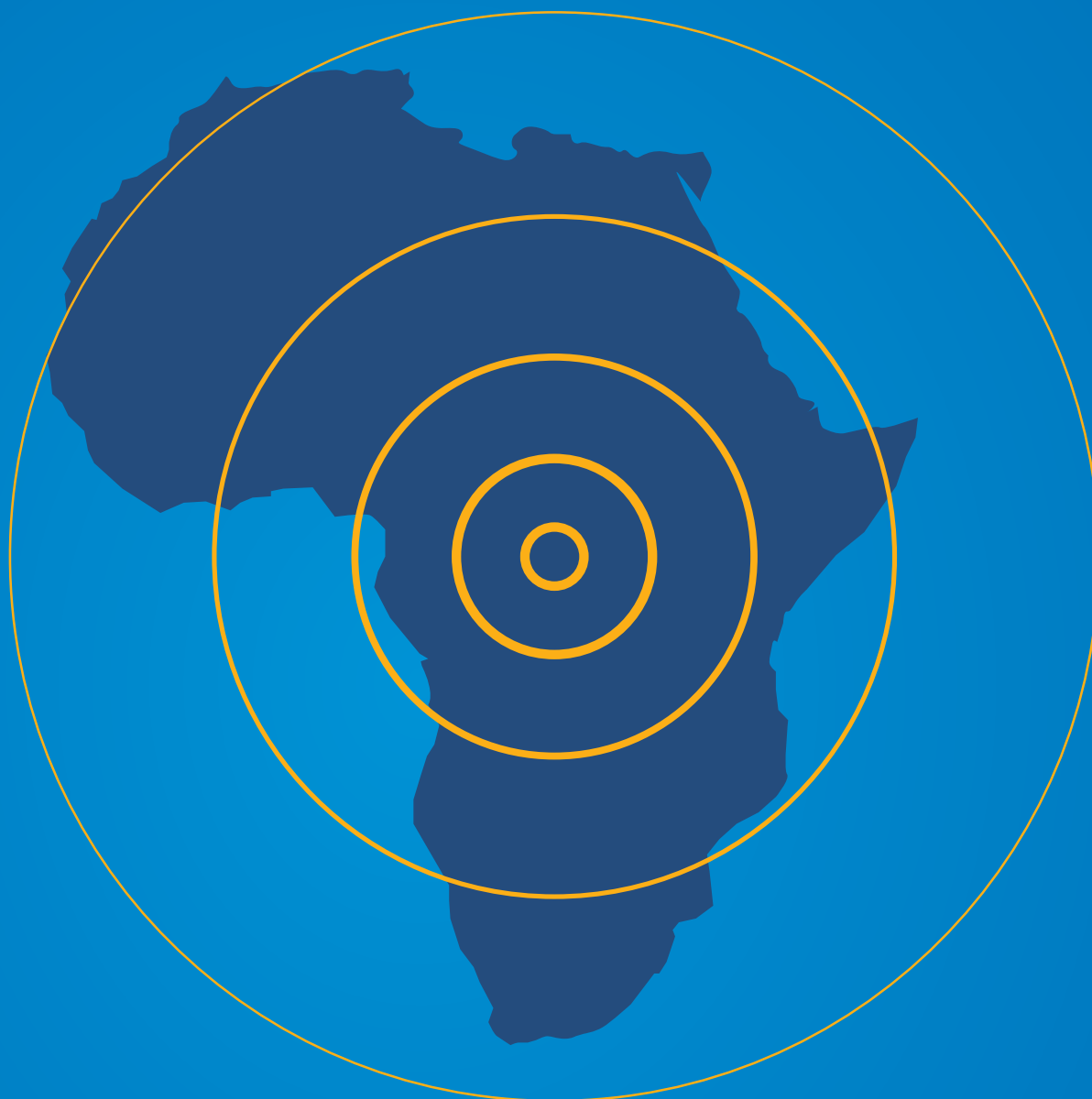


Public Health Emergency Operations Center (PHEOC) Legal Framework Guide:

A Guide for the Development of a Legal Framework to
Authorize the Establishment and Operationalization of a PHEOC



Public Health Emergency Operations Center (PHEOC) Legal Framework Guide: A Guide for the Development of a Legal Framework to Authorize the Establishment and Operationalization of a PHEOC

ISBN: 978-929023448-7

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Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Designed and printed in the WHO Regional Office for Africa, Brazzaville, Congo

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1. Acknowledgements

This publication is the product of extensive collaboration between World Health Organization (WHO) Regional Office for Africa, partners and Member States. The professionals listed below participated in various ways during development of this document.

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2. Introduction

A public health emergency operation center (PHEOC) serves as a hub for better coordinating the preparation, response, and recovery for public health emergencies. A functional PHEOC is critical for the implementation of the International Health Regulations (IHR 2005). *The Framework for a Public Health Emergency Operations Centre* provides high-level guidance for establishing or strengthening a PHEOC.¹ To establish and/or strengthen a PHEOC, it is vital for Member States to align with standardized policies, guidelines, and tools.

Laws are foundational to public health practice.*² Laws establish and delineate the missions of public health agencies, provide authority and scope of public health functions, and appropriate necessary funds.³ Law, along with epidemiology, is an essential tool in public health practice.⁴ Increasingly, law is being recognized and used as a tool for improving health on the global stage.⁵ Public health law can establish governmental authorities for many public health activities, including coordinating responses to public health threats, creating and promoting healthier environments, and generating the information base needed for timely action and policies.⁵ Thus, as countries strive to continue to strengthen public health systems, international and national legal frameworks can play a critical role in assisting governments to improve their health infrastructures and operations.⁶

This document provides the required guidance to Member States for establishing and/or strengthening legal authorities for a PHEOC and describes the process of developing or amending country-specific legal frameworks. It will serve as a reference to the Member States of the African Region to adapt their PHEOC legal instruments as necessary, in line with the laws and practices of each sovereign state. The PHEOC legal framework guide also includes information on the stakeholder engagement process and key considerations for potential inclusion in the national sphere of each Member State.

3. Rationale and Justification for the Development of the PHEOC Legal Framework Guide

PHEOCs serve as a nerve centre for preparing and responding to public health emergencies. WHO recommends that PHEOCs develop a legal instrument to authorize the PHEOC itself as well as the specific roles and responsibilities that control PHEOC organizational and operational activities at all times. The PHEOC legal framework guide can be used by Member States of the Africa Region as a reference to guide development of country specific legal instruments adapted to the specific country context. Developing legal authorities for a PHEOC is essential to managing public health emergencies.¹ Legal authority can help outline the PHEOC's roles and responsibilities, its coordination mechanisms with national and international disaster management resources, funding mechanism for the operations of a PHEOC, among other roles and responsibilities.¹ Legal authority for a PHEOC can help provide clear scope of authorities to ensure clear response to public health emergencies in order to ensure optimal and effective use of the staff, facility, and resources.¹

* Public health law can be defined as the study of the legal powers and duties of the state, in collaboration with its partners, to assure the conditions for people to be healthy, and the limitations on the power of the state to constrain the autonomy, privacy, liberty, and proprietary or other legally protected interests of individuals for the common good.²

4. Impetus for Development of a PHEOC

Public health threats continue to be major source of concern for Member States throughout the African Region. Recognizing that public health threats require a coordinated response, PHEOCs integrate traditional public health services and other functions into an emergency management model.⁷ The *WHO Handbook for Developing a PHEOC – Part A: Policies, Plans and Procedures*, describes various types of PHEOCs based upon capabilities and capacities.⁷ The types were designed to provide best-fit options for countries to select, given designated resources.⁷ It is the responsibility of the Member State to assess its own resources and select the option that best meets their specific needs and requirements.

The PHEOC is part of a public health emergency management program that integrates risk analysis, preparedness, response, and recovery.¹

The program includes, but is not limited to:

1. prevention and mitigation of hazards[‡],
2. enhancing readiness by stockpiling response resources,
3. collaboration with related institutional and technical capacities and capabilities (e.g., laboratories, community clinics, and rapid response teams),
4. integrating public health surveillance,
5. enhancing and integrating relevant multi-sectoral programs,
6. engaging communities,
7. training staff and validating plans.¹

5. PHEOC Planning Guidance for Legal Framework Development

A well-designed PHEOC implementation plan is a prerequisite for the development of a PHEOC.¹

The essential components to this process are:

1. establishing legal authority,
2. forming an effective steering committee and policy group,
3. developing main objectives,
4. defining essential functions of the PHEOC,
5. developing the core components of the PHEOC,
6. training and exercises,
7. costing, funding, and sustaining the PHEOC, and
8. monitoring and evaluation.¹

[‡] This should involve other relevant sectors when the hazard has a multisectoral impact.

6. International Health Regulations (2005)

The International Health Regulations (IHR 2005) are binding on 196 countries across the globe, including all Member States of WHO.⁸ Through IHR (2005), countries have agreed to build their capacity to prevent, detect, and respond to public health emergencies and the international spread of disease.⁸ Their aim is to help the international community to prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.⁹ Building on the unique experience of WHO in global disease surveillance, alert, and response, the IHR specifically requires that countries define their national rights and obligations to uphold their agreement to meet the core capacities of IHR (2005).⁸ Under Article 54 of IHR, countries are required to report annually to the World Health Assembly on progress made in implementing the Regulations.^{10, 11} Consequently, the obligatory State Party Annual Reporting (SPAR) tool was developed by WHO in consultation with Member States.¹⁰ In addition, WHO and its partners have developed the Joint External Evaluation (JEE) tool based on existing tools which is one of the voluntary components of the *IHR Monitoring and Evaluation Framework (IHRMEF)*.¹² The JEE emphasizes the impact that law can have on IHR implementation by stating that even where nations' legal system do not require new or revised legislation to implement health systems changes, the revision of national laws may still be a "more efficient, effective, or beneficial manner" to facilitate implementation.¹³

Specifically, IHR (2005) requires that States Parties develop, strengthen, and maintain their capacity to respond promptly and effectively to public health risks and public health emergencies.¹ IHR (2005) presents a shared responsibility for global health security. The stated purpose and scope of the IHR are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic or trade."¹⁴

Functions of IHR (2005) in emergency management:

- Establish a process for international collaboration and decision making during public health emergencies;
- Require reporting of specific diseases plus any potential international public health emergencies regardless of origin or source;
- Establish a global network of 24/7 National Focal Points (NFP);
- Establish core capacities for surveillance and response for all countries at all levels (local, intermediate, national).¹⁴

7. Development of Legal Authority for a PHEOC

A functional PHEOC is an important component of meeting the IHR requirements.¹ PHEOC legal authority provided by legislation or government directive can be utilized to provide an entity (public health department, ministry, or agency) with the requisite authority to manage public health emergencies and is an essential component of a national emergency management framework.⁷

To support the development of emergency management activities, a legal framework may be utilized to develop the requisite legal authority for the adequate operationalization of PHEOC.

A PHEOC without legal authority lacks official mandate to better operate in the context of multisectoral involvement in the management of public health events.⁷ While mechanisms for the development of legal authority will vary by country, the objective is to create an emergency management directive that identifies the specific requirements of a PHEOC.

A PHEOC legal mandate can provide a basis for the following, among other, core attributes:



In addition, the legal mandate for the PHEOC can help to provide clear scope for its work and operational engagements.⁷ This helps to ensure synergy among existing institutions and avoid potential confusion and unnecessary duplication of efforts. Any established legal authority must be consistent and compliant with the existing laws and emergency management systems. The comprehensive review of existing legal authorities and emergency management systems must be completed prior to the development of new authorities to determine if any amendments to existing laws and systems are necessary. The development and/or implementation of the National Action Plan for Health Security (NAPHS) post Joint External Evaluation also offers an opportunity to further consider this activity since national legislation is critical in supporting IHR implementation.¹⁵

8. Process for Engagement and Development of Legal Authority for a PHEOC

<p>Engagement of Champion to Lead Development Process</p>	<ul style="list-style-type: none"> • Identification of an influential technical expert who can guide the process to completion • E.g., Emergency Operations Manager • E.g., Governance Council • E.g., Ministry of Health Legal Counsel (if applicable)
<p>Existing Emergency Management Structures</p>	<ul style="list-style-type: none"> • Review of relationship between the PHEOC and existing emergency management structures • Discussion and evaluation of current status of the PHEOC (e.g., new structure, existing structure, or change of structure) • Discussion of proposed or current organization structure of the PHEOC (e.g., where the PHEOC is currently anchored or proposed to be anchored) • Situational analysis (e.g., SWOT) • Development of a concept note
<p>Advocacy</p>	<ul style="list-style-type: none"> • Stakeholder mapping • Description of technical resources needed to complete the process • Mutisectoral communication and coordination to increase awareness of proposed activities
<p>Technical Workgroup</p>	<ul style="list-style-type: none"> • Development of terms of reference and scope of proposed activities for completion of process • Mutisectoral engagement and review of documentation • Development of key priorities for inclusion in the legal framework
<p>Development of the Legal Framework</p>	<ul style="list-style-type: none"> • Engagement of technical workgroup and key stakeholders to complete a draft zero based on the developed list of priorities for inclusion • Engagement of legal champions • Review of draft zero • Mutisectoral validation of draft zero • Finalization and review of draft document by requisite committees and legal counsel
<p>Submission</p>	<ul style="list-style-type: none"> • Submission to relevant authorities for approval • Assessment of additional SOPs, policies or guides to assist with implementation • Engagement of key stakeholders to help ensure implementation • Assessment of additional legal authorities necessary to help ensure emergency management operations

9. Overview of the PHEOC Legal Framework Guide

This Guide describes 12 legal domains or categories of law frequently included in legal instruments and used to enable development of a PHEOC. Under each of these domains are listed attributes, details of which might be included in the domains or categories of law. Note that in some cases the attributes provide options, but not all will be relevant to the individual country context. The consensual decision rests with each Member State. Recognizing that each country context is unique, it will be up to the country to choose which, if any, options are the most appropriate. In countries where multiple legal initiatives are underway, coordination is necessary to ensure that any new or amended legal instruments are not in conflict with any existing mandates both within the Ministry of Health (MOH) and outside the MOH. This includes review of potential conflicts with newly established structures such as National Public Health Institutes (NPHIs) or other actors who are authorized to perform public health functions across the health system.

The list included in the guide contains some of the key elements that may be included in a legal instrument for a PHEOC. It outlines how documents may be organized, but the order in which they appear, and the exact language used depends on the government structure and the country context. This information is given only as a general guide; the intention is not to establish a model legal instrument. The exact language used will depend on the government structure and the country context.

Table 1 – Domains to consider when developing a legal instrument for a PHEOC

I. Definitions

The legal instrument provides definitions of key terms

II. Establishment

The legal instrument establishes and enables the development of the PHEOC

III. Governance

The legal instrument establishes the governance structure of the PHEOC

IV. Functions

The legal instrument describes the core functions of the PHEOC

V. Medical Countermeasures and Personnel Deployment

The legal instrument authorizes additional medical countermeasures and requirements for personnel deployment

VI. Activation and Deactivation

The legal instrument establishes parameters for activation and deactivation

VII. Leadership

The legal instrument establishes the leadership structure of PHEOC operations

VIII. Steering Committee and Policy Group

The legal instrument establishes PHEOC committees and groups

IX. Accountability and Reporting

The legal instrument establishes reporting mechanisms

X. Financial Resources

The legal instrument authorizes funding

XI. Effective Date

The legal instrument sets an effective date

XII. Repeal, Amendment, or Transfer of Prior Authorities

10. PHEOC Legal Framework Guide Domains and Attributes (Legal Characteristics)

See Annex 1 for full list of domains and attributes.

I. Definitions

This section should include any term found in the document that does not have a standard or publicly accepted meaning. A few examples include public health emergency, national public health institute, isolation, quarantine, and public health emergency of international concern. Any term used anywhere in the document should be used consistently throughout.

II. Establishment – Creation of a PHEOC

This section is used to enable the establishment of the PHEOC. Formal authorization to establish the PHEOC is often included up front in the legal instrument, but placement will vary by country context.

Table 2 – Legal domains and attributes to authorize a PHEOC

Domain 2	The legal instrument authorizes a PHEOC	
	<p>2.1 The legal instrument authorizes a PHEOC</p> <p>2.2 The legal instrument authorizes a national level PHEOC</p> <p style="padding-left: 20px;">2.2.1 The legal instrument designates whether the national level PHEOC is permanently authorized or on an as needed basis</p> <p style="padding-left: 40px;">2.2.1.1 The legal instrument authorizes subnational PHEOCs</p> <p style="padding-left: 60px;">2.2.1.1.1 The legal instrument designates whether PHEOCs are authorized on a permanent or on an as-needed basis</p> <p style="padding-left: 60px;">2.2.1.1.2 The legal instrument establishes support, coordination, and communication mechanisms required by the subnational PHEOC</p>	<p>← Legal domain corresponds to the major areas of law</p> <p>↙ Attributes provide more detail about what could be covered in the legal instrument</p> <p>↙ Sub-Attributes provide even greater details on subsequent areas to be covered in the legal instrument</p>

III. Governance Structure

3.1.1–3.1.2 list two general categories describing potential anchor points for the PHEOC. Depending on the governance structure, the general anchor points and terminology used may vary. However, designation of where the PHEOC is anchored within the governmental structure is a fundamental decision that must be finalized prior to the creation of the PHEOC.

Table 3 – Legal domains and attributes for the governance structure of the PHEOC

Domain 3	The legal instrument establishes the governance structure of the PHEOC
	<p>3.1 The legal instrument establishes the governance structure or where the PHEOC is anchored</p> <p>3.1.1 The legal instrument establishes the PHEOC within the Ministry of Health</p> <p>3.1.1.1 The legal instrument defines where the PHEOC is anchored within the Ministry of Health organogram</p> <p>OR</p> <p>3.1.2 The legal instrument establishes the PHEOC in other governance structures (e.g., National Public Health Institute – may be parastatal or in line)</p> <p>3.1.2.1 The legal instrument defines where the PHEOC is anchored within the organogram</p> <p>3.2 The legal instrument defines clear terms of coordination between the PHEOC and national-level leadership structures</p> <p>3.3 The legal instrument defines clear terms of coordination between the PHEOC and existing national emergency operations centres or all hazards commands</p>

IV. Functions of the PHEOC

As part of the public health emergency management program, the PHEOC functions commonly addressed in PHEOC legal instruments include elements of risk analysis, preparedness, response, and recovery. Sometimes, PHEOC legal instruments may provide significant details about specific PHEOC functions and scope of public health emergency powers. Some Member States may choose to specify in detail the range of allowable functions of the PHEOC as well as specific limitations on those functions and public health emergency powers. While others may choose to leave the functions more general, particularly if the responsibilities and functions of the PHEOC and the scope of public health emergency powers are expected to expand substantially over time. This will allow enough flexibility to allow for changes in context, changes in technology, or even changes based on new or emerging threats.[§] Specific attributes for consideration are included in Domain Table 4.

Some broad considerations related to functions of a PHEOC are:

1. Defining the emergency measures to be implemented depending on the public health events involved.
2. Ensuring that all necessary plans and procedures for public health emergency management are in place.
3. Promoting an integrated and coordinated system for public health emergency management.
4. Creating and developing response plans and standard operating procedures.
5. Ensuring timely, event-specific operational decision-making, using the best available information, policy, technical advice and plans.
6. Ensuring timely communication and coordination with national decision-making bodies and response partners.
7. Collecting, collating, analyzing, presenting and utilizing event data and information.
8. Acquiring and deploying resources, including surge capacity, services and material to support all EOC functions.
9. Preparing public communications and coordination with response partners to support audience awareness, outreach and social mobilization.
10. Monitoring financial commitments and providing administrative services for the PHEOC.
11. Liaising between the health sector and the national disaster management agency.
12. Coordinating and alignment of systems with multisectoral actors and to sub-national level.^{1,7}

[§] Countries may have legal standards in place that guide how much detail must be placed in legislation.

Table 4 – Legal domain and attributes related to the functions of a PHEOC

Domain 4	The legal instrument describes the core functions of the PHEOC
	<p>4.1 The legal instrument designates administrative roles and functions</p> <p>4.1.1 The legal instrument requires the PHEOC to promote an integrated and coordinated system for public health emergency management</p> <p>4.1.1.1 The legal instrument requires the PHEOC to create and develop response plans and standard operating procedures for public health emergency management</p> <p>4.1.2 The legal instrument requires and enables timely communication and coordination with national decision-making bodies</p> <p>4.1.2.1 The legal instrument requires the PHEOC to serve as a liaison between the health sector and the national disaster management agencies</p> <p>4.1.2.2 The legal instrument enables coordination and communication between and among sectors during public health emergencies</p> <p>4.1.2.2.1 The legal instrument designates a focal point(s) for multisectoral coordination</p> <p>4.1.2.3 The legal instrument enables the PHEOC to coordinate and align national actors with sub-national actors</p> <p>4.1.3 The legal instrument requires the PHEOC to collect, analyze, and utilize event specific data</p> <p>4.1.4 The legal instrument requires the PHEOC to create and define emergency measures to be implemented in accordance with the public health event involved</p> <p>4.1.5 The legal instrument requires the PHEOC to conduct public health emergency response training</p> <p>4.2 The legal instrument specifies the range of allowable functions for the PHEOC during an activation</p> <p>4.2.1 Surveillance</p> <p>4.2.2 Real-time biosurveillance</p> <p>4.2.3 Coordination and direction</p> <p>4.2.4 International reporting</p> <p>4.2.5 Communication with foreign EOCs</p> <p>4.2.5.1 Communication with subnational EOCs</p> <p>4.2.6 Policy making</p> <p>4.2.7 Supervision</p> <p>4.2.8 Evaluation</p>

V. Medical Countermeasures and Personnel Deployment

Medical countermeasures (MCM) are life-saving medicines and medical supplies that can be used to diagnose, prevent, protect from, or treat conditions associated with chemical, biological, nuclear, natural disasters, or emerging infectious diseases.¹⁶ Having enough medicines and supplies can help save the lives of those who may need them most during a public health emergency.¹⁶ A PHEOC is often more narrowly limited to the development and operation of the PHEOC as the center for managing and coordinating responses to public health emergencies.⁷ However, in the wider context of a comprehensive risk management program, other pre-emergency activities are also concerned with enhancing preparedness and readiness independently of the operations and response planning that is central to the PHEOC.⁷ Typically, these entail such activities as prevention and mitigation program, training and exercises, deployment of stockpiles of resources, and identification of back-up supply chains for critical resources.⁷ This identification of resources also includes planning and preparedness for ensuring sufficient personnel. While it is expected that States Parties to the IHR (2005) will ultimately have well-functioning capacity to deal with public health risks and manage public health emergencies, it is understood that some jurisdictions have limited capacity for the type of planning and infrastructure development outlined in this document.⁷

Table 5 – Legal domain and attributes related to authorized medical countermeasures and personnel deployment

Domain 5	The legal instrument describes authorized medical countermeasures and personnel deployment
	<p>5.1 The legal instrument specifies additional consideration for emergency management operations or medical counter measures (per communication and coordination with existing emergency management entities)</p> <p>5.1.1 Permits the temporary involvement of national or international volunteers</p> <p>5.1.1.1 Authorizes visa waivers for medical personnel deployment</p> <p>5.1.1.1.1 Provides for expedited visas for medical personnel</p> <p>5.1.1.1.2 Recognizes a corresponding license to practice from a foreign country</p> <p>5.1.1.1.3 Recognizes international agreements to provide mutually recognized license to practice across nations in the contexts of an emergency</p> <p>5.1.2 Specifies protection and liability provisions for first responders</p> <p>5.1.2.1 Applies to all conditions that may arise</p> <p>5.1.2.2 Applies when practitioner is carrying out duties under the scope of practice</p> <p>5.1.2.3 Applies when practitioner is acting in good faith</p> <p>5.1.2.4 Provides criminal liability protections</p> <p>5.1.2.5 Provides civil liability protections</p> <p>5.1.2.5.1 Provides indemnification for judgements</p> <p>5.1.3 Permits the expedited acquisition and utilization of response commodities (e.g., drugs, vaccines, etc.)</p> <p>5.1.3.1 Provides priority authorization</p> <p>5.1.3.2 Provides product authorizations for expanded scope of use</p> <p>5.1.3.3 Provides provisions to manage, duties, customs, taxes, or tariffs for medical countermeasures</p> <p>5.1.4 Permits secondment of staff from other sectors</p> <p>5.1.5 Permits requisition of property or materials from other sectors</p> <p>5.1.6 Specifies the parameters to be outlined in international agreements for assistance in the event of an emergency</p>

VI. Classification of Incident and Activation and Deactivation of the PHEOC

The legal instrument should clarify who has the authority to activate and deactivate the PHEOC to respond to public health emergencies (e.g., Minister of Health or other designated individual). Legal instruments should be used to ensure clarity in this process as well as the circumstances for activating and deactivating the PHEOC.

Activation

Different grades or scales of emergencies require different levels of response. Different response levels are commonly defined in the response mode.^{1,7} The highest level of response concerns events of the greatest magnitude, scope and impact, which also require the greatest resources and coordination.^{1,7} When the incident exceeds and overwhelms the capacity of the health sector, the response will require greater coordination and direction from the national disaster management agency or highest executive authority level.^{1,7} In contrast, lower levels of response address smaller events for which the national PHEOC's capabilities and resources are largely adequate.^{1,7}

Deactivation

Deactivation focuses on achieving an orderly return to normal by progressively scaling back response activities.^{1,7} It includes planning and preparation for when to disengage from response activities.^{1,7} It will also provide direction related to demobilizing, accounting for response resources (including personnel), and initiating an evaluation process such as an After Action Review (AAR) or Corrective Action Plan (CAP).^{1,7}

The legal document often indicates the leadership structure for core PHEOC staff. Typical titles include manager, operations officer, planning officer, logistics officer, administration and finance officer, but these may vary depending on the structure. In some cases, this core staffing structure may be left broad in the initial establishment document to allow for flexibility in staffing during the initial development of the PHEOC functionality.

Table 6 – Legal domain and attributes related to activation and deactivation of the PHEOC

Domain 6	The legal instrument establishes the parameters for activation and deactivation of the PHEOC
	<ul style="list-style-type: none"> 6.1 The legal instrument specifies the circumstances for PHEOC activation <ul style="list-style-type: none"> 6.1.1 The legal instrument specifies authority to activate the PHEOC 6.1.2 The legal instrument specifies activation for public health emergencies 6.1.3 The legal instrument specifies activation for natural disasters (in coordination with other national entities) 6.1.4 The legal instrument specifies activation for all hazards (in coordination with other national entities) 6.2 The legal instrument establishes the parameters and process for activating and deactivating the PHEOC <ul style="list-style-type: none"> 6.2.1 The legal instrument specifies who is authorized to activate and deactivate the PHEOC 6.3 The legal instrument designates a timeframe for the initiation of coordinated response following activation 6.4 The legal instrument provides mandatory requirements for disease reporting <ul style="list-style-type: none"> 6.4.1 The legal instrument includes duty to report <ul style="list-style-type: none"> 6.4.1.1 The legal instrument provides a reporting time frame <ul style="list-style-type: none"> 6.4.1.1.1 Reportable diseases are specified under the law <ul style="list-style-type: none"> 6.4.1.1.1.1 IHR reportable diseases 6.4.1.1.1.2 Any uncommon illness of potential public health concern 6.4.2 The legal instrument specifies mandatory requirements for international reporting of public health emergencies <ul style="list-style-type: none"> 6.4.2.1 The legal instrument specifies government entity(ies) responsible for international disease reporting <ul style="list-style-type: none"> 6.4.2.1.1 The legal instrument specifies IHR focal point for the reporting of human public health events 6.4.2.1.2 The legal instrument designates a focal point for reporting to OIE

VII. IMS Functions and Leadership Structure

Activation of a PHEOC results in activation of a coordination mechanism for emergency response. The Incident Management System (IMS) is internationally recognized as best practice for coordinated emergency response.⁷ It is an emergency management structure with protocols that provide an approach for coordination of response of the PHEOC in a coordinated manner, primarily to respond to and mitigate the effects of all types of emergencies.⁷ The system is modular and scalable, hence can be partially or fully activated depending on the scale of the event.

A. IMS Functions

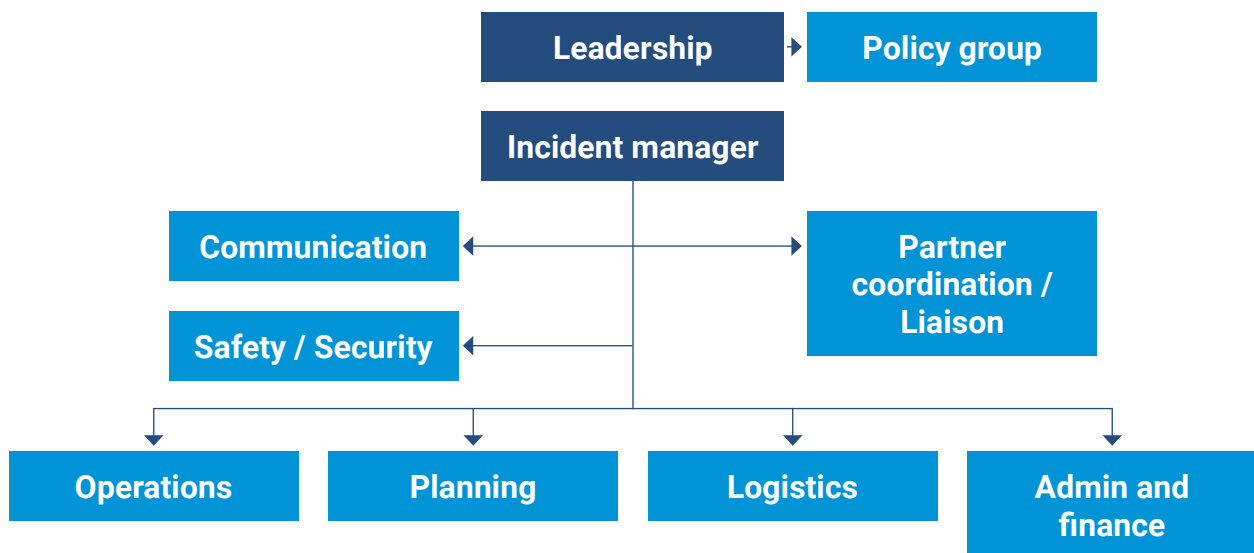
The IMS embraces five functions: **Management, Operations, Planning, Logistics and Administration / Finance.**⁷

1. **Management:** It sets the response objectives, strategies and priorities; including public communication and liaising with agencies and the safety of responders. The Incident Manager is responsible for overall management of the response operation. This role can be assumed by a designated deputy. Leaders of the other four sections report directly to the IM.

The following functions fall under the management section: PHEOC manager, public health communication officer, liaison / partnership officer, and safety / security officer.⁷

2. **Operations:** It guides the use of resources to directly respond to the event and provides coordination and technical guidance at the national level. This section includes but is not limited to the following technical areas: surveillance, laboratory, epidemiological data management, social mobilization, water, sanitation and hygiene, case management, and mass casualty management.⁷
3. **Planning:** It supports the event action planning and budgeting process by tracking resources and collecting and analyzing information. This function is responsible for preparing the incident action plan and maintaining documentation of the event.⁷
4. **Logistics:** It acquires, tracks, stores, stages, maintains, and disposes of material resources required for an event response.⁷
5. **Administration and finance:** It organizes all financial and administrative tasks including accounting, procurement, and human resource, to name but a few.⁷

Fig 1 – IMS structure



B. Leadership Structure

The legal instrument often indicates the leadership structure for the core PHEOC staff. Typical titles for core staff are PHOEC manager, operations officer, planning officer, logistics officer, and administration and finance officer, but may vary depending on the structure. In some cases, this core staffing structure may be left broad in the initial establishment document to allow for flexibility in staffing during the initial development of the PHEOC functionality.

PHEOC manager**

A PHEOC manager must be appointed by the authority under which PHEOC is placed. The reporting structure for the EOC manager should also be specified.

(For example: Health Sector – the Minister of Health appoints the EOC manager who statutorily reports to the Minister of Health).

The responsibilities of the PHEOC manager include:

- Support all PHEOC operations and ensure that the necessary facility and resources are provided;
- Work closely with the Policy Group and ensure that proper emergency and disaster declarations are enacted and documented;
- Ensure PHEOC plans and procedures and monitor their implementation;
- Develop training programs and conduct simulation exercises to test systems;
- Oversee the day to day operation of the PHEOC;
- Staff the PHEOC in collaboration with the incident manager during activation;
- Ensure the proper management of information and documentation; and
- Ensure the timely dissemination of information.

Permanent staff

The permanent staff of PHEOC comprises at least the following:

1. PHEOC manager
2. Operations officer
3. Planning officer
4. Logistics officer
5. Administration and finance officer

The PHEOC must have a roster of multidisciplinary and multi-sectoral experts who will be mobilized in a time-bound fashion when the PHEOC is activated to respond to a public health emergency.¹ Regular training will be organized for these experts by the training office or a qualified individual and exercises conducted to ensure that they are readily available to PHEOC staff or for deployment on the field.¹

Specific considerations include:

1. **Qualifications of the PHEOC leadership** – the legal basis often includes information about the required skills of the core staff. Other requirements include level of education, public health practice, and management experience. If included in the document, it is suggested that the qualifications section be broad enough to allow for the recruitment of diverse candidates;
2. **Selection and approval process** – the legal basis describes how core staff will be selected, including who will make the appointment (For example: the President on the recommendation of the Board of Directors);
3. **Tenure** – when core staff terms of service are specified (often as four- or five-year renewable terms), the stability of the PHEOC increases, since leadership and direction are less subject to political considerations. This is important for stable emergency response management programs;
4. **Removal from office** – clarifying the basis for removing a PHEOC staff and the process for doing so, including who makes the final decision, also contributes to reducing the risk of politicizing this position.

** Note: Some countries refer to this position as PHEOC coordinator.

Table 7 – Legal domain and attributes related to IMS functions and leadership structure of a PHEOC

Domain 7	The legal instrument establishes the leadership structure of core staff for PHEOC
	7.1 The legal instrument enables IMS functions (see IMS Functions above)
	7.2 The legal instrument establishes the role of the PHEOC Manager
	7.2.1 The legal instrument describes the process for appointment, resignation, or removal or addresses tenure of PHEOC Manager
	7.2.2 The legal instrument establishes the professional qualifications and other skills for this position
	7.3 The legal instrument establishes the roles, duties, and authority of core staff. (Details would depend on the way the PHEOC is organized.)
	7.3.1 The legal instrument contains limitations on authorities
	7.3.2 The legal instrument describes the process for obtaining core staff
	7.4 The legal instrument describes the process for obtaining surge staff
	7.4.1 The legal instrument describes the roles and responsibilities for surge capacity staff
	7.4.2 The legal instrument requires response teams from multiple sectors

VIII. Steering Committees and Policy Group

The legal instrument to authorize a PHEOC may include provisions for a steering committee and/or policy groups.⁷ Legal considerations related to establishment of boards can include:

1. **The composition of the steering committee and policy group** – legal guidelines pertaining to the composition of the steering committee and policy group may speak to the relationship to and participation by high-level leadership from the Ministry of Health as well as other governmental entities. There may be requirements to include board members from academia or other sectors as well as provisions for non-voting or “ex-officio” member designation and participation;
2. **A process for member selection** – the legal framework may stipulate certain processes or requirements for the selection of the steering committee and policy group members;
3. **Tenure of members** – the legal framework may stipulate terms of service;
4. **The role of the steering committee and policy group** – in authorizing the steering committee and policy groups, the legal framework may specify the role in oversight, governance, or advisory functions;
5. **Issues related to functioning** – a legal framework may address issues including periodicity of the steering committee and policy group meetings, requirements for recordkeeping, how decisions are to be made, and what constitutes a quorum.

Steering committee

The steering committee should be formed for the planning and development or restructuring of the PHEOC, with membership usually composed of key PHEOC stakeholders and users.⁷ The steering committee determines the size, type, and scope of the intended PHEOC.⁷

Responsibilities of the steering committee (including but not limited to):

- Conduct risk and capacity assessments,
- Define the objectives, core functions and operational structure of the PHEOC, for approval by the policy group,
- Mobilize resources for the PHEOC,
- Develop principal objectives,
- Develop plans and procedures for the PHEOC management and operations,
- Review and approve management and audit reports as well as development and equipment projects for the centre,
- Develop training programs and conduct simulation exercises,
- Plan continuity of operations,
- Evaluate the performance of the PHEOC,
- Support the creation of PHEOC at the provincial and district level.⁷

Policy group

The agency responsible for the PHEOC will establish a policy group to provide guidance to the PHEOC. The policy group includes heads of involved organizations, subject matter experts (including legal counsel and ethics advisor), government officials and other executive officers, and professionals tasked with providing strategic-level leadership.⁷ The policy group provides high-level policy and technical guidance on overall management and facilitates inter-agency and inter-jurisdictional coordination.⁷ Additionally, the policy group is most often responsible for endorsing requests for external resources and assistance.

Roles and responsibilities of the policy group (including but not limited to):

- Provide leadership and strategic guidance to the PHEOC,
- Ascertain funding for sustaining the PHEOC,
- Ascertain funding for emergency operations,
- Ensure relevant plans and procedures are in place,
- Ensure multi-sectoral and multiagency coordination and collaboration.⁷

Member of the policy group (including but not limited to):

- Ministers or relevant sector,
- Representatives of the national disaster management agency or other relevant agencies,
- Key subject matter experts, including legal and ethical advisors.⁷

The policy group may be chaired by the Head of State, the Health Sector Minister, or any person designated by the Head of State, mandated to bring together different sectors.

Table 8 – Legal domain and attributes related to oversight and advisory boards

Domain 8	The legal instrument establishes the steering committee and policy group
	<p>8.1 The legal instrument establishes a steering committee</p> <p>8.1.1 The legal instrument articulates the role or purpose of the steering committee</p> <p>8.1.2 The legal instrument articulates the composition of the steering committee</p> <p>8.1.3 The legal instrument identifies sectors for mandated representation on the steering committee</p> <p>8.1.4 The legal instrument describes how steering committee members are to be selected or designates authority for determining nomination and selection of members to a specific entity</p> <p>8.1.5 The legal instrument sets steering committee member tenure</p> <p>8.1.6 The legal instrument establishes parameters for the steering committee operation and conduct of business</p> <p>8.1.7 The legal instrument establishes steering committee convening periodicity</p> <p>8.2 The legal instrument establishes a policy group</p> <p>8.2.1 The legal instrument articulates the role or purpose of the policy group</p> <p>8.2.2 The legal instrument articulates the membership of the policy group</p> <p>8.2.3 The legal instrument identifies sectors for mandated representation on the policy group</p> <p>8.2.4 The legal instrument describes how policy group members are to be selected or designates authority for determining nomination and selection of members to an entity</p>

IX. Accountability and Reporting

Whether reporting to a Minister or other designated individual or entity, the PHEOC generally will be responsible for reporting on at least an annual basis on such topics as its activities, future plans, and finances.

Table 9 – Legal domain and attributes for accountability and reporting

Domain 9	The legal instrument establishes reporting mechanisms
	<p>9.1 The legal instrument establishes reporting requirements</p> <p>9.2 The legal instrument specifies to which entity(ies) accountability measures and reporting are required</p> <p>9.2.1 The legal instrument specifies content to be reported</p> <p>9.3 The legal instrument requires reporting on a regular and reoccurring basis</p> <p>9.3.1 The legal instrument requires annual reporting or other time bound period</p>

X. Financial Resources

The PHEOC legal framework can authorize funding, set fund utilization parameters, and establish certain budgeting and managing practices. Broad legal considerations include:

- 1. Allowable sources of funding** – legal basis can authorize funding either from the state budget, the ability to raise funds from other sources or both. State budget appropriations may be authorized up to a certain amount, or for a certain period of years. The ability to raise funds through other sources, such as fees collected or gifts received may also have similar time or resource limits;
- 2. Source of funding** – explicit language may be included that allows the PHEOC to accept funds from public or private entities (e.g., development assistance and gifts). Language also may include whether funds can be accepted from foreign institutions or organizations;
- 3. Budget submission and approval process** – the legal framework may describe how proposed budgets are to be submitted and approved (e.g., through the Ministry of Health or working directly through the Ministry of Finance).

4. **Use of funds.** The legal basis may describe how funds can be used. For instance, specific language may be seen authorizing use of funds for purchasing supplies and equipment; paying staff salaries and providing other benefits; purchasing, leasing, selling and/or renovating facilities; entering into contracts; and making awards to recipients; among others.

Table 10 – Legal domain and attributes for authorization of funding

Domain 10	The legal instrument authorizes funding
	<p>10.1 The legal instrument authorizes funding for PHEOC activities</p> <p>10.1.1 The legal instrument establishes an authorized funding ceiling (maximum amount)</p> <p>10.1.2 Funding authorizations are time bound</p> <p>10.1.3 The legal instrument specifies financial data that are to be reported</p> <p>10.2 The legal instrument designates allowable sources of funding</p> <p>10.2.1 The legal instrument authorizes appropriations from the state budget</p> <p>10.2.2 The legal instrument authorizes the receipt of gifts</p> <p>10.2.2.1 The legal instrument designates prohibited sources of gift funds</p> <p>10.2.3 The legal instrument authorizes receipt of development aid or awards from foreign entities</p> <p>10.3 The legal instrument establishes certain financial management requirements</p> <p>10.3.1 The legal instrument establishes financial accounting requirements</p> <p>10.4 The legal instrument sets parameters for budget development and submission</p> <p>10.5 The legal instrument authorizes how funds can be used</p> <p>10.5.1 The legal instrument allows for funds to be used to purchase equipment and supplies</p> <p>10.5.2 The legal instrument allows for funds to be used to purchase commodities</p> <p>10.5.3 The legal instrument allows for funds to be used to pay salaries and/or other benefits</p> <p>10.5.4 The legal instrument allows for funds to be used lease, purchase or renovate real property</p> <p>10.6 The legal instrument contains restrictions on the use of funds</p>

XI. Effective date

Depending on the country's processes for formalizing legal documents, language may be included about processes required prior to the legal basis entering into effect, for example, publication in a specific national government document. In addition, the authorization may be indefinite or for a certain number of years.

Table 11 – Legal domain and attributes related to the effective date and period of authorization

Domain 11	The legal instrument establishes an effective date
	<p>11.1 The legal instrument stipulates when the authorizations contained therein go into effect</p> <p>11.1.1 The legal instrument states a specific date</p> <p>11.1.2 The legal instrument links the effective date to an action (e.g., 180 days after enactment)</p> <p>11.2 The legal instrument sets an expiration date for authorities contained therein</p>

XII. Repeal, Amendment, or Transfer of Prior Authorities

Prior to development of the legal authority for PHEOC, thorough review of existing laws and legislations is necessary. All relevant documents must be included to ensure and display compliance with existing laws. Validation should be completed by legal counsel to ensure that all relevant documents are captured in the references. Since PHEOCs are often incorporated into pre-existing organizational structures, there may be legislation, rules, or regulations that are in conflict with the new legal instrument. These may need to be repealed or modified. Language included in the legal instrument can cover such issues as:

1. **Transfer of rights, obligations, and resources from a pre-existing organization;**
2. **Repeal of provisions from previous legal instruments** – if specific authorities provided to the PHEOC were explicitly part of the legal mandate of another organization, changes must be made to harmonize the previous legal mandate with that of the PHEOC.

11. Annexes

Annex 1: PHEOC Legal Framework Guide Domains and Attributes (Legal Characteristics)

Public Health Emergency Operations Centre Legal Domains and Attributes

I. Definitions – The legal instrument provides definitions of key terms

1.1 Legal instrument provides definitions of key terms included in the document

II. Establishment – The legal instrument establishes and enables the development of the PHEOC

2.1 The legal instrument establishes a PHEOC

2.2 The legal instrument authorizes a national level PHEOC

2.2.1 The legal instrument designates whether the national level PHEOC is permanently authorized or on an as needed basis

2.2.1.1 The legal instrument authorizes subnational PHEOCs

2.2.1.1.1 The legal instrument designates whether PHEOCs are authorized on a permanent or on an as-needed basis

2.2.1.1.2 The legal instrument establishes support, coordination, and communication mechanisms required by the subnational

III. Governance – The legal instrument establishes the governance structure of the PHEOC

3.1 The legal instrument establishes the governance structure or where the PHEOC is anchored

3.1.1 The legal instrument establishes the PHEOC within the Ministry of Health

3.1.1.1 The legal instrument defines where the PHEOC is anchored within the Ministry of Health organogram

OR

3.1.2 The legal instrument establishes the PHEOC within other governance structures (e.g., National Public Health Institute – may be parastatal or in line)

3.1.2.1 The legal instrument defines where the PHEOC is anchored within the organogram

3.2 The legal instrument defines clear terms of coordination between the PHEOC and national-level leadership structures

3.3 The legal instrument defines clear terms of coordination between the PHEOC and existing national emergency operations centres or all hazards commands

IV. Functions – The legal instrument describes the core functions of the PHEOC

4.1 The legal instrument designates administrative roles and functions

4.1.1 The legal instrument requires the PHEOC to promote an integrated and coordinated system for public health emergency management

4.1.1.1 The legal instrument requires the PHEOC to create and develop response plans and standard operating procedures for public health emergency management

4.1.2 The legal instrument requires and enables timely communication and coordination with national decision-making bodies

4.1.2.1 The legal instrument requires the PHEOC to serve as a liaison between the health sector and the national disaster management agencies

4.1.2.2 The legal instrument enables coordination and communication between and among sectors during public health emergencies

4.1.2.2.1 The legal instrument designates a focal point(s) for multisectoral coordination

4.1.2.3 The legal instrument enables the PHEOC to coordinate and align national actors with sub-national actors

4.1.3 The legal instrument requires the PHEOC to collect, analyze, and utilize event specific data

4.1.4 The legal instrument requires the PHEOC to create and define emergency measures to be implemented in accordance with the public health event involved

4.1.5 The legal instrument requires the PHEOC to conduct public health emergency response training

- 4.2 The legal instrument specifies the range of allowable functions for the PHEOC during an activation
 - 4.2.1 Surveillance
 - 4.2.2 Real-time biosurveillance
 - 4.2.3 Coordination and direction
 - 4.2.4 International reporting
 - 4.2.5 Communication with foreign EOCs
 - 4.2.5.1 Communication with subnational EOCs
 - 4.2.6 Policy making
 - 4.2.7 Supervision
 - 4.2.8 Evaluation

V. Medical Countermeasures and Personnel Deployment – The legal instrument authorizes additional medical countermeasures and requirements for personnel deployment

- 5.1 The legal instrument specifies additional consideration for emergency management operations or medical counter measures (per communication and coordination with existing emergency management entities)
 - 5.1.1 Permits the temporary involvement of national or international volunteers
 - 5.1.1.1 Authorizes visa waivers for medical personnel deployment
 - 5.1.1.1.1 Provides for expedited visas for medical personnel
 - 5.1.1.1.2 Recognizes a corresponding license to practice from a foreign country
 - 5.1.1.1.3 Recognizes international agreements to provide mutually recognized license to practice across nations in the contexts of an emergency
 - 5.1.2 Specifies protection and liability provisions for first responders
 - 5.1.2.1 Applies to all conditions that may arise
 - 5.1.2.2 Applies when practitioner is carrying out duties under the scope of practice
 - 5.1.2.3 Applies when practitioner is acting in good faith
 - 5.1.2.4 Provides criminal liability protections
 - 5.1.2.5 Provides civil liability protections
 - 5.1.2.5.1 Provides indemnification for judgements
 - 5.1.3 Permits the expedited acquisition and utilization of response commodities (e.g., drugs, vaccines, etc.)
 - 5.1.3.1 Provides priority authorization
 - 5.1.3.2 Provides product authorizations for expanded scope of use
 - 5.1.3.3 Provides provisions to manage, duties, customs, taxes, or tariffs for medical countermeasures
 - 5.1.4 Permits secondment of staff from other sectors
 - 5.1.5 Permits requisition of property or materials from other sectors
 - 5.1.6 Specifies the parameters to be outlined in international agreements for assistance in the event of an emergency

VI. Activation and Deactivation – The legal instrument establishes parameters for activation and deactivation Instrument specifies a particular governmental agency for international disease reporting

- 6.1 The legal instrument specifies the circumstances for PHEOC activation
 - 6.1.1 The legal instrument specifies authority to activate the PHEOC
 - 6.1.2 The legal instrument specifies activation for public health emergencies
 - 6.1.3 The legal instrument specifies activation for natural disasters (in coordination with other national entities)
 - 6.1.4 The legal instrument specifies activation for all hazards (in coordination with other national entities)
- 6.2 The legal instrument establishes the parameters and process for activating and deactivating the PHEOC
 - 6.2.1 The legal instrument specifies who is authorized to activate and deactivate the PHEOC
- 6.3 The legal instrument designates a timeframe for the initiation of coordinated response following activation

- 6.4 The legal instrument provides mandatory requirements for disease reporting
 - 6.4.1 The legal instrument includes duty to report
 - 6.4.1.1 The legal instrument provides a reporting time frame
 - 6.4.1.1.1 Reported diseases are specified under the law
 - 6.4.1.1.1.1 IHR reportable diseases
 - 6.4.1.1.1.2 Any uncommon illness of potential public health concern
 - 6.4.2 The legal instrument specifies mandatory requirements for international reporting of public health emergencies
 - 6.4.2.1 The legal instrument specifies government entity(ies) responsible for international disease reporting
 - 6.4.2.1.1 The legal instrument specifies IHR focal point for the reporting of human public health events
 - 6.4.2.1.2 The legal instrument designates a focal point for reporting to OIE

VII. Leadership – The legal instrument establishes the leadership structure of PHEOC operations

- 7.1 The legal instrument enables IMS functions (see IMS Functions)
- 7.2 The legal instrument establishes the role of the PHEOC Manager
 - 7.2.1 The legal instrument describes the process for appointment, resignation, or removal or addresses tenure of PHEOC Manager
 - 7.2.2 The legal instrument establishes the professional qualifications and other skills for this position
- 7.3 The legal instrument establishes the roles, duties, and authority of core staff. (Details would depend on the way the PHEOC is organized.)
 - 7.3.1 The legal instrument contains limitations on authorities
 - 7.3.2 The legal instrument describes the process for obtaining core staff
- 7.4 The legal instrument describes the process for obtaining surge staff
 - 7.4.1 The legal instrument describes the roles and responsibilities for surge capacity staff
 - 7.4.2 The legal instrument requires response teams from multiple sectors

VIII. Steering Committee and Policy Group – The legal instrument establishes PHEOC committees and groups

- 8.1 The legal instrument establishes a steering committee
 - 8.1.1 The legal instrument articulates the role or purpose of the steering committee
 - 8.1.2 The legal instrument articulates the composition of the steering committee
 - 8.1.3 The legal instrument identifies sectors for mandated representation on the steering committee
 - 8.1.4 The legal instrument describes how steering committee members are to be selected or designates authority for determining nomination and selection of members to a specific entity
 - 8.1.5 The legal instrument sets steering committee member tenure
 - 8.1.6 The legal instrument establishes parameters for the steering committee operation and conduct of business
 - 8.1.7 The legal instrument establishes steering committee convening periodicity
- 8.2 The legal instrument establishes a policy group
 - 8.2.1 The legal instrument articulates the role or purpose of the policy group
 - 8.2.2 The legal instrument articulates the membership of the policy group
 - 8.2.3 The legal instrument identifies sectors for mandated representation on the policy group
 - 8.2.4 The legal instrument describes how policy group members are to be selected or designates authority for determining nomination and selection of members to an entity

IX. Accountability and Reporting – The legal instrument establishes reporting mechanisms

- 9.1 The legal instrument establishes reporting requirements
- 9.2 The legal instrument specifies to which entity(ies) accountability measures and reporting are required
 - 9.2.1 The legal instrument specifies content to be reported
- 9.3 The legal instrument requires reporting on a regular and reoccurring basis
 - 9.3.1 The legal instrument requires annual reporting or other time bound period

X. Financial Resources – The legal instrument authorizes funding

- 10.1** The legal instrument authorizes funding for PHEOC activities
 - 10.1.1** The legal instrument establishes an authorized funding ceiling (maximum amount)
 - 10.1.2** Funding authorizations are time bound
 - 10.1.3** The legal instrument specifies financial data that are to be reported
- 10.2** The legal instrument designates allowable sources of funding
 - 10.2.1** The legal instrument authorizes appropriations from the state budget
 - 10.2.2** The legal instrument authorizes the receipt of gifts
 - 10.2.2.1** The legal instrument designates prohibited sources of gift funds
 - 10.2.3** The legal instrument authorizes receipt of development aid or awards from foreign entities
- 10.3** The legal instrument establishes certain financial management requirements
 - 10.3.1** The legal instrument establishes financial accounting requirements
- 10.4** The legal instrument sets parameters for budget development and submission
- 10.5** The legal instrument authorizes how funds can be used
 - 10.5.1** The legal instrument allows for funds to be used to purchase equipment and supplies
 - 10.5.2** The legal instrument allows for funds to be used to purchase commodities
 - 10.5.3** The legal instrument allows for funds to be used to pay salaries and/or other benefits
 - 10.5.4** The legal instrument allows for funds to be used lease, purchase or renovate real property
- 10.6** The legal instrument contains restrictions on the use of funds

XI. Effective Date – The legal instrument sets an effective date

- 11.1** The legal instrument stipulates when the authorizations contained therein go into effect
 - 11.1.1** The legal instrument states a specific date
 - 11.1.2** The legal instrument links the effective date to an action (e.g., 180 days after enactment)
- 11.2** The legal instrument sets an expiration date for authorities contained therein

XII. Repeal, Amendment, or Transfer of Prior Authorities

- 12.1** The legal instrument provides for transfer of rights, obligations, and resources from pre-existing organizations

Annex 2: Example of Legal Authority for a PHEOC (Cote d'Ivoire)**PRESIDENCY OF THE REPUBLIC**
-----**REPUBLIC OF COTE D'IVOIRE**Union – Discipline – Travail
-----**DECREE No. 2019-292 OF 3 APRIL 2019 ON THE ESTABLISHMENT,
DUTIES, ORGANIZATION AND OPERATION
OF THE PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE****THE PRESIDENT OF THE REPUBLIC,**

On the joint report of the Ministry of Health and Public Hygiene, the Ministry of the Interior and Security, the Ministry of Agriculture and Rural Development, the Ministry of Livestock and Fisheries, the Ministry of the Economy and Finance, the Ministry of Sanitation and Cleanliness, the Ministry of Administrative Reform and Public Service Innovation, the Ministry of the Environment and Sustainable Development and the Secretary of State in the Office of the Prime Minister in charge of the Budget and the State Portfolio,

Mindful of the Constitution;

Mindful of the International Health Regulations (2005) as ratified on 15 June 2007;

Mindful of Decree No. 79-643 of 8 August 1979 to establish the national disaster contingency plan;

Mindful of Decree No. 97-678 of 3 December 1997 on the protection of the marine and lagoon environment from pollution;

Mindful of Decree No. 98-42 of 28 January 1998 to establish the national emergency plan for the control of accidental pollution at sea, in the lagoon and in coastal areas;

Mindful of Decree No. 2012-988 of 10 October 2012 on the establishment, duties, organization and operation of the National Risk Reduction and Disaster Management Platform;

Mindful of Decree No. 2018-614 of 4 July 2018 to appoint the Prime Minister Head of Government;

Mindful of Decree No. 2018-617 of 10 July 2018 to appoint the Prime Minister, Head of Government as Minister of the Budget and State Portfolio;

Mindful of Decree No. 2018-618 of 10 July 2018 to appoint Members of the Government, as amended by Decree No. 2018-914 du 10 December 2018;

Mindful of Decree No. 2018-648 of 1 August 2018 to define the duties of Members of Government;

Having heard from the Council of Ministers,

HEREBY DECREES AS FOLLOWS:

CHAPTER I: GENERAL PROVISIONS

Article 1: The following definitions shall apply for the purpose of this Decree:

- **early warning** refers to the routine collection and analysis of information on health conditions for the purpose of anticipating any changes in processes and developing strategic responses to such changes and also proposing measures to the relevant stakeholders to facilitate decision-making;
- **“One health”** approach is a concept that calls for mobilization and multisectoral collaboration between the human, animal and environmental sectors to better prevent, detect and respond to threats from emerging pandemic diseases;
- **epidemic** refers to an outbreak of a human transmissible disease that grows and spreads exceptionally quickly in a given group or territory within a short period of time;
- **Global Health Security Agenda (GHSA)** is a commitment by the Government of the United States to work in partnership with other nations, international organizations and civil society to better protect populations from the threat of infectious diseases;
- **health threats** are events that can actually or potentially affect a large number of people, impact health and possibly contribute to a significant or exceptionally high increase in mortality;
- **national IHR focal point (PFN)** means the national centre, designated by each State Party, which shall be accessible at all times (7/24/365) for communications with WHO IHR Contact Points;
- **response** refers to the mobilization of resources and personnel for the purpose of implementing adequate measures to counter an outbreak or public health problem;
- **health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;
- **public health** is the discipline that deals with the overall health of populations in its preventive, curative and educational aspects;
- **public health emergency** means an extraordinary event which is determined to constitute a public health risk through the spread of disease and to potentially require an immediate and coordinated national or international response;
- **public health emergency of international concern** means an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response;
- **zoonoses** are infections or diseases transmissible from animals to humans either directly or indirectly.

Article 2: A Public Health Emergency Operations Centre, abbreviated COUSP, is hereby established under the authority of the Minister in charge of Health.

The COUSP shall serve as a forum for coordinating public health actions to establish national multisectoral mechanisms for preventing, detecting and responding to health threats.

The COUSP shall include conventional public health services within an emergency management model, in accordance with national rules and laws. It shall rely on existing national health disaster management authorities or entities.

Article 3: The provisions of this decree shall apply to human, animal and environmental health within the purview of preventing, detecting and responding to public health threats.

CHAPTER II: DUTIES

Article 4: The COUSPS shall manage public health emergencies, regardless of their origin, notably:

- human health, diseases and epidemics;
- health services during an emergency;
- health threats of animal origin;
- health threats of environmental origin;
- health consequences of natural disasters, accidents or deliberate acts;
- prevention and reduction of danger;
- monitoring of health surveillance programmes;
- improving preparedness through planning and building up a reserve of resources for response actions;
- strengthening technical capacity and competencies, such as the rapid response teams.

CHAPTER III: ORGANIZATION AND OPERATION

Article 5: The COUSP shall comprise:

- National Coordination
- Regional COUSPs,
- Rapid Intervention Teams, abbreviated EIR.

SECTION 1: THE NATIONAL COORDINATION

Article 6: The National Coordination is the organ responsible for coordinating preparedness, prevention and response activities to all health threats or public health emergencies, regardless of their origin.

Article 7: The National Coordination is chaired by a National Coordinator. The National Coordinator is the Director of the National Institute of Public Hygiene, abbreviated (INHP).

The other members of the National Coordination shall be the following:

- the Deputy National Coordinator appointed by the Minister in charge of Health;
- the Spokesperson, appointed by the Minister in charge of Health;
- the Liaison Officer, representing the Ministry in charge of Foreign Affairs;
- the Security Officer, representing the Ministry in charge of Security;
- the Defense Adviser, representing the Ministry in charge of Defense;
- the Research and Ethics Officer, appointed by the Minister in charge of Research;
- heads of the committees provided for in Article 8 below, appointed by the Minister in charge of Health.

The National Coordinator shall be appointed by decree of the Council of Ministers. The Deputy National Coordinator and the other members of the Coordination shall be appointed by an order of the Minister in charge of Health, on the proposal of their respective administrative services.

Article 8: The National Coordination shall have the following committees:

- the Operations Committee;
- the Planning Committee;
- the Logistics Committee;
- the Administrative and Finance Committee;
- the Communication Committee.

These Committees may be activated or deactivated as required, depending on the evolution of an event.

Article 9: The Operations Committee shall be responsible for the on-site management of the response. It shall be responsible for managing and organizing response activities on the ground. It shall provide technical advice and information to the National Coordination during the management of health crises. It shall comprise subcommittees. Depending on the incident, the experts who may chair the subcommittees shall come from the following ministries:

- Ministry in charge of Human Health;
- Ministry in charge of Livestock and Fisheries;
- Ministry in charge of Higher Education and Scientific Research;
- Ministry in charge of the Environment;
- Ministry in charge of Agriculture;
- Ministry in charge of Cleanliness.

The Operations Committee shall be chaired by an expert from the Ministry in charge of Health.

Article 10: The Planning Committee shall be responsible for collecting and analysing data, and for planning future actions, depending on the probable evolution of the event and the resources available to respond thereto.

Members of the Planning Committee shall come from the following ministries:

- Ministry in charge of Human Health;
- Ministry in charge of Planning;
- Ministry in charge of Livestock and Fisheries;
- Ministry in charge of Higher Education and Scientific Research;
- Ministry in charge of the Environment;
- Ministry in charge of Agriculture.

The Planning Committee shall be chaired by one of its members from the Ministry of Health.

Article 11: The Logistics Committee shall be responsible for the procurement, monitoring, storage, maintenance and supply of the material resources required for interventions. It shall also provide support services for interventions, including health services for responders.

Members of the Logistics Committee shall come from the Ministry in charge of Human Health.

The Logistics Committee shall be chaired by one of its members from the Ministry in charge of Health.

Article 12: The Administrative and Finance Committee shall be responsible for financial management, monitoring the costs of human and material resources, preparing and monitoring the budget, as well as initiating and preserving administrative files.

The members of the Administrative and Finance Committee shall come from the following ministries:

- Ministry in charge of Human Health;
- Ministry in charge of the Economy and Finance;
- Ministry in charge of the Budget.

The Administrative and Finance Committee shall be chaired by one of its members from the Ministry in charge of Finance.

Article 13: The Communication Committee shall be responsible for interacting with various audiences and the media; raising awareness of risks; carrying out social mobilization; and developing communication products.

Members of the Communication Committee shall come from the Prime Minister's Office and the following ministries:

- Ministry in charge of Human Health;
- Ministry in charge of Communication;
- Ministry in charge of Livestock and Fisheries;
- Ministry in charge of the Environment.

The Communication Committee shall be chaired by one of its members from the Prime Minister's Office.

Article 14: In the event of a health threat, a public health emergency or an epidemic, the National Coordinator shall activate the COUSP and inform the Minister in charge of Health. During the activation, the COUSP may resort to any expertise needed for the management of the public health emergency in question.

The National Coordinator shall appoint an Incident Manager to manage each event.

Article 15: The Incident Manager shall be a person chosen on the basis of his knowledge and experience of the identified threat, emergency or epidemic.

Article 16: The Incident Manager shall be responsible for the management of the threat, emergency or epidemic under the supervision of the National Coordinator or the Deputy National Coordinator, where the National Coordinator is unavailable.

Article 17: The duties of Incident Manager shall come to an end after the official determination of the end of the threat, emergency or epidemic for which he / she was appointed.

Article 18: The duties of member of the COUSP do not give rise to any entitlement to remuneration.

However, members of the COUSP as well as persons invited in an advisory capacity may receive allowances for expenses under conditions determined by order of the Ministers of Health; Budget; and the Economy and Finance.

Article 19: When there are no public health emergencies, the COUSP shall be in standby or alert mode to allow for the preparation, drafting and updating of procedure documents and plans, and the National Coordinator shall organize and direct activities within the COUSP.

SECTION 2: REGIONAL COUSPs

Article 20: Regional COUSPs shall have the same structure as the national COUSP.

Article 21: The regional COUSP shall have the same duties as the national COUSP to which it is answerable. It shall coordinate field activities at regional and departmental level and report directly to the national COUSP.

Article 22: The method of appointing members and the operation of the regional COUSPs shall be defined by the standard operating procedures of the national COUSP.

SECTION 3: RAPID INTERVENTION TEAMS

Article 23: The Rapid Intervention Teams, abbreviated EIR, are the operational intervention units of the COUSP.

The composition and missions of the EIR shall be determined on the basis of the incident.

Article 24: The EIR shall be placed under the responsibility of the Head of the Operations Committee, who shall appoint the team leader.

SECTION 4: FINANCING OF THE COUSP

Article 25: The operating expenses of the COUSP shall be covered by the State budget.

CHAPTER IV: MISCELLANEOUS AND FINAL PROVISIONS

Article 26: This decree repeals all previous provisions contrary thereto, notably Decree 1102014-486 of 3 September 2014 to lay down the organizational framework for the prevention and control of the Ebola virus disease outbreak.

Article 27: The Minister of Health and Public Hygiene, the Minister of the Interior and Security, the Minister of Agriculture and Rural Development, the Minister of Livestock and Fisheries, the Minister of the Economy and Finance, the Minister of Sanitation and Cleanliness, the Minister of Administrative Reform and Public Service Innovation, the Minister of the Environment and Sustainable Development and the Secretary of State in the Prime Minister's Office in charge of the Budget and the State Portfolio shall be responsible, each in his / her own remit, for the implementation of this decree, which shall be published in the Official Gazette of the Republic of Côte d'Ivoire.

Done in Abidjan, on 3 April 2019

Alassane OUATTARA

Certified true copy

Secretary General of the Government

[Signed]



Eliane Atté Bimanagbo
Préfet

Annex 3: Example of Legal Authority for a PHEOC (Senegal)



REPUBLIQUE DU SENEGAL

Un Peuple-Un But-Une Foi

**MINISTERE DE LA SANTE
ET DE L'ACTION SOCIALE**

No

/MSAS/SG/BL

13.04.2017* 05988

Analysis: Order related to the establishment, organization and operation of the Health Emergency Operations Centre (COUS)

THE MINISTER OF HEALTH AND SOCIAL ACTION,

Mindful of the Constitution;

Mindful of law No. 2005-22 of 5 August 2005, related to emergency medical assistance and health transport;

Mindful of decree No. 2004-1404 of 4 November 2004 to organize the Ministry of Health and Medical Prevention;

Mindful of decree No. 2005-1271 of 29 December 2005 defining the administrative and financial organization of the Emergency Medical Assistance Service (SAMU);

Mindful of decree No. 2014-845 of 6 July 2014 to appoint the Prime Minister;

Mindful of decree No. 2014-853 of 9 July 2014 to apportion responsibility over State services and the supervision of public establishments, national companies and State corporations to the Presidency of the Republic, the Prime Minister's Office and ministries, as amended;

Mindful of decree No. 2014-867 of 22 July 2014 to define the duties of the Minister of Health and Social Action;

Mindful of decree No. 2015-855 of 22 June 2015 to form the Government, as amended by decree No. 2016-1705 of 28 October 2016;

Considering the memo of the Director of the Health Emergency Operations Centre;

HEREBY ORDERS AS FOLLOWS:

Article 1: An administrative service known as the Health Emergency Operations Centre (HEOC) is hereby established in the Ministry of Health and Social Action and placed under the authority of the Minister for Health and Social Action.

Article 2: The Centre shall in particular:

- ensure the epidemiological surveillance of potentially epidemic diseases not targeted by the Expanded Programme on Immunization (EPI);
- coordinate the establishment of an effective health inspection system at maritime, air and land points of entry;
- elicit the setting up of an integrated surveillance system with the animal and environmental sectors, based on the "One Health" concept;
- coordinate the response to any national or international public health event;
- coordinate the action of different stakeholders involved in health emergency response;
- coordinate the action of the Ministry in charge of Health as part of a multisectoral disaster response;
- liaise with similar sub-regional and continental institutions;
- notify cases to WHO and regional and continental disease prevention and control institutions;
- ensure coordination of the International Health Regulations "focal point".

Article 3: The Health Emergency Operations Centre shall be placed under the responsibility of a Director, appointed by order of the Minister in charge of Health.

The Director shall be vested with the necessary decision-making powers for the smooth operation of HEOC and shall carry out decisions taken by the Minister in charge of Health.

In that capacity, he shall in particular:

- lead the HEOC team;
- prepare multiyear programmes of activity and annual action plans;
- prepare and implement the budget as the credit officer;
- submit to the Minister in charge of Health latest on 31 March of the following year the budget implementation report for the previous budget, the annual progress report and the social report;

In the discharge of his duties, he shall be assisted by a deputy appointed by a service memo of the Minister in charge of Health.

Article 4: The Health Emergency Operations Centre shall have a Strategic Guidance Committee (SGC).

In that regard, this Committee shall especially:

- advise and support the Director in the discharge of his duties, through its opinions and recommendations;
- approve the multiyear programmes of activities and annual action plans;
- approve the management report consisting of the progress and financial reports;
- give an opinion on all draft conventions proposed to the Minister.

Article 5: The Strategic Guidance Committee shall be composed as follows:

- Chairperson: the Director-General of Health;
- Rapporteur: the Director of HEOC;
- Representatives of the Ministry of Health.
 - the Technical Adviser No. 1;
 - the Technical Adviser No. 2;
 - the Technical Adviser in charge of Communication;
 - the Technical Adviser in charge of Legal Affairs;
 - the Director-General for Health,
 - the Director for Disease Control,
 - the Director for Health Institutions,
 - the Director for Prevention,
 - the Director for Human Resources,
 - the Director for Laboratories,
 - the Director for General Administration and Equipment,
 - the Director of the National Procurement Pharmacy,
 - the Director of SAMU,
 - the Head of the National Hygiene Service,
 - the Head of the National Health Education and Information Service,
 - regional chief medical officers,
 - the General Administrator of Institut Pasteur of Dakar,
 - the President of the Senegalese Red Cross.
- Representatives of other Government departments:
 - the Technical Adviser in charge of Health at the Prime Minister's Office,
 - the Representative of the Ministry of Armed Forces;
 - the Representative of the Ministry of the Interior and Public Security;
 - the Representative of the Ministry in charge of Finance;
 - the Director of Civil Defence;
 - the Representative of the World Health Organization (WHO), representing the technical partners..

The Strategic Guidance Committee shall meet at least once every half-year on the convening of its chairperson and whenever necessary.

The Chairperson may invite any skilled person to the Committee's deliberations, whenever necessary, as well as request other ministries to designate representatives in the Committee, depending on the urgency of the case.

Article 6: The Health Emergency Operations Centre shall comprise:

- an Operations Unit,
- an Epidemiological Surveillance Unit;
- an Administration and Finance Unit; and
- a Planning Unit.

Each unit shall be led by a Unit Head appointed by service memo of the Director.

Article 7: The resources of HEOC shall be made up of:

- budgetary allocation of the State and local authorities;
- contributions of technical and financial partners;
- gifts and legacies.

Article 8: All previous provisions contrary hereto, especially order No. 01792/MSAS/SG/BL of 1 February 2017, are hereby repealed.

Article 9: The Secretary-General and the Director of Cabinet of the Ministry of Health and Social Action shall be responsible, each in his own sphere, for the implementation of this order which shall be registered, published and communicated as and wherever necessary.

Done at Dakar, on the
The Minister of Health and Social Action

COPY:
PM / SGG
SG / MSAS
DC / MSAS
ALL ADVISERS, ALL DEPARTMENTS
FILE



Annex 4: Example of Legal Authority for a PHEOC (Togo)

**MINISTRY OF HEALTH
AND SOCIAL PROTECTION**

REPUBLIC OF TOGO

Liberty – Fatherland

**CABINET
GENERAL SECRETARIAT**

ORDER No. -IG--/2017/MSPS/CAB /SG

Related to the establishment, organization and operation of the Public Health Emergency Operations Centre (COUSP)

THE MINISTER OF HEALTH AND SOCIAL PROTECTION,

Mindful of the Constitution of 14 October 1992;

Mindful of the International Health Regulations (2005);

Mindful of law No. 2009-007 of 15 May 2009 instituting the Public Health Code of the Republic of Togo;

Mindful of decree No. 90-191/PR of 26 December 1990 to organize hospitals in the Republic of Togo;

Mindful of decree No. 2012-004/PR of 29 February 2012 to define the duties
of Ministers of State and Ministers;

Mindful of decree No. 2012-006/PR of 7 March 2012 to organize ministries;

Mindful of decree No. 2015-041/PR of 28 June 2015 to form the Government,
and subsequent amendments thereto;

Mindful of order No. 0021/2013/MS/CAB/SG of 27 February 2013 to organize the Ministry of Health.

HEREBY ORDERS AS FOLLOWS:

Article 1: A Public Health Emergency Operations Centre (COUSP) is hereby established in the Ministry of Health and Social Protection.

Public health emergencies shall mean extraordinary events determined to constitute a public health risk on account of the likelihood of the spread of diseases and that may require immediate and coordinated national or international action.

Article 2: The COUSP shall be a technical structure tasked with the preparation and management of public health emergencies.

It shall be attached to the National Institute of Surveillance Coordination and Disease Control (INCSCM).

Article 3: The Public Health Emergency Operations Centre shall have as mission to:

- define urgent measures to be implemented during epidemics and other public health emergencies, depending on the public health event in question;
- communicate in real time key and relevant information to national decision-making authorities and partners;

- coordinate the action of different stakeholders involved in emergency response;
- supervise field operations;
- ensure liaison between emergency response stakeholders and the Ministry of Health and Social Protection.

To accomplish its missions, the COUSP shall rely on the services of the Ministry in charge of Health and the other ministries involved in the crisis.

Article 4: The COUSP shall comprise the following organs:

- the reflection group;
- the steering committee, and,
- the coordination.

SECTION 1: REFLECTION GROUP

Article 5: The reflection group shall chart the policy and strategic guidance of the Centre. It shall approve action plans.

Article 6: The reflection group shall consist of ministers, the officials of institutions involved, and the prime movers of organizations and partners involved in the management of emergencies.

SECTION 2: STEERING COMMITTEE

Article 7: The steering committee shall validate the action plans and other documents approved by the reflection group as well as decisions taken by the latter.

It shall validate the management report including the progress and financial report and give its opinion on all draft conventions. It shall organize the follow-up of partners' commitment to support COUSP.

Article 8: The steering committee shall be a multidisciplinary and multisectoral structure.

It shall be composed of technical advisers, central and regional directors, and the representatives of other ministries and institutions / TFPs involved in the management of health emergencies.

SECTION 3: COORDINATION

Article 9: The Coordination shall prepare and implement the management plans of the COUSP after validation by the Steering Committee and the opinion of the Reflection Group. It shall report to the Steering Committee.

The Coordination shall be made up of:

- the coordinator,
- the deputy coordinator and
- the implementation agents of the different sections, namely:
 - the planning and data management section, the logistics section, the operations section, the administrative and finance section, and the communication section.

Article 10: The organs of the COUSP may call in any skilled person necessary for the management of the emergency concerned.

Article 11: The Public Health Emergency Operations Centre shall be managed by a coordinator.

The coordinator shall be the prime mover of the operations of the Centre. He shall implement policy guidelines and strategic plans. He shall take rapid and appropriate operational decisions specific to the public health event, based on available information and standardized operational procedures. He shall propose decisions to be taken by the COUSP organs.

He shall represent the COUSP to other stakeholders and ensure the mobilization of resources.

Article 12: The coordinator shall be assisted by the officer in charge of planning the Centre's activities and data management, who shall automatically replace him in case of absence.

Article 13: In case of a public health emergency, the COUSP shall be activated by the Minister in charge of Health, who shall also be responsible for the conduct and cessation of operations.

The COUSP shall be on standby in normal times. Standard operating procedures shall specify the conditions for its activation and deactivation.

Article 14: When an emergency requires the involvement of other sectors, the Minister in charge of Health shall alert his colleague of the National Civil Defence Agency and refer the matter to him.

Article 15: In the period of total activation, an incident manager, who must be a specialist in the health emergency or epidemic that has occurred, shall be appointed to jointly manage the crisis with the coordinator.

The incident manager's duties shall come to an end after official ascertainment of the end of the emergency or epidemic for which he was appointed.

Article 16: The coordinator, deputy coordinator, incident manager and members of other COUSP organs shall be appointed by order of the Minister in charge of Health.

Article 17: The organization and functioning of the COUSP sections shall be specified in a service memo of the Minister in charge of Health.

Article 18: The financial resources of the Public Health Emergency Operations Centre shall consist of:

- State subsidies or contributions;
- gifts and legacies other than those of the State;
- the contributions of technical and financial partners; and
- diverse resources.

Article 19: All previous contrary provisions governing the management of epidemics are hereby repealed.

Article 20: The Secretary-General of the Ministry of Health and Social Protection shall be responsible for the implementation of this order which shall be registered and published in the Official Gazette of the Republic of Togo.

COPY:

MSPS / CAB	02
SG / MSPS	02
DGAS	06
DRS	06
DPS	40
Hospitals	09
Div. AJ	01
All ministries	23
ANPC	01
Other institutions	10
JORT	02

15 2017

Done at Lomé, on the

Signed: Professor Moustafa MIJIYAWA



12. Endnotes

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