

THE EPISOUTH PLUS PROJECT

External Evaluation Report of the EpiSouth Plus Simulation Exercise

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Executive Summary

Objectives

The objectives of the Simulation Exercise (SE) evaluation are to assess (i) the consistency of the SE with the objectives of the EpiSouth Plus project, (ii) the adequacy of the planning process of the SE, (iii) the SE's performance (coordination team and the responses of participating countries) and (iv) the coordination and communication between the organisers and participants during the SE implementation. The evaluation of the SE was conducted with the participation of the SE coordination team and all participating countries.

Methodology

The methods used regarding the evaluation of the SE were the review of all available resources (main event list, scenario, preparatory phase documents etc.) and a questionnaire that was disseminated to all the participants of the SE. The evaluator observed the SE from the coordination center in Spain. A checklist was used while observing the SE in order to document the direct feedback, the course of events and reflections and a hot debriefing session was held with the coordination team/organisers of the SE. A hot debriefing session was conducted with the Spanish team. A descriptive analysis of the collected questionnaires was conducted as well as a statistical analysis of the results related to the EU and Non EU participant responses.

Results

A total of 108 questionnaires (EU: 39/108, 36% and Non EU: 69/108, 64%) were disseminated to participants of the SE from 20 countries (EU: 8/20, 40% and Non EU: 12/20, 80%). A total of 59 out of 108 (55%) questionnaires were collected. A lower response rate was recorded in Non EU partners (**32/69, 46%**) in comparison with the EU countries (**27/39, 69%**) (**p-value: 0.002**). As a result, the Non EU countries' views and opinions are not equally represented.

The majority of the SE participants were satisfied and rated highly the contact with the organisers, the information provided, the details on their role and the overall coordination during the preparatory and implementation phase (>78%). The evaluation results suggest that the training provided by the organisers prior to the SE during the preparatory phase was adequate as the majority of the responders stated that it enable them to solve the tasks (39/57, 68%). A total of 53% of the responders believed that the objectives of the SE were fully achieved whereas 47% that they were partially achieved. Responders felt that the pacing and the length of the SE was appropriate (>76%). The participants of the SE further responded that the SE are of very high or high value in creating networks (>92%) and that the SE had a very high or high value for their organisations operations (>70%). The methodology used by the SE organisers appears to have been effective since the majority of the participants believed that no functions were lacking from the team, the scenario was very well prepared reflecting reality and the resources (injects, plans, guidelines) available for handling the situation were adequate and highly rated. However, there were responders commenting that some injects were not fully clear or not designed in a way to cause the appropriate level of response. The teleconference organized during the implementation of the SE was the only aspect that was lowest rated in terms of quality of discussion.

The technical support received for using the EPIS EPISOUTH platform was rated as excellent or satisfactory by 73% of the responders. However, neither the EPIS EPISOUTH platform nor the EWRS were used correctly by the SE participants. It is strongly recommended to update the platform to avoid misuse and to make it more user-friendly. The fact that WHO was not participating in the SE



was commended and in cases confused responders. Overall, it is observed that the SE assisted participants in better responding to different events.

The evaluation results suggest that the existing procedures for intrasectoral collaboration (Points of Entry and Public Health Institutions) and the procedures for internal information dissemination at national level are effective (>91%). An astonishing 97% of the responders stated that the internal collaboration within their organization was excellent and satisfactory. In contrast, the routes of communication between Points of Entry at international level were rated as not equally effective. This was also evident during the observation of the SE since participants failed to explain the means of communication between the Points of Entry and in the comments from the responders where they stated that a communication system should be established for Point of Entry communication at international level. Regarding the routes of communication between public health institutions at international level there seems to be more appropriate and known procedures in place. Regarding external information sharing a significant percentage believe that the existing procedures are relatively satisfactory.

Conclusions

The SE of the EpiSouth Plus project was overall a very successful training tool assisting the participating countries to test their core capacities and identify opportunities for improvement regarding their core capacities in emergency preparedness and response and we believe that the objectives of the SE were fully achieved. Space for improvement for the tools used were identified.

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1. Background information to the Simulation Exercise

1.1. SE objectives

The scope of the simulation exercise EPISOUTH 2013 is to test the functioning of the generic Emergency Preparedness and Response (EPREP) plans (asses the availability, applicability and usefulness of existing National Emergency Plans) and the common procedures within the EPISOUTH region, with a main focus on:

- Testing the availability and use of the National EPREP
- Testing the communication, coordination and decision making in alert situation
- Testing the coordination between National Public Health services and the Points of Entry (PoE)
- Identifying the different levels (national and international) in the communication and decision making process, in the frame of the EPISOUTH context (use of the EPISOUTH platform tool)
- Testing the diagnostic confirmation procedures within the laboratory network
- Testing the timeliness of the process
- Identifying needs and assessing availability of stockpiles and funds for outbreak response.

1.2. Methodology used for the SE

The Simulation Exercise (SE) titled “Nautilus Exercise” was conducted over a two day period (2.10.2013-3.10.2013) under the coordination of the Instituto de Salud Carlos III, National Centre of Epidemiology (WP5 Coordinator) in Madrid, Spain.

The SE was the final activity out of a series of activities implemented in the context of Capacity Building on Generic Preparedness and Response. Prior to the SE the following activities were implemented by the WP5 coordinators:

1. Capacity Needs Assessment
2. Preparation of a strategic document facilitating countries to develop their own Generic Preparedness and Response Plan
3. Workshop (February 2013, Madrid)
4. Training (March 2013, Madrid)

Several meetings took place where the purpose and methodology of the SE was discussed and decided (December 2012 in Rome, February 2012 in Madrid, March 2013 in Paris, March, June 2013 in Madrid and September 2013 in Rome).

Taking into consideration that this was a Public Health Event of International Concern, the international institutions (WHO, DG SANCO C3 and ECDC) were involved in all stages of the SE design and implementation. Due to internal issues the WHO did not participate during the implementation of the SE.

A total of 20 countries participated out of which eight (40%) were EU Member States and the other 12 (60%) Non EU / candidate countries.

Each country had to nominate participants for the following functions:

- Emergency management team coordinator, Point of Entry representative, National Surveillance System representative
- MOH official
- Evaluator
- FP (EPIS for EPIS EPISOUTH platform support)

A participant's guide was given to all participating countries outlining information regarding the exercise, their roles and communication instructions.

The coordination team communicated with the participants through injects that were sent via email or posts in the EPIS EPISOUTH platform. Each participant was expected to actually perform the expected tasks according to the role that has been assigned and follow procedures according to the national Emergency Preparedness and Response Plans. Moreover, as part of the SE, two teleconferences were organised.

The participating countries had to fill in twice a day a progress report and send to the coordination team where all actions taken by the country were described.

In order to complete the internal evaluation, the coordination team asked from each country to identify an Evaluator. Evaluators had the task to follow all action and report after each inject to the coordination team through the evaluators progress report.

At the end of the SE a hot debriefing session took place in each country where participants had the chance to discuss their immediate feeling and express their views about the SE implementation.

1.3. Summary of the SE's scenario

The scenario used for the SE was an outbreak of Severe Acute Respiratory Syndrome (SARS). The index case of the outbreak is a female virologist working in the unit of Molecular Genetics of RNA viruses at Pasteur Institute in France that after an accident is exposed to the contagious agent. She then transmits the agent to a French virologist that travels to Greece to attend an international conference of West Nile Virus, held in Athens with participants from the Mediterranean region. During the conference a social event is organised on board a cruise ship where the French virologist socializes with most participants. With the end of the conference he takes a flight back to France where on arrival he is transferred to hospital.

France, Greece, Tunisia, Italy, Libya and other Mediterranean countries observe cases characterised by fever, cough often associated to respiratory distress.



2. Objective of SE evaluation

The objective of the SE evaluation as these are specified in the Terms of Reference is to assess:

- Consistency of the SE with the objectives of the EpiSouth Plus project
- Adequacy of the planning process of the SE
- SE's performance (coordination team and the responses of participating countries)
- Coordination and Communication between the organisers and participants during the SE implementation.

3. Methodology for the SE Evaluation

The main aspects that were evaluated were:

- The methodology used to prepare and conduct the SE
- The clarity of the SE (if it was free from obscurity and easy to understand)
- The conformity of the SE to objectives
- The consistency of the SE (the logical coherence and accordance with the facts)
- The completeness of the SE (complete and entire; having everything that is needed)
- The quality of the material distributed
- The coordination of the SE
- The communication of the participants throughout the SE implementation
- The tools used such as the EPIS EPISOUTH platform, EWRS etc

3.1. Evaluation tools

The tools used for the evaluation of the SE included the review of the project's available resources, observation of the SE implementation and the distribution of an evaluation questionnaire. In parallel, a hot debriefing was conducted with the Coordination Team and interviews were conducted with participants in the SE.

3.1.1. Review of available resources

The available resources that were used for the evaluation were the following:

- The Mid-Term Evaluation report, November 2012
- Simulation Exercise Material developed for the two Madrid Workshops (2012 and 2013) including Main Events List prepared for the exercise run at the workshop in Madrid in March 2013
- SE participants list
- SE Main Event List
- SE Scenario
- SE participants guide

3.1.2. Evaluation checklists

A checklist was used while observing the SE in order to document the direct feedback, the course of events and reflexions from the SE participants.

The aim of observing the exercise was to:

- Ensure that expected actions as per MEL were implemented
- Evaluate participants actions and behavior in the SE
- Identify any aspects of the SE procedure that affected the execution of the SE
- Identify the positive aspects and challenges faced during the execution of SE
- Conduct the hot debriefing with the Coordination Team

The checklist template is presented in Annex 1.

3.1.3. Hot debriefing/Interviews

Interviews were conducted with participants of the SE in order to discuss their opinion and impressions of the SE. During the interview the following aspects were discussed:

- overall experience
- expectations
- information flow
- experience in collaborating with international organisations
- quality and clarity of injects
- difficulties to respond to events
- positive aspects
- negative aspects
- suggestions for improvement

The interview questions are presented in Annex 2.

3.1.4. Hot debriefing with the Coordination Team

A hot debriefing session was conducted with the Coordination Team of the SE. The aspects discussed were the following:

- overall assessment of SE
- expectations from the SE
- experience in collaborating with other bodies
- scenario implementation
- the information flow
- experiences and lessons learned
- positive aspects of the SE
- negative aspects of the SE
- suggestions for improvement.

The hot debriefing questions are presented in Annex 3.

3.1.5. Evaluation Questionnaire

An External Evaluation Questionnaire was disseminated as part of the cold debriefing of the participating countries.

In the questionnaire the following aspects were evaluated:

- the coordination of the SE,
- the value and rate of significance of the SE,
- the functions, resources availability, training received and scenario of the SE,
- the collaboration, communication channels and information dissemination of the SE,
- the learning opportunities through the SE,
- the methodology and material used for the SE,
- the most important experiences (lessons learned for authority) from the SE,
- the positive aspects of the SE,
- negative aspects of the SE,
- suggestions for improvement.

The questionnaire template is presented in Annex 4.

3.2. Questionnaire Analysis

The questionnaires were entered into an Excel spread sheet and analysed using Epi Info software. A descriptive analysis of the collected questionnaires is presented in the sections below.

Statistical analysis of the results was conducted exploring differences on the response rate and results among the EU and Non EU participants using the fisher exact or chi-square test.

4. Results

4.1. Questionnaire evaluation results

4.1.1. Response Rate

In Tables 1, 2 and 3 the questionnaires the response rate of the questionnaire sent in total, to the EU and to the Non-EU countries are presented in detail. A total of **126** questionnaires were disseminated to the participating authorities. A total of **18** questionnaires were excluded because some participating authorities decided to respond collectively as an authority through one questionnaire. From the 108 questionnaires expected to collect, **36% (39/108)** were from EU countries and **64%** from Non EU (**69/108**). To current date (07/11/2013) a total of **59 out of 108 (55%)** questionnaires have been collected.

Table 1: Response rate of all participating countries

Country	No. of Quest. Expected to Collect	No. of Quest. Collected	%
ALBANIA	5	3	60%
BOSNIA HERZEGOVINA	9	7	78%
CROATIA	6	1	17%
CYPRUS	5	2	40%
FYROM MACEDONIA	8	5	63%
FRANCE	2		0%
GREECE	6	6	100%
ISRAEL	8	3	38%
ITALY	5	5	100%
JORDAN	6	1	17%
LEBANON	5	1	20%
LYBIA	5		0%
MALTA	4	4	100%
MONTENEGRO	7	3	43%
PALESTINE	5	2	40%
ROMANIA	5	5	100%
SERBIA	5	4	80%
SPAIN	6	4	67%
TUNISIA	1	1	100%
TURKEY	5	2	40%
Total	108	59	55%

A lower response rate was recorded in Non EU partners (32/69, 46%) in comparison with the EU countries (27/39, 69%) (p-value: 0.02). As a result, the Non EU countries' views and opinions are not equally represented.

Table 2: Response rate of EU countries

Country	No. of Quest. Disseminated	No. of Quest. Collected	%
CROATIA	6	1	17%
CYPRUS	5	2	40%
FRANCE	2	0	0%
GREECE	6	6	100%
ITALY	5	5	100%
MALTA	4	4	100%
ROMANIA	5	5	100%
SPAIN	6	4	67%
Total	39	27	69%

Table 3: Response rate of Non EU countries

Country	No. of Quest. Disseminated	No. of Quest. Collected	%
ALBANIA	5	3	60%
BOSNIA HERZEGOVINA	9	7	78%
FYROM MACEDONIA	8	5	63%
ISRAEL	8	3	38%
JORDAN	6	1	17%
LEBANON	5	1	20%
LYBIA	5		0%
MONTENEGRO	7	3	43%
PALESTINE	5	2	40%
SERBIA	5	4	80%
TUNISIA	1	1	100%
TURKEY	5	2	40%
Total	69	32	46%

4.1.2. Evaluation questionnaire descriptive analysis

In Table 4 the results from the evaluation of the Coordination of the SE are presented.

The participants contact with the organisers of the SE during the preparatory phase was rated by almost **90%** of the responders as excellent and satisfactory. More than **84%** of the responders rated as excellent and satisfactory the information provided by the organisers regarding the SE during the

preparatory phase and the administrative support received by their institution during the implementation of the SE. It is worth noticing that the responders from Non EU countries that rated the information provided as relatively satisfactory (**6/32, 19%**) were higher in comparison to the responders from the EU (**1/27, 4%**).

About **78%** of the responders believed that the details provided by the organisers of the SE about their role in the SE during the preparatory phase was excellent and satisfactory.

The participants rated highly the overall coordination of the SE by the organisers during the implementation of the SE with **89%** of the responders rating it as excellent and satisfactory.

The technical support received for using the EPIS EPISOUTH platform during the implementation of the SE was rated as excellent and satisfactory from **73%** of the responders.

The teleconference organized during the implementation of the SE was the only aspect that was lowest rated in terms of quality of discussion (**69%** rated it as excellent and satisfactory).

Table 4: Evaluation of Coordination of the SE

	<i>Excellent</i>	<i>Satisfactory</i>	<i>Relatively Satisfactory</i>	<i>Requires Improvement</i>
1. Contact with the organisers of the SE (Work Package 5) during the preparatory phase of the SE	31/58 (53%) EU: 15/26 (58%) Non EU: 16/32 (48%)	21/58 (36%) EU: 10/26 (38%) Non EU: 11/32 (34%)	2/58 (3%) EU: 0/26 (0%) Non EU: 2/32 (6%)	4/58 (7%) EU: 1/26 (4%) Non EU: 3/32 (10%)
2. Information regarding the SE provided by the organisers of the SE during the preparatory phase	26/59 (44%) EU: 13/27 (48%) Non EU: 13/32 (41%)	24/59 (41%) EU: 13/27 (48%) Non EU: 11/32 (34%)	7/59 (12%) EU: 1/27 (4%) Non EU: 6/32 (19%)	2/59 (3%) EU: 0/27 (0%) Non EU: 2/32 (6%)
3. Details and instructions about your role in the SE provided by the organisers of the SE during the preparatory phase	16/59 (27%) EU: 6/27 (23%) Non EU: 10/32 (31%)	30/59 (51%) EU: 19/27 (70%) Non EU: 11/32 (34%)	8/59 (14%) EU: 2/27 (7%) Non EU: 6/32 (19%)	5/59 (8%) Non EU: 5/32 (16%)
4. Overall coordination of SE by the organisers during the implementation of the SE	22/58 (38%) EU: 6/26 (23%) Non EU: 16/32 (50%)	29/58 (50%) EU: 19/26 (73%) Non EU: 10/32 (31%)	7/58 (12%) EU: 1/26 (4%) Non EU: 6/32 (19%)	0/58 (0%)
5. Administrative support received by your institution during the implementation of the SE	26/57 (46%) EU: 12/26 (46%) Non EU: 14/31 (45%)	22/57 (39%) EU: 9/26 (35%) Non EU: 13/31 (42%)	9/57 (16%) EU: 5/26 (19%) Non EU: 4/31 (13%)	0/57 (0%)
6. Technical support received for using the EPIS EPISOUTH platform during the implementation of the SE	17/52 (33%) EU: 6/24 (25%) Non EU: 11/28 (39%)	21/52 (40%) EU: 9/24 (38%) Non EU: 12/28(43%)	7/52 (13%) EU: 5/24 (21%) Non EU: 2/28(7%)	7/52 (13%) EU: 4/24 (17%) Non EU: 3/28 (11%)
7. Quality of discussion in the teleconferences organized during the implementation of the SE	9/49 (18%) EU: 4/26 (15%) Non EU: 5/23 (22%)	25/49 (51%) EU: 12/26 (46%) Non EU: 13/23 (57%)	12/49 (24%) EU: 9/26 (35%) Non EU: 3/23 (13%)	3/49 (6%) EU: 1/26 (4%) Non EU: 2/23 (9%)

In *Table 5* the results from the evaluation of fulfillment of the SE objectives, the length and the pacing of the SE is presented. Although the majority of the responders believed that the objectives of the SE were fully achieved (**31/58, 53%**) a significant percentage, **47% (27/58)**, believed that these were partially achieved. The majority of the responders believed that the exercise was of appropriate length (**45/59, 76%**) whereas **24% (14/59)** believed that the SE took too long. From those of the responders that believed that the exercise was too long, the number of responders from Non EU countries (**11/32, 34%**) was significantly higher than those from the EU (**3/27, 11%**) (**p-value= 0.04**). The majority of the responders (**49/58, 84%**) believed that the pacing of the SE was appropriate.

Table 5: Evaluation of fulfillment of objectives, length and pacing of the SE

	<i>Fully</i>	<i>Partially</i>	<i>Not At all</i>
8. To what extent have the SE overall objectives been achieved in your opinion?	31/58 (53%) EU: 14/26 (54%) Non EU: 17/32 (53%)	27/58 (47%) EU: 12/26 (46%) Non EU: 15/32 (47%)	0/58 (0%)
	<i>Too long</i>	<i>Appropriate</i>	<i>Too short</i>
9. How did you find the length of the SE? Was it:	14/59 (24%) EU: 3/27 (11%)* Non EU: 11/32 (34%)*	45/59 (76%) EU: 24/27 (89%) Non EU: 21/32 (66%)	0/59 (0%)
	<i>Too fast</i>	<i>Appropriate</i>	<i>Too slow</i>
10. How did you find the pacing of the SE? Was it:	5/58 (9%) EU: 3/26 (12%) Non EU: 2/32 (6%)	49/58 (84%) EU: 21/26 (81%) Non EU: 28/32 (88%)	4/58 (7%) EU: 2/26 (8%) Non EU: 2/32 (6%)

* p-value: 0.04

In *Table 6* the results from the evaluation of the value and significance of the SE are presented.

More than **70%** of the responders believe that the SE had a very high or high value for their organisations operations. More responders from the Non EU countries rated the SE as very high value in comparison to the responders from the EU countries. This could be due to the lower opportunities they might have to participate in such exercises. However, it is striking that there were two Non EU countries that believed that the SE was of minor value. A considerable percentage, **25%** found the SE of reasonable value for their organization operation.

More than **90%** of the responders believed that the SE are of very high or high value in creating networks.

Table 6: Evaluation of the value and rate of significance of the SE

	<i>Very high value</i>	<i>High value</i>	<i>Reasonable value</i>	<i>Minor value</i>
11. How highly would you rate the value of the SE for your organisation's operations/role?	17/59 (29%) EU: 5/27 (19%) Non EU: 12/32 (38%)	25/59 (42%) EU: 14/27 (52%) Non EU: 11/32 (34%)	15/59 (25%) EU: 8/27 (30%) Non EU: 7/32 (22%)	2/59 (3%) Non EU: 2/32 (6%)
12. How highly would you rate the significance of the SE for creating networks?	23/59 (39%) EU: 11/27 (41%) Non EU: 12/32 (38%)	31/59 (53%) EU: 15/27 (56%) Non EU: 16/32 (50%)	3/59 (5%) Non EU: 3/32(9%)	2/59 (3%) EU: 1/27 (4%) Non EU: 1/32 (3%)

In *Table 7* the results of the evaluation of the functions, resources availability, training received and the scenario used for the SE are presented.

The methodology used by the SE organisers where they had asked from all participants to identify participating institutions to predefined roles (i.e. Point of Entry, Evaluator, Team Coordinator etc) appears to have been effective since the majority of the participants (**46 out of 59, 78%**) believed that no functions were lacking from the team during the implementation of the SE. The majority of the responders (**41/59, 69%**) believed that the resources (injects, plans, guidelines) available for handling the situation were enough. However, **29% (17/59)** expressed that the resources were partially enough. The reason for this rating was, in accordance with the responders' comments, the fact that some of the injects were not fully clear or not designed in a way to cause the appropriate level of response.

The evaluation results suggest that the training provided by the organisers prior to the SE during the preparatory phase was adequate as the majority of the responders (**39/57, 68%**) stated that it



enable them to solve the tasks. However, there were some responders (**14/57, 25%**) that felt that there was not enough training received and instructions given regarding the means to respond. This could be due to the fact that not the same participants participated in the previous training courses and in this SE.

The scenario was very well prepared and **71% (42/59)** of the responders found that the scenario reflected reality. A significantly higher percentage of the Non EU responders (**28/32, 88%**) believed that the scenario reflected reality in contrast with the responders from EU countries (**14/27, 52%**) (**p-value=0.003**) whereas a significant higher percentage of EU responders believed that the scenario partially reflected reality (**p-value:0.005**) As it can be seen from the comments made by the responders, some believed that they would not communicate so early in the SE to the EWRS or to WHO. This was also evident from the delayed reaction of the European countries to inform EWRS during the first day of the SE implementation.

The fact that WHO was not participating in the SE was commended by the responders.

Table 7: Evaluation of the functions, resources availability, training received and scenario of the SE

	Yes	Partially	No	If Partially or No please specify
13. Were there any functions lacking in your team?	9/59 (15%) EU: 3/27 (11%) Non EU: 6/32 (19%)	4/59 (7%) Non EU: 4/32 (13%)	46/59 (78%) EU: 24/27 (89%) Non EU: 22/32 (69%)	<ul style="list-style-type: none"> No microbiologist in the team Two members could not participate. One was involved in an urgent outbreak investigation and the other one appointed to his post only 2 days before the exercise
14. In your opinion, were enough resources (injects, plans, guidelines) available for handling the situation?	41/59 (69%) EU: 20/27 (74%) Non EU: 21/32 (66%)	17/59 (29%) EU: 7/27 (26%) Non EU: 10/32 (31%)	1/59 (2%) Non EU: 1/32 (3%)	<ul style="list-style-type: none"> Less guidelines and plans. Injects were OK Sometimes more information were needed to complete the scenario Not specific info for further action after an initial inject
15. Did the training and knowledge received by the organisers of the SE during the preparatory phase enable you to solve the tasks?	39/57 (68%) EU: 20/26 (77%) Non EU: 20/31(65%)	14/57 (25%) EU: 5/26 (19%) Non EU: 9/31 (29%)	3/57 (5%) EU: 1/26 (4%) Non EU: 2/31 (6%)	<ul style="list-style-type: none"> Not all my questions were addressed Information about how to fill the progress reports It was not clear whether participants could respond directly to another country or not. Therefore there was a delay in responses We lacked training
16. In your opinion, did the scenario reflect reality?	42/59 (71%) EU: 14/27 (52%)* Non EU: 28/32 (88%)*	14/59 (24%) EU: 11/27 (41%)** Non EU: 3/32 (9%)**	3/59 (5%) EU: 2/27 (7%) Non EU: 1/32 (3%)	<ul style="list-style-type: none"> No country will communicate a case of SARI to EPIS nor to EWRS, never to WHO before the lab confirmation. If a personality of one country is presented in the newspapers as passed away due to “a short struggle complication with his Chronic Obstructive Pulmonary Disease” none of the EPI in charge of the epidemic intelligence will pass that along as suspicious, will simply disregard it. Not every inject were adapted to each country, especially at the beginning Too high attack rate; WHO practically missing There was no focus on transmission on aircraft The disease was spread among the family members and health workers only Such a situation cannot limit to the EpiSouth region – disease will spread to other neighboring countries The injects were not specific for each country and the organisation of each country is different. WHO is a key player and did not participate. The accumulation of teleconferences an confrontation was understandably missing; WHO role missing

* p-value: 0.003 ** p-value:0.005

In Table 8 the results from the evaluation of the collaboration, communication channels and information dissemination of the SE are presented.

Our results suggest that the existing procedures for intrasectoral collaboration (Points of Entry and Public Health Institutions) and the procedures for internal information dissemination are effective since more than **91%** of the responders rated these as excellent and satisfactory during the SE. An astonishing **95%** of the responders stated that the internal collaboration within their organization was excellent and satisfactory.

In contrast, the routes of communication between Points of Entry at international level are not as effective since **65%** rated them as excellent or satisfactory, **26%** believe that the routes are relatively satisfactory and **7%** state they require improvement. This was evident in the comments from the responders where they stated that a communication system should be established for Point of Entry communication at international level.

Regarding the routes of communication between public health institutions at international level there seems to be more appropriate and known procedures in place since **84%** of the responders rated the routes as excellent and satisfactory and only **14%** rated as relatively satisfactory.

The need to improve information sharing and communication procedures between the Points of Entry and the Public health Institutions is also confirmed by the results of the evaluation regarding external information sharing where **85%** rated it as excellent and satisfactory and **10%** rated the existing procedures used during the SE as relatively satisfactory. It is worth noticing that the number of Non EU countries responding that the routes of communication between points of entry at international level was relatively satisfactory and requires improvement was higher than the EU countries (p-value: 0.05)

There were no significant differences between the responses from the EU and Non EU countries.

Table 8: Evaluation of the collaboration, communication channels and information dissemination of the SE

	<i>Excellent</i>	<i>Satisfactory</i>	<i>Relatively Satisfactory</i>	<i>Requires Improvement</i>
17. How would you rate the work of the emergency management team during the SE?	24/57 (42%) EU: 11/26 (42%) Non EU: 14/31 (45%)	23/57 (40%) EU: 10/26 (38%) Non EU: 13/31 (42%)	9/57 (16%) EU: 5/26 (19%) Non EU: 4/31 (13%)	0/57 (0%)
18. What rating would you give internal collaboration within your organization during the SE?	34/59 (58%) EU: 17/27 (63%) Non EU: 17/32 (53%)	23/59 (39%) EU: 9/27 (33%) Non EU: 14/32 (44%)	2/59 (3%) EU: 1/27 (4%) Non EU: 1/32 (3%)	0/56 (0%)
19. What rating would you give for intra-sectoral collaboration (e.g. Point of Entry and Public Health Institutions collaboration) during the SE?	36/58 (62%) EU: 18/26 (69%) Non EU: 18/32 (56%)	19/58 (33%) EU: 8/26 (31%) Non EU: 11/32 (34%)	3/58 (5%) Non EU: 3/32 (9%)	0/58 (0%)
20. How do you rate the routes of communication between Points of Entry at international level during the SE?	15/57 (26%) EU: 6/26 (2230%) Non EU: 9/31 (29%)	22/57 (39%) EU: 13/26 (50%) Non EU: 10/31 (32%)	15/57 (26%) EU: 4/26 (15%)* Non EU: 11/31 (6%)*	4/57 (7%) EU: 2/26 (8%)* Non EU: 2/31 (6%)*
21. How do you rate the routes of communication between Public Health Institutions at international level during the SE?	20/56 (36%) EU: 8/26 (31%) Non EU: 12/30 (40%)	27/56 (48%) EU: 13/26 (50%) Non EU: 15/30 (50%)	8/56 (14%) EU: 5/26 (19%) Non EU: 3/30 (10%)	0/56 (0%)
22. How would you rate internal information dissemination during the SE implementation?	26/59 (44%) EU: 12/27 (44%) Non EU: 14/32 (44%)	28/59 (47%) EU: 13/27 (48%) Non EU: 15/32 (47%)	3/59 (5%) EU: 1/27 (4%) Non EU: 2/32 (6%)	2/59 (3%) EU: 1/27 (4%) Non EU: 1/32 (3%)
23. How would you rate external information dissemination during the SE implementation?	17/59 (29%) EU: 6/27 (22%) Non EU: 11/32 (34%)	33/59 (56%) EU: 18/27 (67%) Non EU: 15/32 (47%)	6/59 (10%) EU: 2/27 (7%) Non EU: 4/32 (13%)	1/59 (2%) Non EU: 1/32 (3%)

*p-value=0.05

In *Table 9* the results from the evaluation of learning opportunities through the SE are presented.

Overall, it is observed that the SE assisted participants in better responding to different events. The responders that rate their different capacities as excellent are increased after the SE.

In particular, the number of responders that rated as excellent their response in activating the National Emergency Preparedness and Response Plans increased after the SE from **17% to 34%**. The number of participants that rated as relatively satisfactory their response in activating the National Emergency Preparedness and Response Plans remained almost the same before and after the SE (before: **14/58, 24%**, after: **11/56, 20%**).

The same pattern is observed for the decision making during a public health event of international concern at national level. The responders that rated as excellent their capacity in decision making during a public health event of international concern at national level increased from **21% to 44%** before and after the SE respectively. The responders that rated this as satisfactory and relatively satisfactory decreased but the ones expressing that their capacity in decision making require improvement slightly increased from **2% to 4%**. It is worth noticing that out of those noticing that their capacity in decision making during a public health event of international concern at national level requires improvement were responders from Non EU countries.

Regarding the use of the EPIS EPISOUTH platform, the results suggest a better understanding overall of the use of the EPIS EPISOUTH platform with the majority (**20/54, 37%**) of the responders rating it as relatively satisfactory before the SE whereas after the SE the majority rated as satisfactory (**18/53, 34%**). It is worth noticing that before the SE, **19% (10/54)** of the responders believed that the EPIS EPISOUTH platform requires improvements whereas after the SE this percentage increased to **23% (12/53)**.

Regarding national communication during a public health event, the majority of the countries rated as satisfactory before (**34/58, 59%**) and after (**27/55, 49%**) the SE. A small increase is observed in the percentage of responders that rated the national communication during a public health event as excellent before (**11/58, 19%**) and after (**20/55, 36%**) the SE.

A total of **36 out of 57 (63%)** responders rated the international communication during a public health event of International concern as satisfactory before the SE whereas **42% (23/55)** rated as excellent after the SE. An increase is observed in the responders that rated as excellent their capacity in international communication during a public health event of international concern before (**9/57, 16%**) and after (**19/55, 35%**) the SE. Moreover a small increase observed in the responders that rated as relatively satisfactory their capacity in international communication during a public health event of International concern before (**9/57, 16%**) and after (**10/55, 18%**) the SE.

A total of **31 out of 57 (54%)** rated the diagnostic confirmation procedures during a Public Health Event of International Concern as satisfactory before the SE and a **53% (29/55)** as satisfactory after the SE. An increase is observed in the responders that rated as excellent the diagnostic confirmation procedures during a Public Health Event of International Concern before (**11/57, 19%**) and after (**17/55, 31%**).

Table 9: Evaluation of learning opportunities through the SE

	Perceived rating <u>before</u> participating in the SE				Perceived rating <u>after</u> participating in the SE			
	<i>E</i>	<i>S</i>	<i>RS</i>	<i>RI</i>	<i>E</i>	<i>S</i>	<i>RS</i>	<i>RI</i>
24. Activating the National Emergency Preparedness and Response plans	10/58 (17%) EU: 6/26 (23%) Non EU: 5/31 (16%)	28/58 (48%) EU: 12/27 (44%) Non EU: 16/31 (52%)	14/58 (24%) EU: 6/27 (22%) Non EU: 8/31 (26%)	5/58 (9%) EU: 3/27 (11%) Non EU: 2/31 (6%)	19/56 (34%) EU: 10/26 (38%) Non EU: 10/30 (33%)	21/56 (38%) EU: 8/26 (31%) Non EU: 13/30 (43%)	11/56 (20%) EU: 6/26 (23%) Non EU: 5/30 (17%)	4/56 (7%) EU: 2/26 (8%) Non EU: 2/30 (7%)
25. Decision making during a Public Health Event of International Concern at national level	12/57 (21%) EU: 5/27 (19%) Non EU: 8/30 (27%)	35/57 (61%) EU: 18/27 (67%) Non EU: 17/30 (57%)	8/57 (14%) EU: 4/27 (15%) Non EU: 4/30 (13%)	1/57 (2%) Non EU: 1/30 (3%)	24/55 (44%) EU: 11/26 (42%) Non EU: 14/29 (48%)	24/55 (44%) EU: 13/26 (50%) Non EU: 11/29 (38%)	4/55 (7%) EU: 2/26 (8%) Non EU: 2/29 (7%)	2/55 (4%) Non EU: 2/29 (7%)
26. Using the EpiSouth communication platform	5/54 (9%) EU: 1/23 (4%) Non EU: 4/31 (13%)	17/54 (31%) EU: 6/23 (26%) Non EU: 11/31 (35%)	20/54 (37%) EU: 11/23 (48%) Non EU: 10/31 (32%)	10/54 (19%) EU: 4/23 (17%) Non EU: 6/31 (19%)	12/53 (23%) EU: 4/23 (17%) Non EU: 9/30 (30%)	18/53 (34%) EU: 5/23 (22%) Non EU: 13/30 (43%)	10/53 (19%) EU: 8/23 (35%) Non EU: 2/30 (7%)	12/53 (23%) EU: 6/26 (35%) Non EU: 6/30 (20%)
27. National communication during a Public Health Event of International Concern	11/58 (19%) EU: 4/27 (15%) Non EU: 8/31 (26%)	34/58 (59%) EU: 20/27 (74%) Non EU: 14/31 (45%)	8/58 (14%) EU: 3/27 (11%) Non EU: 5/31 (16%)	4/58 (7%) Non EU: 4/31 (13%)	20/55 (36%) EU: 8/25 (32%) Non EU: 12/30 (40%)	27/55 (49%) EU: 15/25 (60%) Non EU: 13/30 (43%)	4/55 (7%) EU: 2/25 (8%) Non EU: 2/30 (7%)	3/55 (5%) Non EU: 3/30 (10%)
28. International communication during a Public Health Event of International Concern	9/57 (16%) EU: 2/26 (8%) Non EU: 7/31 (23%)	36/57 (63%) EU: 18/26 (69%) Non EU: 19/31 (61%)	9/57 (16%) EU: 6/26 (23%) Non EU: 3/31 (10%)	2/57 (4%) Non EU: 2/31 (6%)	19/55 (35%) EU: 6/25 (24%) Non EU: 13/30 (43%)	23/55 (42%) EU: 13/25 (52%) Non EU: 11/30 (37%)	10/55 (18%) EU: 6/25 (24%) Non EU: 4/30 (13%)	2/55 (4%) Non EU: 2/30 (7%)
29. Diagnostic confirmation procedures during a Public Health Event of International Concern	11/57 (19%) EU: 4/26 (15%) Non EU: 8/31 (26%)	31/57(54%) EU: 14/26 (54%) Non EU: 17/31 (55%)	11/57 (19%) EU: 6/26 (23%) Non EU: 5/31 (16%)	3/57 (5%) EU: 2/26 (8%) Non EU: 1/31 (3%)	17/55 (31%) EU: 6/25 (24%) Non EU: 12/30 (40%)	29/55 (53%) EU: 13/25 (52%) Non EU: 16/30 (53%)	5/55 (9%) EU: 4/25 (16%) Non EU: 1/30 (3%)	3/55 (5%) EU: 2/25 (8%) Non EU: 1/30 (3%)

In *Table 10* the results of the evaluation of the methodology and material used for the SE are presented.

The documents used for the SE, (instructions manual, injects and progress reports) were very well prepared and this is evident also from the evaluation results of the methodology used and the overall rating of the documents by the responders. In particular all three documents were rated as excellent and satisfactory by more than **80%** from the responders except of the progress report form that was rated as excellent and satisfactory by **76%** of the responders.

Table 10: Evaluation of methodology and material used for the Simulation Exercise

Documents	Methodology Used				How do you rate the document?			
	Excellent	Satisfactory	Relatively Satisfactory	Requires Improvement	Excellent	Satisfactory	Relatively Satisfactory	Requires Improvement
30. SE Participants instructions manual	28/57 (49%) EU: 11/26 (42%) Non EU: 17/31 (55%)	25/57 (44%) EU: 15/26 (58%) Non EU: 10/31 (32%)	4/57 (7%) Non EU: 4/31 (13%)	0/57 (0%)	25/57 (44%) EU: 10/26 (38%) Non EU: 15/31 (48%)	24/57 (42%) EU: 14/26 (54%) Non EU: 10/31 (32%)	7/57 (12%) EU: 1/26 (4%) Non EU: 6/31 (19%)	1/57 (2%) EU: 1/26 (4%)
31. Injects	28/56 (50%) EU: 10/26 (38%) Non EU: 18/30 (60%)	18/56 (32%) EU: 11/26 (42%) Non EU: 7/30 (23%)	9/56 (16%) EU: 5/26 (19%) Non EU: 4/30 (13%)	1/56 (2%) Non EU: 1/30 (3%)	22/54 (41%) EU: 8/24 (33%) Non EU: 14/30 (47%)	22/54 (41%) EU: 10/24 (42%) Non EU: 12/30 (40%)	10/54 (19%) EU: 6/26 (25%) Non EU: 4/30 (13%)	0/54 (0%)
32. Progress report form	21/56 (38%) EU: 5/26 (19%) Non EU: 16/29 (55%)	26/56 (46%) EU: 16/26 (62%) Non EU: 10/29 (34%)	4/56 (7%) EU: 4/26 (15%)	4/56 (7%) EU: 1/26 (4%) Non EU: 3/29 (10%)	17/56 (30%) EU: 4/26 (15%) Non EU: 13/30 (43%)	26/56 (46%) EU: 16/26 (62%) Non EU: 10/30 (33%)	11/56 (20%) EU: 4/26 (15%) Non EU: 7/30 (23%)	2/56 (4%) EU: 2/26 (8%)

In *Table 11* the results from the performance criteria of the documents are presented.

The participants instruction manual and injects were rated by the majority of the responders (>**81%**) as excellent and satisfactory in terms of clarity, consistency, usefulness, conformity to objectives and completeness.

The progress report form were rated as excellent and satisfactory by >**83** of the responders in terms of consistency and conformity to objectives, by **76%** of the responders in terms of completeness and by **71%** in terms of clarity.

Table 11: Evaluation of performance criteria of documents used for the Simulation Exercise

Documents	Performance criteria																			
	Clarity**				Consistency***				Usefulness/ Effectiveness				Conformity to Objectives				Completeness****			
	E	S	RS	RI	E	S	RS	RI	E	S	RS	RI	E	S	RS	RI	E	S	RS	RI
30.SE Participants instructions manual (Continued)	27/57 (47%) EU: 9/27 (33%) Non EU: 18/30 (60%)	21/57 (37%) EU: 15/27 (56%) Non EU: 6/30 (20%)	8/57 (14%) EU: 2/27 (7%) Non EU: 6/30 (20%)	1/57 (2%) EU: 1/27 (4%) Non EU: 0/30 (0%)	25/57 (44%) EU: 8/26 (31%) Non EU: 17/31 (55%)	27/57 (47%) EU: 15/26 (58%) Non EU: 12/31 (39%)	5/57 (9%) EU: 3/26 (12%) Non EU: 2/31 (6%)	1/57 (2%) EU: 1/31 (3%) Non EU: 0/30 (0%)	23/58 (40%) EU: 8/27 (30%) Non EU: 15/31 (48%)	31/58 (53%) EU: 19/27 (70%) Non EU: 12/31 (39%)	2/58 (3%) EU: 2/31 (6%) Non EU: 0/30 (0%)	2/58 (3%) EU: 2/31 (6%) Non EU: 0/30 (0%)	23/57 (40%) EU: 9/26 (35%) Non EU: 14/31 (45%)	28/57 (49%) EU: 16/26 (62%) Non EU: 12/31 (45%)	5/57 (9%) EU: 4/26 (15%) Non EU: 4/31 (13%)	1/57 (2%) EU: 1/26 (4%) Non EU: 0/30 (0%)	22/57 (39%) EU: 8/26 (31%) Non EU: 14/31 (45%)	25/57 (44%) EU: 15/26 (58%) Non EU: 10/31 (32%)	9/57 (16%) EU: 3/26 (12%) Non EU: 6/31 (19%)	2/57 (4%) EU: 1/26 (4%) Non EU: 1/31 (3%)
31. Injects (Continued)	17/54 (31%) EU: 5/25 (20%) Non EU: 12/29 (41%)	28/54 (52%) EU: 17/25 (68%) Non EU: 11/29 (38%)	8/54 (15%) EU: 3/25 (12%) Non EU: 5/29 (17%)	1/54 (2%) EU: 1/29 (3%) Non EU: 0/30 (0%)	22/56 (39%) EU: 6/25 (24%) Non EU: 16/30 (53%)	25/56 (45%) EU: 13/25 (52%) Non EU: 12/30 (40%)	7/56 (13%) EU: 5/25 (20%) Non EU: 2/30 (7%)	1/56 (2%) EU: 1/25 (4%) Non EU: 0/30 (0%)	22/56 (39%) EU: 6/25 (24%) Non EU: 16/30 (53%)	29/56 (52%) EU: 18/25 (72%) Non EU: 11/30 (37%)	4/56 (7%) EU: 4/25 (16%) Non EU: 0/30 (0%)	0/56 (0%) EU: 0/25 (0%) Non EU: 0/30 (0%)	24/56 (43%) EU: 7/25 (28%) Non EU: 17/30 (57%)	27/56 (48%) EU: 17/25 (68%) Non EU: 10/30 (33%)	3/56 (5%) EU: 4/25 (16%) Non EU: 2/30 (7%)	1/56 (2%) EU: 1/30 (3%) Non EU: 0/30 (0%)	16/55 (29%) EU: 5/24 (21%) Non EU: 11/30 (37%)	29/55 (53%) EU: 16/24 (67%) Non EU: 13/30 (43%)	7/55 (13%) EU: 2/24 (8%) Non EU: 5/30 (17%)	2/55 (4%) EU: 1/24 (4%) Non EU: 1/30 (3%)
32. Progress report form (Continued)	18/57 (32%) EU: 5/27 (19%) Non EU: 13/30 (43%)	22/57 (39%) EU: 14/27 (52%) Non EU: 8/30 (27%)	11/57 (19%) EU: 6/27 (22%) Non EU: 5/30 (17%)	6/57 (11%) EU: 2/27 (7%) Non EU: 4/30 (13%)	21/56 (38%) EU: 5/27 (19%) Non EU: 16/29 (55%)	25/56 (45%) EU: 17/27 (63%) Non EU: 8/29 (28%)	8/56 (14%) EU: 5/27 (19%) Non EU: 3/29 (10%)	2/56 (4%) EU: 2/29 (7%) Non EU: 0/30 (0%)	21/56 (38%) EU: 6/26 (23%) Non EU: 15/30 (50%)	24/56 (43%) EU: 16/26 (62%) Non EU: 8/30 (27%)	8/56 (14%) EU: 4/26 (15%) Non EU: 4/30 (13%)	3/56 (5%) EU: 3/26 (11%) Non EU: 0/30 (0%)	24/56 (43%) EU: 8/27 (30%) Non EU: 16/29 (55%)	23/56 (41%) EU: 17/27 (63%) Non EU: 6/29 (21%)	7/56 (13%) EU: 2/27 (7%) Non EU: 5/29 (17%)	2/56 (4%) EU: 4/27 (15%) Non EU: 2/29 (7%)	17/56 (30%) EU: 4/27 (15%) Non EU: 13/30 (43%)	26/56 (46%) EU: 17/26 (65%) Non EU: 9/30 (30%)	8/56 (14%) EU: 3/26 (12%) Non EU: 5/30 (17%)	5/56 (9%) EU: 2/26 (8%) Non EU: 3/30 (10%)

* Clarity: free from obscurity and easy to understand **Consistency: logical coherence and accordance with the facts ***Completeness: complete and entire; having everything that is needed

4.1.3. Responders' comments regarding general issues of the SE

General issues	Important experiences
	<p>EU</p> <ul style="list-style-type: none"> • The need of understanding role playing • Type of exercise (simulation) • Working under pressure <p>Non EU</p> <ul style="list-style-type: none"> • Group and team work • Brain storming • Under pressure, without having a clear idea about what's going on, we easily increase the alarm level
	Positive
	<p>EU</p> <ul style="list-style-type: none"> • The commitment and motivation of the most of the participating countries, as well as their illusion and the high level of involvement (2) • Good, clever and realistic scenario (5) • Clever combination of parallel injects, selection of an interesting topic (event) • Good opportunity to learn by doing and putting our knowledge into practice (4) • SE included participants from around the Mediterranean area, from countries of three regions of WHO with different Public Health infrastructures. However, due to the increase mobility of people around this area public health risks, such as communicable diseases may be likely. SE is a good stimulus to sensitize Public Health Authorities in order to develop preparedness for possible similar scenarios. • Great coordination job • Experiencing an exercise since we are not able to organize them ourselves (2) <p>Non EU</p> <ul style="list-style-type: none"> • Good organization (4) • Good time control for SE • Realistic scenario (4) SE has created almost realistic situation (in real time) which enable to all participants practicing of responding in a realistic way using carefully planned and sequenced messages. • Reliable, good injects (2) • New experience • Brain storming
Negative	
	<p>EU</p> <ul style="list-style-type: none"> • Communication and dissemination of information between Ports of call was not satisfactory. Dissemination of information about confirmation of diagnosis to us was delayed and therefore further actions were difficult to be taken. • Working under pressure <p>Scenario</p> <ul style="list-style-type: none"> • There was no focus on transmission on aircraft. • After all it was a Simulation Exercise. YOU HAVE TO BE A GOOD ACTOR! Not only a good Public Health Officer • The delay that was noted at the simulated laboratory tests obstructed at some cases the decision - making process • The time frame for solve the exercise has been exceeded • Time factor was a problem. It was difficult to simulate the development of events in terms of time (good acting is important!). • It was quite long. It could last a day long instead of two (2) <p>Progress report</p> <ul style="list-style-type: none"> • Much paper work (e.g. progress report, mid-day report, end of the day report...) • The progress report forms needs to be clearer and participants should have been informed prior the SE how they should fill them. • Detailed instructions to fill the progress reports were needed

Injects

- Injects could be more adapted to the real situation of each country, since they sometimes hindered the understanding of the inject
- Injects did not have enough information and therefore sometimes lacked their consistency during the SE.
- Strange and sometimes inappropriate injects in the first half of the first SE day
- Some injects not clear or rather incorrect (EpiSouth will never replace WHO DG for a PHEIC)
- Not providing enough specific information that was asked after the first inject so that further action could be planned in a timely manner.

Teleconference

- Technical problems during the teleconference, was a bit too long and a bit diffuse (not focusing and summarizing the key aspects) (2)
- The need for clearer instructions to countries on what is expected of them during the audio conferences as some talked too much while others did not and at times there was repetition.

WHO Participation

- The lack of role of WHO in the exercise; in a real situation WHO will have the lead for which concerns technical advice, recommendations, public health measures and declaration of a PHEIC.
- The role of WHO and partially of DGSANCO was less evident than in real situations.

Non EU

- Injects need to be more frequent and detailed
- Because the SE does not involve personal and resources out of the Episouth project it does not allow true evaluation of the country response in similar cases. (it does allow to evaluate how we can share the information with other member countries).
- Too long exercise probably the SE would have been more efficient if it had took one day. (3)
- It's take too much time and we think that we need more often at least every 6 month
- Injunction guideliness for participants manual does not cover all abbreviations used in the SE such as HCW, CoV, WNV
- For some participants the beginning of the exercise was a little bit confusing, but after first INJECT everything was fine, and also internet communication sometimes was not work properly,
- Short Time given to act in front of inject
- Response incomplete secondary to inappropriate time
- Injects sent through forum and email, others through emails to team members and evaluator, others to team members only, others to evaluators only (chaotic at some point)
- Not all emails were reaching all participants.
- Teleconference didn't occur from the organizers' end despite the fact that our team was ready to perform it
- Lack of Teleconference
- Teleconference with participants which talked a long time about details Emails were pouring from various teams about their progress reports, filling our inbox and confusing us more (instructions to participants should have mentioned this point)

Suggestions for Improvement
EU

- Scenario and overall coordination, especially before the exercise (2). The SE should have reflected in a better way a real scenario of a public health alert communication in each country, avoiding confusion between real and fictitious scenarios.
- It would be good to have a pilot SE before the final SE. Pre-tested phase especially with countries at the first experience
- Injects: Simplify the injects to test the objectives straight forward. The pacing of incoming injects should be faster (2)
- Information requested by the participants from a national or international institute, organization or laboratory (e.g request for more epidemiological information regarding the suspected cases) as an action taken in the context of a response to an inject should be provided by the control team after the participant replies to an inject. In this way, the next action can be planned in an educated and timely manner.
- Methodology and coordination. More appropriate coordination at the flow / the rhythm of the given injects

Non EU

- For next time, it would be more beneficial, at least for our team, to use a rare disease in the SE. SARS in the SE was not a new topic. We have encountered SARS outbreak in 2003 and a good deal of experience has emerged from that outbreak, in which all discussions done by the participating members in my team

were put forward from experience and the national preparedness plan was not “physically” used. Had it be some other disease, like small pox, polio, anthrax, yellow fever (new for our region), richer discussions would have taken place I can guarantee and more gaps would have been identified in the national preparedness plan.

- I think that this experience should be promoted and transferred to other European region
- Commitment
- After the workshop for preparation, instructions cannot be changed even in letter.
- Other issues related with Early warning & response should be exercised as well.
- Injects
- It was not clear did we make a laboratory confirmation, did we have necessary laboratory capacity for diagnosis, time from the first two injects was long.
- It was not clear should we actively seek information from nautilus, or should we weight for injects.
- The audio conference and perhaps the rhythm of the simulation.
- Every unit can see all injects that Control Team sent.
- There should also be audio conferences at the national level to convey the information from audio conferences at the international level
- We thank the organizers for their effort, it’s totally appreciated.
- Some participants complained about late receiving of all necessary documents.
- With current liabilities better option that SE has lasted one day.

4.1.4. Responders' comments regarding collaboration/networking

Collaboration/Networking	Important experiences
	<p>EU</p> <ul style="list-style-type: none"> • There is a good sense of solidarity between the public health institutions which will help in case of an actual emergency • Team working • Working under pressure • In general, the SE stimulated discussion among the NSS's participants about the right way to respond in order to cope with alert information and to communicate with the National EMT, etc. Consequently, this has become a good internal exercise. Opportunity to work with other entities within health on preparedness and response to health threats especially at point of entry • Good collaboration among all participants. • Enhancement of the national intra sectoral collaboration • Working in an international network but with professionals with different experience. Had the chance to work with other entities within Health to deal with a threat. • Coordination between national and international agencies is the is of the utmost importance and a key factor for effective management of a crisis (2) • A small but effective and flexible emergency group is very important to the successful management of a crisis • Timely action and coordination can save lives. • Seeing how other countries respond to the same threat • Being acquainted with the responsibilities and the work procedures of other national institutions / organisations, perceiving the role of ECDC in case of public health emergency • It was very important to experience the process of collaborating with National Public Health Authorities, National Point of Entries, activating the National Emergency Preparedness, communicating with International Public Health Authorities and other countries National Health Authorities. • Focus on cross-border events <p>Non EU</p> <ul style="list-style-type: none"> • Identification of regional countries with diagnostic laboratory capacity • Reassurance of the continuous international support and coordination • The way of communication and coordination among the different international organizations • The need for network • International cooperation • Coordination between IPH, PoE end MoH • Participation of a large number of countries in solving a problem • Achieving cooperation and coordination at the national level in a short time • Capacities of Public Health Institutions in other countries. • Partners in the national team should make cc their mails to other partners and should give feedback about their international communications • The way of communication, exchange the experience and different opinions and coordination among the different international organizations • Regional and international coordination is fruitful • Vertical and horizontal communication and coordination • Support neighbor country • International collaboration, group work, reports
	Positive
<p>EU</p> <ul style="list-style-type: none"> • A good teamwork and cooperation between the Units involved in the management of Public Health events • Was a good exercise of the national and international coordination(3) • SE can assist us in focusing on our weaknesses and develop ways to improve (e.g. coordination and communication at international and national level)" • Enhancing sense of collaboration and trust • training on cooperation • A good teamwork and cooperation between the Units involved in the management of Public Health events 	

- Helped all services at the national level to cooperate effectively under a central coordination team
- The SE strengthens networks among participating countries.
- Opportunity for maintaining already existing networks or creating new ones.
- Good teamwork. Interesting from a network building point of view.
- The enlisting of all the Mediterranean countries and EU agencies is very positive
- Enhancing awareness about EpiSouth potentialities and those of Regional Networks in general

Non EU

- Positive interaction between national and international organizations and SE
- Ensure relations between different levels of sanitary system
- Collaboration between national and international agency (2)
- "Training communicating via the Epis platform.
- Keeping response team together

4.1.5. Responders' comments regarding communication

Communication	Important experiences
	<p>EU</p> <ul style="list-style-type: none"> • In case of an emergency, audio conferences with more than 2 other counterparts are useless and time consuming • The national/international communication is a key aspect, crucial if the objective is to put in contact several countries from different WHO-regions due to a public health event of international concern. • Highlighted gaps in rapid risk assessment and need for communication between national surveillance and PoE • Identifying gaps in internal and external communication during a PHIEC • SHIPSAN network can facilitate dissemination of information between Ports of call • National and international communications are key aspects • The need of establishing clear communication tools • Real time dissemination of information between Ports of Entry is crucial. • Need to better streamline communication channels of EWRS, EPIS EPISOUTH platform • Keeping a contact list updated is very useful • Testing communication procedures not only at national level but at international level as well • Needs for harmonization in terms and definitions when involving different countries • Needs for enhancing internal awareness • Sharing of information and use of information platforms for this function are absolutely necessary <p>Non EU</p> <ul style="list-style-type: none"> • Good communication intra and inter sectorial (5) • The exercise has adequately simulated clinical and epidemiological demonstration of the possible emergency situation in country and region and created an environment to test realistically the communication within country necessary for a successful response. • Coordination (2), decision making in alert situation, collaboration, timely exchange of relevant completed information
	Positive
	<p>EU</p> <ul style="list-style-type: none"> • The SE allows to test several national/international communication platforms (3) Opportunity for improving national and international communication routes as well as coordination and decision making procedures.(2) <ul style="list-style-type: none"> ○ E-mail to EpiSouth recipients (epidemiologists, HCPs, GPs ...) ○ SANCO Head office communication (case definition , rapid risk assessment) ○ Communication between NSS representative and National EMT has been good, even though the scenarios did not completely match with the real situation. • The exercise highlights some weaknesses in the communication system and warning events. • The communication and decision making process, in the frame of the EPISOUTH context, has worked well. <p>Non EU</p> <ul style="list-style-type: none"> • SE has helped to establish very good vertical communication among different stakeholders, as well as horizontal communication. Also, SE has helped for interdisciplinary proposing of measures. • External/international communication and coordination support (5) • Close communication within the national surveillance units in our country. • Team work, exchange of data and assessments
Negative	
<p>EU</p> <ul style="list-style-type: none"> • No attached to email in a real emergency, No internet platform in a real emergency • There was lot of unnecessary email communication between country teams and control team were been sent to all causing some confusion in following trail of events. • We received no response to some of our important inquiries (e.g. information about passengers on aircraft and cruise ship in order to perform contact tracing). As a result, further action by our Authorities was delayed. It is important to pay attention to participant's questions. • There were too many platform of communication – different information were posted in the same time on different platforms – difficult to manage 	

- During the exercise it was not clear which communication platform was to be used and by whom.
- Some degree of confusion when to use one or another platform of communication
- Direct communication mechanism between PoE or IHR NFP of countries in the region not tested
- SHIPSAN Communication Network should have been used to communicate.
- No communication among Points of Entry.
- Lack of common procedures to communicate among Points of Entry. There are some tools already developed that could help to improve this issue (SHIPSAN COMMUNICATION NETWORK)

Non EU

- It is not easy to understand which country sent the mails because they used personal names and titles.
- Mail method is not enough for the international communication. Common web based communication system is more suitable for effective international communication
- In a real life situations the communication at the national level would be handled in the local language, not in English

Suggestions for Improvement

EU

- Communications email
- Test communication channels of EPIS EPISOUTH platform,
- Audio-conference facility, not only email communication prior to SE.
- Coordination and communication with Ports of Entry and generally at international level
- Use of SHIPSAN network for facilitation of dissemination of information is important
- Common communication procedures among Points of Entry are needed. A specific tool like SHIPSAN COMMUNICATION NETWORK should be strengthened to be used as widely as possible.

Non EU

- Information and collaboration of other sectors: transport; OIE....
- Communication between countries
- Communication on time regarding the exchange the important information between countries could be improved.
- International network could be the real support and guide for the management of the public health event of international concern (PHEIC).
- Communication channels must be established before the possible PHEIC.

4.1.6. Responders' comments regarding Emergency Response Procedures

Emergency Response Procedures	Important experiences
	<p>EU</p> <ul style="list-style-type: none"> • Not all the involved countries in the SE have the EWARs as a “first line” platform for reporting an emerging public health event. • National plans are beginning to look more or less the same so in case of infectious disease emergency they will all going to do the job or fail • Reinforces the need for an agreed National Public Health Emergency Plan or framework / Having written preparedness plans is of utmost importance / there is a need to approve the Generic Preparedness Plan and to proper disseminate it to the involved institutions/the need of establishing a coordinated response in those situations • The need to review periodically the plans and SOPs/ Necessity to review and improve/update the national regulations/ Practice is always good to refresh procedures; plans and SOPs have an important role/Had the opportunity to assess and reassess our SOPs and WPs (2) • Crisis management – estimation of capacities according to Generic preparedness plan • Communication flow should be known in advance (emergency preparedness plan). • Testing national capacity to respond to actual events • Training in identifying public health events of international concern (PHIEC) • Estimation of personal protective equipment (PPE) according to the information provided by MoH • Being acquainted with EPIS <p>Non EU</p> <ul style="list-style-type: none"> • Where is the real internal deficiencies • Good communication between national and international team • Diagnosis of weakness points in Tunisia health system to control PHEIC • Response within the system / organizing and plan implementation • periodically updating the EPREP / there is a need to revise the plans & SOPs • Unforeseen changes may occur • Need to have excellent and updated preparedness plan • Need to be flexible in planning and action • Availability of resources (human and material) • Laboratory capacity • We should have all kind of contact information of all stakeholders • We should improve our crises management infrastructure • We benefited from sharing information with international colleagues and testing our own rapid response capabilities, particularly assigning professional manpower in emergency situations.
	Positive
	<p>EU</p> <ul style="list-style-type: none"> • The logic trial of events was excellent and raised awareness of potential of PHIEC of such dimension in the region • Information on epidemiological situation on CoV in Mediterranean basin • Guidelines to epidemiologists and HCPs about respiratory sampling procedures and respiratory precautionary measures • Additional information on SARS CoV • Asking countries to react according to their own plans during a supposed PHIEC / The need to react according our own EPREP during a supposed PHIEC • Necessary for testing the preparedness of the involved institutes in case a PHIEC occurs. A very good opportunity for identifying gaps in the existing National Emergency Preparedness and Response Plans or identifying the need for developing such plans. • Provides opportunity for clarifying and differentiating the distinct roles of the involved functions (emergency team, points of entry, national surveillance system, and ministry of health) in case of a PHIEC as well as identifying the common ground. • Making staff thinking on several aspects related to preparedness and response not always considered carefully. • Very useful and increased our capacity for decision making when quick decisions are needed.

	<ul style="list-style-type: none"> • Usefulness of this kind of exercises to establish common procedures / assessing our protocols/standard operation procedures / Opportunity to assess our WPs/SOPs during and after the exercise.
	<p><u>Non EU</u></p> <ul style="list-style-type: none"> • Activating and testing the National Emergency Preparedness and Response plans (3) • Identifying gaps in our plans (2) • Reassessing the national treatment stockpile • Highlighting the importance of having a risk assessment document as a tool • PHEIC so near to reality • Preparedness of strategic plan to control any sanitary event • Identification of procedures and systems that need improvement • National plans and procedures for response to health emergencies are now in a folder and more organized for a true case of emergency. • Useful to see the challenges during the coordination & communication of an alert. / Assessment of country capacity to respond to threats (2) / It was a unique opportunity for the country team to exercise how it will be look like to manage and react on time in the situation of public health emergency event of international concern including all aspects related to detection, decision making, diagnostics, planning, implementation of relevant measures, evaluation, communication using different tools etc. • Early warning response • Contribute to the review of the plan/ Finding shortcomings in the preparedness plans • All related plans, guidelines, SOPs etc. were collected by this way. • Realized that what is working well & what needs to be improved. • Keeping the structures “alert” • Giving priority to the preparedness
	<p>Negative</p>
	<p><u>EU</u></p> <ul style="list-style-type: none"> • National Preparedness and Response Plans and protocols vary between countries (? different infrastructures, standards, regulations). Therefore good coordination was difficult. • Over – reactions in some occasions <p><u>Non EU</u></p> <ul style="list-style-type: none"> • No preparatory training at the national level
	<p>Suggestions for Improvement</p>
	<p><u>EU</u></p> <ul style="list-style-type: none"> • Involve management of healthcare facility or acute hospital emergency and central pharmacy or drug stores in the SE • Improve the national administrative procedures put in place in order to participate in the SE. <p><u>Non EU</u></p> <ul style="list-style-type: none"> • Preparedness can be improved. • Transfer of the different experiences and measures taken. • Preparedness • there should be one designated point/person to handle the communication at the international level, while the other participants in the country send all relevant information to the designated person

4.1.7. Responders' comments regarding EPIS EPISOUTH platform

EPIS EPISOUTH platform	Important experiences
	<p><u>EU</u></p> <ul style="list-style-type: none"> • The EPIS (EPISOUTH) Platform needs deeply to be improved. • Internet source or EPIS EPISOUTH platform for further consultation • Reporting information to EPIS can support coordination <p><u>Non EU</u></p> <ul style="list-style-type: none"> • Familiarity with the platform • Usefulness of EPISOUTH platform • There is big value to sharing information via the Epis-Episouth. • Using EPIS EPISOUTH platform during the SE
	Negative
	<p><u>EU</u></p> <ul style="list-style-type: none"> • Poor use of EPIS EPISOUTH platform for informal discussion, follow up and inquiries • In a real emergency, considering the widespread lack of human resources, it would be difficult to reply to several input and post alerts on electronic platform, above all if the platform is not very friendly; for instance, to read a message, more than two or three passage are needed" • Inappropriate pace of injects, especially in the first half of the first day • Content of some injects not clear or rather incorrect (EpiSouth will never replace WHO DG for a PHEIC) • Some degree of confusion when to use one or another platform of communication • The EPIS EPISOUTH platform was not working properly. • In a real emergency, considering the widespread lack of human resources, it would be difficult to reply to several input and post alerts on electronic platform, above all if the platform is not very friendly; for instance, to read a message, more than two or three passage are needed <p><u>Non EU</u></p> <ul style="list-style-type: none"> • We did not realized that EPIS EPISOUTH platform is not useful for follow ups. • A little bit time consuming, and the EPIS platform did not function quiet well during the second day. The audioconference should have been managed more efficient, since some participants did not follow the main object of the conference. • Communication with EPIS platform • As requested from CT, new alerts had to be posted as follow up and not as a new alert. Despite this, it didn't work when we tried doing so • Platform was pressured which didn't allow our team to post on it Platform was getting loaded with injects from various countries, a bit confusing
Suggestions for Improvement	
<p><u>EU</u></p> <ul style="list-style-type: none"> • Communication with EPIS • Use of EPIS EPISOUTH platform • more training on how to use the EPIS especially during an outbreak • more information on what was expected from us especially with regards to where and who was meant to reply to injects and on which format • Instructions to use and the actual use of international platforms, EWRS and EPIS EPISOUTH could be improved. <p><u>Non EU</u></p> <ul style="list-style-type: none"> • Easy Access to EPIS EPISOUTH platform 	

4.2. Interviews/ Hot Debriefing with a participating country (Spain)

Overall experience

- The position of the EpiSouth in the European map and their role is not clear
- Confusion overall the role of EpiSouth because it overlaps with the objectives of other institutions
- SE are useful and interesting
- Sometimes there was some confusion.
- SE's are important. They make you think what is needed
- The SE helped us to understand the added value of EpiSouth i.e. for surveillance

Expectations from the SE

- Interesting to get to know the EpiSouth
- The added value was that they realized the importance of having a written Emergency Preparedness and Response plan.
- Internal coordination was very important and interesting and expectations were met

Experience in collaborating with international organisations

- Important to establish a strong international collaboration
- Questions were asked to ECDC and IHR but no answer received
- Missing feedback from ECDC

Information flow

- Sometimes the pacing was too fast hence difficult to register everything.
- There was a lot of noise in the teleconference, but this also happens in a real situation.
- Not easy to follow overall

Quality and clarity of injects

- Probably would have more info in a real situation about what is going on in our country.
- Some injects were not very straightforward
- The simulation dates and times was not always easy to find

Difficulties to responding to injects

- Sometimes it was difficult to have the forms appropriately filled out in the appropriate time.
- In the guide for evaluators - not all information clear
- Checklist was difficult to follow and complete
- Progress report forms send to complete after each inject not easy to complete but was ok as a guide
- The timing maybe not correct - since the progress reports have been send twice a day and sometimes information send by the evaluator had changed since the evaluation report was send after each inject.
- In general was ok except of the formula for calculating the stockpiles

Experience with the EPIS EPISOUTH platform

- EPIS EPISOUTH platform not useful
- In a real situation we would use WHO IHR



- Would only use unofficially

Positive aspects

- An exercise like this always stimulates discussion about relevant issues in an alert situation both internal (national) and international. Meaning- coordination, communication and the roles of the organization.
- Important issues (i.e. protocol) appear that should be improved
- It is a good way to know what to have in place i.e. a plan.
- Coordinating of information
- Relationship with other countries - interactions
- It was fun to play

Negative aspects

- This is not real, so the pressure was different
- Role of EpiSouth was overrepresented
- Teleconference – was not useful. What we expected from participants should be better explained and coordinated.
- No enough information from the injects - not enough epidemiological information
- In emails it was not clear the sender and receiver

Suggestions for improvement

- Improve initial guide for groups (evaluators and other players)
- The timing of injects

4.3. Results from the SE Observation and Hot Debriefing

Through the observation of the SE, the participant's actions and behavior in the exercise were evaluated as well as the response of the coordination team. Moreover, the routes of communication and the effectiveness of the communication tools (i.e. EWRS, EPIS EPISOUTH platform etc) used during the exercise were assessed. In the following paragraphs a summary of the observations and the evaluation of the review of the available resources are presented.

4.3.1. Preparatory phase

The coordination team of the SE conducted one workshop and one training module so as to prepare the participants for the SE. In addition to the meetings that took place in order to develop the methodology for the SE and the guidance documents produced the coordination team conducted teleconferences with the evaluators in order to clarify their role and explain the procedures. Detailed guides and instruction were given to participants during the preparatory phase. It was evident from all the supporting material produced, the high level of preparedness and effort made by the coordination team.

4.3.2. During the SE implementation

In the following paragraphs the observations during the SE implementation and the results from the hot debriefing of the Coordination Team are summarized.

Understanding and timely execution of events from participants

- The participants in general seemed to understand the development of events and responded accordingly.
- The SE run as planned and the coordination team had included in the scenario extra time in case of any delays. However, it was observed that some participating countries did not fully comprehend the importance of all events at the beginning of the exercise hence taking a long time to respond.
- Participating countries in general did not create information instead of reacting to existing and it was observed that they generally seemed to understand injects received.
- Players were confused at times on how to use the tools and the right ones to use.

Appropriate decisions taken throughout the SE

- A few countries with no cases reacted appropriately e.g. to take precautions even when they had no cases
- Countries were not always using the correct communication tools i.e. Non EU countries would not normally have access to EWRS however because the email was included in the list of participants they decided to inform EWRS in some instances even before the EU countries.
- EU countries took too long to communicate with EWRS and post information especially during the first half of the day while in real situation they might have responded earlier.



- The event management aboard the ship was not satisfactory at Points of Entry of several Member States. The coordinating team reacted well by asking through an ad hoc inject further information about the ship at the last destination.
- The participating countries did not report the means of communication at the next port of call whereas three countries mentioned the use of existing networks like SHIPSAN.

Coordination

- The number of participating countries (n=20) makes the coordination of such an SE a challenging process. However, the coordination team dealt efficiently and effectively with all the challenges that arose during the SE implementation.
- The excellent coordination was also due to the good team work and responsibility sharing among the coordination team.

Communication

- It was suggested that emails could have been avoided for sending the injects and instead a EWRS test environment could have been used. By using emails it was not easy to test certain key issues and the response. The communications was not as realistic as should be.
- It was observed that some participants misunderstood the use of the EWRS.
- The absence of WHO as a player was evident

Positive aspects

- This SE was more relaxed than others and flowed at an appropriate pace.
- The objectives were all completed
- The SE was very well prepared and all tasks were followed. The coordinators responded quickly to all issues. Excellent in solving problems and responding to all that were not perceived. The Main Event List and the scenario were very well prepared. The scenario was realistic.
- Only a few ad hoc injects which demonstrates the good preparation
- Good commitment and active participation from the participants was evident and this was also due to the coordinators motivation. The level of commitment from the Non EU countries was surprising. Participants were playing real.
- Good preparation and willingness of participants to play the scenario. Shows also the different preparedness level.
- A positive note was that the participants reacted taking into consideration the whole situation and not just responding to each inject.
- It was a good opportunity to test the usage of the EPIS EPISOUTH platform
- Shows the importance of such a network as EpiSouth for the stability and health security of EU neighboring countries

Challenges phased

- Drop out at the last moment of WHO



- Slow response from ECDC
- EWRS should have been used for the EU members (a training /exercise version), emails should have been avoided, exception made for the injects.
- Too long to decide that it was an alert from participants
- Expected earlier reaction at international level
- The difficulties in calculating their stockpiles was evident.
- Media issues not enough covered. Countries underestimated the importance of media communication- did not involve communication specialists - maybe this should have been done through the scenario/an inject
- Videoconference – Not just technical issues but also the participants behavior
- Linkage to systems so that you do not have to duplicate information
- Not enough information the first half of the day
- Took too long for countries to respond
- Audio conference need to be improved (recommend countries to use audio tripods and adopt audio interpreter
- EPIS:
 - Not easy to follow the information
 - Not used correctly – Misused by many participants
 - EPIS EPISOUTH platform is not good for crisis management
 - EWRS should be used but also it was an experience to use the EPIS EPISOUTH platform.
 - The responses to the injects should have been through EPISOUTH
 - Technical issues should be addressed
 - Majority of people had access for the first time hence this created a problem when using the platform since they did not know how to use it correctly.
 - The platform should be designed to avoid the misuse and to be user friendly.
 - A table summarizing the number of cases should be included.

General remark

- Experience should be reviewed within 2 years on a non communicable disease event

5. Conclusions and lessons learned

The external evaluation of the SE of the EpiSouth Plus project has led to the following concluding remarks reflecting the views of the SE participants.

Coordination of SE, methodology and learning opportunities

The SE was very well prepared and all objectives were completed. All participants showed great level of commitment during the implementation of the SE. The SE was successful and was rated very highly by the participating countries. The large number of participating countries makes the coordination of such an exercise challenging but the coordinating team dealt efficiently and effectively with all challenges that arose.

The high ratings that the coordinating team received for the SE preparatory phase, the scenario, injects and overall methodology used as well as the small number of ad hoc injects and the absence of major deviations from the scenario demonstrates that the SE implementation was very well prepared. The responding authorities acknowledge the high value of the SE in creating networks and in strengthening their organizations operations. There were a few responders that believed that some injects were confusing and not appropriate in causing the appropriate response. Moreover, a small number of the participants found difficult to complete the progress reports. Overall, it was observed that the SE assisted participants in better responding to different events when specific learning opportunities were assessed prior and after the SE.

Coordination between national public health services and PoE

The evaluation results suggest that the existing procedures for intrasectoral collaboration (Points of Entry and Public Health Institutions) are effective. Almost all the responders stated that the internal collaboration within their organization was excellent and satisfactory.

Communication between the Points of entry and public health institutions at international level

The evaluation results suggest that the existing procedures for internal information dissemination are effective. Almost all the responders stated that the internal collaboration within their organization was excellent and satisfactory. In contrast, the routes of communication between Points of Entry at international level were rated as not equally effective. This was also evident during the observation of the SE since participants failed to explain the means of communication between the Points of Entry and in the comments from the responders where they stated that a communication system should be established for Point of Entry communication at international level. Regarding the routes of communication between public health institutions at international level there seems to be more appropriate and known procedures in place whereas regarding external information sharing a significant percentage believe that the existing procedures should be improved.

Emergency Response Procedures

The participants rated very highly the opportunity the SE offered them to activate and test the Emergency preparedness and response plans, identify gaps and in testing their capacities and identifying opportunities for improvement.

It should be noted that during the first day of the SE implementation the participants from Europe delayed to communicate with EWRS indicating that they would not communicate events unless they have laboratory confirmation or more concrete evidence. The correct communication tools were not always used by the countries. i.e. some participants from Non EU countries communicated with EWRS when normally would not have access. The usage of emails for communication was commended by the participants as inappropriate. As it was suggested during the hot debriefing of the SE a test environment of the EWRS would have been more appropriate.

Another issue that was commended negatively by the participants was the fact that due to internal issues, WHO did not participate in the exercise.

An important aspect that it was observed from most of the participants' response was the underestimated importance of media communication. In a future exercise, the importance of media communication could be stressed through an inject making this way the participants to respond accordingly.

The use of a teleconference and the quality of discussion were not as highly rated. It was apparent that the participants were very eager to promote and explain all the activities and actions they had implemented however since this was not the objectives of the two teleconferences held it resulted in being very inefficient.

The difficulties that the participating countries faced in calculating their stockpiles was evident since countries were asking guidelines from ECDC on conducting risk assessment so as to calculate the expected number of cases.

EPIS EPISOUTH platform

It was commended by all participants that the EPIS EPISOUTH platform should be improved to become more user-friendly. The value of the platform could not fully be evaluated since due to certain functionalities it was creating more confusion than facilitating communication and information sharing. Moreover, the need for ongoing training on the correct use of the platform was demonstrated as participants were misusing it by opening new alerts instead of following existing ones and posting information in different areas of the platform. Moreover, the suggestion was made that the response to the injects by the countries should have been done via the EPIS EPISOUTH platform and not through emails. It is strongly recommended to update the platform to avoid misuse and to make it more user-friendly. Finally, a suggestion would be to have a summative table of all cases that will be updated from the countries instead of trying to find the total number of reported cases via the countries posts in the platform.

Concluding remark

The SE of the EpiSouth Plus project was overall a very successful training tool assisting the participating countries to test their core capacities and identify opportunities for improvement regarding their core capacities in emergency preparedness and response and we believe that the objectives of the SE were achieved. Finally, space for improvements for the tools used were identified.

6. Annexes

Annex 1: Observation Checklist Template

SE Evaluation Checklist

(to be used by the External Evaluator)

The aim of observing the exercise is to:

- Ensure that expected actions as per MEL were implemented
- Evaluate participants actions and behavior in the SE
- Identify any aspects of the SE procedure that affected the execution of the SE
- Identify the positive aspects and challenges faced during the execution of SE

Overall

Activity under observation	Remarks
➤ Understanding of events from participants	
➤ Easiness on following the scenario	
➤ Timely execution of events	
➤ Were decisions taken at an appropriate level?	
➤ Were decisions taken throughout the SE appropriate considering the circumstances?	
Coordination	
➤ Between Coordination Team and participating countries	
➤ Intra sectoral coordination	
➤ Within same organization	
Communication	
➤ between Coordination Team and participating countries	
➤ Response from participating countries	
➤ Intrasectoral	
➤ With international agencies	

Positive aspects identified during the execution of SE: _____

Challenges phased during the execution of SE: _____

Observation notes: _____

Annex 2: Interview questions

Simulation Exercise Evaluation 02/10/2013-3/10/2013

Interview Questions

1. In your opinion, how would you rate the overall experience of the SE?
2. What were your expectations from this SE and were they met?
3. What was your experience in collaborating with international organisations (response from EWRS/ ECDC etc)?
4. Did you feel that the information flow worked? Did it break down anywhere?
5. Did you find the information provided through the injects sufficient?
6. Was there anything in the SE that you were unable to respond to or made it difficult for you to respond?
7. What was your experience in using the EPIS platform?
8. Positive aspects of the exercise?
9. Negative aspects of the exercise?
10. Suggestions for Improvements

Annex 3: Hot Debriefing questions

Simulation Exercise Evaluation 02/10/2013-3/10/2013

Hot Debriefing Questions

(to be discussed with the coordination team at the end of the SE)

1. How would you assess the implementation of the SE?
2. What is the reason for the observed results of the SE?
3. What were your expectations from the SE and were they met?
4. What was your experience in collaborating with other bodies?
5. Did the scenario run as you had planned it to run?
6. Did you feel the information flow worked? Did it break down anywhere?
7. What are the three most important experiences (lessons learned for authority) from the exercise will you take with you?
8. List the positive aspects of the SE
9. List the negative aspects of the SE
10. What aspects of the SE would you improve
11. Other comments:
 - a) Structure
 - b) Scenario
 - c) Value for the future
 - d) Additional exercise activities for the future

Annex 4: Questionnaire

EPISOUTH PLUS PROJECT

Simulation Exercise Nautilus

02 - 03/10/2013

External Evaluation Questionnaire

To be completed by all participants

Country:

Role in the Simulation Exercise:

This is part of the **external evaluation** of the EPISOUTH PLUS Simulation Exercise (SE).

The objectives of the SE evaluation are to assess:

- Consistency of the SE with the objectives of the EpiSouth Plus project
- Adequacy of the planning process of the SE
- SE's performance (coordination team and the responses of participating countries)
- Coordination and Communication between the organisers and participants during the SE implementation.

Please complete all questions and return to

Mrs Elina Kostara via email (elkost@med.uth.gr) or fax 00302410565051

*no later than **Friday 11th October 2013***

Coordination

	<i>Excellent</i>	<i>Satisfactory</i>	<i>Relatively Satisfactory</i>	<i>Requires Improvement</i>
1. Contact with the organisers of the SE (Work Package 5) during the preparatory phase of the SE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Information regarding the SE provided by the organisers of the SE during the preparatory phase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Details and instructions about your role in the SE provided by the organisers of the SE during the preparatory phase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall coordination of SE by the organisers during the implementation of the SE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Administrative support received by your institution during the implementation of the SE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Technical support received for using the EPISOUTH platform during the implementation of the SE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Quality of discussion in the teleconferences organized during the implementation of the SE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions related to events in the exercise

8. To what extent have the SE overall objectives been achieved in your opinion?

- Fully
 Partially
 Not at all

9. How did you find the length of the SE? Was it:

- Too long
 Appropriate
 Too short

10. How did you find the pacing of the SE? Was it:

- Too fast
 Appropriate
 Too slow



Overall

33. What are the three most important experiences (lessons learned for authority) from the SE?

34. List the positive aspects of the SE

35. List any negative aspects of the SE

36. What aspects of the SE would you improve