M	H	M	L	M
25	Kandahar	826,870	L	H	M	L	L
26	Nimroz	149,339	L	H	M	L	L
27	Urozgan	639,115	L	H	H	L	H
28	Zabul	282,170	L	H	M	L	H
29	Badghis	758,242	L	H	M	L	M
30	Farah	338,276	M	H	M	L	M
31	Pnjsher						
32	Heart				H		
33	Daikundi				H		
34	Paktika						

## F. CRITICAL CONSIDERATIONS AND ASSUMPTIONS

1. During an emergency, MoPH staffs at local level are expected to be the first responders on-site.
2. MoPH will take responsibility for its staff security during emergency response activities along with its main public health partners
3. Emergency response activities are coordinated across different programs in MoPH.
4. Adequate engagement of stakeholders including international agencies is granted.
5. Flexible and effective mobilization of internal and external resources is organized by MoPH for the implementation of emergency response plan.

## 2. CONCEPT of MOPH OPERATIONS

### A. MISSION

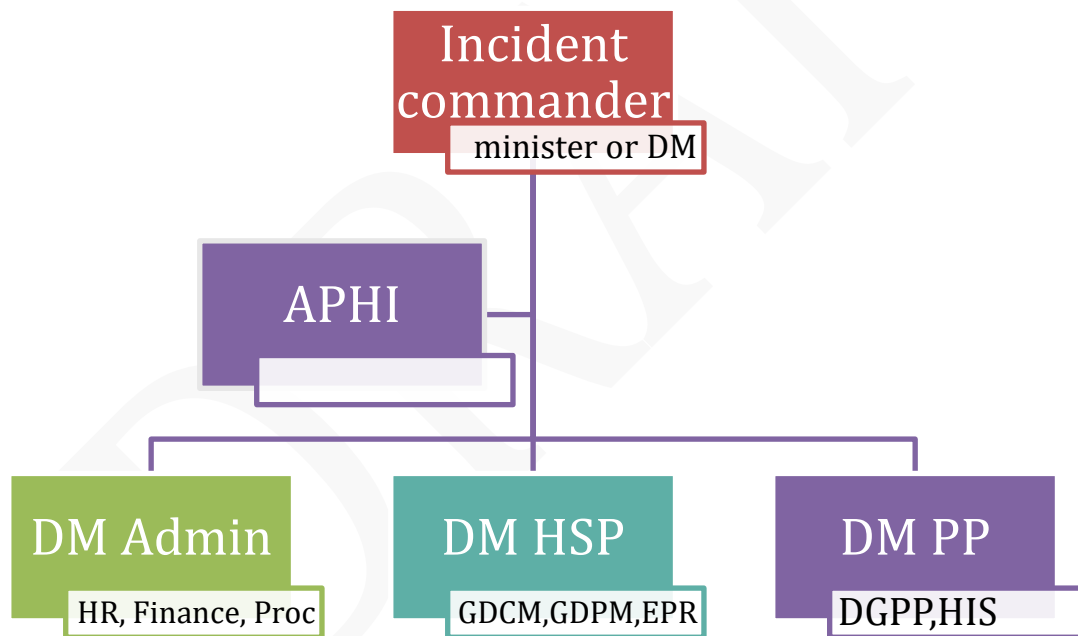
The overall mission of the MoPH is to “*improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through quality health services provision, advocating for the development of healthy environments and living conditions; and the promotion of healthy lifestyles.*”

### B. PRINCIPLES OF MOPH OPERATIONS MANAGEMENT

#### 1. POLICIES RELEVANT TO EMERGENCY MANAGEMENT

Refer to the Afghanistan National Disaster Management plan

#### 2. MOPH MANAGEMENT STRUCTURE

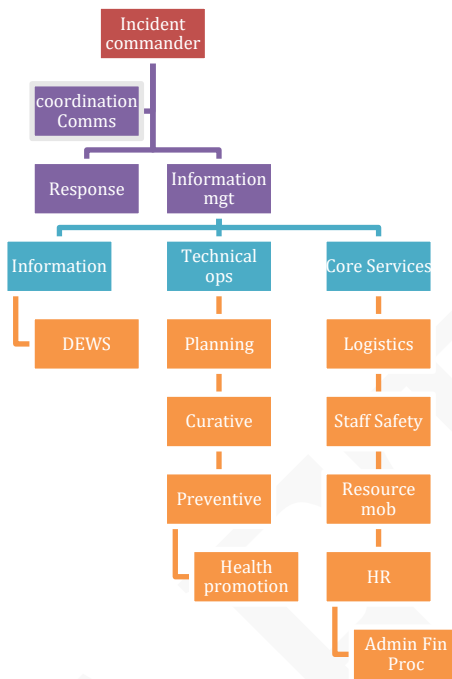


#### 3. CHAIN OF COMMAND AND INCIDENT MANAGEMENT SYSTEM

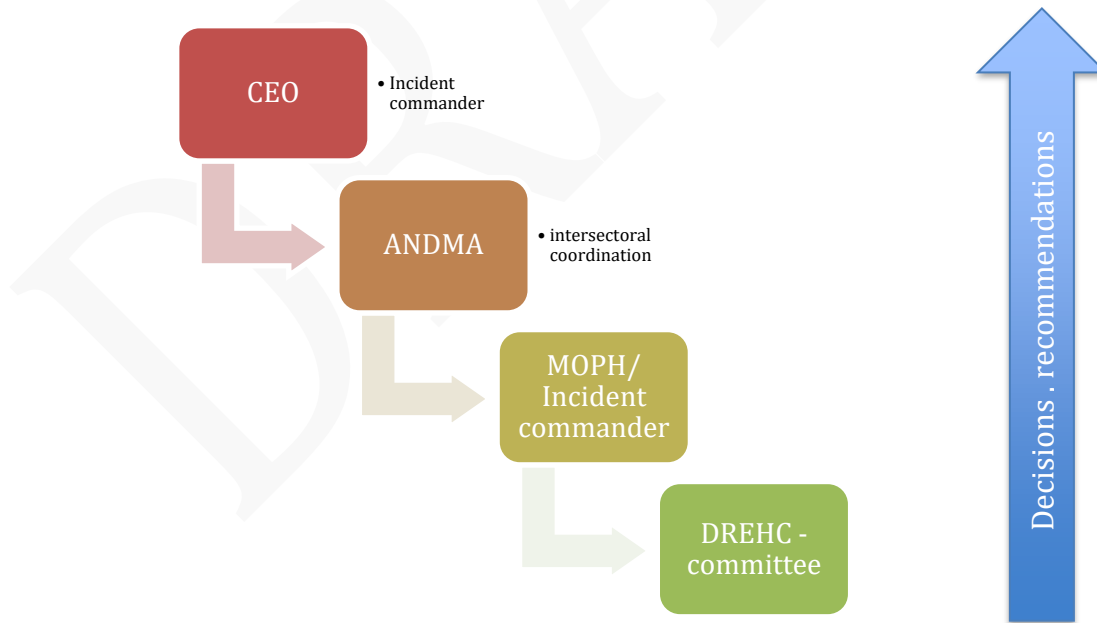
The size and scope of the response may vary according to the nature of the event or incident and the needs of Afghanistan Ministry of Health’s response activities. The Incident Command Management structure is flexible and scalable, allowing the IC to tailor the Incident Management System response to the context of emergency events, as required. A basic Incident Management System organization chart is below.

# National All-Hazard Emergency Response Plan in Health

DRAFT - APRIL 2016



## 4. COMPOSITION OF THE EMERGENCY MANAGEMENT NATIONAL DECISION MAKERS



The DREHC = DISASTER RESPONSE EMERGENCY HEALTH COMMITTEE

or briefly named: **the EMERGENCY COMMITTEE**

---

The EMERGENCY COMMITTEE is the lead entity within government and the MoPH responsible for ensuring a quality, relevant, effective and efficient coordinated response by the health sector to any disaster<sup>1</sup> in the country. In exercising this role, the DREHC fulfills the following responsibilities:

- Maintains one up-to date record of the comparative advantage in disasters of organizations working in the country, the preparedness plans and location and types of stocks of supplies already in country and the contact details of the organization represented by each committee member (and of any other relevant organization not represented)
- Ensures a mechanism for closely and urgently communicating and coordinating with the National Disaster Management Board in the President's Office and at provincial level in each province the ANDMA.
- Maintains a system to enable the urgent, sudden attendance of a DREHC meeting by committee members
- Obtains and maintains the most up-to date information on both the disaster and responses in order to brief members and if necessary the Cabinet and the press
- Maintains a system to enable the urgent dispatch and travel of someone/a group to go to the location of the disaster do an assessment and if necessary stay and coordinate the stakeholders providing emergency health aid
- Documents the terms of reference for, and who in the ministry should be a member of, any disaster emergency coordination team to manage a temporary office at MoPH headquarters Kabul in the event of a major disaster and determines when/if it should be established at the time of any disaster
- Ensures the availability and dissemination of guidelines for humanitarian aid donations for the health sector e.g. types of medicines and equipment both needed and not needed
- Ensures the smooth, efficient receipt and importation of emergency aid
- Agrees among itself who will provide what type of health and health related emergency aid, how and when and what the gaps are at the time of any disaster
- Produces press and other statements that announce the gaps, the needed humanitarian aid
- Maintains records of what type of health and health related emergency aid is being sent to the affected location
- Reviews the response post disaster and documents lessons learned and strategic recommendations for sending to the MoPH Strategic Health Coordination Committee for consideration and forwarding to the MoPH Executive Board.

The DREHC should use and oversee the CCC, whose main tasks, according to the National Disaster Management Plan for the Health Sector (August 2014) are:

---

<sup>1</sup> Disasters in the country include, but are not exclusively, earthquakes, floods, landslides, drought, sudden displacements of communities, influx of refugees, suicide bombings, drone attacks and mortar fire

# **National All-Hazard Emergency Response Plan in Health**

**DRAFT - APRIL 2016**

- Communication and coordination; maintain communication with all relevant departments and structures at provincial and national level including coordination with Emergency
- Operation Centre of ANDMA, Minister of health and Vice President
- Mobilize additional resources from neighboring provinces (not affected), coordinate international support for health sector,
- Implement IHR recommended procedures during disasters involving cross borders and biological, chemical or radio nuclear hazards.
- Issue and disseminate information on health response and status, consolidate and disseminate assessment reports.
- Handle requests for emergency health personnel, equipment and other resources
- Designate responsibilities and duties for management of the CCC
- Consolidate and analyses information coming from the disaster areas
- Manage storage, handling and set-up of incoming equipment and personnel
- Maintain documentation of resource inventories, allocation and availability.
- Manage finances for CCC operations
- Liaising with national and international stakeholders and neighboring countries during PHEIC

On an annual basis, the DREHC reviews its' purpose, mandate, membership, and functioning and makes recommendations to the Executive Board as necessary.

## **Chair and Composition**

The composition of the Committee is the following:

The chair of the DREHC is H.E. the MINISTER of HEALTH

(alternatively, H.E. the MINISTER might designate any of the Deputy Ministers.

The Chief Executive Officer (CEO) (alternatively: Director) of the CCC

The Communicatio Manager - Spokeperson (responsible of drafting communication dispatches aimed to address public knowledge)

The Information Manager (responsible of providing situation analyses and relevant information on health indicators and determinants in emergency)

Relevant Dept.s at MOPH (Director of Dept.s selected by the Minister as either permanent or ad-hoc requested)

3 Representatives of the Health Authorities of the 34 Provinces (ideally 1 from Northern, 1 from Central and 1 from Southern Afghanistan).

Representatives of relevant international agencies and NGOs upon invitation by the Committee itself .

Any other representative of a relevant body either in the public or private sector, upon invitation by the Chair

The CHAIR for the health sector (the Deputy Minister) is the highest authority in time of emergency – crisis, whose all decisions and commands belong as long as the emergency is activated. The IC reports to the Government (MPOH first) and the ANDMA



# National All-Hazard Emergency Response Plan in Health

DRAFT - APRIL 2016

The CEO (or Director) is the Responsible Person for updating the plan, organizing and supervising training and drills, testing mechanisms and SOPs of the plan in time of non-emergency. The CHAIR reports to the INCIDENT COMMANDER, whom supports and assists in time of emergency.

### Secretariat

The CCC (Commando Control Centre) acts as secretariat to the DREHC

### Meetings

The Committee meets on regular basis every month, in order to support the tasks of the Chair in time of NON-emergency, but it can be called upon request of the CHAIR (H.E. the Minister of Public Health) and/or one of his/her alternate (Deputy Ministers) the Chair according to needs, at any time. In particular, the Committee shall represent the primary body of co-ordination and co-operation within the health sector in time of emergency.

PHASE	TASKS OF THE COMMITTEE
<b>NON-EMERGENCY</b>	<ul style="list-style-type: none"> <li>✓ <b>MEETS EVERY MONTH</b></li> <li>✓ Review and assign tasks and activities to CCC</li> <li>✓ Monitors dissemination and training activities</li> <li>✓ Endorses amendments to the plan</li> <li>✓ Endorses sub-national plans</li> <li>✓ Endorses evaluation report of previous experiences in emergency</li> </ul>
<b>EMERGENCY</b>	<ul style="list-style-type: none"> <li>✓ <b>MEETS ON REQUEST BY THE INCIDENT COMMANDER</b></li> <li>✓ Reviews and considers all situation analyses</li> <li>✓ Defines actions to undertake</li> <li>✓ Identifies resources for appropriate response</li> <li>✓ Defines responsible bodies/persons for each action</li> <li>✓ Advises on emergency communication to be disseminated</li> </ul>

## **C. ALERT, NOTIFICATION LEVELS OF ACTIVATION AND TRANSITION CRITERIA**

MoPH will implement the National All Hazard Emergency Response Plan to support an emergency response based upon situation analyses and recommendation from Disaster Management Commission.

The Ministry of public Health based on the pre identified triggers will determine whether the NERPH will be implemented.

### **Triggers for activation of the plan include:**

1. A sudden onset emergencies like earthquake, conflict, flood, blasts/attacks etc.....a sharp deterioration or significant change in the humanitarian situation when the local capacities is not able to meet the needs of population in a manner required by humanitarian principles.
2. New information available, e.g. through trend analysis of key health indicators
3. Potential Public Health Emergency of International Concern
4. Disease outbreaks that involves more than one province
5. New developments ; e.g. escalation of scale, urgency or complexity and political, social or economic changes

### **Triggers for deactivation of the response plan**

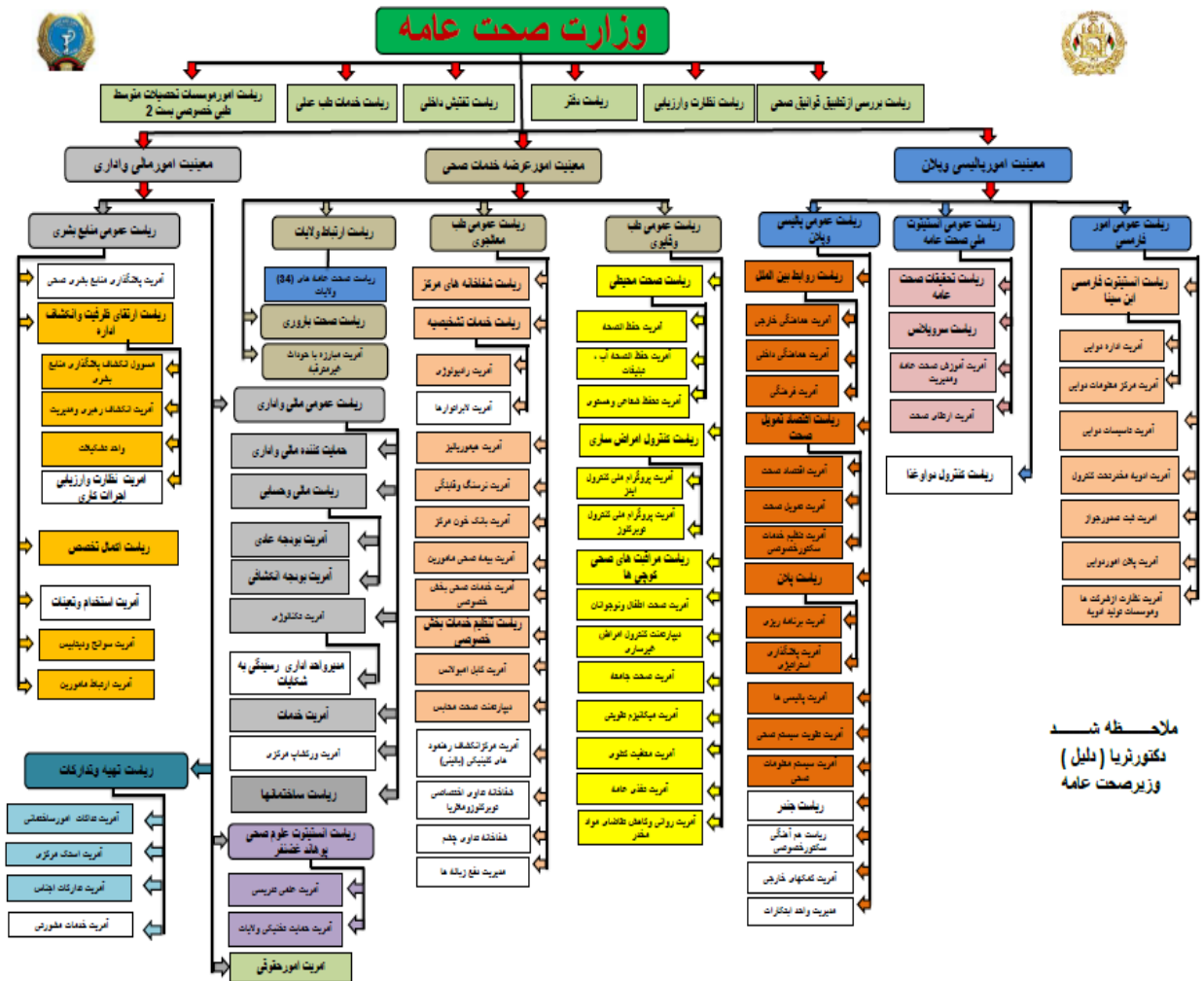
The level of effort required will change over the course of time, resulting in a change in activation levels. The same triggers that apply to activation of response plan, including improvement of humanitarian situation with reduced needs of population and/or increased local capacity to meet the needs of population.

NERPH activation levels are designated based upon a level of effort, and not strictly by the total number of personnel involved in the response. A grading team GT will be assigned to determine the level of emergency. The team depending on the scale/impact, complexity, geographic size, Health system capacity will decide whether to downgrade or upgrade.

The key distinctions in **activation level designations** are:

1. **Level I** –When there is or is expected to be low impact on health system capacity to respond effectively, the situation should be reviewed when new information is made available. Usually here, response is done at local level and minimal support, in association to close monitoring of evolution of situation is requested from central level.
2. **Level II** – When there is or is expected to be moderate impact on the local level health system capacity to respond effectively and an initial degree of support requested from central level.
3. **Level III** –When there is or is expected to have severe impact on the health system capacity to respond effectively or the threats show a potential of rapid escalation and or wide dissemination.

D. MOPH STRUCTURE



ملاحظه شود  
دکتور نریا (دلیل)  
وزیر صحت عامه

1. The response to any event will be led by one Incident commander
2. Every manager in the above structure will have a leadership function and will report to the IC.
3. Every tactical officer will have a sub function lead and will report to the function lead
4. The structure has clear reporting lines and the individual or the team cannot have more than one supervisor

## 3. COORDINATION, COMMUNICATION, EVALUATION

---

**The following are the principles and objectives which the National All Hazard Emergency Response Plan NERPH is expected to comply with:**

### **Coordination**

1. Respect the roles and responsibilities of the Health Sector and specifically of the Ministry of Public Health and all other partners and stakeholders in Emergency Preparedness and Response as outlined in the Afghanistan National Disaster Management plan
2. Coordinate with MoPH departments and health partners the development of a flexible, short-term health sector response strategy and action plan that addresses health needs, risks and capacities, with appropriate preventive and control interventions, for the first three months (and then review and update as required)
3. Hold regular health cluster meetings – the regularity of the meeting will be determined by the extent of the event.
4. Continue to assess the situation – determine what the key health needs and risks are.
5. Undertake joint analysis and planning with cluster partners on short-term sector objectives, strategies and activities to address health needs and risks
6. Define roles and responsibilities of all stakeholders

### **COORDINATION MECHANISMS and REQUIREMENTS BETWEEN NATIONAL and SUB-NATIONAL LEVELS and BETWEEN INTERGOVERNMENTAL ORGANIZATIONS and MOPH**

<b>Health Sector Disaster management system</b>					
<b>National Disaster management committee</b>		<b>The office of the CEO At the Policy Level</b>		<b>Afghanistan National disaster management Authority (ANDMA)</b>	
<b>MOPH for DM for HSP/EPR department.</b>					
<b>Curative medicine sector (public &amp; private)</b>	Preventive medicine & PHC (Env. Health, EPI and CDC)	ANPHI (Surveillance and Health promotion)	DG HR	Admin and Logistic Engineering	Kabul ambulance
<b>Inter-sectorial coordination and partnership</b>					

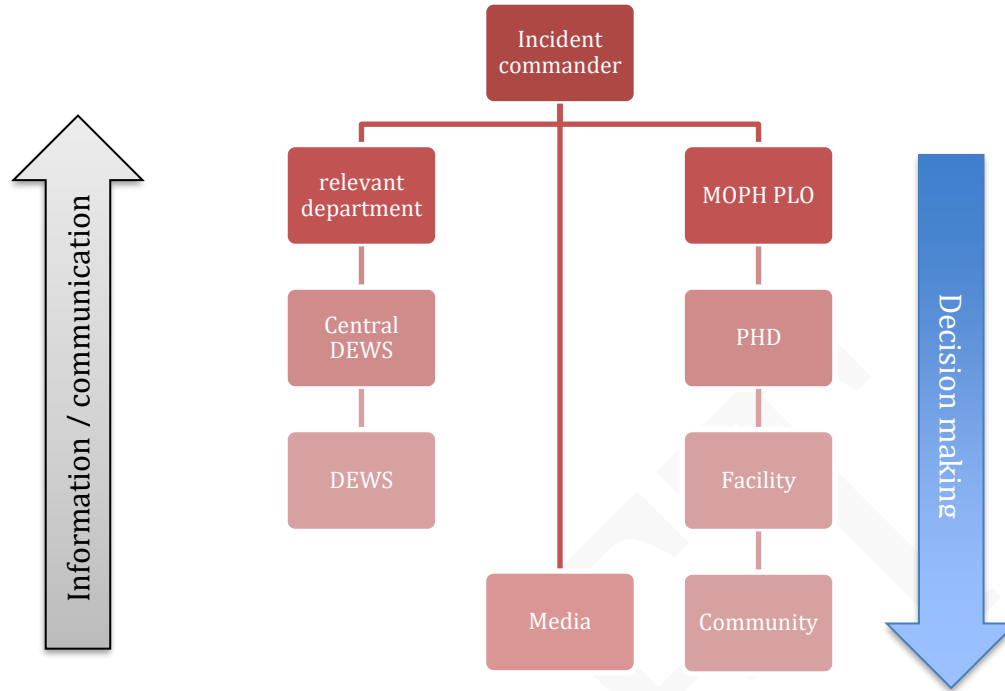
**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

MOD	MOI	MAIL	ARCS	MRRD MOIC
<b>Coordination and partnership With foreign agencies</b>				
<b>UN (WHO, OCHA, UNICEF, etc.)</b>	NGOs (Health, nutrition & WASH)	Donors	Specialize agencies	ICRC/IFRC
<b>At provincial level</b>				
<b>PPHD</b>	WHO, OCHA,	UNICEF, WFP	NGOs	Community organizations

**Communication**

1. Avail existing disease outbreak and emergency response plans in MoPH
2. Determine the existing health emergency communication capacity and expertise.
3. Prepare a roster of designated spokespeople.
4. Assess the capacity of existing mechanisms for listening (i.e., Media monitoring/scan, community advisory groups); compiling community information (i.e., Cultural, language, socio-economic data)
5. Clarify MoPH policies on the public release of information
6. Avail previously agreed upon key health messages for emergencies.
7. Identify communication partners. Including; NGO, Government, UN agencies, religious groups, business, political parties, academia
8. Conduct general population awareness campaign on specific health threats in time of both emergency and non-emergency phases.
9. Establish a communication coordination mechanism and protocol with your partners (i.e., email, or telephone). *“The goal is to ensuring you and your partners are saying the same thing publicly”*
10. Know the MoPH public communication policy for emergencies that ensures the proactive announcements of threats and ongoing information sharing for the public
11. Develop/understand the emergency clearance process - emergency communication products will need to be approved and disseminated quickly
12. Develop an information gathering mechanism (i.e., Media monitoring, regular updates from field teams) to understand the affected populations’ knowledge, attitudes and perceptions. The elements which affect behavior.

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016



**Evaluation**

1. Avail existing disease outbreak and emergency response plans in MoPH
2. Integrate your findings: Feed this information and integrate findings into the response management/operations system
3. Set up an evaluation mechanism – for during and after the even.
4. Review the NERPH based upon evaluation reports of past emergencies and integrate new knowledge into general recommendations and SOPs

## 4. INFORMATION MANAGEMENT

---

### **Information management principles**

1. One person should be assigned as focal point for information collection and dissemination/reporting (Information analyst, permanent member of the NERPH COMM)
2. The person should have the overall understanding of the information, data collection and management system
3. Systematic data collection through existing/regular data collection system.
4. Proper information sharing channel to/from field-province-national level.
5. Use of pre identified communication means.
6. Use of the existing standard operating procedures of information management

### **Elements of information under the responsibility of the various ministries**

1. Information on the risks- ANDMA, MoA, MRRD, ARCS
2. Information sharing on the magnitude and damages related to disaster- ANDMA, Ministry of defense, M o I and ARCS
3. Information on needs- PHDs, ARCS, ANDMA
4. Information on response- sub-national health sectors/PHDs, ARCS, private sector and local communities
5. Information on existing capacities- PHDs, MRRD, ANDMA, ARCS....

### **Information management with sub-national health authorities, other stakeholders of the health sector, other relevant line ministries and international organizations and un agencies**

1. Information gathering, and dissemination through national health information management system in collaboration with provincial and health cluster information management system
2. Activate emergency operation center to facilitate information sharing and sharing with different stakeholders.
3. Regular information sharing and feedback on population vulnerabilities, risks, threats and possible impact with sub-national health authorities and relevant stakeholders
4. Verification of the information through line ministry/un agencies/organizations
5. Data analysis and using the information for effective decision making
6. Information flow from community to provincial- regional-national levels and vice versa
7. Establish a feedback system.

## 5. TRAINING IN EMERGENCY PREPAREDNESS AND RESPONSE

---

### **Training principles**

1. Training, simulation exercises, and drills are the lonely instruments to disseminate a culture of and the guiding principles of emergency and preparedness, within all stakeholders in the health sector.
2. A person should be assigned as focal point for developing simple activities of training.
3. Drills and training provide useful feed-back for the update and revision of the NERPH

### **Consistency of training activities**

1. Evaluation and feed-back at each training session
2. Inclusion of Emergency Preparedness and Response programmes in the curricula of Medical and Para-medical training
3. Lessons learned exercises included in training
4. Training activities, simulation exercises are developed and implemented at all levels, central MoPH, peripheral health authorities, health staff.

## 6. SAFE HOSPITALS, HUMAN RESOURCES

---

### **General principles**

1. In Emergency, hospital facilities play a central role in providing medical care to affected population. Generally, it is expected that the regular attendance of public is generally overwhelming not only the capacity of the staff to attend, but even the facilities and the equipment will be under stress and extremely needed.
2. Human resources in health are expected to demonstrate the best goodwill and flexibility. Plans for immediate relocation, re-assignments of duties etc. must be in place with acknowledgement and participation from individual staff.

### **Basic components**

1. Develop and distribute Safe Hospital checklist.
2. Develop and fund a maintenance programme for equipment and facilities
3. Introduce vulnerability assessment, reduction and mitigation in hospital management
4. List Name, title and skills of staff at all levels
5. Identify staff with skills, flexibility, availability and attitude for prompt relocation
6. Engage civil society volunteers where appropriate



## **SECTION B. Standard Operational Procedures**

### **1. STANDARD OPERATIONAL PROCEDURES**

---

The plan is structured into a list of simple procedures which are meant to provide a framework for practical actions to be undertaken in the majority of the predictable emergency situations.

Each diagram describes a “SOP” (Standard Operational Procedures) and it is meant to provide basic information regarding each foreseeable aspect of the emergency response in the Health sector with clear indication of:

The objective to achieve through the implementation of the procedure

The pathway to follow with clear guidelines for decision making

All persons involved in the procedure, their contact details and their specific role and ability for contributing to the action

All other technical, logistic and practical details that can be of immediate use in specific dynamics and scenarios.

The plan was developed through a consultative process among the stakeholders from the Ministry of Public Health, with technical support from the World Health Organization.

The basis and guiding principles for developing the preliminary list of SOPs is attached in Annex A:

Each STANDARD OPERATIONAL PROCEDURE is named and attached as a separate document and can be used as a stand-alone action card or interconnected to other SOPs

Each SOP can and shall be revised accordingly with lessons learnt and good practices documented and eventually updated in this plan.

Simulation exercises shall be conducted to test the plan where necessary to prove the plan’s effectiveness.

## Appendix A: EMERGENCY RESPONSE TASKS –

*Guidance notes and basis for SOPs Standard Operational Procedures*

### **A. COMMAND, CONTROL and COORDINATION**

<b>Functions of commander/ command center</b>
Activate National Steering Committee Including Four Subcommittees: Surveillance and information management and planning committee, operation /response committee, Logistics committee, and Communication and liaison committee
Coordinate Subcommittees of National Steering Committee
Collaborate with other sectors and stakeholders
Declare emergencies, epidemics, and disasters
Authorize to Activate Containment Plan
<b>TOR of IHR National Focal Point Coordination and Communications during PHEICs operate with surveillance, information and planning committee</b>
Coordinate with relevant ministries on events that may constitute a public health event of national or international concern *
Consult the IHR Event Information Site monthly *
Implement additional roles and responsibilities to IHR National Focal Point functions
Direct one written Nation Focal Point initiated communication with WHO consultation, notification or information sharing on a public health event
Document actions taken by the IHR National Focal Point and relevant stakeholders following communications with WHO
Verify PHEICs upon request from WHO
Identify initial risk assessment for public health emergencies committee
<b>Emergency Operations Centre</b>
Designate a functional command and control operations center at the national or relevant level
<b>Liaison / Coordination Point</b>
Establish key points of contact to receive international support (i.e. HR, medical supplies and equipment)
Develop a link between MOPH and other national, provincial, and international command and control structures, and their points of contact
Activate provincial steering committees for emergency operations
Issue official guidance letters (including development of standard reporting forms) by National Steering Committee to Provincial Steering Committees
Coordinate Health Sector Services with Mass Organizations such as Non-Governmental, Non-Public Health Organizations, Critical Infrastructure and Key Resources
Collect Information on the Status of Emergency Facilities, Hospital Beds, other Treatment Sites, Medical Equipment and Pharmaceuticals
Facilitate the Country Entry of Foreign Experts / Consultants Assisting in the Response Activities
Provide Regular Situation Reports on Status of the Pandemic Response

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

<b>Rapid Response Teams</b>
<b>Rapid Response Management Procedures</b>
Evaluate emergency response management procedures after real or simulated public health response * <ul style="list-style-type: none"> <li>• Activated/established with specific TOR</li> <li>• Conduct rapid assessment (multi sectorial )</li> </ul>
Update response procedures following actual event occurrence or an assessment * <ul style="list-style-type: none"> <li>• Update our resources</li> <li>• Need analysis</li> <li>• Design contingency plan</li> <li>• Set coordination with partners and initiate rapid response</li> <li>• Ensure rapid proper risk communication and ensure safety</li> </ul>
Offer assistance to other State Parties for developing their response capacity or control measure implementation
<b>Rapid Response Guidelines</b>
Provide guidance regarding control measures to prevent domestic spread
Provide guidance regarding control measures to prevent international spread
Provide guidance regarding provision of specialized staff
Provide guidance regarding laboratory analysis of samples performed domestically or through collaborating centers
<b>Rapid Response Teams</b>
Identify multidisciplinary / multi-sectorial rapid response teams for the central level *
Determine the composition of rapid response team(s) *
Deploy multidisciplinary Rapid Response Teams within 48 hours from first report of an urgent event *
Determine rapid response team goal and objectives for supplementing local investigations
Ensure security and safety of the rapid response team
Compile outbreak investigation reports following an investigation
Submit a preliminary written report on investigation and control measures to relevant authorities
Build the capacity rapid response teams for field deployment in prepared phase
<b>Rapid Response Liaison</b>
Maintain a direct operational link with senior health and other officials to approve and implement containment and control measures(Ensure application of ICS)
Maintain a direct liaison with other relevant government ministries
<b>Rapid Response Financing</b>
Create immediate access to a budget for funding of rapid response activities
<b>Post-Response Evaluation</b>
Systematically evaluate post-outbreak responses

<b>Logistics and Resource Management</b>
Conduct logistic preparation of field response team
Provide guidance regarding logistical assistance such as equipment, supplies and transport
Provide logistics support for Rapid Response Teams , however it is not enough and always dependent to the external support
Identify and equip rapid response teams at the sub-national level
Maintain availability of personal protective equipment, disinfectants, drugs and supplies, and sample collection, storage and transport materials for initial response, however they are provided by external supporters (WHO, UNICEF, UNFPA and etc.)

## **B. RAPID HEALTH NEEDS ASSESSMENT and HEALTH MONITORING**

<b>Risk Assessment</b>
Conduct Rapid Situational Assessment for containment
Map disease outbreak transmission patterns (Risk assessment of districts/provinces which are more prone to outbreaks of communicable diseases is mapped out based on report of outbreaks)
Map contaminated food or water sources
Map manmade disasters?
Conduct a national risk assessment to identify potential urgent public health events, the most likely sources of these events and vulnerable populations *
Map national resources for IHR relevant hazards and priority risks *
Assess the national risk profile and resources to accommodate emerging threats
Map major hazard sites or facilities that could be the source of chemical, radiological, nuclear or biological public health emergencies of international concern
Conduct an inventory of the sites and facilities which could be the source of a chemical, radiological, nuclear or infectious public health emergency
Conduct an assessment of national needs for medical and public health supplies based on risk assessment and national priorities
<b>Resource Assessment</b>
Create a directory/roster of experts in health and other sectors available to support a response to the IHR related hazards
Conduct an inventory of available resources and their location

## **C. COMMUNITY ISOLATION AND QUARANTINE**

<b>Community Isolation and Quarantine Management System</b>
Review and revise the border health quarantine regulations
Distribute domestic isolation and quarantine regulations
Distribute quarantine and isolation plan
Coordinate with related agencies (Custom, Tourism, Foreign Affairs, Education, Not-for profit/NGO, Police, Border Guard)
<b>Community Isolation and Quarantine Management Procedures</b>
Identify and designate places where people can be isolated and quarantined
Isolate patients in the field
Provide risk communication about isolation and quarantine to the public
Activate enforced and voluntary isolation / quarantine
Isolate ill and suspected persons, quarantine their contacts, and manage possible case contacts between humans
Quarantine affected areas / communities
Provide water & food supply, social support and service and medical service for isolated and quarantined people or communities
Provide recommendations on social distancing measures

## **D. SURVEILLANCE**

<b>Strengthening and Maintaining the Surveillance System</b>
Review and revise as required the national surveillance system for the probable outbreaks/epidemics
Review surveillance case definitions
Strengthen/ enhance Early Warning Systems
Review, revise and expand the sentinel sites for the surveillance system
Monitor travelers/ cross border movements, if needed screen for the illnesses concerned
Monitor workforce absenteeism in services designated as essential and replace the focal points if needed
Implement Surveillance of vaccines, antimicrobial resistance (Anti-microbial and Vaccine Distribution and Use)
Implement Surveillance of Anti-Viral and Vaccine Adverse Events
Monitor anti-viral and vaccine adverse events
Monitor anti-viral drug use
Implement Surveillance of Anti-Viral Drug Resistance
Monitor anti-viral drug resistance
Monitor through enhanced human surveillance in areas where animals are affected
<b>Sources of Information</b>
Assess the need for other surveillance systems during an emergency
Conduct indicator-based surveillance through routine reports of cases from health services and healthcare facilities including public and private sector hospitals and clinics
Conduct indicator-based surveillance through routine reports of cases from public and private laboratories
Establish emergency surveillance including hotline

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

<b>Data Management and Analysis</b>
Detect reports showing that deviations or values exceed thresholds * and verify
Utilize reports showing that deviations or values exceed thresholds for action at the primary public health response level *
Analyze national and sub-national surveillance data on epidemic prone and priority diseases * and report on outbreaks/epidemics
<b>Just-In-Time Training</b>
Provide Just-In-Time training on surveillance guidelines on emerging disease or events to National Surveillance Network
Provide Just-In-Time training on surveillance guidelines to private healthcare sector
<b>Event-Based Surveillance</b>
Conduct event-based epidemiological assessment
Monitor the media for potential alerts for epidemics and disaster
Capture events using event-based surveillance to detect, verify, assess and monitor risks *
Implement local community reporting – primary response – level reporting strategy *
Implement SOPs and guidelines for event-based surveillance *
Conduct epidemiological confirmation using event-based surveillance
Report cases using event-based surveillance
Verify cases detected using event-based surveillance
Document country experiences and findings on the implementation of event-based surveillance, and the integration with indicator-based surveillance
Share country experiences and findings on the implementation of event-based surveillance, and the integration with indicator-based surveillance with the global community
<b>Community Surveillance</b>
Train community health volunteers on health education and surveillance of the events concerned
Implement Surveillance of Secondary Cases and Contact tracing
Engage community leaders, health volunteers and other community members in the detection and reporting of unusual, unexpected or new disease events *
Evaluate and avoid duplications at community / primary response level reporting *
Update community / primary response level reporting based on evaluation *
Sensitize and train community leaders, health volunteers and other community members in the detection and reporting of unusual, unexpected or new disease events
<b>Cross-Border Surveillance and International Surveillance</b>
Conduct cross-border surveillance at port of entries
Monitor events that occur neighboring countries and abroad
<b>Outbreak Investigation</b>
Develop guidelines for the follow up of known or suspected cases in the community
Systematically filter and analyze reported events for relevance and credibility
Assess the resources available for outbreak investigation and event data management
Upon event confirmation, implement preliminary control measures

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

<b>Event Reporting and Feedback</b>
Utilize the Decision Instrument for the Assessment and Notification of Events that May Constitute a PHEIC *
Notify WHO if emergency meets the criteria for notification under the Decision Instrument for the Assessment and Notification of Events that May Constitute a PHEIC *
Define risk assessment criteria *
Conduct a risk assessment for events that meet the criteria for notification *
Assess reports of urgent events that have serious public health impact and/or unusual or unexpected nature with high potential for spread within 48 hours of reporting *
Respond to verification request from WHO within 24 hours *
Share best practices of controlling PHEICs with neighboring countries
Document and share country experiences and findings in notification with the global community
Share experiences and findings on implementation of event-based surveillance, and the integration with indicator based surveillance with the global community
Develop a report of urgent public health events from sub-national levels
Document experiences and findings on implementation of event-based surveillance and the integration with indicator based surveillance
Report human case investigation findings to decision makers at the national and subnational levels
<b>Data Dissemination</b>
Report Surveillance Information to National Authorities
Report Surveillance Information to World Health Organization
Give Feedback to Providers and Others Reporting into the Surveillance Systems
<b>Supervision and Feedback</b>
Maintain data collection feedback from the central level to the sub-national levels *
Disseminate feedback of surveillance results to all levels and relevant stakeholders *

## E. STOCKPILE MANAGEMENT

<b>General Administration and Infrastructure</b>
Request the national, regional, provincial and district stockpile
Define within the outbreak zone, the households, schools, workplaces, health care facilities, masjids, district and provincial shuras (religious, women, health), civil societies, private sector associations and other settings where the delivery of antiviral drugs, personal protective equipment and other medical supplies, IEC materials and mass media should be targeted
<b>Logistics and Distribution including Supply Chain Management</b>
<b>Supply Chain Management</b>
Maintain chain of custody procedures throughout the entire supply chain
Provide expedited off-loading of pandemic supplies from airports, sea ports, or truck terminals and use multiple entry points for important pandemic drugs. (propose to establish custom clearance procedures for emergency considering IHR rules and regulation)
Distribute material from warehouse to treatment centers and dispensing sites
Monitor warehouse and dispensing site supply flow rates for the re-ordering of needed supplies and medications

**National All-Hazard Emergency Response Plan in Health**  
**DRAFT - APRIL 2016**

Forecasting supply of standard medical kits for emergencies.
Implement a plan to receive, store and distribute controlled substances
Maintain adequate storage (controlled, cold-chain) for a surge in quantities of vaccine, anti-virals and other medications and reagents
Maintain distribution chain for a surge in quantities of vaccine, antibiotics and other medications
Introduce third party medical procurement/single source procurement
Provide office supplies and equipment to dispensing sites
Request anti-viral and other medicines from local vendors (establish Sops for local procurement during emergency situation)
<b>Transportation</b>
Analyze all transportation routes (air, sea, rail, road) to move pandemic flu supplies to determine potential problems as well as in-house transportation (mules, horses, donkeys etc..) for pandemic and other emergencies
Monitor the fueling, repair, and recovery of vehicles (public and private) used in the pandemic and other response operation
Maintain a list of and activate pharmaceutical companies for delivery of supplies- Pre identification of suppliers for emergency supplies.
Maintain a system for dispatch of materiel
Record the delivery and receipt of materiel to dispensing sites and treatment centers
<b>Facilities</b>
Establish a map and listing of warehouses (central, region, provincial and district) and dispensing sites
Maintain an inventory of material handling equipment and office equipment and vaccine storage equipment
<b>Coordination with Treatment Centers</b>
Identify personnel responsible for the chain of custody of medicines
Notify the public on the hours of operation, dispensing regulations, and security arrangements at the dispensing site
Ensure security of the treatment centers
Provide security at dispensing sites to protect staff, patients, equipment, and supplies
Provide security to protect medicines, equipment, and supplies from point of entry to warehouses and dispensing sites
<b>Dispensing</b>
Request local facilities to dispense medicine and supplies
Maintain a contact list of staff and job descriptions for dispensing sites
Transport staff to the dispensing sites and patients without access
Distribute medications and other subsistence (food, utilities, etc.) items to households in quarantine



## F. RISK COMMUNICATIONS

<b>Mechanism and Coordination</b>
Coordinate with Other Subcommittees of National Steering Committee
Create information source for media and the public to access regularly updated information *
Create accessible and relevant information, educations and communications materials tailored to the needs of the population *
Inform partners of a real or potential risk within 24 hours following confirmation *
Identify a spokespersons for risk communication prior emergency and activate during an emergency at every level
Identify an alternate spokesperson for communication during an emergency
Identify key audiences
Disseminate accurate and timely release of information during a public health emergency
Identify channels and formats by which to disseminate information and messages prior an emergency
Identify appropriate tools for the distribution of messages
Conduct an assessment of risk perception
Integrate risk perception assessment into the public health emergency decision making process
<b>Communication Network</b>
Activate and maintain the communication network to respond quickly to the emergency
Set-up core working group to implement the communication activities at different levels in case of an emergency
Identify spokespersons
Provide just-in-time risk communication training ( pre-emergency) for communication specialists
Provide just-in-time training to improve communication capability of communication personnel to respond to the pandemic
Establish and maintain the website / info-base for storing, managing and providing information related to the emergency
Set-up a hotline for questions about the emergency
<b>Risk Communication Plan</b>
Review and Revise Action Plan for Communication on the previous Emergency Response
Execute plan for communication through mass media channels (TV, radio, press, internet / hotline)
Execute plan for communication in health facilities
Execute plan for communication in communities
Distribute the communication plan(s) to relevant levels and agencies
<b>Risk Communication Materials</b>
Tailor information, education and communications materials to the needs of the population during an emergency using available IEC/BCC packages prior, during and after emergency *
Revise / develop information, education and communication materials for use in health facilities and in communities (poster, leaflet, handbook, guidelines)

## National All-Hazard Emergency Response Plan in Health

DRAFT - APRIL 2016

Develop a user-friendly version of frequently asked questions for general media use
Revise / develop the key messages for use through mass media channels (TV spots, radio spots, press, spokesperson)
<b>Effectiveness Evaluation</b>
Implement plan for monitoring and evaluating communication activities and materials
Evaluate the effectiveness of the public health communication after emergencies after every response *
Integrate evaluation findings into the broader emergency management system *
Disseminate results of evaluations of risk communications efforts during a public health emergency with the global community *

<b>Medical Dispensing and Distribution</b>
Reference and apply the regulations for prioritization, allocation and distribution/dispensing and management of vaccines, anti-virals and other pharmaceuticals
Reference and apply the regulations requiring health-care workers and other essential service providers to work during a declared public health emergency
Reference and apply the regulations for rational treatment with pharmaceuticals
Reference and apply the regulations to enable alternate care facilities (e.g. schools, hotels, gymnasiums) to provide alternate standards of care
Reference and apply the bio-safety and bio-security regulations including the use of PPEs
Reference and apply the regulations to mobilize auxiliary personnel to dispense pharmaceuticals and provide medical care
Prepare justification for use of emergency powers
<b>Management and implementation of response plan in line with the NDMP</b>
Reference and apply the regulations to alert/declare a state of emergency and activate the response plan
Reference and apply the regulations and contingency plans, for specific diseases, to be activated for communicable diseases control
Reference and apply regulations related to adverse effects of vaccines or anti-viral drug use
Reference and apply the regulations that apply to health-care workers' professional obligations to honor employment contracts e.g. hours of working, risk allowance, etc.
Review and revise agreements with border authorities of neighboring countries
Reference and apply the IHR 2015 regulations for power to examine a person, aircraft, ship or premise
Reference and apply the regulations for power to detain for isolation or quarantine purposes
Reference and apply the regulations for power to compulsorily treat a person
Reference and apply regulations for police or military to limit and stop travel internally and across international borders
Reference and apply regulations on informed consent during mass interventions

## **G. LABORATORY SERVICES**

<b>Laboratory Procedures and Activities</b>
Use laboratory SOPs for safe specimen collection, handling, shipping, testing, disposal, etc.
Assess and ensure the need for laboratory equipment, consumables, chemicals, reagents, bio-testing products and diagnostic kits for EID
Select and collect clinical and environmental specimens
Rational laboratory testing
Analyze viral characterization for evidence of transmission from human to human and identification of novel strains of viruses and anti-viral susceptibility
Track specimens and results
Store clinical specimens and slides from suspected cases, cross check and confirm the cases
Communicate test results to proper authorities (e.g., public health, surveillance)
<b>Policy and Coordination of Laboratory Services ( ref to National Lab Policy)</b>
Disseminate up to date policies to diagnostic laboratories, specifying minimal requirements in authorized laboratory services *
<b>General Domestic Diagnostic and Confirmation Capacity</b>
Detect Multi-Drug Resistant and Extensively Drug Resistant Tuberculosis
Establish quality assurance measurements
Assess whether diagnostic tests and methods used appropriate for the laboratory level
Create a national supply and reagent inventory system
Determine if corresponding resources available to the different levels are according to national minimal requirements
<b>Influenza Surveillance</b>
Submit viral isolates for analysis, and vaccine production to the Global Influenza Surveillance Network *
Develop national data and maps of circulating strains of influenza
Share national data and maps of circulating strains of influenza with the global community through FluNet and FluID
<b>Networking with National and International Collaborating Laboratories</b>
Establish collaborative links between reference laboratories in the country including veterinary laboratories, and other specialized laboratories
Liaise with appropriate international collaborating laboratories for referral of specimens for confirmation IHR related events
<b>Laboratory Biosafety and Biosecurity</b>
Implement biosafety and laboratory biosecurity procedures *
Contain highly dangerous pathogens in high containment laboratories
<b>Laboratory Based Surveillance</b>
Carry out overall analysis of laboratory data *
Compile laboratory data analysis report *
Disseminate data analysis report to relevant stakeholders and partners *

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

Receive data from laboratories nationwide
Report laboratory data from CPHL to the national surveillance unit and health facility
Share country experience and findings regarding laboratory based surveillance with the global community
Identify laboratory notifiable diseases/events that must be reported
Identify priority pathogens for laboratory based on surveillance
Track and monitor relevant laboratory data using electronic information systems
<b>Referrals and Shipping</b>
<b>Specimen Collection and Transport – Capacity to Ship Rapidly Within the Country</b>
Deliver viable clinical specimens from investigation of urgent public health events to appropriate laboratories within the appropriate time frame of collection for testing or transport to international reference laboratory *
Adhere to International Civil Aviation Organization / International Air Transport Association standards when shipping infectious substances during an investigation of an urgent public health event *
Ensure availability of sample collection and transportation kits *
Ship hazardous specimen to a collaborating international laboratory as part of an investigation or exercise Identify a local courier to transport samples within the country
Collect viable samples within the required time
Pack viable samples for shipment to a reference laboratory
Store viable samples
Transport viable sample to a reference laboratory
<b>Specimen Collection and Transport – Capacity to Ship Rapidly Outside the Country</b>
Procure supplies (including transport media and triple packages for category A and B substances) so that biological material can be shipped internationally under the appropriate conditions
Pre-identified certified shippers/Couriers
Transport clinical specimens from point of collection to regional and inter-national laboratories based on IATA standards
Implement Material Transfer Agreement MTA on sharing clinical materials from confirmed cases nationally and internationally
Use of existing mechanism for submitting specimens to referral laboratories
Use protocols for proper handling and shipment of specimens
Ship specimens to a WHO reference laboratory and other laboratories

## **H. NATIONAL HOSPITAL-BASED and HEALTHCARE SERVICES**

<b>Hospital Command and Control</b>
MOPH directs national hospitals to reinforce the steering committees for emergencies
Activate the emergency plan and the hospital steering committees for emergencies
Inform and ensure personnel on professional obligations to honor employment contract during the emergencies
Execute emergency procedures for the receipt, storage, and distribution of assets received from medical stockpiles in emergency context
Review and disseminate clinical guidelines regards to emergency case management
Activate the system to maintain close contact with and among service providers, healthcare facilities and other stakeholders (Networking)
Mobilize additional medical staff to provide care within the healthcare facility
Cooperate with other stakeholders to contain and prevent the consequences due to emergency in the institutional and community setting
Inform staff/ health personnel on all health facility policies and procedures relevant to emergency response including triage
Regularly assess and monitor surge capacity and capability ( bed capacity, supply levels, and staffing needs)
Maintain payroll management, employee benefits, accounting and staff safety and security and other priority personnel services
<b>Infection Prevention and Control</b>
Restrict health care personnel movement at work
Isolate suspected cases and treat according to the national guidelines
Establish health facilities procedures for isolating influenza and all infectious agents including EIDs confirmed patients
Promote use of masks by symptomatic persons in common areas and ensure hand sanitation facilities in all the units
Implement and reinforce national guidelines on infection control
Cohort patients with influenza
Establish segregated waiting areas in the emergency department for person with symptoms of the diseases
use of protocols, guidelines and procedures for patient isolation, quarantine and movement within healthcare facilities and when referred
Trained hospital personnel in infection control and the availability and use of personal protective equipment including Post-exposure prophylaxis
Supervise and ensure proper use of personal protective equipment and action in case of exposure
<b>Infection Prevention and Control Surveillance</b>
Responsibility for surveillance of healthcare associated infections is by the Hospital infection control committee *
Strengthen surveillance for antimicrobial resistance *
Strengthen surveillance in high risk groups in order to promptly detect and investigate clusters of infectious disease patients *
Strengthen surveillance for clusters for unexplained illness/ absenteeism in healthcare workers *
Collect data on magnitude and trends for infectious diseases with potential antimicrobial resistance

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

<b>Infection Prevention and Control Monitoring and Evaluation</b>
Implement a monitoring system for antimicrobial resistance
Evaluate infection control measures and its effectiveness
Publish/ share the updates on infection control measures and its effectiveness
Monitor compliance with infection control measures
Evaluate compliance with infection control measures and their effectiveness
<b>Hospital Isolation and Quarantine</b>
Decontaminate patients and the environment before receiving patients in health care facilities
Designate areas for the care of patients requiring specific isolation precautions according to national or internal guidelines *
Manage patients with highly infectious diseases according to established infection prevention and control standards *
Identify isolation wards for the management of patients with highly infectious diseases
Identify potential alternate isolation and treatment facilities (when health care facilities are overwhelmed)
Isolate all persons with the disease of public health concern
<b>Hospital Surveillance</b>
Implement surveillance for diseases of public health concern in emergency departments and outpatient settings
Transition from passive to active surveillance for illnesses of public health concern in hospitalized patients
Monitor, report and track hospital admissions, discharge and deaths of patients with the disease
Initiate a system for the early detection and treatment of nosocomial infections among patients and hospital personnel
Ensure the current reporting system is working effectively
<b>Hospital Communications</b>
Assign responsibility for internal and external risk communication about the disease
With government/MOPH authorities, develop and activate emergency communication plan
Establish a list of other healthcare facilities with whom it will be necessary to maintain communications and assign responsibility
Ensure frequent and rapid communication within facilities and between facilities and government officials
Provide regular updates to personnel including hospital community board on all facility policies and procedures relevant to the outbreak/ epidemic/ pandemic
Inform administrators, personnel and patients about the ongoing impact of the outbreak/ epidemic/ pandemic on the facility and community
Deploy personnel to provide care outside the healthcare facility
<b>Hospital Triage, Clinical Evaluation and Admission Procedures</b>
<b>Hospital Case Management</b>
Implement case management procedures for IHR relevant hazards * and other emergencies
Disseminate case management guidelines and prepare treatment guidance to be given to outpatients
Implement patient referral according to national or international guidelines *

## National All-Hazard Emergency Response Plan in Health

DRAFT - APRIL 2016

<b>Triage cases</b>
Admission should be based on criteria for suspected cases
Identify a triage coordinator to direct patient flow
Implement phone triage to discourage unnecessary emergency department/outpatient visits
Policy to defer elective admissions and procedures until epidemic wanes
Control and enforce access to medical facility and reduce admissions of routine patients of other departments.
Determine triage and patient flow between health care facilities at various levels
Develop guidelines to screen potential patients through hot lines
Develop rules for terminating treatment of patients suffering from the disease according to patient condition
Establish a clinical triage tool to aid in treatment/ transportation decisions
Triage incoming patients for the disease of public health concern,
<b>Hospital Case Management Evaluation</b>
Share country experiences on case management signs and symptoms and outcomes of major biological, chemical, radiological and nuclear contamination events with the global community
Publish country experiences on case management of major biological, chemical, radiological and nuclear contamination events with the global community
<b>Transport / Transfer of Highly Infectious Cases</b>
Implement patient transportation according to national or international guidelines *
Transport patients based on preapproved triage and transportation system
Develop guidelines for transport of suspected cases to health facilities/isolation areas including Separation of drivers cabin from patient, wearing of PPE of staff accompanying patient, patient to wear mask or PPE, etc., including disinfection of ambulance
Transport suspected cases to health facilities/isolation areas
Coordinate patient transport
<b>Hospital Occupational Health</b>
Protect healthcare workers in facilities
Monitor healthcare workers in facilities as well as absentee workers
Treat healthcare workers in facilities
Implement a national program for protecting healthcare workers
Train healthcare workers to identify potential laboratory acquired infections among staff
Assign responsibility for surveillance for clusters for unexplained illness in healthcare workers
Detect signs and symptoms of the diseases of concern in hospital personnel before they report to work
Furlough or re-assign pregnant staff and others at high risk for complications of the disease
Track all ill and furloughed personnel
Develop a prioritized personnel list for the receipt of prophylaxis and personal protective equipment
Provide hospital personnel with prophylaxis and personal protective equipment (as needed)
Provide housing, food and personal care items for hospital personnel who might be needed on-site for long periods of time
Support staff who have child- or elder-care responsibilities
<b>Hospital Vaccine and Anti-microbial Use and Administration</b>
Provide anti-microbial and/or vaccine (if available) to personnel

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

Send estimated quantities of anti-microbial needed to the MOPH
Document vaccination, prophylaxis and treatment of hospital personnel
Develop and use protocol for reporting incidents of adverse events following anti-microbial use
Develop protocol for altered standards of care and response to include home-treatment
<b>Hospital Surge Capacity</b>
<b>Surge Personnel / Workforce</b>
Assess and monitor surge capacity of the health care facilities
Create a list of essential support personnel that are needed to maintain hospital operations
Institute plan for rapid credentialing of healthcare professionals during an emergency
Re-assign non-essential staff to support critical hospital services starting from the province or neighboring districts
Determine additional health care worker recruitment sources
Enlist and deploy volunteers for healthcare facilities (medical and support)
Mobilize volunteers for healthcare facilities
Develop procedures for managing volunteers
Maintain a pool of health services volunteers (especially from retired staff)
Provide additional safety and security personnel
Identify health care roles for which volunteers are suitable or needed
Ensure medical staff surge capacity
Cross-train clinical personnel who can provide support for essential patient-care areas, i.e. emergency department, intensive care unit, etc.
Establish private partnerships/contracts for support services such as engineering, call-centers, laborers/temporary services, equipment operators
Train non-clinical staff, volunteers, and family members of patients to assist clinical personnel in providing basic patient care
<b>Surge Bed Capacity</b>
Review and revise admission criteria to limit admissions for emergency life-saving cases only
Discharge patients who do not require or will not benefit from ongoing inpatient care
Follow-up patients at home who were discharged early or with deferred admission
Monitor the availability of ventilator
Monitor availability of ICU beds
Ensure surge capacity for beds
Track bed availability and report to MOPH
<b>Surge Consumable and Durable Supplies</b>
Maintain an inventory of all hospital managed equipment and supplies
Provide additional antibiotics for secondary infections due to the disease
Consult with MOPH about how to access national stockpile
Ensure toilet, sinks and shower surge capacity
Ensure food services (refrigeration, food handling, preparation) for surge capacity
Ensure surge capacity environmental services (line, laundry, waste)
Ensure adequate floor space between patients
Identify and maintain sources of medical surge supplies



DRAFT

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

<b>Mortuary Issues</b>
Identify temporary morgue sites
Ensure adequate supplies needed to handle increased number of deceased
Coordinate with MOPH and relevant agencies on provision of mass mortuary services, including search and rescue interventions
<b>Disinfection, Decontamination and Vector Control</b>
<b>Disinfection, Decontamination and Vector Control Equipment and Materials</b>
Maintain inventory of essential materials for disinfection and vector control *
Maintain inventory of personal protective equipment
Purchase personal protective equipment
Store personal protective equipment
Upkeep and maintain decontamination equipment
<b>Disinfection, Decontamination and Vector Control Staffing</b>
Recruit new team members for decontamination
<b>Disinfection, Decontamination and Vector Control Documentation</b>
Maintain exposure records

## I. PRIMARY HEALTH CARE

<b>First Aid</b>
Deploy personnel to provide care outside the healthcare facility
Monitor needs and supports of deployed staff to non-hospital settings
Provide mobile communication to deployed health care personnel
Identify and mobilize community facilities and staffing for patients who can't be hospitalized or cared for at home
Manage cases outside of a healthcare facility context, in the community
<b>Mass Casualty Management</b>
<u>The Pre-disaster phase</u> a) Planning: Most of the assessment and planning is done in the pre disaster phase, the hospital plans are formulated and then discussed in a suitable forum for approval. b) Hospital disaster plan regularly revised and disseminated to all concerned. c) regular refresher trainings and simulation exercises for staff involved in emergency response
<u>Disaster Phase</u> <ul style="list-style-type: none"> <li>• Alert and notification of emergency.</li> <li>• Activation of the chain of command in the hospital.</li> <li>• Deactivation of the hospital emergency plan when the administration/command of the hospital is satisfied that the influx of mass casualty victims is not continuing to overwhelm the hospital facilities.</li> </ul>
<u>Post Disaster Phase</u> This is an important phase of disaster planning where the activities of the disaster/ emergency phase are

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

discussed and the inadequacies are noted for future improvements.
<b>Non-Communicable Diseases</b>
Ensure continuous supply of drugs for people who are already on treatment for NCDs e.g. diabetes, hypertension
Monitoring of NCDs on people who are already diagnosed – blood glucose/urine glucose, blood pressure
Assessment of the mental, neurological and substance use (MNS) conditions in coordination with the general health care.
Arrange a private space (unmarked if possible to prevent avoidance of MNS services out of fear or social stigma).
Identify staff members to be trained on MNS care.
Brief all staff about providing a supportive atmosphere for people with MNS conditions
Assign at least one trained staff member be physically present at any given time on “MNS duty
Prepare and disseminate messages for the community about available MNS care
Ensure that clinic has the updated contact list for referrals for the care of MNS conditions.
Work with relevant decision-makers to ensure a constant supply of essential medicines for MNS conditions: at least one antipsychotic medicine (tablet and injectable forms), one anti-Parkinsonian medicine (to deal with potential extrapyramidal side effects - in tablet form), one anticonvulsant/antiepileptic medicine (tablet form), one antidepressant medicine (tablet form) and one anxiolytic medicine (tablet and injectable forms).
<b>Communicable Diseases</b>
<b>Mass Anti-Viral Distribution and Use: Planning</b>
Establish a priority list of target groups and estimate number of people that should receive pandemic influenza anti-virals
Estimate the amount of anti-virals and medical supplies to be requested
Develop the plan for storage, transportation and distribution of anti-virals
Request the Government’s permission for use of anti-virals (as a part of comprehensive national plan for pandemic preparedness and response) after pandemic declaration by WHO
<b>Mass Anti-Viral Distribution and Use: Implementing the Plan</b>
Adapt anti-viral guidelines/instructions to pandemic
Provide training for anti-viral handling, storage, security and side effects
If anti-viral quantity is limited, identify priority groups and distribute anti-virals
If anti-viral quantity is sufficient, carry out anti-viral distribution plan to all target groups
Provide information and guidelines to recipients on how to take anti-virals and potential adverse effects
Maintain data on individuals who received anti-virals
Maintain anti-viral inventory and ensure re-supply
Coordinate anti-viral information with communication subcommittee of the National Steering Committee for Pandemic Influenza in Humans
Report progress (including adverse events) on anti-viral distribution to relevant parties
<b>Mass Vaccination: Planning</b>
Establish a priority list of target groups and estimate number of people that should receive pandemic influenza vaccine
Estimate the amount of vaccine and medical supplies to be requested

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

Develop the plan for storage and transportation of vaccine
Identify and select vaccination facilities
Define which vaccination facilities will vaccinate which target groups
Develop the vaccination schedule for each vaccination facilities
Request the Government's permission to use vaccine after pandemic declaration by WHO
<b>Mass Vaccination: Implementing the Plan</b>
Adapt vaccination guidelines/instructions to pandemic
Provide training for vaccine handling, storage, security and side effects
Carry out vaccination plan at all levels from central to grassroots levels if vaccine quantity is sufficient
Identify and vaccinate priority groups if vaccine quantity is limited
Provide information and guidelines to recipients on potential adverse effects
Maintain data on vaccinated individuals
Maintain vaccine inventory, ensure re-supply and equipment (e.g., needles, syringes, alcohol wipes, bandages) and ensure re-supply
Coordinate vaccination information with communication subcommittee of the National Steering Committee for Pandemic Influenza in Humans
Report vaccination progress (including adverse events) to relevant parties
<b>Maternal and Child Health</b>
Contribute to rapid assessment of health sector through Health Cluster/Inter-Agency Coordination mechanism
Assist in re-establishing the delivery of essential care services to women, newborn and children with a main focus on: treatment of malaria, pneumonia and diarrhea; maternal health services; immunization; nutrition (breastfeeding and essential infant and young child feeding), HIV prevention and treatment; services for victims of sexual violence and child abuse
Contribute to the re-establishment of disrupted referral systems by facilitating transport and communication between communities, health centres and hospitals
Support community-based triage and referral of women and children to functioning health facilities and where deployed, a basic health care emergency unit
If access to a health facility is not possible, assist in prevention of excess maternal and newborn morbidity and mortality by providing clean delivery kits to visibly pregnant women and birth attendants
Disseminate key health education messages to affected communities with a focus on health services available, danger signs recognition and home management of the most common life-threatening conditions
<b>Nutrition</b>
Conduct rapid nutrition assessments to determine severity and extent of acute malnutrition
Implement Active case-finding, referral and follow-up of children with acute malnutrition
Implement infant feeding guidelines in emergencies (IFE) and the International Code of Marketing of Breastmilk
Address Moderate acute malnutrition through blanket or targeted supplementary feeding depending on the levels of acute malnutrition
Address severe acute malnutrition through therapeutic care (outpatient treatment for severe acute malnutrition without medical complications and inpatient management for those with medical complications or young infants-use standard protocols for admission and discharge

**National All-Hazard Emergency Response Plan in Health**  
DRAFT - APRIL 2016

Implement prevention of micronutrient deficiencies through Vitamin A supplementation alongside measles vaccination and inclusion of zinc with oral rehydration salts (ORS) in guidelines to treat diarrhoea
Report on programme coverage and treatment outcomes
<b>Mental Health</b>
Promote health staff welfare as the first priority.
Identification of Mental Health Needs: <ul style="list-style-type: none"> <li>• Individual psychological triage</li> <li>• Mental health surveillance</li> </ul>
Identify mental health needs and prioritize clients and responders at greatest risk Psychoeducation, EPFA, Community resilience support and or training.
Targeted Interventions : Secondary assessment, Referrals, Crisis intervention, Casualty support Advocacy
<b>Environmental Health</b>
Define emergency scenario related to environmental health based on historical data and risk factors present in Afghanistan and the neighboring countries
Provide technical guidance on equipment, tools, standard operating procedures to reduce mortality and morbidity related to environmental health in case of emergency
Pre-position equipment as recommended in technical guidelines in regions identify as at risk of environmental disaster
Maintain a human resource capacity to respond and contribute to coordination of environmental health related emergency
Protect health facilities from Hospital Acquired Infections transmission through provision of a standard environmental health emergency package including waste management, safe water supply, excreta and wastewater management, airborne infection control, vector control and hygiene promotion

## **J. FATALITY MANAGEMENT**

<b>Fatality Management System</b>
Coordinate with Hospitals, Medical Agencies, Local Authorities to guide the hospital morgues, and local mortuary sites
Identify vendors for equipment and supplies required in the provision of mortuary care
Ensure the availability of vendors and their supplies
Implement protocols for handling infected and contaminated remains
Coordinate the fatality management process with coroner / medical examiner
Implement a death reporting system
Implement methods for estimating or counting emergency-related deaths
Identify morgues and mortuary sites
Create and maintain deceased person registry
Coordinate with government health officials on provision of mass mortuary services
Systematically collect death information
Maintain death registers
<b>Fatality Management Procedures</b>
Enact a protocol for the safe and culturally sensitive handling of decedents
Enact procedures for body retrieval, transport decedents to mortuary services, and store decedents' bodies
Conduct victim identification
Notify next of kin
Collect, track, disinfect, store, return or dispose of personal belongings
Cremate or bury decedents
<b>Management of the Bereaved Family</b>
This family should be shifted to safe area
Provide shelter / food / water / clothes medication/vaccination.....

## Appendix B: Acronyms

<b>Acronym</b>	<b>Meaning</b>
ANDMA	Afghanistan National Disaster Management Agency
CoMO	Communications & Media Officer
EOC	Emergency Operations Centre
EWS	Early Warning System
IC	Incident Command
ICU	Intensive Care Unit
IHR	International Health Regulations
LO	Liaison Officer
LS	Logistics Section
MDR-TB	Multidrug-Resistant Tuberculosis
MOPH	Ministry of Health
NFP	National Focal Point
NERPH	National All Hazard Emergency Plan for Response
NGO	Non-Governmental Organization
OS	Operations Section
PHEIC	Public Health Emergency of International Concern
PS	Planning Section
RRT	Rapid Response Teams
SO	Safety Officer
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization