COUNTRY HEALTH EMERGENCY PREPAREDNESS AND IHR

PROGRESS UPDATE WHO ON JEE AND COUNTRY PLANNING

Performance of GHSA in 2016 & The Way Forward
14-15 December 2016. Bali, Indonesia

Ludy SURYANTORO
CORE CAPACITY ASSESSMENT, MONITORING AND EVALUATION
STRATEGIC PARTNERSHIP FOR COUNTRY PLANNING

World Health Organization
WHO Reform

ONE WORKFORCE
HQ & regional office staff aligned to new program structure by end-Oct ’16

ONE WORKPLAN & BUDGET
Single budget, results framework & work-plans aligned across all offices (Oct-Dec ’16)

ONE LINE OF ACCOUNTABILITY
ExD, Directors, appointed, DG & RDs agreed on line of accountability for graded events

ONE SET OF PROCESSES
New protocols for risk assessment, grading, incident management effective as of Aug ’16

ONE ADMIN SYSTEM
Contingency fund & emergency standard operating procedures in use
Health Emergencies Program
Conceptual Framework

- Early warning, risk assessment, and emergency response
- Prevention and control strategies for high-threat infectious hazards
- All-hazards preparedness, IHR assessment and core capacities strengthening
- Health systems strengthening in high-vulnerability countries
Mutual reinforcement

Whole of society / government

Country Health Emergency Preparedness Strategic Framework

Mutual reinforcement

Whole of society / government

All-hazards

HEALTH SYSTEM
(Essential Public Health Functions)

UHC

EWAR S
Lab
RRT
IPC
Safe hospitals ...

PUBLIC HEALTH SECURITY

Intersectoral coordination

Agriculture
(One Health)
(PAGnet)

Transport

Education

R&D

Security

....
Monitoring IHR States Parties’ Core Capacity
3 “ships”, 3 principles

► **Country ownership** (national sovereignty; voluntary JEE)
► **WHO leadership** (WHO’s mandate on IHR issues)
► **Active partnership** (e.g. GHSA and the Alliance for Assessments for Global Health Security and IHR Implementat

The IHR Monitoring & Evaluation Framework:

- Follows WHA68.5 (”move from exclusive self-evaluation”)
- Noted by WHA69
- Endorsed by WHO GPG

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<th>Required under the IHR (Art. 54)</th>
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<tr>
<td>GHSA Experts (GHSA Pilots)</td>
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<td>WHO Secretariat (IHR Experience)</td>
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<td>Other expert inputs (e.g. OIE informal comments)</td>
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<th>Annual Reporting (self assessment)</th>
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<tr>
<td>Simulation Exercises</td>
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<td>Joint External Evaluation (JEE)</td>
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<td>After Action Review</td>
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*On a voluntary basis*
From Joint External Evaluation To Strategic Partnership for Country Planning

Merging of Tools

IHR-MEF 2014-2015
With RO. Shared
RCM 2015 - WHA

August 2015
Alignment of tools to reduce burden on MS

February 2016
JEE launched in Tanzania
FIRST country to volunteer

JEE-One of 4 essential components of the IHR-MEF

IHR-MEF 2014-2015
External Evaluation
AAR
Exercise
SPAR

GHSA 11-AP
IHR-MEF External Evaluation

JEE 19 Technical Areas

Strategic Partnerships
For Country Planning
Post JEE & Beyond
5 year NAP
Health Security

External Evaluation
AAR
Exercise
SPAR

SPP Go Live
DECEMBER 2015

SPP & Country Planning
Advancing GHS Bali, Indonesia
27-29 JUNE 2016

SPCP
Pakistan
30 NOV – 2 DEC 2016

SPCP
Ethiopia
JUNE 2017

SPCP
Pakistan
30 NOV – 2 DEC 2016

SPCP
Eritrea
JUNE 2017

SPCP
Mozambique,
Liberia,
Sierra Leone

13-15 JULY 2015
SPP Mandate
Building GHS
Cape Town
South Africa

FEBRUARY 2016
SPP Stakeholder Meeting

15-17 NOVEMBER 2016
Strategic Partnership Country Planning (SPCP)
Tanzania

MARCH 2017
SPCP
Eritrea

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JUNE 2017
SPCP
Mozambique,
Liberia,
Sierra Leone
Joint External Evaluations (JEE)
February-October 2016
28 Completed, all 6 WHO Regions, 11 Scheduled

Afghanistan, Albania, Armenia, Bahrain, Bangladesh, (Belize), Cambodia, Cote d'Ivoire, Eritrea, Ethiopia, Jordan, Kyrgyzstan, Lebanon, Liberia, Morocco, Mozambique, Namibia, Pakistan, Qatar, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Tunisia, Turkmenistan, USA, Viet Nam (Nov 1-6) (+ 6 GHSA pilot countries: Georgia, Peru, Portugal, Uganda, Ukraine, UK)
Health Security is the Goal, An Iterative Process is the Mean

Targets and vulnerability inform country capacity evaluation. ACCELERATE THE IHR IMPLEMENTATION

Country Self Evaluation is enhanced by the Joint External Evaluation (JEE)

Based on JEE (and PVS) results, develop a costed action plan post JEE and BEYOND. NATIONAL ACTION PLAN FOR HEALTH SECURITY

Domestic resources + External support by multilateral and bilateral partners to monitor progress and fully implement national action plan.
Strategic Partnership for Country Planning

FRAMEWORK

• Follow up JEE Results
• Country Planning Guiding Principles
• Planning Framework for IHR Action Plan Development

TOOLS

Tools and Methodologies to support National IHR Action Plan Development (Country Planning Checklist, Costing Tool/Model, and Detail Activity Plan)
Existing Global frameworks

**HEALTH SECURITY**
- International Health Regulations (2005)
- Global Influenza Program (GIP)
- Pandemic Influenza Preparedness (PIP) Framework
- OIE Performance for Veterinary Services (PVS) Pathway

**HEALTH SYSTEMS STRENGTHENING**
- Essential Public Health Functions (WHA69 Resolution)
- Universal Health Coverage (UHC) 2030

**DISASTER RISK REDUCTION**
- United National Plan of Action on Disaster Risk Reduction for Resilience (UNISDR)
- Sendai Framework for Disaster Risk Reduction 2015
- Comprehensive Safe Hospitals Framework (WHO)
UNITY FOR DIVERSITY

COUNTRY PLANNING
JEE results, Strategic Partnership Guidelines, Tools, Cross Cutting tools (health system and Others), Country profile and Status, List of countries who have completed country planning and in the pipelines.

MONITORING EVALUATION TOOLS

STRATEGIC PARTNERSHIP NETWORK

GLOBAL HEALTH SECURITY INVESTMENT
Donor, International Organization and Country Information – Coherence Bilateral and Multilateral
PART 01
Planning Process from JEE to Country Planning Workshop

- After JEE Report released (4-6 months)
  - Consultation to Convene Workshop to Develop IHR Action Plan
- Workshop Preparation (2 months)
  - Review and Set Priorities for Taken Forward Under Action Plan
- Country Planning and Country Planning Workshop (6 months after JEE)
  - Country and WHO Host the Workshop to Draft IHR Action Plan

PART 02
Planning Process from Country Planning Workshop to Agree Costed IHR Action Plan

- Finalizing the National Action Plan outlining implementation (2 months after Action Plan is agreed)
  - WHO Country Planning and PPP held the SPIN Forum
- After Workshop phase, refining Draft National Action Plan and Developing the Implementation Process (2 months after workshop)
  - Strategic Partnership Network Forum (Approx. 3 months after the Country Action Plan finalized)
- Country Monitoring and Evaluation (1 month after SPIN Forum)
- Implementation of Country IHR Action Plan began

Countries Process Status Diagram

World Health Organization
Country Planning Post JEE Reports

**PREVENT**
- National Legislation, Policy and Financing
- IHR Coordination, Communication and Advocacy
- Antimicrobial Resistance
- Zoonotic Disease
- Food Safety
- Biosafety and Biosecurity
- Immunization

**DETECT**
- National Laboratory System
- Real Time Surveillance Reporting
- Workforce Development

**RESPONSE**
- Preparedness
- Emergency Response Operations
- Linking Public Health and Security Authorities
- Media Countermeasures and Personnel Deployment
- Risk Communication

**OTHER IHR Related**
- Other IHR Related Hazards and Point of Entry (PoEs)
- Chemical Events
- Radiation Emergencies

**Domestic Financing**
- Funding: $5 M
- In Kind Contribution: $7 M
- Joint Contribution: $6 M

2015
Strategic Partnership for Country Planning

September – December 2016

2 Completed in 2 WHO Regions. 13 Scheduled in 2017

Tanzania, Pakistan (COMPLETED).
In the pipeline: Ethiopia, Eritrea, Liberia, Sierra Leone, Bahrain, Bangladesh, Cambodia, Jordan, Lebanon, Morocco, Mozambique, Turkmenistan, Viet Nam, and others.
# Strategic Partnership Country Planning

## Tanzania

**15-17 Nov 2016**

### Participants

- **140+**

### Partners

- **25**

### Outcome

- 5 Yrs National Action Plan for Health Security Funding Gaps, and Potential Funding Sources

### Key Action

- Formalize functionality of integrated multi-sectoral high level and technical platforms
- Finalize the legal instruments and national guidance tools in line with the One Health approach
- Strengthen collaboration with potential partners, regional boards and others
- Put in place a robust and transparent monitoring, exercising and evaluation mechanisms
- Advocate at the highest levels for sustainable domestic financing of the action plan
- Review existing national and international funding mechanisms

### Next Steps

- Costing Workshop by 15 Jan 2017
- Finalize Costed 5 Year NAP for HS
- Launch Action Plan by - 30 March 2017

## Pakistan

**30 Nov – 2 Dec 2016**

### Participants

- **70+**

### Partners

- **12**

### Outcome

- 5 Yrs National Action Plan for Health Security Funding Gaps, and Potential Funding Sources

### Key Action

- Formalize functionality and oversight role of the National Multi-sectoral Taskforce for IHR encompassing GHSA
- Identify any gaps in the legal framework and processes with One Health Approach
- Strengthen coordination mechanisms between Health & non-Health sectors, Federal & Provincial Governments and collaboration with health development partners (HDPs)
- Develop robust and transparent monitoring and evaluation mechanisms
- Advocate political leadership, Finance and PD&R Division, Provincial P&D and Finance Departments
- Review the existing national and international funding investments and work plans
- Take steps to develop polio transition plan to support Health Security

### Next Steps

- Finalize and Share 5 Year IHR NAP for HS – Dec/Jan 2017
- Establish Functional Executive Committees – Jan 2017
- Finalize Costed 5 Year NAP for HS – end of March 2017
- Launching 5 Year IHR NAP for HS - July 2017
- Implementation 5 Year IHR NAP for HS - begin July 2017

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**DOMESTIC FINANCING FOR NATIONAL HEALTH SECURITY PLAN**

National Gaps and Needs to be supported by external partners and donors
The SPCP Stakeholders: Multisectoral Health Security

INTERNATIONAL GOVERNMENTAL ORGANISATIONS
- FAO, ICAO, IOM, OIE, UNICEF, UNISDR, UNWTO, WHO, WFP, IATA, WTO, etc.

PUBLIC HEALTH INSTITUTIONS AND NGOS
- AFRICAN EPIDEMIOLOGY NETWORK,
- NO MORE EPIDEMICS
- MALARIA ALLIANCE
- MSF
- SAVE THE CHILDREN
- TEPHINET, MAIPARK
- CARIBEAN PUBLIC HEALTH AGENCY
- ECDC
- IFRC
- INTRENATIONAL MEDICAL CORP

ACADEMIA
- UNIVERSITY OF TOKYO; UNIV. ALABAMA; LONDON SCHOOL OF ECONOMIC, KING COLLEGES, etc.

DONORS, FOUNDATIONS
- AFRICAN DEVELOPMENT BANK GROUP
- ASIAN DEVELOPMENT BANK
- ASIAN PACIFIC COOPERATION (APEC)
- BILL AND MELINDA GATES
- CANADA – DFAIT
- DFID – PHE – Department of Health – Fleming Funds
- EUROPEAN COMMISSION
- THE NETHERLANDS
- THE NORDIC GROUP
- GERMAN FEDERAL MINISTRY FOR ECONOMIC COOPERATION AND DEVELOPMENT
- JICA – MOH – MOFA – Cabinet Office of Japan
- KOICA and Ministry of Health of South Korea
- SKOLL GLOBAL THREAT FUND
- USAID – HHS – CDC – State Department – USDA - DoD
- WORLD BANK GROUP
# Country Health Security Information

## Tanzania

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<tr>
<th>Technical Areas</th>
<th>UNICEF</th>
<th>UNDP</th>
<th>WHO</th>
<th>UNHCR</th>
<th>USAID</th>
<th>GCDF</th>
<th>DOD</th>
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<th>World Bank</th>
<th>Foundations</th>
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<th>Korean OEFC</th>
<th>Tanzania Leading Agency</th>
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Building Global Health Security

Advancing Global Health Security

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5 Year National Action Plan for Health Security

Tanzania

Strategic Partnership Portal Uganda

5 Year National Plan for Health Security

Pakistan

Advancing Global Health Security

Balisi

5 Year National Action Plan for Health Security

Tanzania

Strategic Partnership Portal Uganda

5 Year National Plan for Health Security

Pakistan
CONTACT US

https://extranet.who.int/donorportal/

sppteam@who.int
Thank you!

See You Next Time