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- Thailand became the first Member State in the Region to get WHO classification for its EMIs and the 26th team in the international roster of WHO-classified, internationally deployable medical teams.
- Public health intelligence has been strengthened as one of the central functions under which detected events are systematically verified, assessed for their potential to spread and have a severe impact, and finally recorded in close collaboration with national authorities.
- Since 2008, SEARHEF has provided immediate financial support to nine out of 11 Member States in 37 emergency operations, with disbursements of more than US$ 5.9 million.
- Indonesia, Maldives, Myanmar, Sri Lanka and Thailand developed their national action plans for health security in 2018 and are implementing them, while they are planned for 2019 in Bangladesh, Bhutan and Timor-Leste.

CHALLENGES

- Protracted emergencies such as the Rohingya crisis require huge resources – technical, financial and logistical – in the medium to long term. All levels of the Organization need to be continually engaged to provide the most efficient assistance.
- Limited capacity of the IHR NFPs across the Region, especially in the areas of field epidemiology, vector control and prevention, infection control, travel medicine, risk communication, emerging and re-emerging diseases, mass gathering management and points of entry (specifically ground crossings).

THE WAY FORWARD

For this flagship, the focus will be to sustain all efforts in emergency preparedness and response capabilities in the health sector. This entails implementing the regional plan for emergency preparedness and response capacity building which includes IHR strengthening and measuring progress, work on risk communications, detection, verification and event notification and management. Investments need to be accelerated, whether financial or technical or through domestic sources or partners in order to move forward in core elements of the area of work. These partnerships and investments need to address gaps such as capacities for operational readiness, chemical, biological, and radiological events, points of entry, health emergency operations centers and emergency medical teams. Lastly, this flagship will leverage ICT technologies and new partnerships to improve preparedness and response systems in countries.

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<th>INNOVATE</th>
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<td>To continuously improve preparedness and response systems.</td>
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Expected results of emergency risk management in Member States: accelerating progress and innovation.

The renewed focus of this Flagship is to sustain these capacities including by emergency risk management after two events: (1) the tsunami of 2004, which affected several Member States, and (2) adoption (SARS, H1N1, MERS-CoV) and, recently, Ebola, Nipah and Zika virus disease. The Region invested and built capacity in States of the SEA Region have been preventing, detecting and responding to outbreaks of emerging and re-emerging diseases.

The WHO South-East Asia (SEA) Region is vulnerable to natural disasters, outbreaks and other health emergencies. Member

Competent partners across sectors engaged with all aspects of emergency risk management in the Region.

WHO’s capacity for preparedness and response to public health emergencies in place; and

Information on and knowledge management of emergency risk management – health across all hazards improved;

Awareness improved of key partners on health issues in emergencies;

A total of 855 signals (sent via new media) related to public health incidents and related human deaths were captured from the 11 Member States through the new WHO electronic public health intelligence platform, also called Epidemic Intelligence from Open Sources (EIOS), since 2016. Of these, 112 were confirmed as events of public health importance. Important variations were observed according to the hazard type and country of occurrence for major events.

The Working Group, which met seven times since 2008, recommended a 10-year external evaluation of the utilization and impact of SEARHEF (its relevance, effectiveness, efficiency and sustainability). It was supported by WHE, hosted by the Regional Director as one of the areas of work to be evaluated in 2018.

SEARHEF provided immediate financial support to nine out of 11 Member States in 37 emergency operations, with disbursements of more than US$ 5.91 million. As of July 2019, US$ 466,307 has been disbursed from the allocation of US$ 1.1 million in the current biennium (2018–2019) (including Timor-Leste’s Voluntary Contribution from of US$ 100,000).

Severe acute floods on India’s western coast of Kerala. WHO provided immediate support with funding from the UN Central Emergency Response Fund (CERF). A post-disaster needs assessment (PDNA) for the health sector was conducted under WHO leadership.

Floods hit the north and south-east provinces of DPR Korea. WHO provided for immediate health needs.

Floods in Nepal due to the Indus and Koshi floods. WHO responded to several acute emergencies in 2018:

In addition to several smaller-scale emergencies, the Regional Office provided technical and financial support to the highest-ranked emergency caused by the influx of more than 80,000 Rohingya in Cox’s Bazar, Bangladesh since late August 2017.

In July 2018, a regional consultation on the 10-year national results (PNI) was organized to discuss and refine the five Regional Strategic Plan to strengthen Public Health Emergency Preparedness and Response and a Regional Risk Communication Strategy. It was supported out of the Regional Health Security Fund (RHSF) to champion best practices and learning.

The South-East Asia Regional Health Emergency Fund (SEARHEF) is an operational fund and is earmarked for providing support for the health sector response of Member States during emergencies. The Fund, established via Regional Committee resolution SEA-R22/1 in 2006, is a pool of up to US$ 10 million from various sources, including commitments from Member States, support from partners, and a voluntary contribution from the Government of France.

The Strategic Plan to strengthen Public Health Emergency Preparedness and a Regional Risk Communication Strategy was launched in February 2019. It was attended by representatives from various ministries and different sectors involved in the health response to deliberate events. Medics also participated in the training.

WHO Resources were mobilized from the country to regional levels. A 7.7 magnitude earthquake struck Sumatra Delta, Central Sulawesi, Indonesia on 29 September 2018, followed by an tsunami and liquefaction. WHO resources were mobilized to the country levels.

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In Indonesia and Nepal conducted simulation exercises for influenza outbreak preparedness and response. A regional training for promoting implementation of ARI and SMS is being planned for September 2019 to further build the WHO's regional capacities in the Region.

The Regional Office has also developed and disseminated the emergency response operations manual, with clear roles and responsibilities, and a guidance for the coordination of humanitarian assistance in response to health emergencies. The manual was developed in consultation with a working group comprising representatives from various sectors and with the support of WHO emergency planning and preparedness teams.

WHO responded to several acute emergencies in 2018:

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BACKGROUND

The WHO South-East Asia (SEA) Region is vulnerable to natural disasters, outbreaks and other health emergencies. Member States of the SEA Region have been preventing, detecting and responding to outbreaks of emerging and re-emerging diseases (SARS, H1N1, MERS-CoV) and, recently, Nipah, Zika and dengue virus disease. The Region invested in and built capacity in emergency risk management and preparedness. The technical blueprint for strengthening systems for EMR and CEP was conducted in 11 Member States, and adaptation of the International Health Regulations (2005). The renewed focus of this Flagship is to sustain these capacities including by providing

PROGRESS

Sh r e e a h and in ter e s t in m e r c h a n s h a m p a r e s s e f f ect i v e a n d g o o - p e r a t i n g n a t i o n a l e m e r g e n c y m a n a g e m e n t s t r a n s a c t i o n s (EMR) in line with the WHO Classification and Minimum Standards, and developing and implementing a national plan for strengthening systems for EMR. National EMR training was conducted in Bangladesh, Bhutan, Indonesia, and Thailand.

A total of 655 signals (unverified raw media information) related to public health incidents and related human deaths were captured from the 11 Member States through the new WHO electronic public health intelligence platform, also called Epidemic Intelligence from Open Sources (EIOS), since 2018. Of these, 102 were confirmed as events of public health importance; 98 were signals from the 11 Member States.

**MMR and no country should have an MMR of more than 140.**

WHO responded to several acute emergencies in 2018:

- Floods since July in the Indian coastal state of Kerala.
- WHO provided support with funding from the UN Central Emergency Response Fund (CERF) on a post-disaster needs assessment (PDNA) for the health sector was conducted under WHO leadership.
- WHO responded to floods in the north and south, and the flood season for all countries in the SEA region, including in Indonesia.
- The South-East Asia Regional Health Emergency Fund (SEARHEF) is an operational fund and is earmarked for providing financial support for the first three months following a disaster in a Member State to meet immediate and urgent health needs. Support was provided for promoting implementation of AAR and SimEx is being planned for September 2019 to further build and test IHR core capacities in the Region.
- Joint External Evaluation conducted in Member States.

The Working Group, which has met seven times since 2008, recommended a 10-year external evaluation of the utilization and impact of SEARHEF. The Working Group will continue to work on the utilization and impact of SEARHEF in the future.
Expected results of emergency risk management in Member States:

- Accelerating progress and innovation of the International Health Regulations (2005). The renewed focus of this Flagship is to sustain these capacities including by emergency risk management after two events: (1) the tsunami of 2004, which affected several Member States, and (2) adoption of SARS, H1N1, MERS-CoV and, recently, Ebola, Nipah and Zika virus disease. The Region invested and built capacity in States of the SEA Region have been preventing, detecting and responding to outbreaks of emerging and re-emerging diseases.

- Awareness improved of key partners on health issues in emergencies; Strengthening of national mechanisms that support effective and high-performing national emergency medical teams (EMTs) in line with the WHO Classification and Minimum Standards, and developing and implementing a national plan for strengthening systems for EMTs. National EMT training was conducted in Bangladesh, Bhutan, Indonesia and Thailand. A total of 655 skilled personnel (new media information) related to public health incidences and related human deaths were captured from the 114 Member States through the new WHO Electronic public health intelligence platform, also called Epidemic Intelligence from Open Sources (EIOS), since 2018. Of these, 112 were confirmed as events of public health importance.

- Progress

<table>
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<tr>
<th>Key Performance Indicator</th>
<th>Target 2023</th>
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<td>11</td>
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Major events in the SEA Region (1st January 2018–16th July 2019)

- Tsunami: On 26 December 2004, a powerful earthquake struck off the coast of Indonesia, causing the highest tsunami to hit Asia in recorded history. An estimated 230,000 people were killed or injured and another 1.5 million were left homeless. The tsunami wave height was estimated to be 6 metres.

- Floods: Since January 2013, the Indian ocean basin has been suffering from a series of severe floods, particularly in South Asia, affecting over 100 million people. The floods in India and Bangladesh were among the most severe in recent history, causing an estimated 1,942 deaths and displacing around 24 million people. The floods also caused significant damage to infrastructure, including roads, bridges, and schools.

- Cholera: Cholera is a major public health concern in the region, particularly in Bangladesh, where it affects around 1,000 people per day. The outbreak is caused by the bacteria Vibrio cholerae, which can be spread through contaminated water or food. The disease is characterized by severe diarrhea and vomiting, leading to dehydration and death in severe cases. The outbreak is managed by the government, with support from WHO and other international organizations.

- Nipah virus: Nipah virus is a zoonotic virus that can cause severe respiratory illness and encephalitis in humans. The virus is transmitted to humans from infected fruit bats, which are native to the region. The outbreak is managed by the government, with support from WHO and other international organizations.

- Zika virus: Zika virus is a mosquito-borne virus that can cause a range of symptoms, including fever, rash, joint pain, and conjunctivitis. In addition, the virus has been linked to Guillain–Barré syndrome and transverse myelitis. The outbreak is managed by the government, with support from WHO and other international organizations.

- Ebola: Ebola is a highly contagious and deadly virus that affects humans and non-human primates. The outbreak is managed by the government, with support from WHO and other international organizations.

- MMR: The MMR (Measles, Mumps, Rubella) vaccine is a combination vaccine that protects against three highly contagious viruses. The vaccine is recommended for all children aged 12 months and older. The vaccination coverage in the region is around 80%.

- Influenza: Influenza is a highly contagious respiratory disease that can cause severe illness and death. The vaccine is recommended for all children under the age of 5 years, pregnant women, and people aged 65 years and older. The vaccination coverage in the region is around 50%.

- Tuberculosis: Tuberculosis is a lung infection caused by the Mycobacterium tuberculosis bacterium. The disease is spread through the air when an infected person coughs, sneezes, or speaks. The disease is managed by the government, with support from WHO and other international organizations.

- HIV/AIDS: HIV/AIDS is a pandemic disease that affects people of all ages and all socioeconomic groups. The disease is managed by the government, with support from WHO and other international organizations.

- Maldives: Maldives is a small island nation located in the Indian Ocean. The country is vulnerable to natural disasters, including floods, hurricanes, and typhoons. The government has implemented several strategies to prevent and respond to these disasters, including early warning systems, evacuation plans, and emergency preparedness exercises.

- India: India is the second most populous country in the world, with a population of over 1.3 billion people. The country is vulnerable to natural disasters, including floods, droughts, and tropical cyclones. The government has implemented several strategies to prevent and respond to these disasters, including early warning systems, evacuation plans, and emergency preparedness exercises.

In addition to the above, the Regional Office has also developed and disseminated the emergency response operations manual, with clear steps and standard operating procedures (SOPs) for the guidance of WHO country offices and emergency teams in the field.

To increase awareness of and response capacities for events following the release of hazardous substances, including chemicals, biological agents, radiological and nuclear materials (CBRN), WHO is conducting training on Emergency Response in Nature, Accidental and Deliberate Events and Operational Readiness in Colombia, Sri Lanka on 12–16 July 2019. It was attended by representatives from various ministries and different sectors involved in the health response to deliberate events.

WHO responded to several acute emergencies in 2018:

- Floods in India: In the Indian ocean basin, India was also affected by severe floods, particularly in the state of Kerala. The floods were caused by heavy monsoon rains and affected nearly 10 million people, causing an estimated 300 deaths and displacing around 150,000 people.

- Floods in the north and south-east provinces of DPR Korea: WHO provided immediate support from the UN Central Emergency Response Fund (CERF) to the health sector for conducting epidemiological and operational surveys in the affected areas.

- Monsoon floods affected Bago Region, Mon State, Kayin State and Tanintharyi Region in Myanmar. The Country Office provided immediate support in coordination with the Ministry of Health and Sports (MoHS) and other international organizations.

- A 7.7 magnitude earthquake hit Senggigi District, Lombok Island, Indonesia on 30 September 2018, followed by a tsunami, liquefaction and debris. WHO resources were mobilized to support the national level response. An after-action/operational review was conducted in Palu City, during the early recovery phase.

- A bubonic plague outbreak in Nepal has been declared a public health emergency of international concern (PHEIC) by WHO. The outbreak is managed by the government, with support from WHO and other international organizations.

- A severe drought crisis in the Horn of Africa has affected millions of people, particularly in Ethiopia, Kenya, and Somalia. The crisis has been exacerbated by La Niña, a natural climate pattern that can cause drought in the region. The crisis is managed by the government, with support from WHO and other international organizations.

- A severe drought crisis in the Sahel region of West Africa has affected millions of people, particularly in Mali, Mauritania, and Niger. The crisis has been exacerbated by climate change and conflict. The crisis is managed by the government, with support from WHO and other international organizations.
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**SCALE-UP CAPACITY DEVELOPMENT IN EMERGENCY RISK MANAGEMENT IN COUNTRIES**
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