Asses national EWAR capacity

1. Define objectives of assessment

The epidemiologists on the team should carry out a rapid assessment of the capacity of existing surveillance system and the unmet needs for an updated EWAR system. The assessment should rapidly evaluate:

1. Gaps in the early warning, alert, and response process;

2. Gaps in the system's coverage of the displaced population;

3. How the current surveillance infrastructure can support EWAR in the current emergency.

2 Agree on key questions

This requires discussing with MoH staff who know the national system well, reviewing recent surveillance data and evaluations, and consulting situation reports on the crisis from OCHA and others. See Box X for guiding questions.

🔲 Guiding questions for rapid assessment

Population under surveillance

1. What population is covered under national surveillance?

2. What is the geographical coverage of the system in the area affected by the emergency? (i.e., villages, districts, etc.)

3. What populations are missing from surveillance? For example, are there camps/settlements/communities that are internally displaced, made up of refugees and/or located in remote locations that are not accessing health facilities? What is their status and location?

Diseases under surveillance

1. What are the infectious and non-infectious hazards covered under surveillance?

2. Which hazards are immediately reportable?

3. What is the frequency of reporting?

4. Are standard case definitions used?

Data reporting

1. How does patient data reach the database?

2. Is data reporting done using electronic means (email, mobile phone, other software)? What is the perceived functionality of reporting?

3. Does community-based surveillance exist and/or community health workers who could potentially conduct EBS?

4. Are other surveillance programs present (e.g., for AFP)?

5. What is the perceived timeliness and completeness of reporting from reporting sites?

6. What type of data analysis is done, and how frequently? What type of dissemination is done and how frequently?

7. What are the information products / epidemiological bulletins that are published? Who are they shared with? How are they acted upon?

Alert 1. Are there alert thresholds assigned to all diseases under surveillance with

Outbreak detection

1. How are outbreaks normally detected?

2. Is there any EWAR function present (e.g., IBS, EBS, verification, risk assessment, rapid response)? What is the perceived effectiveness?

3. What is the linkage to the national/regional laboratory? How rapidly can an outbreak be confirmed?

4. Does an outbreak investigation team exist?

Infrastructure 1. What are the human resources available? (i.e., health information manager(s), epidemiologist(s), specimen collection, etc.) 2. What electronic tools and laboratory materials are available? (i.e., laptops, mobile phones, solar chargers, datahubs, electronic data collection tools, specimen collection kits, transport media, etc.) 3. Is there a national laboratory network? Are there established SOPs for specimen collection, transport and testing?

Human resources 1. What are the administrative levels with the country? What are the staffing for EWAR at each level?

eletronic tools 1. Which electronic system is used in the country to manage EWAR data? What is sued to collect data at the frontline? How is data transmitted to the next level? What is the communication network (telephone, interent)

3. Agree on outcome and next steps

This exercise should take no more than two to three days. The outcome should be a clear decision which fulfills the objectives outlined at the start. A key decision will be whether or not the emergency requires a dedicated, emergency EWAR system to be deployed or if this can be fulfilled by the existing national system.