

**Conclusions:** According to this survey, it appears that the delivery of community healthcare services during Operation Cast Lead efficiently addressed the needs of the citizens in the area.

**Keywords:** community; health care; Operation Cast Lead; public health

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### Logistics of Protecting a Population during Pandemic Influenza Response

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**Introduction:** The Division of Strategic National Stockpile (DSNS), an element of the United States Department of Health and Human Services' Centers for Disease Control and Prevention (CDC), manages the largest stockpile of medical countermeasures (MCMs) in the US, planning for and managing the logistics of a public health emergency response on a national level.

**Methods:** Beginning in 2005, DSNS initiated a planning and exercise cycle to develop and test the capability to respond to pandemic influenza. Given the large scale of such a response, the logistical requirements of transportation, storage, and staffing were too costly to fully exercise. In April 2009, the CDC plan for pandemic influenza response was based on assumptions, projections, and estimates developed through a series of Agency-led pandemic influenza exercises. Only an actual pandemic event would test this capability.

**Results:** During the initial outbreak of pandemic H1N1 2009 influenza, DSNS participated in the federal response, supporting state and local health departments by shipping 11.5 million doses of antiviral drugs, and 44.6 million pieces of personal protective equipment. These assets, representing 25% of the stockpiled pandemic influenza MCMs allocated to the nation, were delivered within seven days, exactly as directed in the CDC plan, and effectively received, staged, and distributed by the states in accordance with their local plans.

**Conclusions:** The planning and exercises conducted by CDC and DSNS staff, in conjunction with state and local public health officials led to an efficient distribution of over 10,000 pallets of supplies in seven days, validating the planning and logistical assumptions for the DSNS's most challenging mission. The lessons learned from this response are reshaping the way DSNS responds to further improve efficiency, and driving the development of new capabilities to view product availability in the commercial marketplace and inform the allocation and distribution of stockpiled assets.

**Keywords:** influenza; pandemic; preparedness; protection; response

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### Assessment of Preparedness

#### Presentation of the World Health Organization Generic Health Systems' Crisis Preparedness Assessment Tool and its Application in Ukraine and Poland

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**Introduction:** The World Health Organization (WHO) Regional Office for Europe, with support from international experts, has developed a generic assessment tool. Adapted versions so far have been tested in five countries of the WHO European Region (most recently in Ukraine and Poland in May and September 2009). The overall aim was to develop and refine a standardized assessment framework to evaluate essential components of the health system crisis preparedness planning process in member states. The applicability, usefulness, and challenges of the current version of the tool (2.1) and the lessons identified during the two recent assessment missions will be presented.

**Methods:** Multi-disciplinary expert teams, in conjunction with national authorities, conducted country assessments in the Ukraine and Poland in 2009 to identify strengths, weaknesses, and gaps of the crisis management arrangements of the health system. The assessments adopted an all-hazard, multi-sectoral approach using a standardized health system crisis preparedness assessment tool. The tool defines components that are considered essential to ensure a functioning health system during crises, using the WHO health systems framework. The four core functions of the health systems' framework are sub-categorized into main components and key elements with essential attributes considered crucial for the health system crisis preparedness planning process. Expert teams conducted semi-structured and/or informal interviews with key stakeholders during on-site visits, and triangulated the information into country reports. Based on the practical experiences from these previous assessments, the assessment tool will be further revised with amendments and adaptations to be incorporated into the final version.

**Results:** The overall health system crisis preparedness capacities of the Ukraine and Poland were evaluated for benchmarks and indicators based on the WHO health systems' crisis preparedness (HSCP) assessment tool. Strengths and weaknesses were identified and technical recommendations focusing on preparing the systems of both countries for health aspects of mass gatherings in view of the Euro 2012 were shared with responsible officials. The applicability of the tool was tested and further modifications introduced after each mission.

**Conclusions:** The practical application of the WHO standardized HSCP assessment tool demonstrated its added value as a practical reference to conduct standardized country assessments to evaluate generic national health systems' preparedness. The tool will be further refined and developed into a self-assessment tool for countries to evaluate their health system's preparedness.

**Keywords:** assessment; health system; evaluation tool; preparedness; World Health Organization

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