	Basic	Developing	Advanced	Leading Edge
	1 2 3	4 5 6	7 8 9	10 11 12
Strategic Direction	The NPHI is occasionally involved in emergency responses. It has few written documents outlining its EPR responsibilities and authorities, and these are limited in scope and often outdated. The NPHI makes minimal use of internationally recognized tools and approaches, such as JEE and 7-1-7.	The NPHI is increasingly involved in emergency response. The government is starting to formalize the NPHI's EPR responsibilities and authorities. The NPHI's EPR plans are in progress but not yet complete. The NPHI has begun using internationally recognized tools to identify gaps and make improvements.	The NPHI plays a critical role in preparedness and response for many types of emergencies. Most of its EPR responsibilities and authorities are clearly defined in written, up-to-date documents. However, these are not always followed during emergencies. The NPHI regularly uses internationally recognized tools to improve its preparedness and response.	The NPHI's EPR responsibilities and authorities are well-understood within the NPHI and by critical groups in and outside of government. NPHI plays a leadership role in EPR for most domestic events and many international ones. Its use of internationally recognized tools and resultant improvements in preparedness and response serve as a model for other countries.
Systems	The NPHI has few if any policies, plans, and SOPs for EPR. It has no systems for scaling up during emergencies. Systems for detecting critical events and notifying authorities are inadequate, leading to delays in recognizing and responding to events.	The NPHI has some plans and SOPs for EPR, but they are often incomplete or outdated. The NPHI lacks formal systems, such as rostered staff, to respond to larger events. Systems for detecting and reporting critical events are improving.	The NPHI has systems, such as incident management systems (IMS), to coordinate and manage major public health events. EPR policies, rosters, rapid procurement, etc. usually work well, but they can get overwhelmed by very large demands. Subnational levels are increasingly integrated with and supported by the NPHI's emergency detection and response systems.	The NPHI's policies, plans, procedures, and other aspects of EPR are models for other NPHIs and organizations. The NPHI has strong systems to optimize staffing and other aspects of problem detection and assessment and emergency response, including ensuring capacity at and integration with subnational levels. Its preparedness and ability to surge, even during large events, are exemplary.
Resources	The NPHI's EPR capability is limited by lack of financial, material, and trained human resources. The NPHI does little to assist subnational levels with preparedness.	The NPHI has some material resources and trained staff to respond to emergencies, but it struggles to scale up during large emergencies. Emergency procurement is challenging. The NPHI conducts limited EPR training at subnational levels.	The NPHI has trained staff, strong systems, and material resources, such as stockpiles and technology, to support EPR. It can handle most emergencies with minimal disruption of routine functions, but large-scale emergencies stress the NPHI. The NPHI is building EPR capacity at subnational levels.	The NPHI can rapidly scale up to address even large-scale, geographically dispersed, sustained emergencies while maintaining routine operations. It invests significantly in EPR capacity among critical partners, such as subnational levels and the healthcare system.
Quality	The NPHI's EPR efforts are fragmented and ad hoc. They are widely seen as inadequate.	The NPHI's responses to small-scale emergencies are sometimes timely and effective, but it has trouble responding to and recovering from large or complex emergencies. It occasionally evaluates the quality of its EPR work, especially after problematic responses.	The NPHI responds to both large and small emergencies quickly and effectively. It uses simulations, sometimes including partners, to improve preparedness. To improve its performance, the NPHI regularly reviews its conduct of emergency responses and uses global benchmarks.	The NPHI's EPR efforts are globally recognized as models nationally and internationally. The NPHI develops and assesses innovative solutions to EPR issues and disseminates those that are helpful. It consistently meets appropriate global benchmarks and tailors others to the country's context.
ngagement	The NPHI is often excluded from national EPR efforts. During emergencies, the NPHI's communications with subnational levels, other agencies, partners, and the public are fragmented.	The NPHI attempts to communicate with critical partners during events, but these attempts are often inefficient and unsystematic, reducing response efficiency and effectiveness. The NPHI makes limited efforts to communicate with the public in emergencies.	The NPHI has developed strategic multisectoral relationships, for example, with animal health. During emergencies, it prioritizes communication with others involved in response and with the public.	The NPHI proactively engages with partners and stakeholders nationally and internationally including developing and testing innovative approaches, for example, to disinformation.
Impact	Emergencies are often extensive before the NPHI becomes involved. Once the NPHI engages, its contribution is unclear.	The NPHI is being included in emergency responses more frequently, and its EPR efforts sometimes reduce the impact of emergencies.	The NPHI's work in EPR, including investments in subnational capacity, contributes substantially to the country's EPR.	The NPHI has documented its success in reducing the impact of emergencies nationally and internationally. Investment in subnational levels has increased the rapidity of detection and efficiency of responses.

The Staged Development Tool (SDT) for NPHIs was developed by the <u>U.S. Centers for Disease Control and Prevention (CDC)</u> and the <u>International Association of National Public Health Institutes (IANPHI)</u> with the assistance of a consultative group of National Public Health Institute (NPHI) leaders from around the world. Revised August 2024.