

Supplementary Table 1: Health System Resilience Checklist and Suggested Resources¹

*User instructions: please answer the following statements using a Likert scale (0=disagree, 1=somewhat agree, 2=strongly agree)

Core Health System Capacities				
Facility Level	Likert Score	Health Officials Level	Likert Score	Suggested Resources ²
<p>This facility currently has a system for reporting infectious disease cases (1).</p> <p>The facility currently has a process for disseminating information to the requisite healthcare personnel information about infectious disease outbreaks and natural hazards. (1)</p>		<p>Health officials are currently able to convey to the health system which diseases and conditions necessitate reporting and expected frequency (1).</p> <p>Health officials currently have mechanisms for ongoing analysis of case reports reported by facilities (1).</p>		<p>International Health Regulations (2005) Annex 1A “Core Capacity Requirements for Surveillance and Response”</p> <p>Joint External Evaluation Tool</p> <p>Hospital Preparedness Checklist for Pandemic Influenza</p>
<p>This facility has established mechanisms to measure quality assurance. (2)</p>		<p>Health officials currently support research on healthcare system strengthening and quality improvement. (3)</p>		<p>The Lancet Global Health Commission on High Quality Health Systems in the SDG Era</p>
		<p>Health officials currently provide continuing medical/public health education to help build and strengthen the healthcare workforce. (3)</p>		<p>The Lancet Global Health Commission on High Quality Health Systems in the SDG Era</p>
<p>This facility currently has sufficient financing available to maintain</p>				<p>The Lancet Global Health Commission on High Quality Health Systems in the SDG Era</p>

¹ Tiered score indicating how advanced a given capacity is, is provided in parenthesis.² See Appendix A for full list of resources with citations.

routine operations during an emergency. (1)				Integration of Non-Communicable Disease care into emergency response and preparedness
This facility provides mental health, pediatric, and obstetric services. (1)				<p>Joint Commission Emergency Management Healthcare Environment Checklist</p> <p>World Health Organization Safe Childbirth Checklist</p> <p>Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health</p> <p>Pregnancy, childbirth, postpartum, and newborn care: A guide for essential practice (3rd edition)</p>
This facility has a financing department that has accounting capacities (i.e., they are able to track finances). (1)				
Critical Infrastructure and Transportation				
Facility Level	Likert Score	Health Officials Level	Likert Score	Suggested Resources
This facility has evaluated its specific vulnerability to natural hazards (e.g., fire, flooding, earthquakes). (1)		Health officials currently conduct assessments of vulnerabilities to natural hazards and provides that information to relevant health facilities. (1)		<p>The Hospital Safety Index</p> <p>Joint Commission Emergency Management Healthcare Environment Checklist</p>

				Advancing Partners and Communities: Health Facility Assessment Tool
This facility currently has in place response plans for loss of infrastructure and transportation during an emergency. (1)		Health officials currently have response plans that include prioritization of healthcare facilities for restoration of critical infrastructure (e.g., power, water) during emergencies. (1)		The Hospital Safety Index A Community Checklist for Health Sector Resilience Informed by Hurricane Sandy Joint Commission Emergency Management Healthcare Environment Checklist
This facility currently has plans for the emergency evacuation of patients. (1)		Health officials have developed national plans for evacuations during emergencies. (1)		A Community Checklist for Health Sector Resilience Informed by Hurricane Sandy Joint Commission Emergency Management Healthcare Environment Checklist
This facility currently has protocols for safe handling of nuclear medicine equipment and radioactive materials. (1)				The Hospital Safety Index
		Health officials currently have plans for providing security for healthcare workers during emergencies. (1)		Hospital Preparedness for Epidemics
Financing				
Facility Level	Likert Score	Health Officials Level	Likert Score	Suggested Resources
This facility currently has plans for how to request and receive additional financing during emergencies. (2) This facility currently has plans for how additional funding will be		Health officials currently have plans for authorizing and distributing emergency funding to health facilities (e.g., to acquire additional supplies and resources, ensure healthcare worker		The Lancet Global Health Commission on High Quality Health Systems in the SDG Era Ebola Virus Disease: Consolidated Preparedness Checklist

managed, prioritized, and allocated transparently during an emergency. (1)		compensation) both at the national and sub-national levels. (1) Health officials have established an emergency fund that can be quickly accessed during emergencies. (1) Health officials currently have plans (and have disseminated these plans) for receiving donor resources during emergencies. (2)		
Barriers to Accessing Health Services				
Facility Level	Likert Score	Health Officials Level	Likert Score	Suggested Resources
This facility currently has access to linguistic and translation services for patients. (2) This facility currently has access to visuals and graphics for varying levels of health literacy. (1) This facility currently has emergency plans that take in to consideration cultural norms within a population. (1)		Health officials currently have plans for translating public health information into local dialects. (1)		US National Public Health Performance Standards
This facility has engaged and established relationships with community leaders and decision		Health officials have identified vulnerable and marginalized groups in advance of an emergency (i.e., disabled, elderly,		US National Public Health Performance Standards

makers to help foster community trust in the healthcare system. (2)		displaced citizens) and ensure they are engaged in the emergency planning process. (2) Health officials have identified community leaders within vulnerable/marginalized groups to help gain trust. (1)		Integration of Non-Communicable Disease care into emergency response and preparedness
This facility currently has plans (and has disseminated these plans) on how to establish temporary health centers during emergencies to increase accessibility of care. (2)		Health officials have identified existing mobile healthcare assets (e.g., vans, buses) in communities and have considered how these assets might be used in an emergency. (2 or 3)		US National Public Health Performance Standards A Community Checklist for Health Sector Resilience Informed by Hurricane Sandy
		Health officials have established mechanisms to eliminate financial barriers to healthcare. (3)		The Lancet Global Health Commission on High Quality Health Systems in the SDG Era
Communication, Collaboration, Coordination, and Partnerships				
Facility Level	Likert Score	Health Officials Level	Likert Score	Suggested Resources
This facility has conducted resource-mapping exercises to help understand the proximity of other facilities as well as the level of care those facilities can provide. (2) The facility currently has memorandums of understanding (MOUs) with other facilities for how		Health officials have conducted resource-mapping exercises to identify the geographic location of all healthcare facilities within their jurisdiction, and is familiar with the level of care each facility is able to provide. (2) Health officials currently offer incentives for collaboration on		A Community Checklist for Health Sector Resilience Informed by Hurricane Sandy US National Public Health Performance Standards Health Resource Availability Mapping System (HeRAMS)

<p>to coordinate with other facilities during an emergency. (3)</p> <p>This facility currently has plans on how to coordinate with other facilities in the event that it needs to transfer patients during an emergency. (1)</p> <p>This facility currently has plans on how to coordinate with other facilities in the event that it needs to share supplies during an emergency. (2)</p> <p>This facility currently has the means for communication with other facilities during emergencies.</p> <p>This facility collaborates with emergency medical providers and has established standard operating procedures and a minimal degree of wireless communication. (2)</p>		<p>emergency preparedness efforts. (3)</p>		<p>Service Availability and Readiness Assessment (SARA): An annual monitoring system for service delivery</p> <p>Hospital Preparedness for Epidemics</p>
<p>This facility conducts regular exercises with response partners and updates response plans accordingly. (2)</p>		<p>Health officials currently include health facilities in exercises or simulations pertaining to emergencies. (2)</p>		<p>A Community Checklist for Health Sector Resilience Informed by Hurricane Sandy</p> <p>Hospital Preparedness Checklist for Pandemic Influenza</p>
		<p>Health officials have established relationships with NGOs that</p>		

		might provide assistance during emergencies. (3)		
This facility currently understands and complies with its obligations to report to public health officials the clinical information needed to interpret epidemiologic trends during emergencies. (1)		<p>During emergencies, health officials are able to keep facilities apprised of diseases that may affect them, and are able to facilitate bi-directional information flow between themselves and facilities. (1)</p> <p>Health officials provide guidance and updates on diagnostics and treatment as informed by ongoing data collection during emergencies. (1)</p>		US National Public Health Performance Standards
Leadership and Command Structure				
Facility Level	Likert Score	Health Officials Level	Likert Score	Suggested Resources
<p>This facility is currently prepared to use a standardized (yet flexible) incident command system to enable command and control during an emergency. (1)</p> <p>The facility exercises the incident command system regularly. (1)</p> <p>This facility currently understands national and sub-national incident command systems and structures outside the health system that have</p>		<p>During an emergency, health facilities can be incorporated into an emergency operations center (EOC) stood up by health officials. (1)</p> <p>Health officials are familiar with and have the authority to implement command structures, which should include networks of healthcare facilities. (1)</p>		<p>Improving Health System Preparedness for Terrorism and Mass Casualty Events</p> <p>Hospital Preparedness Checklist for Pandemic Influenza</p> <p>Ebola Virus Disease: Consolidated Preparedness Checklist</p> <p>Hospital Preparedness for Epidemics</p> <p>Leadership During a Pandemic—What Your Municipality can do</p>

relevance to emergencies and understand how to connect with them. (1)				
Surge Capacity				
Facility Level	Likert Score	Health Officials Level	Likert Score	Suggested Resources
<p>This facility currently has plans for increases in demand for service during an emergency (e.g., additional staff, supplies, etc.). (1)</p> <p>This facility currently has plans for incorporating private/local health professionals and other volunteers into emergency response. (2)</p> <p>This facility currently has plans on how to establish alternate care facilities to provide additional space for patient care during emergencies. (3)</p> <p>This facility currently has a system for reporting resource shortages (e.g., staff, supplies, etc.). (1)</p> <p>This facility currently has plans for continued access to essential supplies (e.g., IV tubing, personal protective equipment) during an emergency. (1)</p>		<p>Health officials have developed national surge capacity plans for healthcare surges during emergencies. (1)</p> <p>Health officials currently maintain a system for tracking healthcare workers to understand availability during emergencies and can identify additional resources as needed to fill gaps. (1)</p> <p>Health officials currently have the ability to aggregate and review resource shortages (medicines, and vaccines, equipment, supplies) reported by health facilities. (1)</p> <p>Health officials currently have plans for sustaining supply chains (medicines and vaccines, equipment, supplies) during emergencies. (1)</p>		<p>Hospital Emergency Response Checklist</p> <p>Improving Health System Preparedness for Terrorism and Mass Casualty Events</p> <p>Hospital Preparedness Checklist for Pandemic Influenza</p> <p>Health Sector Resilience Checklist for High Consequence Infectious Diseases—Informed by the Domestic US Ebola Response</p> <p>International Health Regulations (2005) Annex 1A “Core Capacity Requirements for Surveillance and Response”</p> <p>World Health Organization Model List of Essential Medicines</p> <p>Joint External Evaluation Tool</p> <p>Joint Commission Emergency Management Healthcare Environment Checklist</p>

<p>This facility currently has plans for continued access to essential medicines during an emergency. (1)</p>			<p>Integration of Non-Communicable Disease care into emergency response and preparedness</p> <p>Hospital Preparedness for Epidemics</p> <p>Leadership During a Pandemic—What Your Municipality can do</p>
<p>This facility currently has plans for how to implement changes in the allocation of healthcare resources should patient resource needs exceed capacity. (2)</p> <p>The facility has plans for optimizing clinical care for patients with high consequence infectious diseases (HCID; e.g., viral hemorrhagic fevers), given anticipated resource shortages (including plans for pediatric and obstetric patients). (1)</p>		<p>Health officials currently provide facilities with guidelines for how to allocate scarce resources during an emergency. (3)</p>	<p>Hospital Emergency Response Checklist</p> <p>Improving Health System Preparedness for Terrorism and Mass Casualty Events</p> <p>Hospital Preparedness Checklist for Pandemic Influenza</p> <p>Ebola virus disease in pregnancy: Screening and management of Ebola cases, contacts and survivors (interim guidance)</p> <p>Manual for the care and management of patients in Ebola Care Units/Community Care Centers</p> <p>Clinical management of patients with viral haemorrhagic fever: A pocket guide for front-line health workers</p>
<p>The facility has plans for providing mental health, pediatric, and obstetric services during an emergency. (1)</p>			<p>Ebola virus disease in pregnancy: Screening and management of Ebola cases, contacts and survivors (interim guidance)</p>

				<p>A guide to the provision of safe delivery and immediate newborn care in the context of an Ebola outbreak</p> <p>Hospital Preparedness for Epidemics</p> <p>Building Back Better: Sustainable mental health care after emergencies</p>
Risk Communication				
Facility Level	Likert Score	Health Officials Level	Likert Score	Suggested Resources
<p>This facility currently has mechanisms for sharing information with patients, their families, and surrounding communities during public health emergencies. (2)</p> <p>This facility has designated a media spokesperson for public health emergencies and has trained them on risk communication practices. (2)</p> <p>The facility is prepared to reinforce communications from the health official level during public health emergencies. (1)</p> <p>This facility currently has communications plans that are phrased so as not to stigmatize patients, and that are culturally and language-appropriate, and are</p>		<p>Health officials have established and maintain mechanisms by which the public (care seekers and patients' families) can obtain information on the status and availability of health facilities and services (eg, through social media or other platforms). (1)</p>		<p>Improving Health System Preparedness for Terrorism and Mass Casualty Events</p> <p>Hospital Emergency Response Checklist</p> <p>Hospital Preparedness Checklist for Pandemic Influenza</p> <p>Health Sector Resilience Checklist for High Consequence Infectious Diseases—Informed by the Domestic US Ebola Response</p> <p>Integration of Non-Communicable Disease care into emergency response and preparedness</p> <p>Ebola Virus Disease: Consolidated Preparedness Checklist</p> <p>Hospital Preparedness for Epidemics</p>

consistent with communications at the health official level. (1)				Communication for behavioural impact: a toolkit for behavioural and social communication in outbreak response Leadership During a Pandemic—What Your Municipality can do
This facility conducts routine community outreach and engagement to build public trust and credibility of healthcare system in advance of an emergency. (1)				Engaging Communities: making it real. African Partnerships for Patient Safety (APPS) Community Engagement Implementation Pack
In situations where a patient has been admitted with a HCID, this facility is currently prepared to actively reach out to other patients and personnel at the affected facility to inform them about efforts that are being made to ensure their safety. (1)		Health officials currently have plans for launching public education campaigns to educate local populations about patients with high consequence infectious diseases to reassure them that facilities are safe and are the best options for treatment. (1)		Health Sector Resilience Checklist for High Consequence Infectious Diseases—Informed by the Domestic US Ebola Response
The facility has communication protocols for when healthcare resources may be allocated differently than normal, such as during a public health emergency. (1)				
Workforce				
Facility Level	Likert Score	Health Officials Level	Likert Score	Suggested Resources

<p>This facility current trains personnel to detect, isolate, evaluate, and safety treat patient with suspected or confirmed high consequence infectious diseases. (1)</p> <p>This facility currently has the ability to provide training of staff during an emergency to increase capacity. (1)</p>		<p>Health officials can currently support routine and just-in-time healthcare workforce training necessary for outbreak response, including how to diagnose, treat, isolate, and report cases. (1)</p> <p>Health officials are working with facilities to meet international benchmarks for human resource development. (1)</p>		<p>Health Sector Resilience Checklist for High Consequence Infectious Diseases—Informed by the Domestic US Ebola Response</p> <p>Joint Commission Emergency Management Healthcare Environment Checklist</p> <p>Hospital Emergency Response Checklist</p> <p>Ebola Virus Disease: Consolidated Preparedness Checklist</p> <p>Hospital Preparedness for Epidemics</p>
<p>This facility currently has plans for how to support healthcare workers so as to allow them to successfully work under stressful times, such as providing family daycare or emergency shelter for staff. (2)</p>				<p>Health Sector Resilience Checklist for High Consequence Infectious Diseases—Informed by the Domestic US Ebola Response</p>
Infection Control				
Facility Level	Likert Score	Health Officials Level	Likert Score	Suggested Resources
<p>This facility can implement guidelines set at the health official level on isolation of infected individuals and quarantine of exposed individuals. (1)</p> <p>This facility currently has protocols for handling of infectious/hazardous waste. (1)</p>		<p>Health officials currently provide national guidelines for facilities to follow regarding infection control, including procedures for donning and doffing personal protective equipment, handling waste, and caring for high-risk or contagious patients, and these are consistent with the laws of the nation. (1)</p>		<p>Hospital Emergency Response Checklist</p> <p>Health Sector Resilience Checklist for High Consequence Infectious Diseases—Informed by the Domestic US Ebola Response</p> <p>Hospital Preparedness Checklist for Pandemic Influenza</p>

<p>This facility currently has protocols for disinfection of durable medical equipment. (1)</p>		<p>Health officials currently provide guidance for appropriate waste handling and equipment disinfection (including medical and radioactive waste). (1)</p>	<p>Joint External Evaluation Tool</p> <p>The Hospital Safety Index</p> <p>Ebola Virus Disease: Consolidated Preparedness Checklist</p> <p>Hospital Preparedness for Epidemics</p> <p>Core components of infection prevention and control programmes</p> <p>Safe management of wastes from health-care activities</p>
<p>The facility currently has plans and procedures in place to rapidly and safely diagnose, isolate, and treat patients with contagious diseases, including ensuring access to vaccines and other therapeutics. (1)</p>		<p>Health officials have designated which facilities should have the capacities to care for patients with high consequence infectious diseases, including consideration of inter-facility transport for patients requiring special treatment or handling. (1)</p>	<p>Hospital Emergency Response Checklist</p> <p>Health Sector Resilience Checklist for High Consequence Infectious Diseases—Informed by the Domestic US Ebola Response</p> <p>Joint External Evaluation Tool</p> <p>Ebola Virus Disease: Consolidated Preparedness Checklist</p> <p>Core components of infection prevention and control programmes</p> <p>Infection prevention and control guidance for care of patients in health-care settings, with focus on Ebola (interim guidance)</p>

		Health officials currently have plans (and have disseminated these plans) for collecting information on the number of nosocomial infections that occur during outbreaks. (2)		Joint External Evaluation Tool
<p>This facility currently has a process for monitoring patients and healthcare workers for signs of infection based on symptoms and exposure. (1)</p> <p>This facility currently has protocols for screening patients for symptoms and conducting medical and travel history that would indicate possible exposure or infection. (1)</p>				<p>Health Sector Resilience Checklist for High Consequence Infectious Diseases—Informed by the Domestic US Ebola Response</p> <p>Hospital Preparedness Checklist for Pandemic Influenza</p>
<p>This facility currently has the infrastructure in place to support basic infection control, including hand washing stations and soap. (1)</p> <p>This facility currently has areas for isolation or isolation wards available for use. (1)</p>		Health officials have the ability to assess the availability of personal protective equipment and have plans for accessing and distributing additional supplies should shortages arise. (1)		<p>The Hospital Safety Index</p> <p>Hospital Emergency Response Checklist</p> <p>Core components of infection prevention and control programmes</p> <p>WHO guidelines on hand hygiene in health care</p> <p>Leadership During a Pandemic—What Your Municipality can do</p>

Supplementary Table 2: Checklist Prioritization Scores from Working Group Session 2³

Core Health System Capacities					
Facility Level	Average	Median	Health Officials Level	Average	Median
This facility currently has a system for reporting infectious disease cases.***	5	5	Health administrators are currently able to convey to the health system which diseases and conditions necessitate reporting and expected frequency.	5	5
This facility currently has a system for reporting resource shortages (e.g., staff, supplies, etc.).	4.75	5	Health administrators currently have mechanisms for ongoing analysis of case reports reported by facilities.*	4.25	4.5
This facility currently has plans (and has disseminated these plans) for continued access to essential medicines during an emergency.*	4	4	Health administrators currently have plans (and have disseminated these plans) for sustaining supply chains (medicines and vaccines, equipment, supplies) during emergencies.*	4.75	5
This facility currently has plans (and has disseminated these plans) for continued access to essential supplies (e.g., IV tubing, personal protective equipment) during an emergency.	4	4	Health administrators currently support research on healthcare system strengthening and quality improvement.	4.5	5
This facility has conducted service mapping to understand the needs of the community it serves.	3.75	4	Health administrators currently provide continuing medical/public health education to help build and strengthen the healthcare workforce.	4.25	4.5
This facility has addressed the availability of emergency medical service providers.	4.75	5			
This facility currently has sufficient financing available to provide essential core health system capacities.**	4	4.5			

³ Those checklist items starred as highest priority by participants are noted with an asterisk (*), and the number of asterisks corresponds to the number of working group tables that deemed that item a highest priority (there were four total working group tables).

This facility has established mechanisms to measure quality assurance.	4.5	4.5			
This facility currently has plans (and has disseminated these plans) for providing mental healthcare services during emergencies.	4	4			
This facility has built awareness of possible infectious disease outbreaks and natural hazards within the local community.	4.75	5			
Critical Infrastructure and Transportation					
Facility Level	Average	Median	Health Officials Level	Average	Median
This facility has evaluated its specific vulnerability to natural hazards (e.g., fire, flooding, earthquakes).*	4.75	5	Health administrators currently conduct assessments of vulnerabilities to natural hazards and provide that information to relevant health facilities.	4.25	4.5
This facility currently has in place response plans for loss of infrastructure and transportation during an emergency.*	4.75	5	Health administrators currently have response plans (and have disseminated these plans) that include prioritization of healthcare facilities for restoration of critical infrastructure (eg, power, water) during emergencies.	5	5
This facility currently has protocols (and has disseminated these protocols) for handling of infectious/hazardous waste.**	4.75	5	Health administrators currently provide guidance for appropriate waste handling and equipment disinfection (including medical and radioactive waste).*	4.75	5
This facility currently has protocols (and has disseminated these protocols) for disinfection of durable medical equipment.	4.25	4.5	Health administrators currently have made national plans (and have disseminated these plans) for evacuations during emergencies.	4.5	5
This facility currently has protocols (and has disseminated these protocols) for safe handling of nuclear medicine equipment and radioactive materials.	4	4	Health administrators currently have plans (and have disseminated these plans) for providing security for healthcare workers during emergencies.	4.5	5

This facility currently has plans (and has disseminated these plans) for emergency evacuation of patients.	4.25	5			
Financing					
Facility Level	Average	Median	Health Officials Level	Average	Median
This facility currently has plans (and has disseminated these plans) for how to access and receive additional financing during emergencies.*	4.25	4.5	Health administrators currently have plans (and have disseminated these plans) for authorizing and distributing emergency funding to health facilities (e.g., to acquire additional supplies and resources, ensure healthcare worker compensation) both at the central and local levels.**	4.75	5
This facility currently has plans (and has disseminated these plans) for how additional funding will be managed, prioritized, and allocated transparently during an emergency.	4.5	4.5	Health administrators have established an emergency fund that can be quickly accessed during public health crises.	4.25	4.5
			Health administrators currently engage with donors/private sector who could provide additional resources during emergencies.	4.25	4.5
			Health administrators currently have plans (and have disseminated these plans) for receiving donor resources during emergencies.	4	4
Barriers to Accessing Health Services					
Facility Level	Average	Median	Health Officials Level	Average	Median
This facility currently has access to linguistic and translation services for patients.	2.5	2.5	Health administrators currently have plans (and have disseminated these plans) for translating public health information into local dialects.	2.5	2.5
This facility currently has access to visuals and graphics for varying levels of health literacy.	3.5	3.5	Health administrators have identified vulnerable and marginalized groups in advance of an emergency (i.e., disabled, elderly,	4	4

			displaced citizens) and ensure they are engaged in the emergency planning process.		
This facility has engaged and established relationships with community leaders and decision makers to help foster community trust in the healthcare system.**	5	5	Health administrators have identified community leaders within vulnerable/marginalized groups to help gain trust.	4.67	5
This facility currently has plans (and has disseminated these plans) on how to establish makeshift health centers during emergencies to increase accessibility of care.	4	4	Health administrators have identified existing mobile healthcare assets (e.g., vans, buses) in communities and have considered how these assets might be used in an emergency.	4.33	4
This facility currently has emergency plans that are sensitive to cultural norms within a population.	3.75	3.5	Health administrators have established mechanisms to eliminate financial barriers to healthcare.	3.67	3
Communication, Collaboration, Coordination, and Partnerships					
Facility Level	Average	Median	Health Officials Level	Average	Median
This facility has conducted resource-mapping exercises to help understand the level of care a given facility can provide.	4.75	5			
This facility currently has plans (and has disseminated these plans) on how to coordinate with other facilities (including public and private) in the event that it needs to transfer patients or share supplies. This might be accomplished through the creation of memorandums of understanding (MOUs).**	5	5	Health administrators currently offer incentives for collaboration on emergency preparedness efforts.	4.75	5
This facility conducts regular exercises with response partners (including public and private) and updates response plans accordingly.*	4.25	4.5	Health administrators currently include health facilities (including public and private) in exercises or simulations pertaining to public health emergencies.	4	4

This facility currently understands and complies with its obligations to report infectious diseases to public health authorities.	4.75	5	Health administrators established relationships with NGOs that might provide assistance during emergencies.	4.5	5
This facility currently has the means for communication with other facilities (including public and private) during emergencies.	4.75	5			
This facility currently has mechanisms for referral of patients that may require diagnosis and care at a different facility.	5	5			
Leadership and Command Structure					
Facility Level	Average	Median	Health Officials Level	Average	Median
This facility is currently prepared to use a standardized (yet flexible) chain of command system to enable command and control during an emergency.	4	4	The Ministry is represented at the Emergency Operations Center (EOC) and is part of the official command structure, and there is an organized network of healthcare centers that can feed into the EOC.**	4.5	4.5
This facility is currently familiar with other incident command systems and structures (i.e., national, state, local).	4	4	Response leaders/incident managers within the health administration currently are familiar with and have the capacity to implement command structures, which should include healthcare representatives.	4.5	4.5
This facility has established leadership within each level of the health system (ie, local, district, regional).**	4.25	4.5	Health administrators have established a single emergency committee that is under the leadership of the DG of Health (or equivalent).*	4.75	5
Surge Capacity					
Facility Level	Average	Median	Health Officials Level	Average	Median
This facility currently has plans (and has disseminated these plans) for increases in demand for service during an emergency (e.g., additional staff, supplies, etc.).	4.5	5	Health administrators have national surge capacity plans for emergencies.*	4.5	5

This facility currently has plans (and has disseminated these plans) for how to implement changes in the allocation of healthcare resources should patient resource needs exceed capacity.	4	4.5	Health administrators currently maintain a system for tracking healthcare workers to understand availability during emergencies.*	4.5	5
This facility currently has plans (and has disseminated these plans) for incorporating private/local health professionals and other volunteers into emergency response.	4.5	4.5	Health administrators currently provide facilities with guidelines for how to allocate scarce resources during an emergency.	4.25	4.5
This facility has established a pool of additional resources (including physicians, nurses, etc.) that can be utilized during an emergency.	4.5	5			
This facility currently has plans (and has disseminated these plans) on how to establish satellite facilities to provide additional space for patient care during emergencies.	4	4			
Risk Communication					
Facility Level	Average	Median	Health Officials Level	Average	Median
This facility conducts routine community outreach and engagement to build public trust and credibility of healthcare system in advance of an emergency.	4.75	5	Health administrators have established and maintain mechanisms by which the public (care seekers and patients' families) can obtain information on the status and availability of health facilities and services (e.g., through social media or other platforms).*	4.5	5
This facility has mechanisms by which it can receive timely and up-to-date information on infectious diseases and natural hazards.*	4.5	5	Health administrators have established an integrated database that provides travel-related information to facilities about infectious diseases, such as case counts for high-risk locations, presence of competent vectors, and prophylactic measures.	4.5	4.5

In situations where a patient has been admitted with a high consequence infectious diseases (e.g., Ebola, MERS, Nipah), this facility is currently prepared to actively reach out to other patients and personnel at the affected facility to inform them about efforts that are being made to ensure their safety.	4.75	5	Health administrators currently have plans (and have disseminated these plans) for launching public education campaigns to educate local populations about patients with high consequence infectious diseases to reassure them that facilities are safe and are the best options for treatment.	4.75	5
This facility currently has communications plans that are phrased so as not to stigmatize patients.	4.75	5	Health administrators currently have communications plans that are phrased so as not to stigmatize patients.	4.75	5
This facility currently has mechanisms for sharing information with the public during emergencies.*	4.5	5	Health administrators have identified a media spokesperson who can provide the public with information on the emergency.	4.25	4.5
This facility currently trains staff on proper risk communication practices.	4.67	5			
Workforce					
Facility Level	Average	Median	Health Officials Level	Average	Median
This facility current trains personnel to detect, isolate, evaluate, and safety treat patient with suspected or confirmed high consequence infectious diseases.	5	5	Health administrators can currently support the quick healthcare workforce training necessary for outbreak response, including proper infection control practices and how to treat, isolate, and report cases.**	5	5
The facility's trained healthcare workforce currently includes capacities within various levels of expertise, including laboratory workers, epidemiologists, and risk communicators.*	4.75	5	Health administrators have established relationships with subject matter experts at the national and global level (i.e., WHO), who can help translate evidence-based practices to local contexts.	5	5
This facility currently has plans (and has disseminated these plans) for how to support healthcare workers so as to allow them to successfully work under stressful	4	4			

times, such as providing family daycare or emergency shelter for staff.					
This facility currently has the ability to provide training of staff during an emergency to increase capacity.	4.25	4.5			
Infection Control					
Facility Level	Average	Median	Health Officials Level	Average	Median
This facility currently has clear and practical policies on isolation of infected individuals and quarantine of exposed individuals.* <ul style="list-style-type: none"> These policies address clinical care of affected individuals and should be consistent with the laws of the nation 	4.75	5	Health administrators currently provide national guidelines for facilities to follow regarding infection control, including procedures for donning and doffing personal protective equipment, handling waste, and caring for high-risk or contagious patients.	4.5	5
The facility currently has procedures in place to rapidly and safely isolate patients with contagious diseases.	4.75	5	Health administrators have designated which facilities should have the capacities to care for patients with high consequence infectious diseases, including consideration of inter-facility transport for patients requiring special treatment or handling.*	4.75	5
This facility currently has plans (and has disseminated these plans) for the isolation and treatment of patients with contagious diseases that enables clinicians to effectively and safely provide care.	3.5	4.5	Health administrators currently have plans (and have disseminated these plans) for collecting information on the number of nosocomial infections that occur during outbreaks.	4.5	4.5
This facility currently has a process for monitoring patients and healthcare workers for signs of infection based on symptoms and exposure.	4.33	5			
This facility currently has protocols (and has disseminated these protocols) for	4.25	4.5			

screening patients for symptoms and conducting medical and travel history that would indicate possible exposure or infection.*					
This facility currently has access to medicines (i.e., vaccines, antibiotics) and diagnostics	4.5	4.5			
This facility currently has the infrastructure in place to support basic infection control, including hand washing stations and soap.	4.75	5			
This facility currently has isolation rooms or wards available for use.	3.5	4.5			

APPENDICES

Appendix A: List of Suggested Resources for Checklist Implementation

A guide to the provision of safe delivery and immediate newborn care in the context of an Ebola outbreak. World Health Organization. Accessed April 2019:

https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/EbolaGuidanceReport.pdf

Advancing Partners and Communities: Health Facility Assessment Tool. Accessed April 2019:

https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/facility_assessment_tool.pdf

Building Back Better: Sustainable mental health care after emergencies. World Health Organization. Accessed April 2019:

https://www.who.int/mental_health/emergencies/building_back_better/en/

Clinical management of patients with viral haemorrhagic fever: A pocket guide for front-line health workers. World Health Organization. Accessed April 2019:

<https://www.who.int/csr/resources/publications/clinical-management-patients/en/>

Communication for behavioural impact: a toolkit for behavioural and social communication in outbreak response. World Health Organization. Accessed April 2019:

https://www.who.int/ihr/publications/combi_toolkit_outbreaks/en/

Community Checklist for Health Sector Resilience Informed by Hurricane Sandy. Centers for Disease Control and Prevention/Johns Hopkins Center for Health Security. Accessed September 2018: <https://pdfs.semanticscholar.org/f740/53bedf95c79059a5edbabefa5be07bb0b200.pdf>

Core components of infection prevention and control programmes. World Health Organization. Accessed April 2019:

https://apps.who.int/iris/bitstream/handle/10665/69982/WHO_HSE_EPR_2009.1_eng.pdf?sequence=1

Ebola Virus Disease: Consolidated Preparedness Checklist. World Health Organization. Accessed April 2019:

https://apps.who.int/iris/bitstream/handle/10665/137096/WHO_EVD_Preparedness_14_eng.pdf?sequence=1

Ebola virus disease in pregnancy: Screening and management of Ebola cases, contacts and survivors (interim guidance). World Health Organization. Accessed April 2019:

<https://www.who.int/csr/resources/publications/ebola/pregnancy-guidance/en/>

Emergency Management Healthcare Environment Checklist (2018). The Joint Commission. Accessed April 2019:

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Engaging Communities: making it real. African Partnerships for Patient Safety (APPS) Community Engagement Implementation Pack. World Health Organization. Accessed April 2019: <https://www.who.int/patientsafety/implementation/apps/resources/ACE-package.pdf?ua=1>

Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health. World Health Organization. Accessed April 2019: https://www.who.int/pmnch/knowledge/publications/201112_essential_interventions/en/

Health Resource Availability Mapping System (HeRAMS). World Health Organization. Accessed April 2019: https://www.who.int/hac/network/global_health_cluster/herams_services_checklist_eng.pdf

Health Sector Resilience Checklist for High Consequence Infectious Diseases—Informed by the Domestic US Ebola Response. Centers for Disease Control and Prevention/Johns Hopkins Center for Health Security. Accessed September 2018: http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2017/HCID_Final_Report_05.23.2017.pdf

Hospital Emergency Response Checklist (2011). World Health Organization Regional Office for Europe. Accessed September 2018: <http://www.euro.who.int/en/health-topics/emergencies/disaster-preparedness-and-response/publications/2011/hospital-emergency-response-checklist-2011>

Hospital Preparedness Checklist for Pandemic Influenza (2009). World Health Organization. Accessed September 2018: http://www.euro.who.int/__data/assets/pdf_file/0004/78988/E93006.pdf

Hospital Preparedness for Epidemics. World Health Organization. Accessed April 2019: https://apps.who.int/iris/bitstream/handle/10665/151281/9789241548939_eng.pdf?sequence=1

Improving health system preparedness for terrorism and mass casualty events (2007). American Medical Association/American Public Health Association. Accessed September 2018: <http://nasemso.org/documents/FinalSummitReport070307.pdf>

Infection prevention and control guidance for care of patients in health-care settings, with focus on Ebola (interim guidance). World Health Organization. Accessed April 2019: https://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/

Integration of Non-Communicable Disease care into emergency response and Preparedness. World Health Organization South-East Asia. Accessed April 2019: http://apps.searo.who.int/PDS_DOCS/B5418.pdf

International Health Regulations (2005): Annex 1A “Core Capacity Requirements for Surveillance and Response.” World Health Organization. Accessed September 2018: http://apps.who.int/iris/bitstream/handle/10665/43883/9789241580410_eng.pdf?sequence=1

Joint External Evaluation Tool (2016). International Health Regulations (2005). World Health Organization. Accessed September 2018:

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Leadership During a Pandemic—What Your Municipality can do. USAID. Accessed April 2019: <https://www.gfdrr.org/sites/default/files/USAID%20Toolkit%2C%20Leadership%20During%20a%20Pandemic.pdf>

Manual for the care and management of patients in Ebola Care Units/Community Care Centers. World Health Organization. Accessed April 2019:

<https://www.who.int/csr/resources/publications/ebola/patient-care-CCUs/en/>

Model List of Essential Medicines (2017). World Health Organization. Accessed September 2018: <http://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1>

National Public Health Performance Standards. National Association of County and City Health Officials. Accessed September 2018: <https://www.cdc.gov/stltpublichealth/nphps/index.html>

Pregnancy, childbirth, postpartum, and newborn care: A guide for essential practice (3rd edition). World Health Organization. Accessed April 2019:

https://www.who.int/maternal_child_adolescent/documents/imca-essential-practice-guide/en/

Safe management of wastes from health-care activities. World Health Organization. Accessed April 2019: https://www.who.int/water_sanitation_health/publications/wastemanag/en/

Service Availability and Readiness Assessment (SARA): An annual monitoring system for service delivery. World Health Organization. Accessed April 2019:

https://apps.who.int/iris/bitstream/handle/10665/183119/WHO_HIS_HSI_2015.5_eng.pdf?sequence=1

The Hospital Safety Index (2015). Pan American Health Organization. Accessed September 2018:

https://www.paho.org/disasters/index.php?option=com_content&view=article&id=964:safety-index&Itemid=912&lang=en

WHO guidelines on hand hygiene in health care. World Health Organization. Accessed April 2019: <https://www.who.int/gpsc/5may/tools/9789241597906/en/>

[World Health Organization Safe Childbirth Checklist. Accessed April 2019](#)

