GUIDELINE ON MULTI-SECTORAL COORDINATION

IN ADDRESSING THE ZOONOSES AND EMERGING INFECTIOUS DISEASES (EIDs) EXTRAORDINARY EVENT /OUTBREAK

Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan
2018

FOREWORD

Praise our thanks to God Almighty, who has given us guidance to accomplish the Guideline on Multi-Sectoral Coordination in addressing Zoonoses and Emerging Koordinasi Lintas Sektor Menghadapi Kejadian Luar Biasa (KLB)/Wabah Zoonosis dan Infectious Disease (EID) Extraordinary Events / Outbreaks.

Technical agencies already have various guidance, guidelines and working mechanisms in terms of preparedness and response of Zoonoses and Emerging Infectious Disease (EIDs) Extraordinary Events (EE) / Outbreaks. In order to implement synergies, multi-sectoral coordination is required. Multi-sectoral coordination on the prevention and control of possible Zoonoses and Emerging Infectious Disease (EIDs) Extraordinary Events / Outbreaks is essential at every stage of the epidemic cycle. Without altering or interfering with the existing laws, policies and other legal rules, this guideline is expected to be used by coordinators at various levels of government to synergize the necessary actions in encountering the Extraordinary Events /Outbreaks.

The drafting process of this Guideline has been started since 2016, with the involvement of representatives of relevant ministries, institutions and local governments. The process started from work planning, conducting workshops, testings/simulations, gap analysis, and finalization, to produce this current Guideline. In the process of developing this Guideline, agency representatives devote all their knowledge so that coordination guidance can be viewed from different perspectives. In the end, during the drafting process, we agreed that to see an Extraordinary Event /Outbreak of infectious diseases comprehensively, it should be seen based on its emergency cycle. Moreover, the authors synchronized the control elements and principles of Extraordinary Events /Outbreaks with that of disaster management.

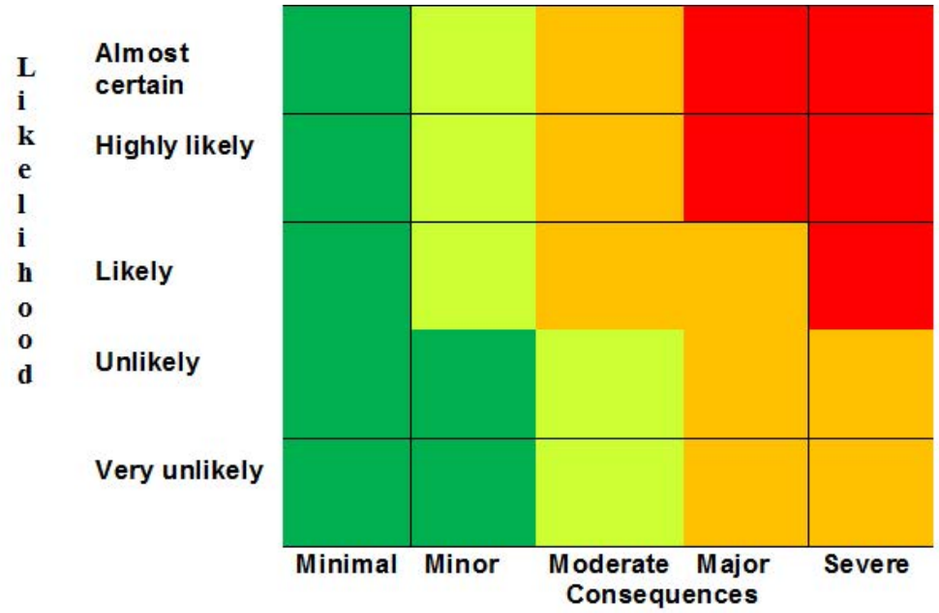
10. Level of confidence in the risk assessment

It is important to document the risk assessment team’s level of confidence in the assessment and the reasons for any limitations. This will depend on the reliability, completeness and quality of the information used, and the underlying assumptions made with respect to the hazard, exposure and context.

The more evidence there is to inform the hazard, exposure and context assessments, the greater confidence the team can have in the results. The degree of confidence can be expressed using a descriptive scale that ranges from very low to very high.

Reference : WHO Rapid Risk Assessemnt for Acute Public Health Event http://www.who.int/csr/resources/publications/HSE_GAR_ARO_2012_1/en/

9. **Risk Matrix**



	Level of overall risk	Actions
	Low risk	Managed according to standard response protocols, routine control programs and regulation (monitoring through routine surveillance systems)
	Moderate risk	Roles and responsibility for the response must be specified. Specific monitoring or control measures required (enhanced surveillance, additional vaccination campaigns)
	High risk	Senior management attention needed: there may be a need to establish command and control structures, a range of additional control measures will be required some of which may have significant consequences
	Very high risk	Immediate response required even if the event is reported out of normal working hours. Immediate senior management attention needed (the command and control structure should be established within hours); the implementation of control measures with serious consequences is highly likely

After several workshops and focused discussions, a draft Guideline was piloted with role-play methods in two (2) pilot areas of "one health" implementation, in Pekanbaru, Riau and Pontianak, West Kalimantan.
In order to see the gaps between the draft Guideline and the realities of coordination implementation in the province, CMHDCA together with the Yogyakarta Provincial Government held a multi-sectoral meeting on anthrax in early 2017.
Main outcome from this meeting is the recognition that coordination is undertaken more often when the risk of zoonotic transmission is increased. From the series of drafting activities in December 2017, CMHDCA gathered agency representatives to continue finalizing this Guideline

This Guideline is developed jointly by all technical agencies related to Zoonosis and Emerging Infectious Diseases (EIDs) control, as national resource, in collaboration with USAID EPT-2 Program through Preparedness and Response Project.

Rest assured that we have given our best during the preparation of this Guideline, knowing fully well that this is still not perfect. As a living document, we are still hoping for feedback on improving this Guideline in the future.
Therefore, the drafting team would like to express our gratitude and hope that this Guideline could be used as a helpful reference for multi-sectoral coordination in the country.

Jakarta, December 2017

Drafting Team

TABLE OF CONTENTS

7. Undertaking context assessment

Context assessment is an evaluation of the state of the environment, socio-cultural, beliefs, health capacity, economic level, educational level, ethics, scientific technical, and policies and political situations in which events take place. This may include the conditions of weather, climate, land use, water systems, infrastructure, (e.g. transport links, health care and public health infrastructure), nutrition, disease burden and previous outbreaks.

Context assessment should consider all factors – social, technical and scientific, economic, environmental, ethical, and policy and political – that affect risk. These factors, summarized in the term STEEEP, can affect the level of risk by increasing or decreasing the likelihood of exposure or its consequences

Types of questions that are critical for context assessment, among others:

- Do any factors associated with the environment, health status, and social or cultural practices, behaviors, health infrastructure and legal and policy frameworks that increase a population's vulnerability against a hazard or reduce the population's risk of exposure?

What is the likelihood that all suspect cases can be identified?

- What is the availability and acceptability of effective preventive measures and of treatment or supportive therapies, including the case management
- and infection control availability?

8. Risk characterization

Once the risk assessment team has carried out the hazard, exposure and context assessments, risk characterisation should be determined by using risk assessment matrices based on the estimates of the likelihood and combined with estimates of the consequences.

The risk matrix also helps to assess and document changes in risk before and after control measures are implemented. For some events, where information is limited and when the overall level of risk is obvious, the matrix may not be needed

6. Undertaking exposure assessment

Exposure assessment is the evaluation of the exposure of individuals and populations to likely hazards. The key output of the assessment is an estimate of the:

- Number of people or group known or likely to have been exposed.
- Number of exposed people or groups who are likely to be susceptible (i.e. capable of getting a disease because they not immune)

Information required to answer these questions includes:

- Modes of transmission (e.g. human-to-human transmission by droplet spread or direct contact transmission; animal-to-human transmission)
- Dose–response (e.g. some infectious agents, toxins, chemicals)
- Incubation period (known or suspected)
- Case fatality rate (CFR)
- Estimation of the potential for transmission (e.g. R0, the basic reproduction number).
- Vaccine status of the exposed population

For some hazards a dose–response relationship is an important determinant of the magnitude of exposure. Examples include the inhalation or ingestion of heavy metals such as lead, the number of salmonella bacteria ingested or the amount of a radio nuclear isotope ingested or absorbed.

For such hazards, in addition to assessing the exposure, the duration of exposure may also be important. With infectious diseases, differences in exposure can occur within households (e.g. measles), among close contacts (e.g. SARS) and other social networks (e.g. sexually transmitted diseases), in occupational risk groups (e.g. hepatitis B, Rift Valley fever, Q fever), and among travelers (e.g. malaria).

For vector-borne diseases and other zoonoses, information about the vectors and their animal hosts is needed to assess exposure. This might include the species, distribution and density of vectors of disease, and the species, distribution and population density of animal hosts. The exposure assessment will provide an estimate of the likelihood that a particular area is vulnerable to the transmission of a zoonotic disease.

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The less specific the information reported about an acute public health event, the broader the list of possible hazards becomes. However, as more information becomes available, the number of potential hazards is reduced and they can be ranked in order of the likelihood of being the cause. The relative likelihood of a hazard can be determined by:

- The clinical features and natural history of the disease in humans or animals
- Timing of the event and the speed with which the event evolves
- Geographical area and settings affected
- The persons and populations affected

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- Does the suspected hazard (pathogen, toxin, contaminant etc.) cause the clinical signs and symptoms observed?
- Is the suspected hazard known to cause disease in humans or animals?
- Are the age group(s), sex or occupational group(s) affected typical for exposure to any hazards?
- Has the case(s) reported a history of recent travel?
- Is the time from presumed exposure to the onset of clinical signs and symptoms typical of a particular hazard or type of hazard?
- Is the severity of disease typical of a particular hazard or type of hazard?
- Does the disease respond to particular treatments (e.g. antibiotics)?
- Has the suspected hazard been diagnosed previously as the cause of disease at the same time of year, place or population?
- Have there been any associated or preceding events (e.g. disease or deaths in animals, food or product recalls, known accidental or deliberate releases of chemical, biological or radionuclear agents, similar events in neighbouring countries, etc.)?
- Do laboratory test results confirm a specific cause or are they consistent with a particular type of hazard?

The risk assessment team should be able to prioritize risk questions based on the quick response priority. The main risk question on an event that threatens public health is ñwhat is the risk of the incident to public health?ò(example: What are the risks associated with exposure to a hazard at the site or exposure to a hazard in a population at any given time?)

Risk questions can also be arranged based on serial scenarios:

- What is the risk of the event to public health in the current situation?
- What is the risk of the event if it spreads to a major city?
- What is the public health risk of the event affecting more than one province / region?

Based on the characteristics of the event, the risk assessment team should decide how frequently the risk assessment should be updated. The team should also agree on the priority questions and decide the time needed to complete each assessment. The time available between assessments may help to direct the number and scope of risk questions considered

4. Undertaking the risk assessment

The level of risk assigned to an event is based on the suspected (or known) hazard, the possible exposure to the hazard, and the context in which the event is occurring. Risk assessment includes three components ð hazard, exposure, and context assessments. The outcome of these three assessments is used to characterize the overall level of risk.

5. Undertaking hazard assessment

Hazard assessment is the identification of a hazard (or number of potential hazards) causing the event and of the associated adverse health effects. Public health hazards can include biological, chemical, physical and radionuclear hazards. Hazard assessment includes:

- identifying the hazard(s) that could be causing the event
- reviewing key information about the potential hazard(s) (i.e. characterizing the hazard)
- ranking potential hazards when more than one is considered a possible cause of the event (equivalent to a differential diagnosis in clinical medicine).

When there is a laboratory confirmation of the causative agent or the event is easily characterized on clinical and epidemiological features, hazard identification can be straightforward. In such cases the hazard assessment would start with a known or strongly suspected hazard. However, in all other cases hazard assessment starts with listing possible causes based on the initial description of the event (e.g. the clinical and epidemiological features), known burden of disease in the affected community, and type and distribution of existing hazards (e.g. the number and location of chemical plants and the chemicals they use)

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01

INTRODUCTION

Kementerian Koordinator
Bidang Pembangunan Manusia dan Kebudayaan
2018

A. BACKGROUND

Republic of Indonesia is located in the equatorial line at the intersection of two continents and two oceans, enriched with the natural conditions that have various advantages such as biodiversity (flora and fauna). Indonesia is an archipelagic country with various ethnicities and cultures. Almost all of the entire territory of Indonesia is prone for potential disasters, be it natural, non-natural and social.

Zoonosis is an animal disease that can naturally spread to humans or vice versa. In certain conditions, zoonosis could potentially be an outbreak or a pandemic that must be controlled. The zoonotic disease threat in the world and Indonesia, is likely to continue to increase and have implications on the health, social, economic, security and welfare aspects of the people.

Emerging Infectious Diseases (EIDs) are rapidly spreading infectious diseases in human population that can originate from viruses, bacteria or parasites. EIDs include new emerging and re-emerging infectious diseases. Most of the EIDs are zoonotic and have potential to cause Extraordinary Events or outbreaks in Indonesia or even a widespread outbreak of pandemic. Based on the disaster regulation, extraordinary events /outbreaks is a non-natural disaster.

Zoonotic disease control is still largely managed by sectors, both in the human health and animal health sectors. Other sectors such as local government, wildlife conservation or protection, transport, education, private and others, have no integrated and focused activities yet to support the zoonotic disease control program.

2. o Assembling the risk assessment team

Deciding on the composition of risk assessment team is a critical step in the risk assessment. Specific expertise such as expert in toxicology, animal health, food safety or radiation protection may be needed at the beginning of the risk assessment if:

- the hazard is unknown
- the event is unlikely to be caused by an infectious agent
- an event is associated with disease or deaths in animals, and/or is otherwise identified as a suspected zoonosis
- the event is related to a food or product recall, known chemical accident, or radionuclear incident with or without reports of human disease.

Operational communication and risk communication are integral parts of risk management. At a minimum, links should be established between the risk assessment team and communication specialists. If possible, a communication specialist should be included in the risk assessment team. Ensuring that there is good communication between decision-makers and the affected population from the start of the process will increase the likelihood of effective implementation of control measures, especially those requiring behavioural change.

The risk assessment team are assembled to perform the risk analysis process and engaged multi-sectoral actors. Rapid action team could be the risk assessment team by included a communication specialist and other specialist based on the needs. The knowledge and expertise of the team greatly influence the risk assessment. Local knowledge about the likelihood and environment in which the event is occurring is a critical component of risk assessment. The level of risk of an acute public health event depends on the social, economic, environmental and political conditions in the affected area and the effectiveness of local health services (e.g. curative and public health services). For some hazards, a multisectoral approach between various responsible sectors and agencies should be undertaken (e.g. with the animal health sector for zoonotic diseases).

3. Formulating risk questions

The risk assessment team should decide on the key questions to be answered. This helps to define the scope of the assessment and ensures that all the relevant information is collected. Clearly defined questions help identify priority activities to be conducted as part of the risk assessment.

Attchment 9. Risk Analysis of Acute Public Health Events

1. Risk Analysis Definition

Risk assessment is a systematic process for gathering, assessing, analysing and documenting information to assign a level of risk. The risk assessment aims to determine the consequences and the likelihood of an event that affects the health of the world, or have an impact nationally, or in sub-national level.

Risk assessment consists of Hazard, Exposure, and Context assessments to determine the risk characteristics.

Steps in the risk assessment of acute public health events:

a. Detecting the event
b. Confirming verification and collecting information through desk reviews and epidemiological investigations
c. Assembling the risk assessment team
d. Formulating risk questions
e. Undertaking hazard assessment
f. Undertaking exposure assessment
g. Undertaking context assessment
h. Characterising risk based on the estimates of the likelihood and combined with estimates of the consequences
i. Determining level of risk
j. Drafting report and recommendation

Risk Analysis Process

In order to synergize efforts to control Zoonoses and EIDs of extraordinary events/outbreaks, it is necessary to formulate a Guideline for the Implementation of Coordination for Zoonosis and Emerging Infectious Disease (EID) Extraordinary Events /Outbreaks involving all sectors related to zoonosis control. This Guideline is jointly formulated by all related parties and had included all the priority activities of zoonosis control in each sector, particularly on the coordination aspect. This guideline is expected to be a reference for the relevant sectors in implementing coordination for prevention and control of zoonoses and EIDs at national and sub-national levels.

B. PURPOSE AND OBJECTIVE

Purpose:

As a reference for the central and local governments (provinces, regencies/ municipalities) in the implementation of multi-sectoral coordination to prevent and control zoonoses and EIDs of extraordinary events /outbreaks.

Obective:

To achieve an integrated, effective and efficient multi-sectoral coordination in managing non-natural disasters of extraordinary events /outbreaks caused by zoonoses and EIDs.

C. AIMS

1. To establish a common understanding and commitment of multi-sectoral, Whole-of-Government approach in addressing non-natural disasters of extraordinary events /outbreaks caused by zoonoses and EIDs occurring in the sub-national level.

2. To achieve an integrated implementation of prevention and control of multi-sectoral, Whole-of-Government approach in addressing non-natural disasters of extraordinary events/outbreaks caused by zoonoses and EIDs occurring in the sub-national level.

3. To facilitate synergies in utilizing resources from various sectors in addressing threats of non-natural disasters of extraordinary events/ outbreaks caused by zoonoses and EIDs occurring in the sub-national level.

D. PRINCIPLES

1. Integrative, Effective and Efficient - results-oriented

   Reduced threat and impact of extraordinary events/outbreaks of zoonoses and EIDs, is the minimum outcome that should be achieved. The expected objectives and outcomes can be mutually agreed and integrated with consideration on the available institutional and human resource capacities.

2. Cooperative - the optimization of equitable institutional resources

   Good coordination should be based on multi-sectoral, Whole-of-Government cooperation and common understanding of equality by each institution. Optimizing the utilization of resources at their respective institutions and promoting alignment are encouraged in performing tasks *to address the threats of non-natural disasters/outbreaks caused by zoonoses and EIDs.*

Coordination Activities	RMSec	RMPH	RMAH	RMCI	RMT	Int/Other Lab	RMDMA	IAF	PPol	Hos	District	RMT
Risk Factor Monitoring	v		v	v	v				v		v	v
Rapid assessment of the impact, cover area and risk of transmission	v	v	v			v			v			
Command Post (Posts) Establishment and Management	v	v	v	v	v	v	v	v	v	v	v	v
Evaluation	v	v	v	v	v	v	v	v	v	v	v	v

Notes:
1..RMSec..: Regency/Municipality Secretariat (Setda)
2..RMPH..: Regency/Municipality Public Health Authorty (Dinkes)
3..RMAH..: Regency/Municipality Animal Health Authority (Dinkeswan)
4..RMCI..: Regency/Municipality Communications and Informatics Authority (Diskominfo)
5..RMT..: Regency/Municipality Transportation Authority (Dishub)
6..District..: District (Kecamatan)
7..Hos..: Hospital
8..PPol..: Precinct Police (Polres)
9..IAF..: Indonesian Armed Forces (TNI)
10..RMDMA..: Regency/Municipality Disaster Management Agency (BNPB)
11..Int/Other Lab.: International/Other laboratory

3. Multi-sectoral Coordination in Addressing Extraordinary Events / Outbreaks of Zoonotic Disease and Emerging Infectious Diseases (EID) Regency/Municipality Level

Coordination Activities	RMSec	RMPH	RMAH	RMCI	RMT	District	Hos	PPol	IAF	RMDMA	Int/Other Lab
Emergency response planning of extraordinary events/outbreaks	v	v	v	v	v	v	v	v		v	
Prevention of extraordinary events/outbreaks	v	v	v	v	v	v	v	v	v	v	v
Preparedness	v	v	v	v	v	v	v	v			v
Early warning	v	v	v	v	v	v	v	v	v	v	v
Mitigation of extraordinary events/outbreaks	v	v	v	v	v	v	v	v	v	v	v
Status harmonization of extraordinary events/outbreaks	v	v	v								
Investigation of extraordinary events/outbreaks		v	v	v	v	v	v	v	v	v	v
Epidemiological Investigations (EI) / Epidemiological Surveillance (ES)		v	v	v	v	v	v	v	v	v	v
Case's Code of Conduct	v	v	v	v	v						
Destruction of transmission source	v		v		v	v					

3. Integrity – mutual trust and credibility

   Coordination will be enhanced if there is mutual trust and credibility that exist between institutions and partners. Trust will be raised if the commitment to the roles and responsibilities that have been agreed upon are well defined and firmly fulfilled. With the commitment, consistency, and professionalism during tasks performance, then the integrity of coordination will be soundly demonstrated.

4. Responsibility - refers to or complies with applicable rules

   Responsibility is very important for providing services to the community and ensuring the peace of society in combating the threats of non-natural disasters of extraordinary events/outbreaks caused by zoonoses and EIDs. These responsibilities should refer to the appropriate ethics, norms and rules in carrying out duties to combat the threats of non-natural disasters of extraordinary events/outbreaks caused by zoonoses and EIDs.

E. SCOPE

Implementation of multi-sectoral Whole-of-Government coordination in combating the threats of non-natural disasters of extraordinary events /outbreaks caused by zoonoses and EIDs includes steps that are in line with disaster management, which are:

1. Pre-Extraordinary Events /Outbreaks Coordination
2. Koordinasi Kejadian Luar Biasa (KLB)/Wabah
3. Post- Extraordinary Events /Outbreaks Coordination
4. Evaluation, and
5. Funding

F. COORDINATING ELEMENT

The coordinating element that is performed at each stage is a cycle, as seen on Table 1. The Table 1 is showing a reference for the coordination on various stages in combating the zoonoses and EIDs of extraordinary events /outbreaks.

PRE-DISASTER

Actions:
1. Vaccination/Immunization
2. Prophylactic Treatment
3. Health Promotion (risk communication)
4. Observation (Surveillance)
5. Risk analysis
6. Early Warning
7. Education, Training and Simulation

Output documents:
1. Risk Reduction/Mitigation Action Plan
2. Contingency Plan

POST-DISASTER

- Public Services Restoration
- Economic Recovery (including animal compensation)
- Social Impact Recovery

Output document
- Rehab-recon action plan

NON-NATURAL DISASTER EMERGENCIES

EMERGENCY ALERT

1. Rapid assessment of the situation and needs
2. Determination of emergency status
3. Activation of command system
4. Preparation of operating plan (output documents)
5. Restrictions on transmission
6. Destruction of transmission sources (disease-carrying animal and media)
   - Identification (outcome of Epidemiological Investigation)
   - Selective extermination→animal killing and disposal (burned and/or buried)
   - Disposal of disease-carrying media

EMERGENCY TRANSITION TO RECOVERY

11. Evaluate emergency handling and continue the necessary emergency response activities

EMERGENCY RESPONSE

7. Rescue and Evacuation
   - Search and rescue (EI, Investigation and quick response)
   - Emergency assistance (provision of drugs, vaccines, emergency medical devices, transmission restrictions, transmission sources destruction)
   - Evacuation (medical referrals and evacuation)
8. Fulfil basic needs
9. Resource mobilization
10. Information Management

Tabel 1. Non-natural Disaster Situation and Status Matrix

Coordination Activities	LSec	PPH	PAH	Q	CTIU	PCI	PT	RPoI	IAF	PDMA	Lab/Univ
Case's Code of Conduct	>	>	>	>	>						>
Destruction of transmission source	>		>	>	>			>			>
Risk Factor Monitoring	>		>	>	>		>				
Rapid assessment of the impact, cover area and risk of transmission	>	>	>	>	>						>
Command Post (Posts) Establishment and Management	>	>	>	>	>	>	>	>	>	>	>
Evaluation	>	>	>	>	>	>	>	>	>	>	>

2.

Coordination Activities	LSec	PPH	PAH	Q	CTIU	PCI	PT	RPol	IAF	PDMA	Lab/Univ
Emergency response planning of extraordinary events/outbreaks	v	v	v	v	v	v	v	v		v	v
Prevention of extraordinary events/outbreaks	v	v	v	v	v	v	v	v	v	v	v
Preparedness	v	v	v	v	v	v	v	v		v	v
Early warning	v	v	v	v	v	v	v	v	v	v	v
Mitigation of extraordinary events/outbreaks	v	v	v	v	v	v	v	v	v	v	v
Status harmonization of extraordinary events/outbreaks	v	v	v		v						v
Investigation of extraordinary events/outbreaks		v	v	v	v						v
Transmission Restriction of extraordinary events/outbreaks	v	v	v	v	v	v	v	v	v		
Epidemiological Investigations (EI) / Epidemiological Surveillance (ES)		v	v	v	v						v

GUIDELINE ON MULTI-SECTORAL COORDINATION
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EXTRAORDINARY EVENT /OUTBREAK

02

PRE-EXTRAORDINARY EVENT /OUTBREAKS COORDINATION

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Bidang Pembangunan Manusia dan Kebudayaan
2018

PPre-Extraordinary Events /Outbreaks is the stage prior to the occurrence of zoonoses and EIDs of extraordinary events /outbreaks. The condition of pre-Extraordinary Events /Outbreaks can be divided into 2 (two) interrelated conditions, namely:

1. Coordination during the Situation of No Occurrence of Extraordinary Events /Outbreaks, which includes:
   a. Extraordinary Events /Outbreaks Control Plan Coordination
   b. Extraordinary Events /Outbreaks Prevention Coordination
2. Coordination during the Situation of Potential Occurrence of Extraordinary Events /Outbreaks, which includes :
   a. Preparedness Coordination
   b. Early Warning Coordination
   c. Extraordinary Events /Outbreaks Mitigation Coordination

A. PRE-EXTRAORDINARY EVENT/OUTBREAKS COORDINATION INITIATION

Pre-extraordinary events /outbreaks coordination can be initiated based on the risk analysis result submitted by the head of the agency or technical unit to the coordinator in order to obtain a synergized resource support through policy support and other resources. The coordinator at the central government level is the Coordinating Minister who handles strategic issues on disease prevention and control, namely the Coordinating Minister for Human Development and Cultural Affairs (Menko PMK), while the Coordinator at the local government level is the Governor or Regent/Mayor (depending on the level and its equivalent) or at least the highest structural official who has inter-local government coordination function such as the Provincial or Regency/Municipality Secretary.

Coordination is carried out at the national and sub-national levels with coordination initiation mechanisms as follows:

National Level

There are two (2) mechanisms of coordination initiation at the national level based on the delivery of risk analysis results, which are:

1. Risk analysis is reported and advocated by the Minister to the Coordinator

   The technical minister directly convey the results of the risk analysis of a problem that might generate an outbreak to the Coordinating Minister, then a ministerial coordination meeting will be held to further discuss the issue comprehensively, and by considering the strategic aspects whether there is a need for multi-sectoral policy or not to reduce the risk.

Coordination Activities	MoHA	CMHDCA	MoH	MoA	MoEF	MoCIT	MoT	INP	IAF	NDMA	Other Ministry
Epidemiological Investigations / Epidemiological Surveillance			v	v	v						v
Case's Code of Conduct	v		v	v	v						v
Destruction of transmission source	v			v	v			v			v
Risk Factor Monitoring			v	v	v		v				v
Rapid assessment of the impact, cover area and risk of transmission		v	v	v	v						v
Command Post (Posts) Establishment and Management	v	v	v	v	v	v	v	v	v	v	v
Evaluation	v	v	v	v	v	v	v	v	v	v	v

Attachment 8. Table Implementation of Multi-Sectoral Coordination for the Extraordinary Events / Outbreaks of Zoonotic Disease and EID Threat

1. Multi-sectoral Coordination in Addressing Extraordinary Events / Outbreaks of Zoonotic Disease and Emerging Infectious Diseases (EID) Implemented by Ministries and State Institutions Sector.

Coordination Activities	MoHA	CMHDCA	MoH	MoA	MoEF	MoCIT	MoT	INP	IAF	NDMA	Other Ministry
Emergency response planning of extraordinary events/outbreaks	v	v	v	v	v	v	v	v		v	
Prevention of extraordinary events/outbreaks	v	v	v	v	v	v	v	v	v	v	v
Preparedness	v	v	v	v	v	v	v	v		v	
Early warning	v	v	v	v	v	v	v	v		v	
Mitigation of extraordinary events/outbreaks	v	v	v	v	v	v	v	v	v	v	v
Status harmonization of extraordinary events/outbreaks	v		v	v	v						
Investigation of extraordinary events/outbreaks			v	v	v						

If the ministerial coordination meeting decides that there is no need for multi-sectoral policy, the risk reduction work (technical handling) is carried out by the technical institution while coordination, synchronization and control are still under the duties and functions of Menko PMK. However, if the ministerial coordination meeting decide on a multi-sectoral policy, the risk reduction work shall be implemented by several technical agencies in accordance with their authority. The Coordinating Minister for Human Development and Culture Affairs can establish working groups/task forces and other coordination platforms to strengthen the coordination, synchronization and control of policy implementation that has been decided at the ministerial coordination meeting; monitoring and evaluation; and reporting. The working group/task force will report to the Menko PMK, and might continue from Menko PMK to the President.

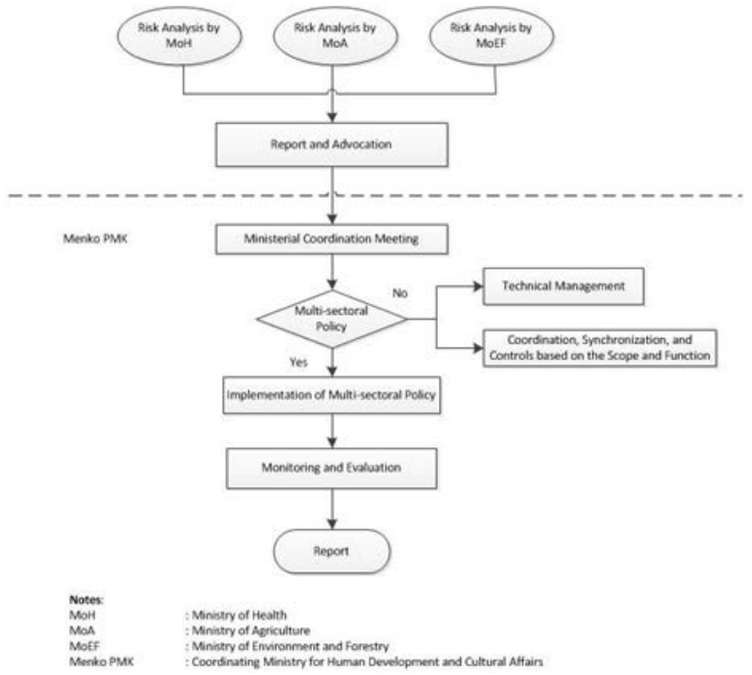

Figure 2. The Flowchart of Pre-Extraordinary Events /Outbreaks Policy Coordination in Central 1

2. Risk analysis is reported and advocated by echelon I officials to Deputy Coordinating Minister

   The echelon I official from the technical ministries responsible for the control of infectious diseases in humans, animals, wildlife and/or environment shall communicate the results of risk analysis to the Deputy Minister for Coordination of Health Improvement of Menko PMK, who will then follow up through internal process (urgency analysis) and discuss its result in the echelons I coordination meeting. The coordination meeting will also consider the policy recommendations that were previously suggested at the urgency analysis process.

   In case the echelons I coordination meeting decides that there is no need for multi-sectoral policy recommendation, the risk reduction work will be

implemented by the technical agency while coordination, synchronization and control are still under the duties and functions of Menko PMK. However, if the coordination meeting decides on a multi-sectoral policy, then a ministerial coordination meeting will be proposed. The coordination process then will refer to the point 1, as above.

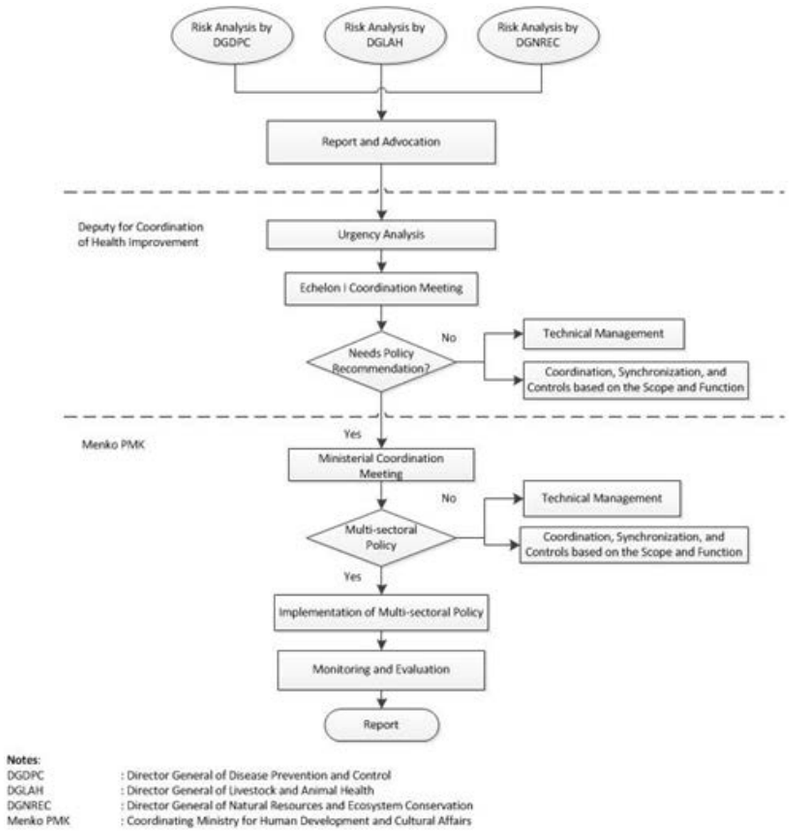

Figure 3. The Flowchart of Pre-Extraordinary Events /Outbreaks Policy Coordination in Central 2

Sub-National Level

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The head of the local government with the purview of health or animal or wildlife and/or environment affairs shall report and advocate for risk analysis to the Provincial or Regency/Municipality Secretary. The Provincial or Regency/Municipality Secretary will further conduct an urgency analysis to decide whether multi-sectoral policy is required in this level or not.

f the Provincial or Regency/Municipality Secretary decides that no multi-sectoral policy is required, the risk reduction work (technical handling) shall be carried out by the technical agencies while coordination, synchronization and control are still

No	Classification	Definition	Example
C	**Based on Infectious Agent**		
1	Parasitic zoonoses	microscopic animals that can reduce the productivity of the host animal	sacroptes scabei,Taenia saginata, T. solium, T. asiatica, Trichinella spiralis, "Toxoplasma", "Echinococcus granulosus", E. multilocularis trichopyton
2	Mycotic/Fungal zoonoses	It is a heterotrophic. **Fungi** can be unicellular or multicellular. Its body consists of long filamentous string and threadlike filaments called hyphae. The hyphae can form a branched bundle called mycelium.	
3	Bacterial zoonoses	a group of single-cell microorganisms with prokaryotic cellular configuration. **Bacteria** has genetic information in the form of DNA, but not in the nucleus and no nuclear membrane.	anthrax, brucellosis, leptospirosis, listeriosis, Campylobacter, enterohemorragic Escherichia coli (include E. coli O157:H7), Mycobacterium bovis, Brucella sp, Coxiella burnetii which caused Q fever and Franciella tularensis
4	Viral zoonoses	the smallest microorganisms that do not have cells and have genetic code only. **Virus** is obligate intracellular parasite, and it must carry out its reproduction by parasitizing a host cell.	highly pathogenic avian influenza (HPAI), SARS, NIPAH, Hepatitis A Virus, Hepatitis E Virus and Borrelia burgdorferi;
5	Prion zoonoses	an infectious disease-carrying protein composed solely of proteins. Prions cannot be destroyed by heat, radiation, or formaldehyde.	Bovine Spongioform Encephalopathy (BSE) which caused Variant Creutzfeltd Jacob Diseases (vCJD).

Attachment 7. Zoonoses and Emerging Infectious Diseases (EID) Classification in Indonesia

No	Classification	Definition	Example
A	**Based on Nature Reservoir**		
1	Antropozoonoses	zoonoses that found in wildlife and domestic animals. Humans infected from the animal and become the endpoint of infection. humans cannot transmit zoonoses to other humans or to animals	Rabies, Leptospirosis, tularemia, and hydatidosis.
2	Zoo anthroponoses	zoonoses that found in humans and sometimes the animal is infected and it becomes the end point of the infection	Example belongs to this group is tuberculosis humanis caused by Mycobacterium tuberculosis, amebiasis and diphtheria
3	Amphixenoses	zoonoses in which humans and animals are both reservoirs suitable for disease-causing agents and infections still run independently even without the involvement of other groups (humans or animals)	Anthrax, Staphylococcosis, Streptococcosis
B	**Based on Maintenance Cycle in Nature**		
1	Direct zoonoses	zoonoses that can be transmitted directly from animals to humans without the need to involve any vector	rabies and anthrax;
2	Cyclozoonoses	zoonoses that requires a host to complete its life cycle	Taenia saginata and Taenia solium;
3	Metazoonoses	zoonoses that requires vertebrates and invertebrates as hosts in completing their life cycle	arbovirus (chikungunya) and flavivirus (japanese encephalitis)
4	Saprozoonosis	zoonoses that require vertebrates and non-vertebrates (soil etc.) to complete their life cycle	parasitic flatworms infection and schistosoma

under the duties and functions of provincial government. However, if urgency analysis determines the need for a multi-sectoral policy then the Provincial or Regency/Municipality Secretary will organize a multi-sector coordination meeting led by the Governor or Regent/Mayor to discuss the necessary multi-sectoral policies and actions.

If the multi-sector coordination meeting decides that there is no need for a multi-sectoral policy, the risk reduction work (technical handling) is carried out by technical agencies while coordination, synchronization and control are still under the duties and functions of local government. However, if the multi-sector coordination meeting decides that multi-sectoral policy is necessary, the risk reduction work shall be implemented by several technical agencies. In accordance with its authority, the Governor or Regent/Mayor could establish working groups/task forces and other coordination platforms to strengthen the coordination, synchronization and control of policy implementation that has been decided in the multi-sector coordination meeting; monitoring and evaluation as well as reporting. The work of the working group/task force will be reported by the Governor through the Regent/Mayor or to the Minister of Home Affairs and/or the President through the Governor.

Implementation of risk analysis in the region is also carried out by technical units or vertical agencies of the Ministries/Institutions. Results of the risk analysis are reported to the vertical Ministry/Institution and could coordinate accordingly with the local government.

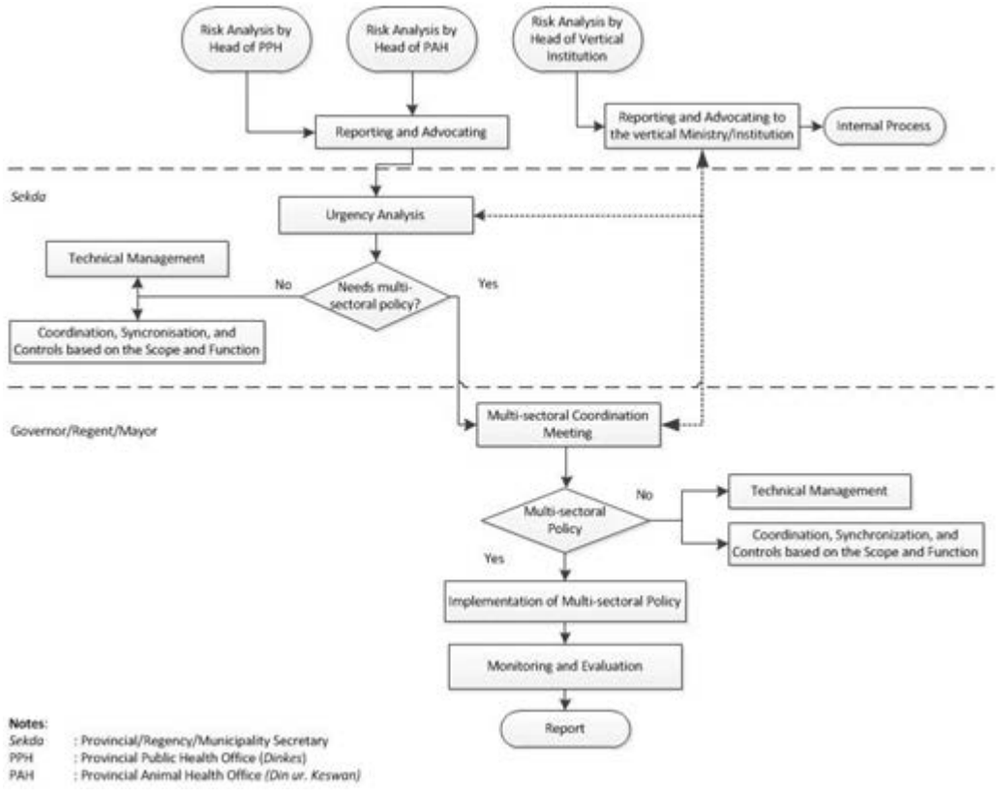


Figure 4. The Flowchart of Pre-Extraordinary Events /Outbreaks Policy Coordination in Sub-National Level

B. No Occurrence of Extraordinary Events /Outbreaks Situation Coordination

No occurrence of extraordinary events/outbreaks situation coordination is a coordination in 'calm' situation, although the extraordinary events /outbreaks threat is still remaining. This situation provides an opportunity for various stakeholders at various levels of government to make preparation on minimizing the risk or possible occurrence of extraordinary events /outbreaks; on carefully planning the distribution of resources (human, facilities and infrastructure, logistical, and budgetary resources) in the event of extraordinary events /outbreaks.

Implementation of multi-sectoral coordination in no occurrence of extraordinary events /outbreaks situation includes:

1. Extraordinary Events /Outbreaks Control Plan Coordination

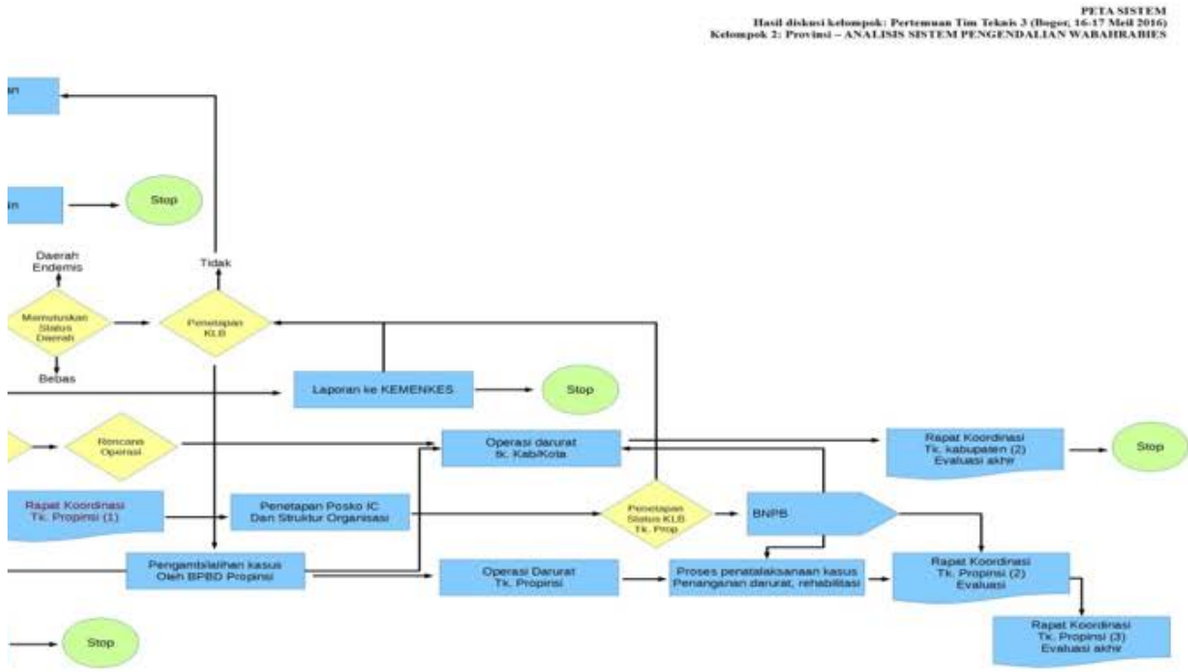
The central and local governments are required to have an 'Extraordinary Events /Outbreaks Control Plan'. The Control Plan serves as a reference when the extraordinary events/outbreaks occurred in a region. The Control Plan should be jointly prepared by various sectors in order to obtain a comprehensive control measure.

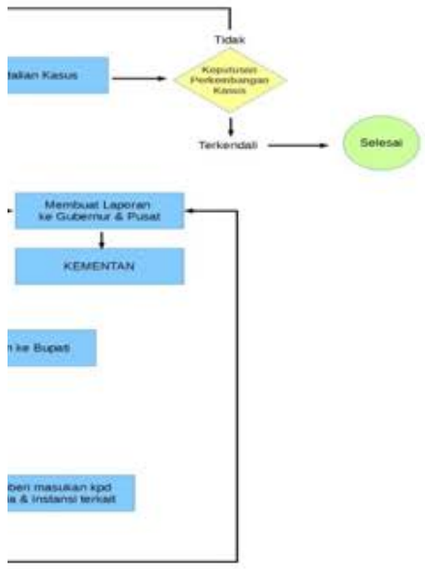
The local government shall prepare the Control Plan based on the results of risk analysis by the relevant local government agencies. Epidemiological signals are submitted by the concerned government agencies to the Governor or Regent/Mayor in order to perform early warning response measures.

The Menko PMK coordinates the development of the Zoonoses and EIDs of Extraordinary Events /Outbreaks Control Plan based on the results of risk analysis in the central government level. The epidemiological signals are submitted by technical ministries based on data analysis of periodic disease surveillance to the Coordinating Ministry in order to perform comprehensive rapid response measures.

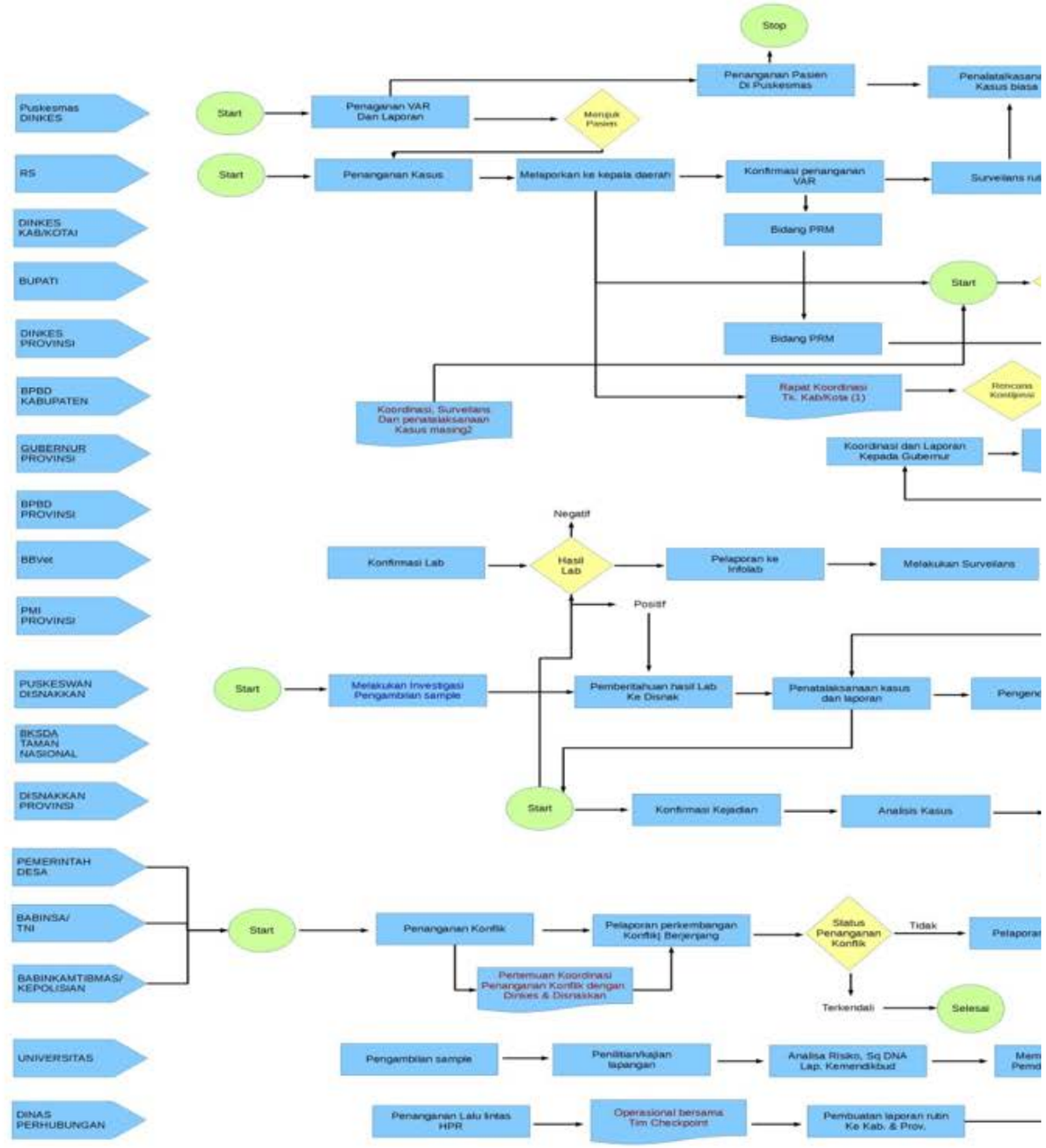
The Central and Local Government Control Plan shall consist of:

a. Recognition and assessment of extraordinary events/outbreaks threats based on the threat characteristics;
b. Understanding of the population vulnerability (animals and humans);
c. Capacity assessment;





Attachment 6. Sample Diagram Flowchart on Zoonoses and Emerging Infectious Diseases (EID) EE/Outbreaks Control Coordination



d. Rapid risk assessment on the possible impacts of extraordinary events /outbreaks;
e. Options of mitigation action on the extraordinary events/outbreaks; and
f. Determination of emergency disaster management mechanisms of extraordinary events/outbreaks.

The Control Plan could be reviewed in accordance with the needs and the existing and priority zoonoses and EIDs threats.

2. Extraordinary Events /Outbreaks Prevention Coordination

Prevention is a set of actions to reduce or eliminate the threat or vulnerability of risk on the occurrence of the extraordinary events/outbreaks.

Coordination on the extraordinary events /outbreaks prevention includes:

a. Identification and introduction of hazard source/threat characteristics;
b. Improvement on the immunity or resilience of vulnerable groups both in animals and humans on the extraordinary events /outbreaks threats and effects;
c. Supervision of goods/objects, transport means, people and animal movement to reduce and eliminate risk factors;
d. Enhance community comprehension on the clean and healthy behavior (Perilaku Hidup Bersih dan Sehat/PHBS); and
e. Komunikasi Risiko.

C. . Potential Occurrence Extraordinary Events /outbreaks Situation Coordination

The extraordinary events /outbreaks could originate from inside and outside the territory of Indonesia. Early warning on the potential occurrence of extraordinary events /outbreaks is a result of a rapid and accurate risk assessment both in the animal health and human health sectors. The source of this early warning could be obtained from the existing information system of each technical sector. If an early warning occurs in one or both technical sectors, then the technical sector is required to promptly communicate to the coordinator at the respective government levels and share it to other sectors in order to take immediate precautions.

Implementation of multi-sectoral coordination in situations where potential extraordinary events/outbreaks occur:

1. Preparedness Coordination

Multi-sectoral preparedness coordination is to ensure the prompt and timely preparation of actions during the extraordinary events /outbreaks occurrence. Matters related to preparedness coordination includes:

a. Preparation of disaster emergency contingency plan due to extraordinary events /outbreaks;

b. Education and training for human resources on emergency disasters due to extraordinary events /outbreaks ;

c. Preparation, supply and distribution of logistics, infrastructure, and ready-to-use facilities to execute disaster emergency management due to extraordinary events /outbreaks ;

d. Emergency management simulations that include:

- Rapid assessment and resource requirements identification for the extraordinary events /outbreaks response;
- Activation of non-natural disaster response command system due to extraordinary events /outbreaks; and
- Risk communication.

The Extraordinary Events /Outbreaks Control Plan is a reference for planning the emergency anagement implementation. The Control Plan is furnished to become a Contingency Plan.

Output 1 ï Disaster Emergency Contingency Plan due to Zoonoses and EIDs of Extraordinary Events/Outbreaks

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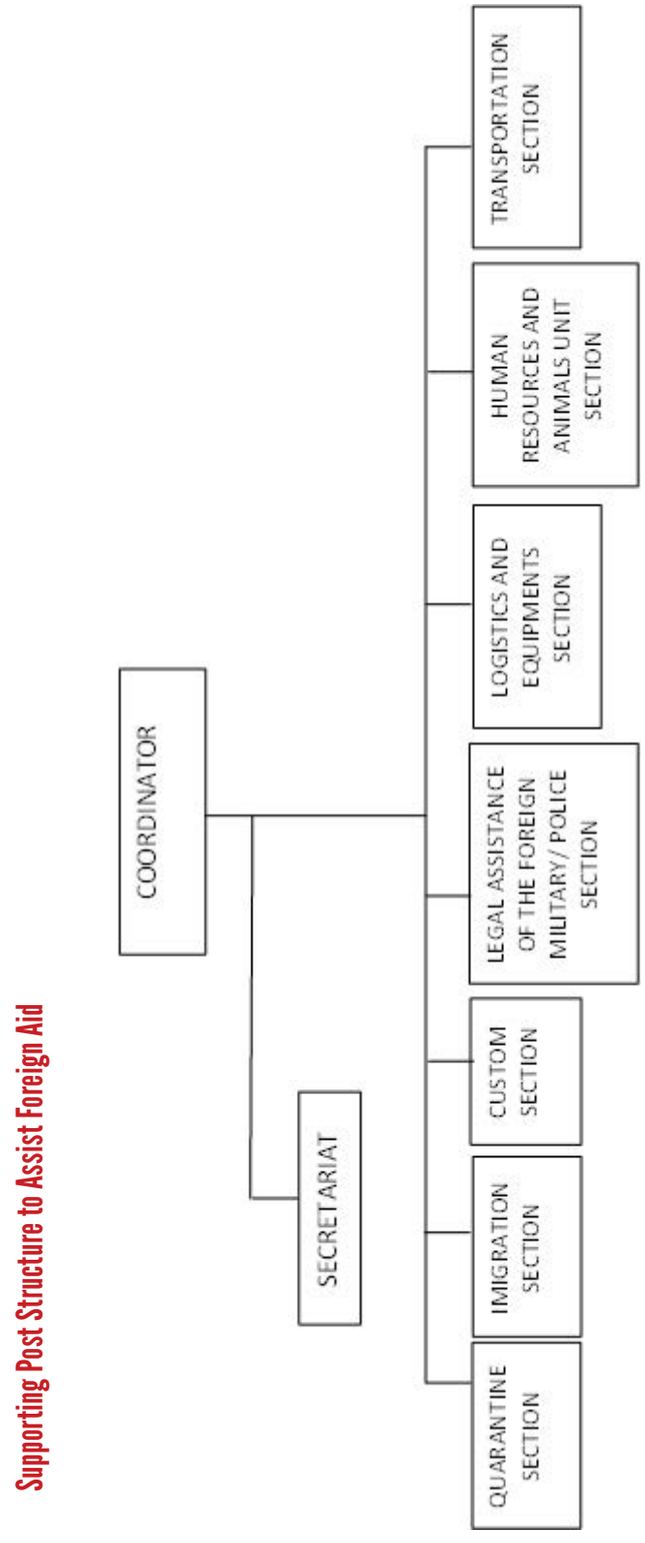
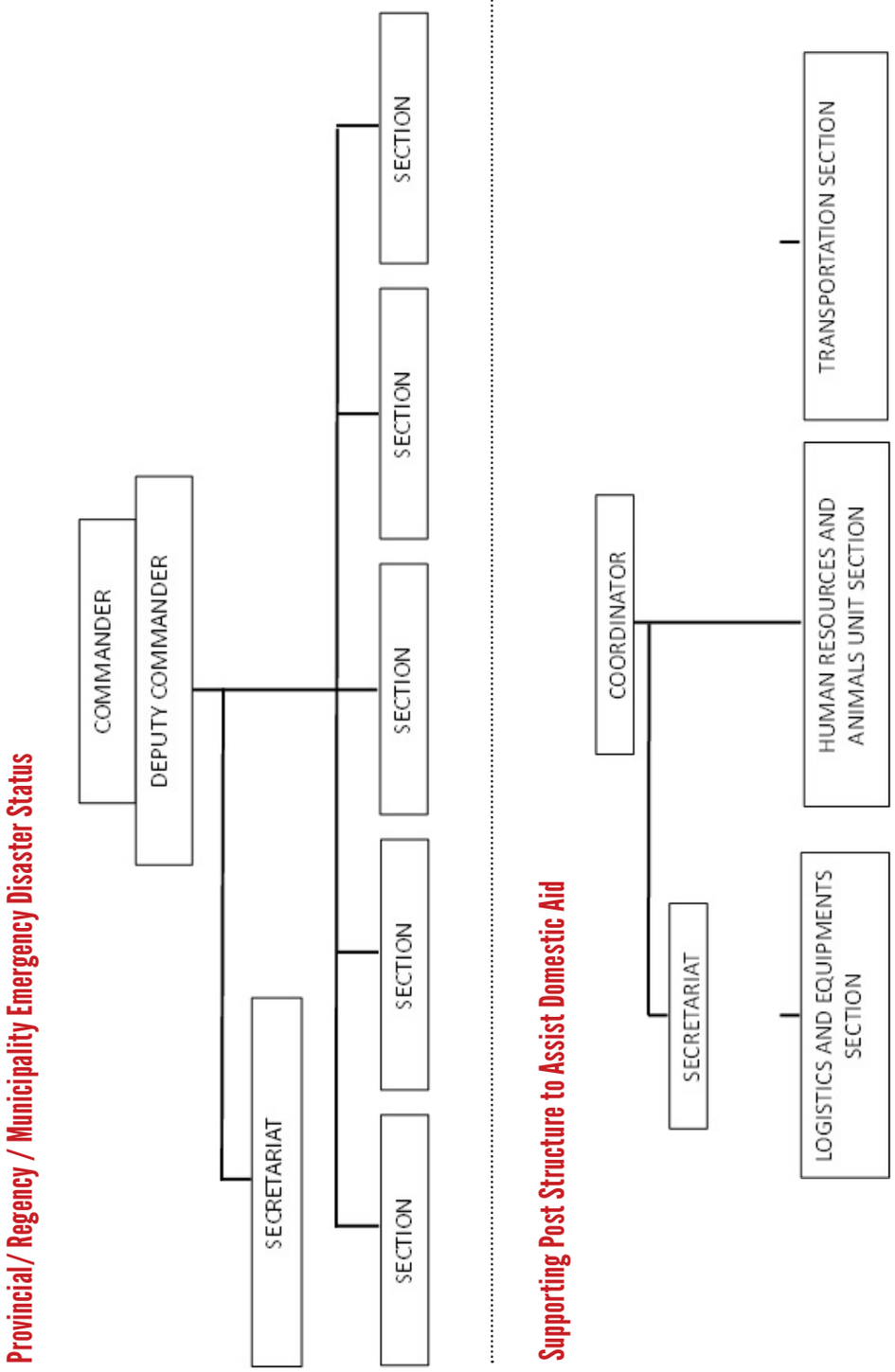
2. Early Warning Coordination

Early warning is needed to take prompt, precise and comprehensive action to reduce the risk of extraordinary events /outbreaks. Early warning coordination includes:

a. Community empowerment in observation and reporting potential extraordinary events /outbreaks;

b. Disease situation reports and verification through existing multi-sector information systems;





c. Observation on the disease epidemiology and analysis;

d. Decision making based on rapid risk analysis; and

e. Implementation of risk management on potential extraordinary events /outbreaks.

Observation of the extraordinary events /outbreaks signs conducted by the technical ministry and technical provincial offices according to the threat characteristics. The technical ministry submits a case progress report to the Menko PMK, while the technical provincial or regency /municipality offices reports the case progress to the Governor or Regent/Mayor, to be used as basis for decision making and determining early warning actions.

3. Extraordinary Events/Outbreaks Occurrence Mitigation Coordination

Mitigation is conducted to reduce the risks and impacts due to zoonoses and EIDs of extraordinary events /outbreaks. Mitigation or risk reduction is performed on the basis of the previously risk analysis results. The application of the mitigation coordination is done through the following activities:

a. Introduction, comprehension improvement and monitoring on the extraordinary events /outbreaks risks to officials and communities;

b. Increased awareness and commitment of extraordinary events /outbreaks emergency of officials through socialization, education and training;

c. Preparation of a spatial plan to reduce the risk of extraordinary events /outbreaks. The spatial planning should consider the regulations of residential areas/locations, farms, slaughterhouses, animal markets, animal breeding, animal quarantine installations, zoos and animal clinics;

d. Encouraging the essential public services sector (clean water, energy, telecommunications and transport) managed by the private sector or the government to develop a business continuity plan in the event of an epidemic/outbreaks emergency.

e. Rearrangement of traditional markets to be healthier and not as a source of transmission and disease spread; and

f. Provision of professional and skilled human resources through the provision of education and training in accordance with the rules of technical standards.

All extraordinary events /outbreaks mitigation activities are multi-sectorally coordinated by a working unit with duties and functions as the coordinator.

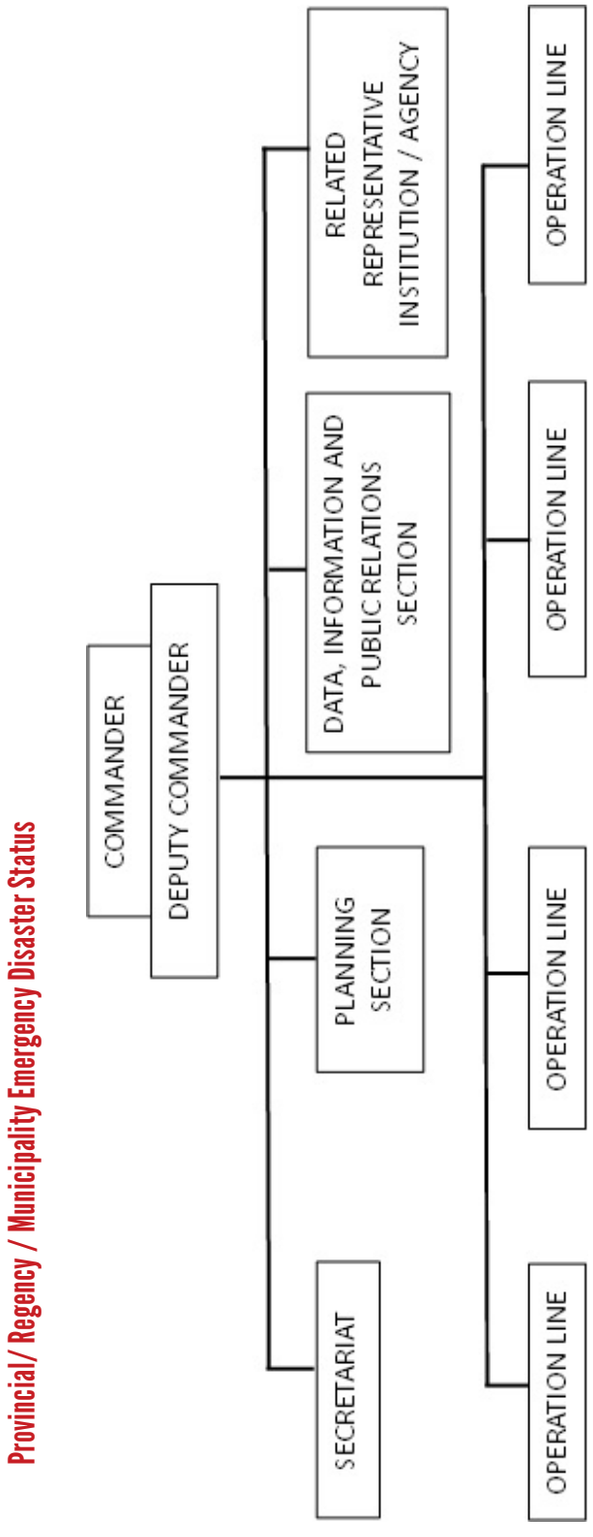
To implement the risk and impact mitigation of extraordinary events /outbreaks , an action plan for risk reduction/mitigation of extraordinary events /outbreaks should be prepared as follow:

a. National Action Plan for Risk Reduction/Mitigation of extraordinary events /outbreaks coordinated with BNPB

b. Subnational Action Plan for Risk Reduction/Mitigation of extraordinary events /outbreaks coordinated with the provincial or regency/municipality offices in charge of disaster management.

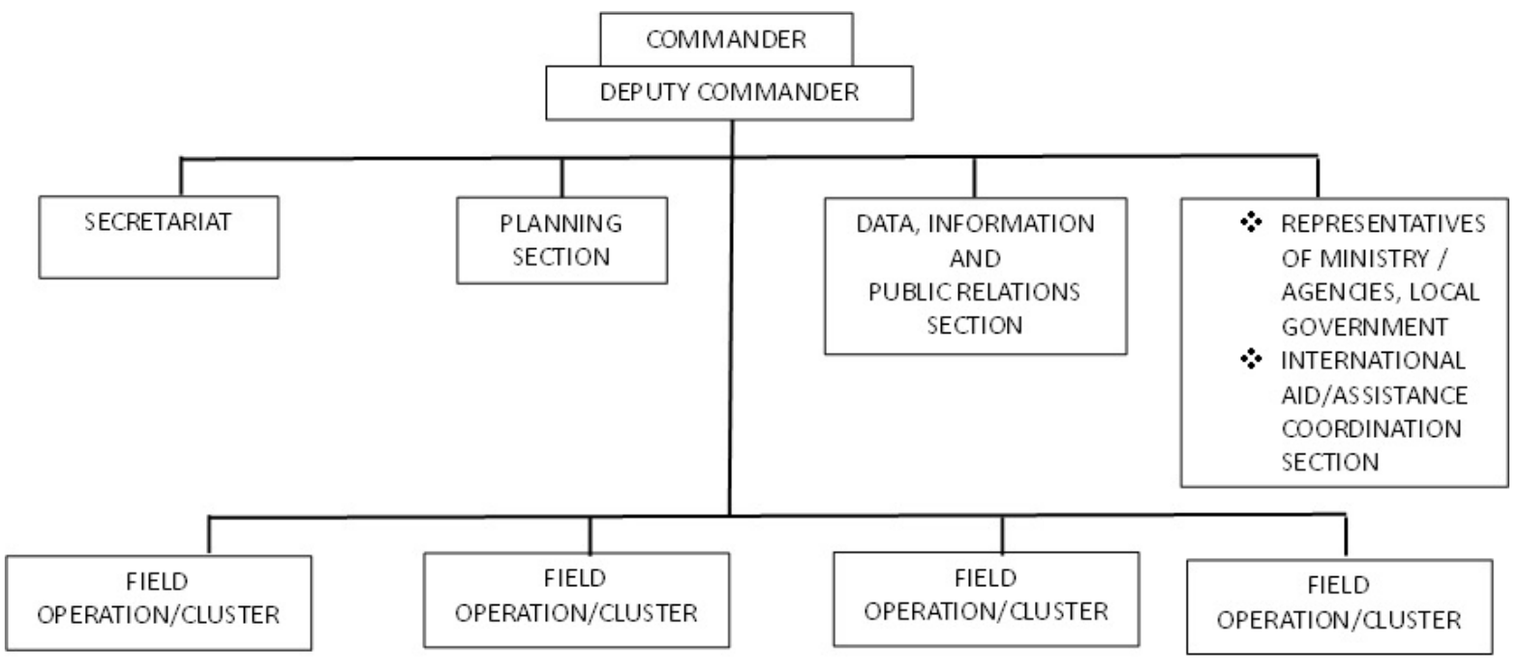
Output 2 – Action Plan for Risk Reduction/Mitigation of Zoonosis and EID Extraordinary Events/Outbreaks

The zoonoses of extraordinary events /outbreaks control plan could be incorporated with the zoonotic and EIDs extraordinary events /outbreaks Risk Mitigation Action Plan.
This Document may be supplemented with a Contingency Plan.



Attachment 5. Incident Command System Emergency Disaster Management Structure

National Emergency Disaster Status



GUIDELINE ON MULTI-SECTORAL COORDINATION
IN ADDRESSING THE ZOONOSES EMERGING INFECTIOUS DISEASES (EIDS)
EXTRAORDINARY EVENT /OUTBREAK

03

EXTRAORDINARY EVENTS /OUTBREAKS COORDINATION

Kementerian Koordinator
Bidang Pembangunan Manusia dan Kebudayaan
2018

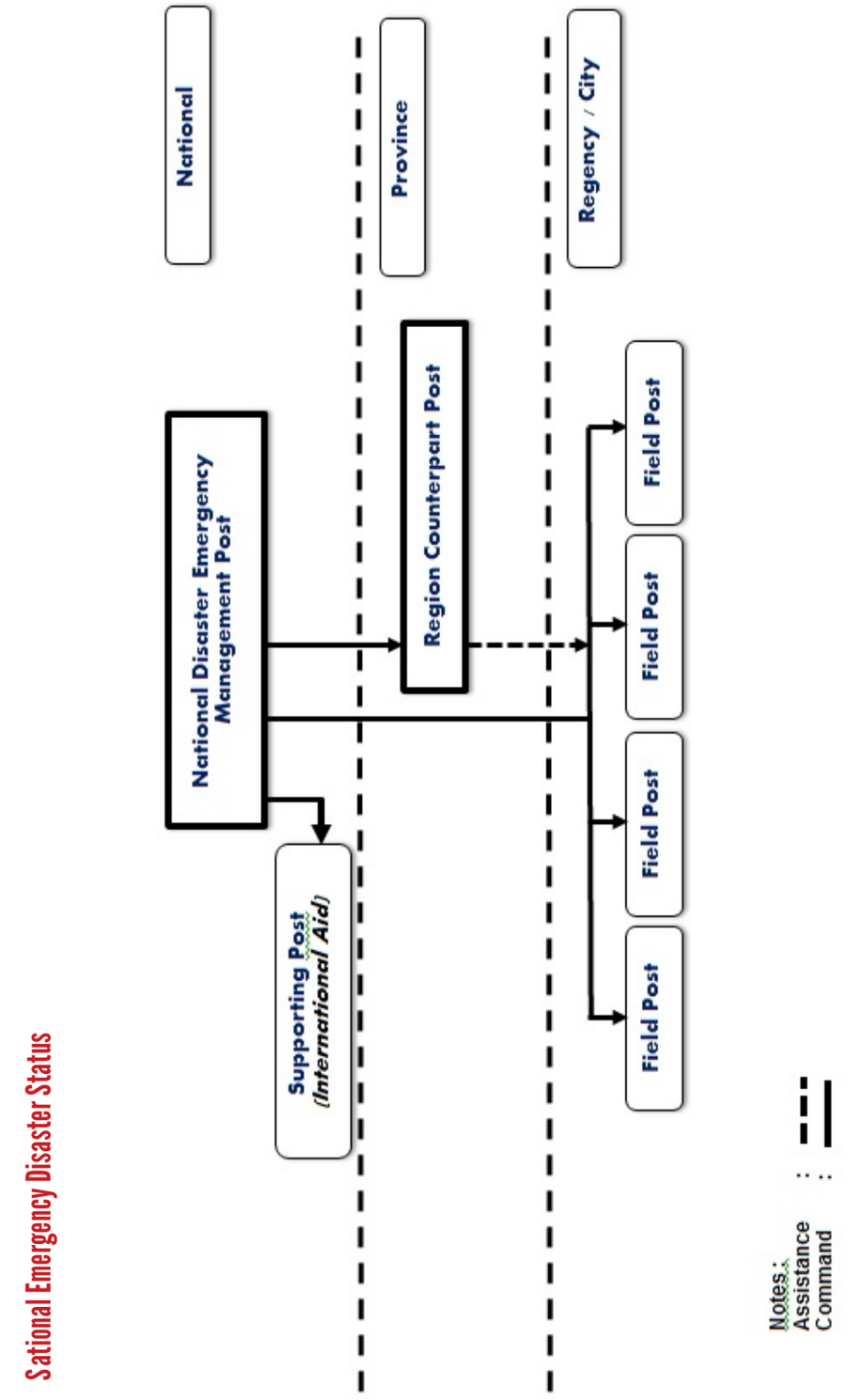
Disaster shall mean an event or a series of event threatening and disturbing the community's life and livelihood, caused by natural and/or non-natural as well as human factors resulting in human fatalities, environmental damage, loss of material possessions, and psychological impact. (Law Number 24 Year 2007 on Disaster Management). The non-natural disaster means a non-natural event or a series of non-natural events such as technological failure, modernization failure, and epidemic (Law Number 24 Year 2007 on Disaster Management). A disaster emergency situation is a situation that threatens and disrupts the lives and livelihoods of a group of people /communities that require prompt and adequate actions.

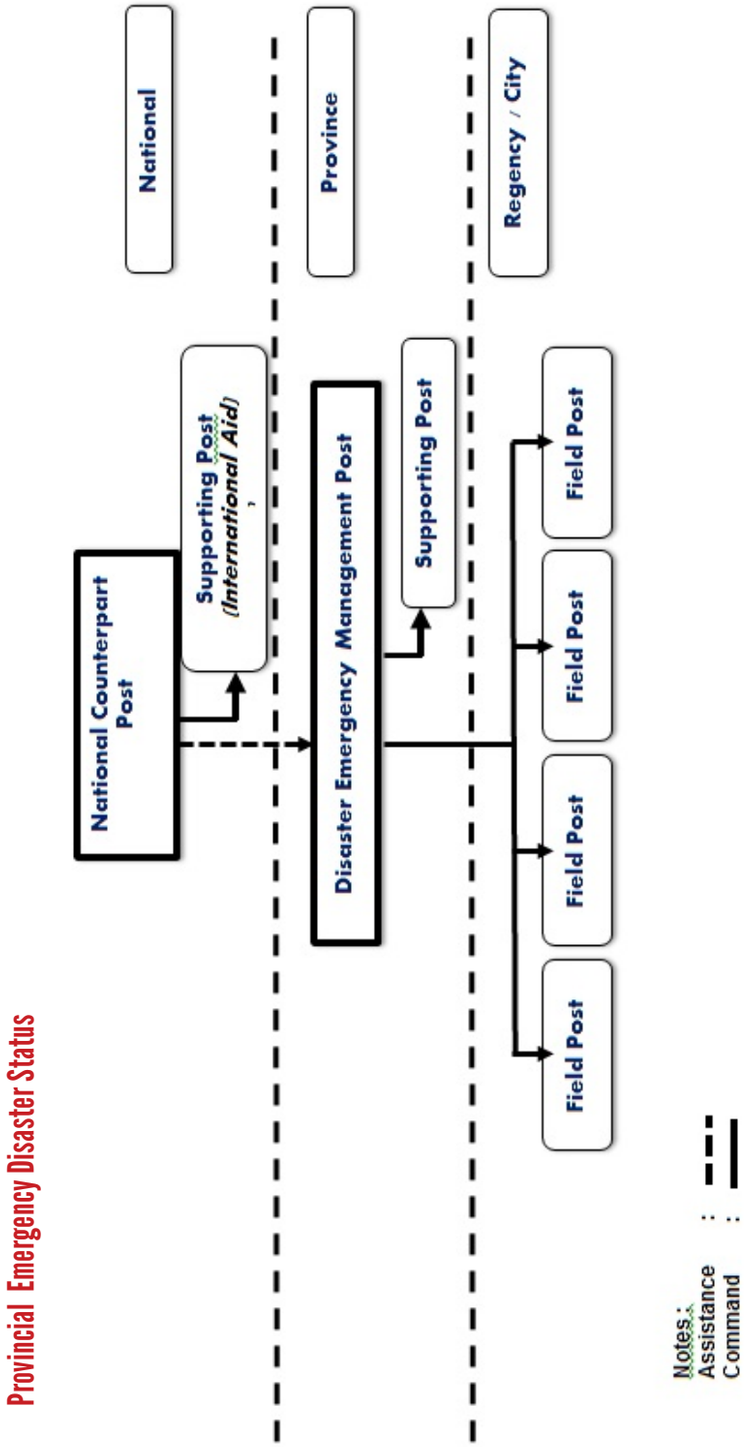
Extraordinary events is the emergence or incidence of significant morbidity and/or mortality in an area within a certain period of time. An outbreak is the occurrence of an infectious disease in a society whose number of casualties rises significantly beyond the prevalence of a particular time and region and might cause calamity. (Law Number 4 Year 1984 on Epidemic of Contagious Diseases). In specifying the status of outbreaks based on Law Number 4 Year 1984 on Epidemic of Contagious Diseases, the Minister of Health could stipulate and declare that a certain area infected with outbreaks within the Republic of Indonesia territory, as an epidemic area.

Outbreaks based on Law Number 41 Year 2014 on Amendment of Law Number 18 Year 2009 on Husbandry and Animal Health is defined as an extraordinary event on the emergence of a new contagious animal disease in a region or a sudden increase in cases of infectious animals.

Based on Government Regulation No. 95 of 2012 on Veterinary Public Health and Animal Welfare in article 66, paragraph 3, that; the occurrence of zoonotic outbreaks should be announced by the minister, governor or regent/mayor in accordance with their authority to the community; in article 67 that; determination of the status of zoonoses by regents/mayors, governors, or ministers in accordance with their authority based on geographical circulation of zoonoses.

The intended status includes the status of outbreaks area, infected area, buffer area and free area. The central government coordinator (Menko PMK) could request the technical ministries to provide recommendations for the establishment of extraordinary events /outbreaks status as a non-natural disaster. The coordinator of provincial government (Governor), regency/municipality government (Regent/Mayor) could request the technical provincial or regency/municipality officers to provide recommendation for stipulation of the status of extraordinary events /outbreaks as a non-natural disaster. The non-natural disaster is part of disaster, where epidemics and infectious disease outbreaks are included. Extraordinary events /outbreaks status must be determined prior to the announcement of the non-natural disaster emergency status, due to an epidemic or an outbreak.





Levels of the disease situation		Disaster Emergency Status
1	Sporadik	-
2	Endemic	-
3	Epidemic / Extraordinary Event	• Emergency Alert
4	Outbreaks	• Emergency Response • Emergency transition to recovery

Table 2. Level of Disease Situation with Disaster Emergency Synchronization

Notes :

1. Referral for disaster emergency status assessment is by the result of a rapid assessment of the emergency risk (PIC = Local Government Official handling disaster, coordinate with other local official and related parties)

2. Examples of decision for writing emergency status: "Status of emergency disaster of Epidemic Outbreaks for rabies disease in Province / Regency / City é é ò

Extraordinary events /outbreaks of Zoonosis and EID that requires a synergy of multi-sectoral resources shall be defined with the status as the Non-Natural Disaster of Emergency Situations (Emergency Alert, Emergency Response and Emergency Transition). Some of the things that must be done in the stipulation of the Emergency Disaster (Non-Natural Disaster), among others:

1. Proposing technical recommendation from the competent local government offices (in this case local officers of public health office and/ local officers in charge of the function of Animal Health and central technical unit located in the area having the task and function of wildlife management. The recommendation is submitted to the head of local government (governor/regent/mayor);

2. Multi-sectoral rapid assessment on extraordinary events /outbreaks for announcing the zoonotic disease and EID of extraordinary events /outbreaks status in humans and or animals as Disaster Emergency Preparedness Status (Non-Natural Disaster) caused by epidemic which is classified as zoonotic disease and EID of extraordinary events /outbreaks status;

3. Determination of the status of zoonotic disease and EID of extraordinary events /outbreaks in humans and/or animals and wildlife as the Emergency Disaster (Non-Natural Disaster) Status by the head of local government (governor/regent/mayor);

4. Operationalization of the zoonotic disease and EID of extraordinary events /outbreaks control action by activating the emergency disaster management command system according to disaster emergency level that was announced and applying the epidemic/outbreaks emergency operation plan;

5. Proposal and usage of Ready Funds allocated to the BNPB can be used quickly and accurately on the Status of Emergency Disaster (Non-natural Disaster caused by Epidemic/Outbreaks);
6. Proposal, management and usage of Ready Funds in non-natural disaster emergency status should follow the Funds Guidelines as stipulated by the Head of BNPB.

The usage of Unexpected Expends Funds in Epidemic/Outbreaks of Non-Natural Disaster Emergency Status should refer to Regulation of the Minister of Home Affairs number 21 Year 2011 Article 162 and especially for emergency response situation to follow also the Circular Letter of the Minister of Home Affairs Number 360/2903/SJ, Date June 3, 2015 on the Unexpected Expends Funds Usage on Disaster Emergency Situation.

Authorized Officials	Early Warning	Closure Area	Outbreaks	Epidemic	Disaster
President					√
Minister of Health	√		√	√	
Minister of Agriculture	√			√	
Governor	√	√	√*		√
Regent / Mayor	√	√	√*		√
Provincial Health Officers	√		√ **		
Provincial Officers that supervise animal health area	√		*		
Regency / City Health Officers	√		√**		
Regency / City Officers that supervise animal health area	√		*		

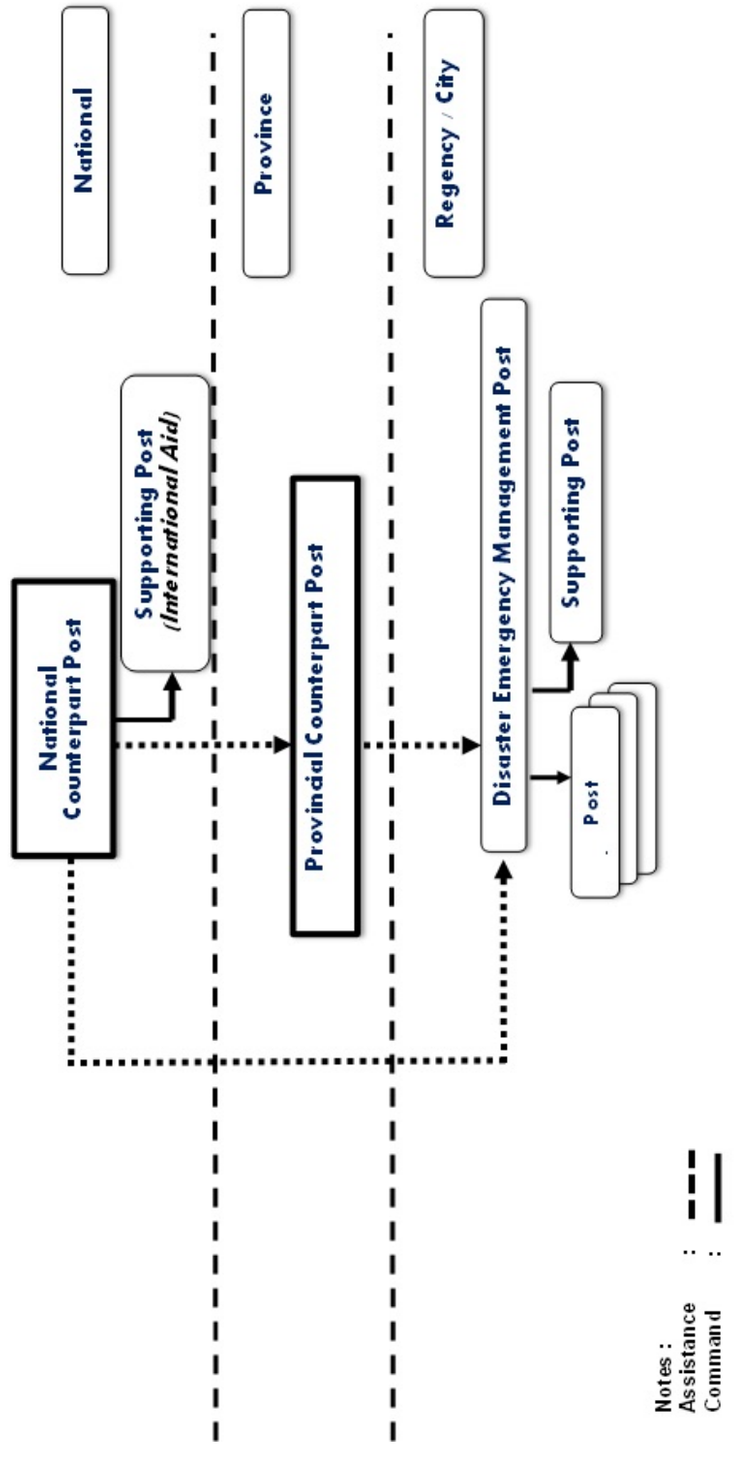
Table 3. Authorities to Determine the Extraordinary Events/Outbreaks or Disasters

Notes :

Sources: From various rules (Government Regulation No.38 Year 2007, Government Regulation No 95 Year 2012, Government Regulation No. 47 Year 2014, MoH Regulation No.949/MENKES/SK/VIII/2004, MoH Regulation No. 1501 Year 2010 about potentially-outbreaks diseases, Head of NDMA Regulation No. 6a Year 2011 on the Guidelines for Use of Ready Funds on Disaster Emergency Status).

Attachment 4. Disaster Emergency Command System

Regency / Municipality Emergency Disaster Status



Attachment 3. Control Plan Outline for Zoonoses and Emerging Infectious Diseases (EIDs) Extraordinary Events/Outbreaks

I. INTRODUCTION
   a. Background
   b. Objective
   c. Goals
   d. Scope area
II. POTENTIAL AREA
   a. Area overview
   b. The strategic potential of production, socio-cultural and economic
III. OPPORTUNITIES AND CHALLENGES
   a. Zoonotic and Emerging Infectious Diseases (EID) threats in the region
   b. Routine activities that have been implemented
   c. Challenges
   d. Opportunity to control EE / outbreaks
IV. PROGRAMS AND POLICIES
   a. Multi-sectoral programs related to the extraordinary events/outbreaks threats
      i. Mitigation
      ii. Prevention of EE/outbreaks
      iii. Preparedness
      iv. Early warning
      v. Investigation of EE/outbreaks
      vi. Epidemiological Investigations / Epidemiological Surveillance
      vii. Code of Conduct
      viii. Destruction of transmission sources
      ix. (adjusted to activities related to these guidelines)
   b. Multi-sectoral policies related to the extraordinary events/outbreaks threats
V. ACTIVITIES
   A. PRE-EXTRAORDINARY EVENTS/OUTBREAKS
      i. Information Systems Management
      ii. Risk Analysis
      iii. Observation
      iv. Increased human resource capacity and infrastructure facilities
   B. EXTRAORDINARY EVENTS/OUTBREAKS RESPONSE
      i. Preparedness
      ii. Early warning
      iii. Investigation of extraordinary events /outbreaks
      iv. Epidemiological Investigations / Epidemiological Surveillance
      v. Code of Conduct
         • Command Post (Posts) Establishment
         • Posts' Structure
         • Logistics Distribution
         • Information systems and reporting
      vi. Transmission control
      vii. Destruction of transmission sources
VI. EVALUATION
VII. FINANCING AND BUDGET DETAILS
VIII. CLOSING
IX. ATTACHMENT

Table explanation: :

- (*) = provide technical recommendations for the establishment of outbreaks to coordinators and / or heads of local government
- (√*) = stipulating outbreaks based on technical recommendations from provincial or regency / municipal local government in charge of animal health functions
- (√**) = In accordance with the administrative authority

A. Extraordinary Events /Outbreaks with Disaster Status Harmonization Coordination

In determining the Zoonoses and extraordinary events / outbreaks of EIDs as a non-natural disaster emergency status, Regent/Mayor in municipality/city level will based on the BPBD recommendation after coordination with related local government officers (public health officer or officer in charge of animal health function). Determination at the Provincial level is by the Governor based on the recommendation of BPBD after coordinating with the related provincial government officers (Public Health Officer or provincial government officer in charge of animal health function), while at the National level by the President based on recommendation from the Head of BNPB after coordinating with the Related Technical Minister (Minister of Health, Minister of Agriculture, Minister of Environment and Forestry).

After the epidemic/outbreaks emergency status due to a particular zoonosis or EID stipulated, then coordinator is obliged to coordinate the extraordinary events /outbreaks control support actions, including possibility for area closure from the risk factors and other control activities in accordance with the document of the operating plan which have been developed and implemented through the Disaster Management Incident Command System (ICS) or Sistem Komando Penanganan Darurat Bencana (SKPDB).

Extraordinary events /outbreaks status harmonization policy coordination as non-natural disaster emergency is based on two (2) levels of governance, as follows:

1. National level coordination

Under Law Number 4 Year 1984 on Epidemic of Contagious Diseases, the coordination channel at the central level is based on the stipulation of the disease status as an extraordinary events /outbreaks by the Minister of Health. Furthermore, under the Law 41/2014 jo Law 18/2009 on Animal Husbandry and Animal Health, the minister who is authorized to establish outbreaks of animal diseases (including zoonotic or contagious animal to human) is the Minister of Agriculture.

In addition to the stipulation of extraordinary events /outbreaks status by both ministerial authorities, it may also be initiated by the Governor who proposes recommendations for the establishment of outbreaks to the central government (Minister of Health and/or Minister of Agriculture).

After receiving information on the outbreaks status from the Minister of Health and/or the minister of agriculture or the recommendations from Governor, the Coordinator (Kemenko PMK) can directly request the Head of BNPB to conduct a rapid assessment, then the coordinator will hold a Ministerial Coordination Meeting to discuss whether to forward policy recommendations to the presidential level or not, based on rapid assessment results. If the Ministerial Coordination Meeting decides that policy recommendation is not necessary at the presidential level, then the mitigation is handled in accordance with the technical guidelines/procedures at the Ministry of Health, Ministry of Agriculture or Ministry of Environment and Forestry, while coordination, synchronization and control are in accordance to the structural duties and functions of Kemenko PMK. However, if the Ministerial Coordination Meeting recommends on a multi-ectoral policy, then a Ministerial Coordination Meeting will be proposed, then the Coordinator will propose the agenda of d iscussion through a cabinet meeting or limited cabinet meeting.

The Cabinet Meeting or the Limited Cabinet Meeting will discuss he situation of the outbreaks and its mitigation steps and decide whether or not extraordinary events /outbreaks is defined as a national non-natural disaster emergency status. If the Cabinet Meeting or Limited Cabinet Meeting decides the national non-natural disaster emergency status is unnecessary, then the mitigation shall be handled in accordance with technical guidelines/ procedures at the Ministry of Health, Ministry of Agriculture or Ministry of Environment and Forestry, while coordination, synchronization and control shall be carried out by the Coordinating Minister commissioned by the President. However, if the Cabinet Meeting or the Limited Cabinet Meeting stipulates the status into a national non-natural disaster emergency, then BNPB should immediately activates the national ICS and develops an operation plan which is a command within a certain period.

Surat Edaran Menteri Kesehatan

1. Circular Letter of the MoH Number HK.03.03/Menkes/631/2014 concerning Increased Precautions against Ebola Virus and MERS Cov Diseases
2. Circular Letter of the MoH Number IR.02.02/D.I/II.I/1123/2014 concerning Vigilance of Ebola Virus Disease at the Ports of Entry
3. Circular Letter of the MoH Number IR.01.04/II.1/2109/2014 concerning Precautions against Ebola Virus Disease
4. Circular Letter of the MoH Number HK.03.03/D.II/207/2016 concerning ncreased Vigilance and Preparedness for the Spread of Zika Virus
5. Circular Letter of the MoH Number HK.03.03/D.I/II.2/277/2016 concerning Increased Vigilance on the importation of Yellow Fever Disease
6. Circular Letter of the MoH Number HK.03.03/D.I/II./278/2016 concerning Increased Vigilance on the Case of Lassa Fever

Menteri Dalam Negeri

1. Circular Letter of the MHA Number 443.34/8977/SJ dated 31 December 2013 concerning Acceleration of Zoonosis Control in the Region
2. Circular Letter of the MHA Number 360/2903/SJ dated 3 June 2015 concerning Emergency Response Funding Guidelines Sourced from Unexpected Shopping

Attachment 2. Legal References

Law

1. 1945 Constitution (Undang-Undang Dasar 1945)
2. Law Number 1/1962 on Port Quarantine
3. Law Number 2/1962 on Airport Quarantine
4. Law Number 4/1984 on Epidemic of Contagious Diseases
5. Law Number 5/1990 on Biological Natural Resource Conservation and Its Ecosystem
6. Law Number 16/1992 on Plant, Fish, and Animal Quarantine
7. Law Number 7/1994 on the Ratification of Agreement Establishing the World Trade Organization
8. Law Number 18/1999 on Consumer Protection
9. Law Number 41/1999 on Forestry
10. Law Number 3/2002 on National Defence
11. Law Number 34/2004 on National Defense Force
12. Law Number 24/2007 on Disaster Management
13. Law Number 22/2009 on Traffic and Road
14. Law Number 32/2009 on Environmental Protection and Management
15. Law Number 36/2009 on Health
16. Law Number 18/2011 on Animal Husbandry and Animal Health
17. Law Number 8/2012 on Food
18. Law Number 23/2014 on Local Government
19. Law Number 36/2014 on Health Workers
20. Law Number 41/2014 on Amendment of the Law Number 18/2009 on Animal Husbandry and Animal Health

Government Regulation

1. Government Regulation Number 22/2008 Concerning Disaster Aid Financing and Management
2. Government Regulation Number 78/1992 Concerning Animal Drugs
3. Government Regulation Number 95/2012 Concerning Veterinary Public Health and animal welfare
4. Government Regulation Number 7/1999 Concerning Preservation of Plant and Wildlife Types
5. Government Regulation Number 8/1999 Concerning Utilization of Plant and Wildlife Types;
6. Government Regulation Number 69/1999 Concerning Food Label and Advertisement
7. Government Regulation Number 82/2000 Concerning Animal Quarantine
8. Government Regulation Number 28/ 2004 Concerning Food Security, Quality, and Nutrition
9. Government Regulation Number 45/2004 Concerning Forest Protection
10. Government Regulation Number 4/2016 Concerning Inclusion of Livestock and / or Animal products in certain cases originating from a country or zone within a country of origin of income
11. Government Regulation Number 47/2014 Concerning Control and control of animal diseases
12. Government Regulation Number 18/2016 Concerning Regional Devices.
13. Government Regulation Number 40/1991 Concerning Contagious Outbreaks of Infectious Diseases
14. Government Regulation Number 21/2008 concerning Disaster Management

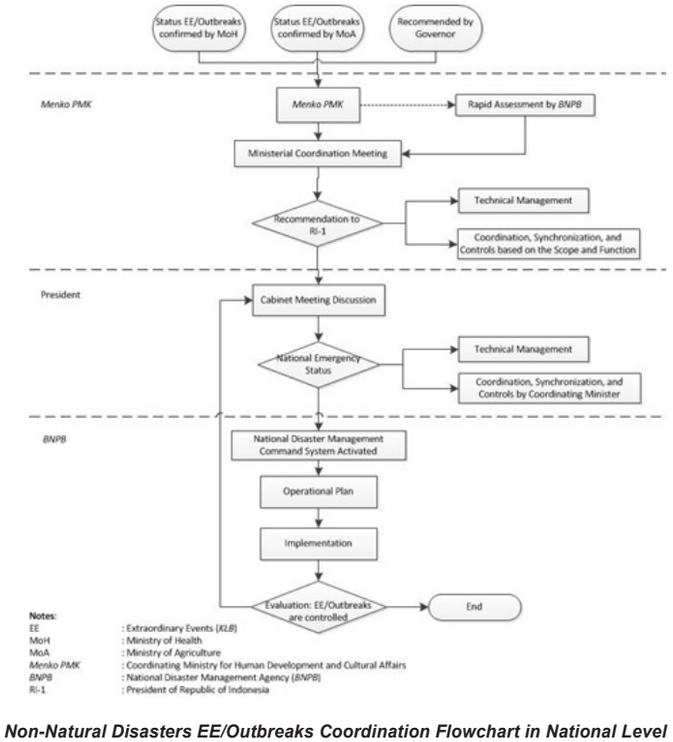


Figure 5. Non-Natural Disasters EE/Outbreaks Coordination Flowchart in National Level

If the emergency period has expired, then an evaluation should be conducted. The evaluation is to determine that the epidemic/outbreak caused by non-natural disaster emergency had been controlled. If the result is not controllable yet, then the disaster emergency status may be extended or altered (from emergency alert to emergency response or from emergency response to emergency transition to recovery). If the evaluation showed that the epidemics/outbreaks is controlled, then Head of BNPB provide recommendation for President to revoke the status of the non-natural epidemics/outbreaks disaster emergency. So it is considered resolved. Discussions on the status extension/alteration are conducted in a Cabinet or Limited Cabinet Meeting. The policy coordination flowchart for Non-Natural Disasters extraordinary events /outbreaks is shown in Figure 5.

2. Sub-national level coordination

Under the Minister of Health Regulation number 1501 Year 2010, the coordination flow at the local level is initiated based on the status of a disease as an extraordinary events y the Head of Regency/Municipality Public Health Office.

In addition, under Law 41/2014 jo Law 18/2009 on Animal Husbandry and Animal Health, the Minister of Agriculture could establish diseases outbreaks in 18 animals (including zoonotic or infectious disease from animal to human). In the escalated situation, the affected Regent/Mayor may determine the epidemic /outbreaks emergency disaster status based on the RegencyMunicipality BPBD recommendation after coordination with the relevant local government officials.

After receiving information on the outbreaks status from the Regency/Municipality Public Health Office, the Regency/Municipality Secretary (Coordinator) acting as the Head of BPBD, can directly instruct the Chief Executive of BPBD to conduct a rapid assessment. The rapid assessment will recommend the status of a non-natural disaster emergency or drop it. If the results of the rapid assessment conclude that no emergency status is required, the extraordinary events /outbreaks are undertaken in accordance with the technical guidelines/procedures applicable to the public health, animal health or conservation sectors, while multi-sector coordination is carried out in accordance to the duties and f unctions of the regional government agency. However, if the rapid assessment concludes that it is necessary to stipulate the extraordinary events /outbreaks emergency status, then a c oordination meeting led by the Regent/Mayor will be held to determine the status condition.

The coordination meeting on the determination of the status might provide decision as follow:

a. No emergency status confirmation is required
    1. Implementation of extraordinary events /outbreaks control is performed in accordance to the technical guideline/procedures applicable to the public health, animal health or conservation sectors;
    2. Coordination carried out in accordance with the duties and functions of local agency; or
    3. Recommendation on the status of extraordinary events /outbreaks as a Regency/ Municipality non-natural disaster emergency; or recommendation on the incapability to address the Epidemic/outbreaks situation and propose to establish a disaster emergency status at the provincial level
b. Emergency status confirmation is required, then:
    1. Regent/Mayor stipulates the epidemic/outbreaks emergency disaster status;
    2. Activates the sub-national ICS, develops and also implements an operation plan.

If the regency/municipality government is incapable to address the disease epidemic/outbreaks disaster emergency by Regent/Mayor declaration in writing, then the status of disease epidemic /outbreaks disaster emergency may be escalated into a provincial disaster emergency status stipulated by the Governor. Likewise, whenever the provincial government declares in writing for its inability, the status of disease epidemic/outbreaks disaster emergency can be elevated to national disaster emergency status stipulated by the President.

Presidential Regulation

1. Presidential Regulation Number 116/2016 concerning the dissolution of non-structural institutions …… National Commission on Zoonosis Control
2. Presidential Regulation Number 48/2013 concerning Pet Cultivation

Ministerial Regulation

Ministry of Health

1. Regulation of Ministry of Health Republic of Indonesia Number 741 /Menkes/Per/VII/2008 concerning Minimum Service Standard of Health Sector in Regency / City
2. Regulation of Ministry of Health Republic of Indonesia Number 949/Menkes /SK/VIII/2004 concerning Guidelines for the Implementation of Early Warning System of Extraordinary Events
3. Regulation of Ministry of Health Republic of Indonesia Number 658/Menkes /Per/VIII/2009 concerning laboratory network diagnosis of new-emerging and re-emerging infectious diseases
4. Regulation of Ministry of Health Republic of Indonesia Number nomor 1501 /Menkes/Per/X/2010 concerning certain types of infectious diseases that can cause epidemics and countermeasures
5. Regulation of Ministry of Health Republic of Indonesia Number 45 tahun 2014 concerning implementation of health surveillance
6. Regulation of Ministry of Health Republic of Indonesia Number 82 Year 2014 concerning prevention of infectious diseases
7. Regulation of Ministry of Health Republic of Indonesia Number 92 Year 2014 concerning the implementation of data communications through integrated health information systems
8. Regulation of Ministry of Health Republic of Indonesia Number 65 Year 2015 concerning organization and governance of the health ministry

Ministry of Agriculture

1. Regulation of Ministry of Agriculture Republic of Indonesia Number 74 Year 2007 concerning Supervision of Veterinary Medicine
2. Regulation of Ministry of Agriculture Republic of Indonesia Number 02 Year 2010 concerning Guidelines for Veterinary Medical Services
3. Regulation of Ministry of Agriculture Republic of Indonesia Number 13 Year 2010 concerning the Requirements for Ruminants' Slaughterhouses and Meat Handling Units (Meat Cutting Plant)
4. Regulation of Ministry of Agriculture Republic of Indonesia Number 50 Year 2011 concerning Approval Recommendation of the Importation of Carcass, Meat, Offal, and/or Their Derivative into the Territory of the Republic of Indonesia
5. Regulation of Ministry of Agriculture Republic of Indonesia Number 52 Year 2011 oncerning Recommendation on Approval for the Entry and Release of Livestock into and from the Territory of the Republic of Indonesia
6. Regulation of Ministry of Agriculture Republic of Indonesia Number 43/Permentan/ OT.010/8/2015, concerning Organization and Work Procedure of Ministry of Agriculture
7. Regulation of Ministry of Agriculture Republic of Indonesia Number 44/Permentan/ OT.140/3/2014 concerning Place of Importation and Exportation of Disease Carrying Media of Quarantine Animal and Organism of Quarantine Plant Disease
8. Regulation of Ministry of Agriculture Republic of Indonesia Number 1096/Kpts/ TN.120/10/1999 concerning Entry of Dogs, Cats, Apes and Other Rabies Infecting Agents to Any Rabies Free Area in Indonesia
9. Regulation of Ministry of Agriculture Republic of Indonesia Number 16 Year 2016 concerning Import of large ruminants into the territory of the State of Indonesia
10. Regulation of Ministry of Agriculture Republic of Indonesia Number 23 Year 2015 concerning Import and Export of Animal Feed Material to and from the territory of the Republic of Indonesia
11. Regulation of Ministry of Agriculture Republic of Indonesia Number 48 Year 2015 concerning Imports of feeder cattle and breeding cattle to the territory of the Republic of Indonesia

12. Regulation of Ministry of Agriculture Republic of Indonesia Number 58 Year 2015 concerning Import of carcass, meat and / or processed products into the territory of the Republic of Indonesia
13. Regulation of Ministry of Agriculture Republic of Indonesia Number 61 Year 2015 concerning Animal Disease Eradication

Ministry of Environment and Forestry

1. Decree of Forestry Minister Number 447/Kpts-II/2003 concerning Administration Directive of Harvest or Capture and Distribution of the Specimens of Wild Plant and Animal Species
2. Regulation of Ministry of Forestry Republic of Indonesia Number P.19/Menhut.II /2005 concerning Breeding Plants and Wildlife Fauna
3. Regulation of Ministry of Forestry Republic of Indonesia Number P. 31/Menhut-II /2012 concerning Conservation Council

Ministry of Defense

1. Regulation of Ministry of Defense Republic of Indonesia Number 40 Year 2014 concerning the Involvement of the Health Unit's Ministry of Defense and the Indonesian Armed Forces in Disaster Management

Ministerial Decree

Ministry of Health

1. Decree of Health Minister Number 1479/Menkes/SK/ X/2003 concerning the Establishment Guideline of Integrated Epidemiology Surveillance System for Communicable and Non-Communicable DiseasesTerpadu
2. Decree of Health Minister Number 612/Menkes/SK/V/2010 concerning The Implementation of a Healthy Quarantine on the Emergency Public Health Emergency Response
3. Decree of Health Minister Number HK.02.02/Menkes/390/2014 concerning Guidance of Stipulation of National Referral Hospital
4. Decree of Health Minister Number HK.02.02/ Menkes/391/ 2014 concerning The Guidelines For The Determination Of The Regional Referral Hospital
5. Decree of Health Minister Number HK.02.02/Menkes/405/2014 concerning Ebola Virus Disease that Can Cause the Plague and Its Countermeasures
6. Decree of Health Minister Number 161/Menkes/SK/V/2014 concerning MERS disease as a potential disease of Epidemic and Efforts to Overcome it

Ministry of Agriculture

1. Decree of Agriculture Minister Number 3238/Kpts/PD.630/9/2009 concerning the Categorization of Animal Quarantine Diseases and Classification of Carrier

Head of Agency Decree

Agricultural Quarantine Agency

1. Head of Agricultural Quarantine Agency Decree Number 316.a/Kpts/PD.670.320/ L/11/06 concerning Technical Guidelines for Animal Quarantine Measures on Highly Pathogenic Avian Influenza (HPAI) Carrier Media
2. Head of Agricultural Quarantine Agency Decree Number 344.b/Kpts/PD.670.370/ L/12/06 concerning Technical Guidance of Animal Quarantine Requirements and Actions Against Trafficking of Animals Rabies (Dogs, Cats, Monkeys and Other Animals)

National Board for Disaster Management

1. Head of National Board for Disaster Management Regulation Number 10 Year 2013 concerning Organizational Change and Work Procedures of BNPB
2. Head of National Board for Disaster Management Regulation Number 6a Year 2011 concerning Guidelines for Use of Funds Ready for Use in Emergency Disaster Status
3. Head of National Board for Disaster Management Regulation Number 4 Year 2008 concerning Guidelines for Preparation of Disaster Management Plans
4. Head of National Board for Disaster Management Regulation Number 03 Year 2016 concerning Disaster Emergency Command System

If the emergency period has expired, then an evaluation should be conducted. The evaluation is to determine the epidemic/outbreaks caused non-natural disaster emergency had been controlled. If the result is not controllable yet, then the disaster emergency status may be extended or altered (from emergency alert to emergency response or from emergency response to emergency transition to recovery). If the evaluation showed that the epidemics/outbreaks is controlled, then Head of BPBD provide recommendation for Head of local government level to revoke the status of the non-natural epidemics/outbreaks disaster emergency. So it is considering as resolved. Discussions on the status extension/alteration are conducted in a coordination meeting led by Head of local government level. The policy coordination flowchart for Provincial, Regency/Municipality Non-Natural Disasters extraordinary events /outbreaks is shown in Figure 6.

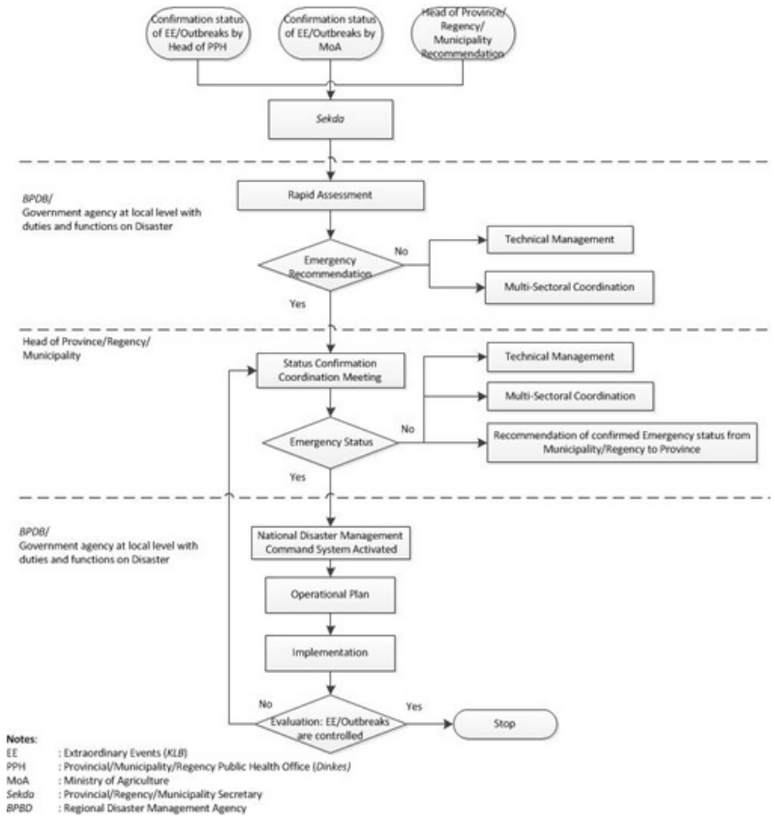


Figure 6 Coordination flow of extraordinary Event Province, Regency/Municipaly

Notes: *According to the Ministry of Home Affairs Regulation Number 46 Year 2008 on the Organizational Guidelines and Work Procedures of the Regional Disaster Management Agency (Article 3 paragraph 2) that the Provincial BPBD and Regency/Municipality BPBD shall be regulated by the Agency Head Ex-Officio led by the Local Secretary.

B. Epidemiological Investigation/Research of Extraordinary Events /Outbreaks Coordination

Epidemiological Investigations (EI) of extraordinary events /outbreaks are a set of technical measures that are in accordance with technical rules and have been established with the applicable mechanisms, channels and documents in each sector (animal health including wildlife and human health).
Implementation of multi-sectoral coordination of investigations and observations of extraordinary events /outbreaks includes:

1. Synchronize the implementation of joint field visits for accurate data-finding;
2. Investigation on source, cause (laboratory confirmation if required) and mode of transmission;
3. Risk Rapid Assessment on extraordinary events /outbreaks;
4. Multi-sectoral data and information exchange;
5. Preparation for integrated investigation results/epidemiological investigation.

The investigation results/epidemiological investigation should:

1. Become a rapid assessment reference material;
2. Under regional ICS activation conditions, the investigation/epidemiological investigation should be implemented by the Disaster Emergency Response Centre and reported to the BNPB and the relevant Local government office, which are subsequently reported in stages according to the disaster emergency status level assigned to the provincial and central government.

C. Rapid Assessment Coordination

Rapid assessment is performed to determine the situation and impact of extraordinary events /outbreaks, and the required resources for control action. It is conducted in the shortest period of time and engaged various multi-sectors, experts and private. The main output of this rapid assessment is the availability data on impact, resources and gaps in the implementation of the extraordinary events /outbreaks Control Plan.

Mitigation	a series of efforts to reduce disaster risks, both through physical development and awareness and capacity building for disaster threats.
Zoonosis Control	a series of activities covering the management of observation, identification, prevention, management of cases and restrictions on transmission and destruction of zoonotic sources
Emerging Infectious Diseases (EID)	new infectious diseases that have not been previously known.
Epidemiological Investigations	investigation of the entire population and other living things, objects and environments that presumably related to the outbreaks.
Early Warning	a series of warning activities as soon as possible to the community about the possibility of a disaster at a place by the authorized institution
Emergency Disaster Status	a state of disaster emergency established by the Government or the Regional Government for a specified period of time on the recommendation of a body conducting affairs in the field of disaster management starting from emergency alert status, emergency response and emergency transition to recovery.
Emergency Alert Status	the situation when the potential of disaster threats has led to the occurrence of disaster that is marked by the existence of information on threats raised based on the early warning system that is implemented and consideration of the impact that will occur in the community.
Emergency Response Status	situations when disaster threats occur and have disrupted the lives and livelihoods of a group of people / communities
Epidemics	the incidence of an outbreak of an infectious disease in a society where the number of sufferers rises significantly beyond the prevalence of a particular time and region and may cause catastrophe.
Zoonosis	diseases that can be transmitted from animals to humans or vice versa.

Attachment 1. Glossary/General Terms

Definition of some terms used within the scope of these guidelines are presented as follows:

Disast	event or series of events that threaten and disrupt the lives and livelihood caused by both natural factors and / or non-natural factors and human factors resulting in the emergence of human lives, environmental damage, loss of property, and the psychological impact.
Non-natural disasters	disaster caused by an event or series of events that are non-natural, such as the technology failure, failed modernization, epidemics, and outbreaks of disease.
Evacuation	an act of moving disaster-affected people or those close to a hazardous area to a safe place and away from a danger zone in order to prevent victims or persons from being affected by the disaster.
Disaster Emergency	a situation that threatens and disrupts the lives and livelihoods of a group of people / communities that require immediate and adequate treatment measures.
Transition of Emergency to RecoveryPemulihan	the circumstances when the threat of disaster that tends to decline escalation and / or has ended, while the disruption of life and livelihood of a group of people / society is still going on.
Disaster Emergency Management	a series of activities undertaken immediately in a state of emergency to control the cause / cause of the disaster and to address the impacts
Extraordinary Event	the occurrence or incidence of epidemiologically significant episodes of morbidity / mortality in an area over a period of time, and is a condition that may lead to an outbreak.
Preparedness	a series of activities undertaken to anticipate disasters, through organizing and appropriate steps effectively and efficiently.
Incubation period	the time of germs start entering into sentient beings (humans, animals and plants) until the onset of clinical signs or symptoms.

D. Non-Natural Disaster Emergency Coordination

After the extraordinary events /outbreaks have been declared as a non-natural disaster emergency situation either on the status of emergency alert, emergency response, or emergency transition to recovery; then there are some activities that need to be coordinated:

1. Rapid assessment on the situation and needs, which is a continuation after Epidemiological Investigation / Inquiry (EI) extraordinary events /outbreaks;
2. Status determination of epidemic/disease outbreaks disaster emergency, carried out by the Local or the Central Government based on the recommendation of the Agency that manages disaster affairs according to the disaster legislation;
3. ICS activation involves the establishment and operationalization of tasks and functions of the command system organization (Command Post Centre, Field Post Centre, Supporting Post Centre and Counterpart Post Centre);
4. Operational plan preparation as reference document in the implementation of emergency disaster management activities;
5. Deployment restrictions:
   Limitation on the outbreaks spread is a preemptive action to reduce the risk transmission possibility between animals to humans and vice versa or between animals to animals and between humans. Restrictions on the extraordinary events /outbreaks spread will focus on the risk factors movement control. In general movement monitoring is carried out for human, goods, and animals from extraordinary events /outbreaks area to free areas or areas that have not found the case, and vice versa. Deployment restriction activities are implemented in the form:
   1) Identification of risk factors that potentially spread the disease.
   2) Establish and improve the integrated check point capacity at entry- exit point of risk factor.
   3) Increase awareness on the transmission risk and disease spread, through the dissemination of information to the public and related parties.
   4) More stringent application of health certificate documents for risk factors that travel/move location/distribution.
   5) Areas closure or restricted areas isolation, community isolation and cage insulation.
   6) Determination of quarantine location or area for risk factor.
   7) Other measures relating to the limitation of extraordinary events /outbreaks.

6. Destruction of transmission sources (disease-carrying animal and media):
   Technically not all sources of Non-Natural Disaster extraordinary events /outbreaks should be destroyed, it would depend on the characteristics of the Zoonosis and EID. The destruction of the transmitters aims to reduce risks and impacts on vulnerable groups for both humans and animals. Technical requirements and actions are adjusted to Standard Operating Procedures (SOP) that applicable to the technical agencies.
   Source of transmission destruction coordination includes:
   1) Increasing public comprehension and awareness regarding the destruction of transmission sources;
   2) Selection of the method of destruction of the source of transmission;
   3) Provision of areas where safe extermination;
   4) Pre-and post-destruction supervision;
   5) Security of extermination implementation.

   Technical activities in the destruction of transmission sources include:
   1) Identification of risk factors of Epidemiological Investigation / Inquiry;
   2) Selective extermination of live animals which includes animal killing and disposal (burned and/or buried);
   3) Disposal of disease-carrying media.
7. Rescue and Evacuation (carried out during the emergency response status through Unexpected Expense Fund, also could be financed through Funding of Ready Funds, see the CHAPTER Funding)
   1) Search and rescue that covers the Epidemiological Investigation/Inquiry and Rapid Response activities;
   2) Emergency assistance that covers the provision of drugs, vaccines, emergency health equipment, transmission restrictions and transmission sources destruction
   3) Evacuation through referral health care system and medical evacuation.
8. The fulfillment of basic needs for communities affected by transmission restrictions;
9. Resource mobilization to support emergency disaster management activities;
10. Information Management for awareness raising, community alertness and involvement in reducing the spread and impact of outbreaks;
11. Emergency disaster management evaluation of outcomes/ activities result.

GUIDELINE ON MULTI-SECTORAL COORDINATION
IN ADDRESSING THE ZOONOSES EMERGING INFECTIOUS DISEASES (EIDS) EXTRAORDINARY EVENT /OUTBREAK

ATTACHMENTS

Kementerian Koordinator
Bidang Pembangunan Manusia dan Kebudayaan
2018

Budget Management of cross-sector coordination management facing the threat of outbreaks of Zoonosis and Emerging Infectious Diseases (EID) can be sourced from:

1. State Revenue and Expenditure Budget (Anggaran dan Pendapatan Belanja Negara/APBN);
2. Regional Revenue and Expenditure Budget (Anggaran dan Pendapatan Belanja Daerah/APBD);
3. Other legitimate sources of funds in accordance with the laws and regulations.

Funding in emergency through:

1. Unexpected Expense Fund (UEF) originating from Regional Revenue and Expenditure Budget - Regional Treasurer
2. Ready Fund (RF) derived from State Revenue and Expenditure Budget – BNPB

Activities that can be funded through UEF and / or RF, are seen in the following table:

	Activities (CHAPTER III letter D)	Emergency Status Reference			Funds	
		Standby	Respond	Transition	RF	UEF
1	Rapid assessment of the situation and needs					
2	Determination of the status of emergency disasters	X	X	X		
3	Activation of the command system	X	X	X	X	X
4	Preparation of the operation plan (output documents)	X	X	X	X	X
5	Deployment restrictions	X	X	X	X	X
6	Destruction of transmission sources (animal and disease-carrying media)	X	X	X	X	X
7	Rescue and Evacuation	X	X	X	X	X[1]
8	Fulfillment of basic needs		X		X	X
9	Resource mobilization		X		X	X
10	Information Management		X		X	X
11	Evaluation of emergency disaster outcomes	X	X	X	X	X

Table 4. Funding Reference for Emergency Handling Activities based on Emergency Status References

Notes :

11 activities in an emergency may use UEF and / or RF, provided that:

1. X1 : UEF (for emergency response status, direct use, MoHA Circular Letter no 360/2903/SJ Date June 3, 2015);
2. UEF in an emergency formulated in advance Local Government Work Plan and Budget (RKA PD) (MoHA Regulation No 21/2011 Article162);
3. Work Plan (RK) can be used for all disaster status states (based on Rev. Head of BNPB Regulation).

GUIDELINE ON MULTI-SECTORAL COORDINATION
IN ADDRESSING THE ZOONOSES EMERGING INFECTIOUS DISEASES (EIDS)
EXTRAORDINARY EVENT /OUTBREAK

04

POST-EXTRAORDINARY EVENTS /OUTBREAKS COORDINATION

Kementerian Koordinator
Bidang Pembangunan Manusia dan Kebudayaan
2018

Coordination of post non-natural disasters EE/Outbreaks are the final stage in the process of encounter the Zoonoses and EID outbreaks.

Coordination of post non-natural disasters extraordinary events /outbreaks includes three (3) things:

1. Recovery of public services.
   It is meant to normalize the public service activities. The activities might had been temporarily suspended or delayed due to the limitation of human resources that provide services due to outbreaks; or the impact of the establishment of a region as a quarantine area that does not allow people movement from one region to another. It resulted the disrupted of public services.
2. Economic recovery.
   The impact of extraordinary events /outbreaks in both humans and animals can provide large economic losses, thus a recovery action is needed. Death or decline production and productivity on animals or livestock that has economic value for the community will cause economic losses. Under these circumstances, a policy and action is required to promote economic recovery for the affected communities (including the provision of compensation for livestock population recovery as a result from the technical step of cutting the transmission chain through limited destruction).
   The extraordinary events /outbreaks occurrence also can paralyze economic activity because humans as the economic activity driver cannot perform economic activities. Such condition may occur because the extraordinary events /outbreaks area is defined as an isolation area or as quarantine areas.
3. Social impact recovery.
   Outbreaks can cause social impacts of both individuals and groups in the form of social friction between communities due to anxiety and concerns that trigger psychological pressure on certain groups of people. Under these conditions rehabilitation or facilitation of social impacts is required.

Output 3 – Rehabilitation and Reconstruction Action Plan

GUIDELINE ON MULTI-SECTORAL COORDINATION
IN ADDRESSING THE ZOONOSES EMERGING INFECTIOUS DISEASES (EIDS)
EXTRAORDINARY EVENT /OUTBREAK

05

FUNDING

Kementerian Koordinator
Bidang Pembangunan Manusia dan Kebudayaan
2018