Strengthening the Global Architecture for Health Emergency Preparedness, Response & Resilience

Member States consultation on Emergency Coordination

27 April 2023
Strengthening Health Emergency Preparedness, Response & Resilience (HEPR)

Based on independent reviews, synthesising **+300 recommendations** ...

... *developed in consultation* with Member States & partners, presented at the World Health Assembly May 2022

1. Leadership
2. Regulation (IHR)
3. Accountability

4. Capacity
5. Coordination
6. Collaboration

7. Finance-Health coordination
8. Preparedness financing (incl. Pandemic Fund)
9. Surge response financing
Proposed focus of this consultation | Emergency coordination

- Integrated disease surveillance
- Laboratories & diagnostics
- Public health intelligence

- Fast-tracked research and development
- Scalable manufacturing
- Coordinated supply chains & equitable access

- Risk communication & infodemic management
- Environmental & population interventions
- Social welfare & economic protection

- Emergency clinical care
- Health workers & patient protection
- Maintained essential health services

**Health emergency workforce**

- National action plans for prevention, preparedness & readiness

- Rapid alert & response coordination

Ecosystem of partners & networks across the systems capacities and inter-connected capabilities
Emergency Coordination | Strengthened health emergency preparedness & response capacity & coordination

5.1 Health Emergency Workforce

Essential public health and emergency workforce, dedicated emergency corps, inter-operable surge deployment and connected emergency leadership

5.2 Preparedness, Prevention & Readiness

Capacity, threat and vulnerability assessment, costed action, operational and investment plan, resource mapping and mobilization, monitoring and review

5.3 Alert & Response Coordination

Alert and surge deployment, adaptable coordination and incident management, evidence-based strategies, resourced plans, operational support
5.1 Strengthened workforce capacity for health emergency
5.1 Health emergency workforce

**Included as part of:**

- Pandemic readiness pact

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**Connected Health Emergency Leadership**

Predictable and institutionalized coordination between senior-level strategic and technical health emergency leaders during preparedness and response

**Interoperable surge deployment**

Enhancing the quality, predictability and interoperability of national, regional and global surge capacity by strengthening countries rapid response capacities and leverage existing networks and mechanisms on the basis of common quality standards and coordination protocols (e.g. EMT, GOARN, GHEC, SBPs, AVoHC/SURGE, etc.)

**Health Emergency Corps**

- Strengthening national workforce capacity of health emergency leaders, experts & surge teams for alert, response and preparedness coordination & implementation (e.g. professionalization of occupations, where relevant)

**National public health and emergency workforce**

- Implementing the WHO Roadmap to increase national workforce capacity to deliver the essential public health functions (EPHFs), including a focus on emergency preparedness and response
Defining & integrating essential public health as part of broader workforce functions & capabilities

- Define functions, practice activities and associated competencies for Essential Public Health Functions (EPHFs)
- Develop competency-based education and learning pathways strengthened and informing capacity development public health and emergency workforce
- Map and measure occupations that perform EPHFs and estimates of multidisciplinary workforce needs based on risk, vulnerability and capacity assessments
- Develop and implement action plans for workforce education, development and retention strategies based on service needs, gap assessments and national health workforce policies.

Roadmap: https://apps.who.int/iris/handle/10665/354384
Action Plan: https://www.who.int/publications/i/item/9789240060364
Strengthening dedicated health emergency workforce capacities & institutions

- Clarify institutional accountabilities for health emergency leadership, coordination and response, including surge capacities
- Dedicated personnel and operational support for:
  - Timely detection, alert and response to new events
  - Preparedness, prevention & readiness assessment & implementation
- Sufficient operational support capacity to ensure adequate supplies, space, systems and financing
- Continuous specialized & interdisciplinary learning through regular trainings and simulations based on local hazard profile
Global Health Emergency Corps | Interoperable surge deployment & connected health emergency leadership

- Trusted and supported health emergency leadership embedded within the competent national structure
- National and international minimum standards for rapid response capacities and quality assurance processes
- Sustainable development of surge capacity
- Coherent activation, coordination and information exchange protocols, tools and platforms domestically and across networks
- Regular networking, simulation exercises, joint and interdisciplinary learning, cooperation and experience sharing across countries and regions

Global Health Emergency Corps

[Logos of World Health Organization, GOARN, EMT, IANPHI, Health Cluster, TEPHINET, Standby Partnership]
5.2 Coherent, resourced national action plans for preparedness, prevention and readiness
5.1 Health emergency preparedness, prevention & readiness

**ASSESS:** Capacity, risk vulnerability

- Assess preparedness and response capacities, building on existing frameworks
- Update threat and vulnerability analysis and readiness assessments
- Update risk profile and agree strategic objectives

**DEVELOP:** Prioritized and costed plans

- Develop prioritized action and readiness plans to achieve strategic objectives
- Develop service delivery and operational plans
- Cost operational plans and estimate resource requirements

**MOBILIZE:** Financial & technical resources

- Map existing financial resources for priority actions, identify gaps
- Mobilize additional financial resources and develop funding proposals
- Identify technical and operational delivery partners and assign roles & responsibilities

**IMPLEMENT:** monitor, review & adjust

- Establish monitoring mechanisms to track implementation against plans
- Periodically review capabilities and system performance
- Continuously adjust and update plans based on reviews

**Multisectoral, Multi-stakeholder, Whole of Society, One Health approach**
Financing multisectoral actions for preparedness, prevention & readiness

Building on IHR assessments & NAPHs

Assessing risks & addressing specific threats

National Investment Plan for financing for health emergency preparedness, prevention & readiness

Strengthening systems & resilience

Map existing funding sources, identify critical gaps & mobilize additional resources
Leveraging opportunity of Pandemic Fund proposal development

February
- Feb 3rd: Expression of Interest issued
- 13th Feb: Member State Briefing

March
- 23rd Feb: UNCT joint country call
- Mar 3rd: First call for proposal

April
- Regular Country Briefings

May
- May 19th: Pandemic Fund proposals due

June
- Technical Advisory Panel Review

July
- Pandemic Fund Board Decisions

ASSESS: Capacity, risk vulnerability
DEVELOP: Prioritized and costed plans
MOBILIZE: Financial & technical resources
IMPLEMENT: monitor, review & adjust

Map existing funding sources, identify critical gaps & mobilize additional resources

Multi-sector process, multi-stakeholder process
5.3 Scalable health emergency response coordination through a standardized and commonly applied emergency response framework
5.3 Health emergency alert and response coordination

- Integrated monitoring, review & lessons learned
- Operations support & logistics
- Development of strategies, plans & mobilization of resources
- Rapid verification, investigation & risk assessments of alerts
- Rapidly, scalable, adaptable & interconnected emergency coordination structures
- Rapid development of technical and operational guidance to inform action
Strengthening national emergency response coordination

1. Countries implement a common approach to Incident Coordination to any type of health emergency based on interoperable standards and common terminology. Strengthened interface between national, regional and international systems.

2. Whole-of-government and whole-of-society responses to emergencies facilitated through pre-existing mechanisms at national and subnational levels.

3. Coordination of operational information and resources improved through empowered national public health agencies with fully functional public health Emergency Operations Centres (EOCs), active at sub-national, national and regional levels.

4. National response is translated to the community level with mechanisms to empower communities in decision making and to ensure that needs of affected populations are addressed, integrating social, economic and health vulnerability.

5. National and international health emergency response systems are fully integrated and build on established operational response platforms for supply chain management, logistics and procurement for a rapid and coherent response.

6. Different levels of the response collaborate to analyze robust evidence and data in real-time during emergencies, with continuous evaluation and adaptation of lessons learned into ongoing and future operations.
Development of ‘playbooks’ & measurement of acute health emergency response

- **Playbook of actions across emergency phases**
  What, When, Who

- **Integrated across the five systems:**
  Collaborative Surveillance, Community Protection, Safe & Scalable Care, Access to Countermeasures, Emergency Coordination

- **Threat and context specific actions**
  Epidemic & Pandemic, Bio-hazard, Chemical & Radiation, Disasters, Conflict, etc.

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**Timeliness of detection & response to events (7-1-7)**

- Date event started
- Time to detect \((t_d)\)
- Date event detected
- Time to notify \((t_n)\)
- Date event notified
- Time to respond \((t_r)\)
- Date event responded to

- **7 days**
- **1 day**
- **7 days**
Considering the lessons learned from the COVID-19 pandemic,

- What solutions have you identified in strengthening your public health and emergency workforce including the staff fully dedicated to health emergency preparedness and response and scaling this capacity to fit the increased need?

- What experiences and lessons can you share in identifying the priorities for investment in strengthened health emergency preparedness, prevention and resilience capacities in your country? How do you use existing data to inform improvement of health emergency planning?

- What lessons have you identified to strengthen the predictability of multisectoral health emergency preparedness and response coordination structures, including activation and surge processes?