A proactive approach to being ready for any unexpected health emergency is to plan and decide on the best course of action to take in such an eventuality. This would be based on an understanding of the prevailing risks and hazards. The frequency is increasing of natural hazards and outbreaks of emerging and re-emerging diseases, including zoonoses. These have made the populations of the WHO South-East Asia Region highly vulnerable. This five-year Regional Strategic Plan to Strengthen Public Health Preparedness and Response (2019–2023) is an attempt to reduce that vulnerability and is the result of the joint strategic vision and commitment of Member States.

The Plan intends to accelerate ongoing efforts for improving core capacities to implement the International Health Regulations (IHR) (2005). It also aims to strengthen the capacities of IHR national focal points on public health preparedness and response through refocusing on identified gaps, developing robust monitoring mechanisms, improving networking and collaboration, and developing innovative solutions.
Five-year Regional Strategic Plan to Strengthen Public Health Preparedness and Response

2019–2023
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Foreword

Since 2014, strengthening emergency risk management has been one of the WHO South-East Asia Region’s Flagship Priority Programmes. The Region has made significant progress in its quest to do that, as reflected in Member States’ response to several acute public health events, from the 2015 Nepal earthquake to the Rohingya crisis in Bangladesh.

The Region’s drive has been mirrored at the global level, providing valuable opportunities to accelerate progress. WHO’s “Five-Year Global Strategic Plan to improve Public Health Preparedness and Response 2018–2023”, which was developed at the request of the World Health Assembly in 2017, and which is designed to be adapted at the regional level, is a case in point.

As the following “Five-Year Regional Strategic Plan to Strengthen Public Health Preparedness and Response 2019–2023” – which is based on the Global Plan and its ‘Three-Pillars’ approach – demonstrates, WHO is working at all levels to enhance emergency preparedness and response and increase health security. The Plan was devised based on the input of Member States’ national focal points for the International Health Regulations (IHR) (2005), as well as partners, at a regional consultation in March 2019.

I look forward to this Regional Strategic Plan reinforcing existing systems for public health preparedness and response across the Region, and in doing so further mobilizing and networking IHR experts through building a Region-wide “community of practice”. The Plan should also serve as a valuable guidance tool to help Member States implement their National Action Plans for Health Security, and to thereby help preserve health, protect dignity and save lives when emergency strikes.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AAR</td>
<td>after action review</td>
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<tr>
<td>AMR</td>
<td>antimicrobial resistance</td>
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<tr>
<td>CSO</td>
<td>civil society organization</td>
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<tr>
<td>EMT</td>
<td>emergency medical team</td>
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<td>EWARS</td>
<td>early warning and response system</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<tr>
<td>GOARN</td>
<td>Global Alert and Response Network</td>
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<tr>
<td>GPW13</td>
<td>Thirteenth General Programme of Work (of WHO)</td>
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<td>HEOC</td>
<td>health emergency operations centre</td>
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<td>IHR</td>
<td>International Health Regulations</td>
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<td>INFOSAN</td>
<td>WHO International Food Safety Authorities Network</td>
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<tr>
<td>IPC</td>
<td>infection prevention and control</td>
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<tr>
<td>JEE</td>
<td>joint external evaluation</td>
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<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<tr>
<td>NAPHS</td>
<td>national action plan for health security</td>
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<td>NFP</td>
<td>national focal point</td>
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<td>PVS</td>
<td>Performance of Veterinary Services</td>
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<td>RRT</td>
<td>rapid response team</td>
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<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SimEx</td>
<td>simulation exercises</td>
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<tr>
<td>SOP</td>
<td>standard operating procedure</td>
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<tr>
<td>SPAR</td>
<td>State Party Self-Assessment Annual Reporting Tool</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>WHO</td>
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Introduction

The World Health Organization (WHO) works with Member States and partners to strengthen implementation of the International Health Regulations (IHR) (2005). This is done through enhancing laboratory capacity, ensuring surveillance at ports, airports and ground crossings, building response capacity by linking the health sector with other health-related sectors (animal health, water and sanitation, nutrition), developing and maintaining a knowledge network of IHR national focal points (NFPs), and facilitating implementation of disaster risk reduction approaches and the Sustainable Development Goals (SDGs).

In response to the World Health Assembly’s request to the Director-General to strengthen the core capacities of Member States to ensure implementation of the IHR (2005), WHO has developed a “Five-Year Global Strategic Plan to improve Public Health Preparedness and Response, 2018–2023” after a consultative process.

The draft Five-Year Regional Strategic Plan (2019–2023) for the South-East Asia Region builds on and is aligned with the Global Strategic Plan; WHO’s Global Action Plan on Antimicrobial Resistance,1 the Research & Development Blueprint for action to prevent epidemics2 and the Pandemic Influenza Preparedness Framework.3 It is also guided by regional approaches, networks and mechanisms for health emergency preparedness and response, such as the Asia Pacific Strategy for Emerging Diseases,4 – a common strategic framework for the regions of South-East Asia and the Western Pacific.

The Plan imbibes the principle laid down in WHO’s Thirteenth General Programme of Work (GPW13) 2019–2023 for addressing health emergencies – 1 billion more people better protected from health emergencies.5 The Plan is

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based on the following guiding principles: consultation; country ownership and leadership; WHO’s leadership and governance; broad partnerships; intersectoral approach; integration with the health system; community involvement; focus on countries with the highest risk of emergencies and outbreaks; regional integration; domestic financing. These principles link the Regional Strategic Plan with the requirements under the IHR (2005) and focus on results, including monitoring and accountability.

The Plan takes into account the joint external evaluations (JEEs) done in eight countries of the Region – Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, Sri Lanka, Thailand and Timor-Leste. It also considered the annual self-assessment reports of each country, including reports of the State Party Self-Assessment Annual Reporting (SPAR) tool in 2018.

It further incorporates feedback received from the representatives of the designated IHR NFPs of the eleven Member States and partners during the Regional Workshop of IHR NFPs conducted in New Delhi during 25–29 March 2019.
2. Status of IHR implementation, gaps and opportunities

The annual self-assessment reporting that started in 2010 continues to be the major source of information, with a recent revision in the mandatory tool SPAR in 2018. The tool now also includes indicators on financing and national health emergency framework. It assesses 13 core areas of capacity – Legislation and financing; IHR coordination and National IHR focal point functions; Zoonotic events and the human–animal interface; Food safety; Laboratory; Surveillance; Human resources; National health emergency framework; Health service provision; Risk communication; Points of entry; Chemical events; and Radiation emergencies.

Progress made across these 13 core capacities as per self-assessed annual reporting from 2012 to 2017 are given in Fig. 1, while the level of reported core capacities with the new SPAR tool for the year 2018 is given in Fig. 2.

**Fig. 1:** Progress of IHR implementation (%): annual reporting from 11 Member States of the South-East Asia Region (SEAR) 2012–2017

Source: Annual self-assessment reports from SEAR Member States, 2012–2017
The slight decline reported in scores of IHR core capacities after 2016 could be due to the introduction of the JEE approach. It resulted in more objective self-assessment and correction in the scores. The same continued in 2018 with the introduction of the new SPAR tool that is much more aligned with the JEE tool.

**Fig. 2:** Progress in IHR implementation (%) as reported in SPAR 2018

Considerable progress has been made in the areas of Legislation, Coordination, Surveillance, Response, Risk communication, Laboratory systems and Zoonosis over the first few years. However, the capacity of NFPs across the Region is limited, especially in the areas of epidemiology, vector control, infection control, travel medicine, risk communication, emerging and re-emerging diseases, management of mass gatherings and points of entry.⁶

An overview of IHR capacity over 19 technical areas as per the eight JEEs conducted reflects significant progress in the areas of national legislation, policy and financing; IHR

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coordination, communication and advocacy; extent of and access to immunization services; laboratory capacity; surveillance; and reporting and risk communication (Fig. 3).

**Fig. 3:** Regional average scores across 19 technical areas as per eight JEEs conducted

Source: JEE reports, SEAR Member States, 2016–2018

To review and assess functional capacity, five countries (India, Maldives, Myanmar, Nepal and Sri Lanka) have conducted after action reviews (AARs), while Indonesia and Nepal conducted simulation exercises (SimEx) involving different stakeholders, including WHO.

Existing laboratory capacity available in the Region is at various stages of development. Quality assurance systems, accreditation and biosafety/security frameworks have not yet been established in most countries. Access to laboratory diagnostics also needs to be scaled up at subnational and peripheral levels.

IHR-Performance of Veterinary Services (PVS) bridging workshops have been organized at the country level to guide national stakeholders through the assessments conducted in both the human and animal health sectors (SPAR and/or JEE and PVS evaluation and PVS gap analysis). They also explore options for improved collaboration and coordination and
inform operational strategies to be used by policy-makers for taking concerted corrective measures and making strategic investments in national roadmaps. Each Member State in the Region has started bringing its human and animal health systems closer and is making them work in collaboration, but the animal health service is considerably weaker in several Member States and so is the level of coordination between the two sectors.

The Region also needs to strengthen its capacity in food safety. Some Member States are still setting up mechanisms for making the Food and Agriculture Organization (FAO)/WHO International Food Safety Authorities Network (INFOSAN) focal points and NFPs work together.

NFPs across the Region need to improve capacity in certain areas with more impetus and investments (Box 1). These areas are emergency preparedness, readiness to deal with any unexpected chemical or radionuclear emergency, enhancing biosafety and biosecurity in laboratory networks to curb the increase in antimicrobial resistance (AMR), strengthening medical countermeasures and deploying personnel for a surge response, and improving prevention and control of disease transmission at points of entry.

**Box 1. Priority technical areas identified through the eight JEEs**

1. Health emergency preparedness
2. Preparedness for management of chemical, biological and radionuclear events
3. Biosafety and biosecurity standards and their implementation in laboratories
4. Prevention and control of AMR
5. Medical countermeasures and personnel deployment for a surge response
6. Control of disease transmission at points of entry.
Strategic plan

The WHO offices in the Region (the Regional Office and country offices) shall extend support to State Parties to strengthen their existing capacity with resources, technical support and linkages with possible partners and contributors, as described in the following sections of the Strategic Plan.

The main goal of this Plan is to strengthen NFPs in each of the States Parties and reinforce their existing public health emergency preparedness and response system to develop all the core capacities required for IHR implementation. The SPAR 2018 findings have been considered as the baseline in conjunction with the JEE conducted in eight countries for arriving at the following strategic interventions as components of the Strategic Plan. The three-pillar approach from the Global Strategic Plan has been followed.

Strategic pillar 1: Build, strengthen and maintain State Parties’ core capacities required under the IHR (2005)

Objectives under this pillar are:

- to ensure that gaps identified through the obligatory annual reporting and other voluntary tools (JEE, AAR and SimEx), where available, are addressed in the national action plans for health security (NAPHS);
- to accelerate building of core capacities under the Regulations and linking these with health systems strengthening.

This will involve the following strategic interventions and activities to boost the capacity required to operationalize a functioning and alert health system with capabilities to prevent, detect and respond to all types of health emergencies:

1. National policies, plans and legislation. State Parties need to review the existing in-country legislations and regulations to develop risk-informed policies and action plans on health security. Some State Parties in the Region have reviewed and revised their legal provisions to empower NFPs and make them functional. It is scored on three indicators:
   a. legislation, laws, regulations, policy, administrative requirements or other government instruments to implement IHR;
b. financing for the implementation of IHR capacities; and

c. financing mechanism and funds for a timely response to public health emergencies.

Sustainable financing of IHR implementation will ensure long-term sustainability of public health emergency preparedness and response capacities.

**State Parties will:**

a. ensure that statutory provisions for health emergency preparedness actions are in place and funding for the same is included in national budgets and health system financing plans;

b. mobilize additional resources, if necessary, to enable implementation of national action plans for public health emergency preparedness and response; and

c. develop financial guidelines and generic standard operating procedures (SOPs) for public health emergencies.

**WHO, in collaboration with key partners, will:**

a. support States Parties, upon request, to develop and implement national policies and NAPHS;

b. advocate, promote and facilitate the creation of a regional knowledge repository of IHR-related documents, best practices and lessons learnt from the field;

c. advocate, promote and support integrated multisectoral IHR implementation with a One Health approach with clear guidelines and SOPs; and

d. guide and support State Parties to mobilize resources for accelerating improvement in IHR implementation.

2. **IHR coordination, communication and advocacy.** Coordination and communication capacities are essential for the prevention and detection of and response to public health risks and should exist at all necessary levels within all relevant sectors. Improving coordination, communication and intersectoral cooperation between human health, animal health, wildlife and environmental health will nurture and facilitate the public health ecological environment that would in turn reduce, prevent and control the occurrence and spread of diseases.
**States Parties will:**

a. improve coordination and collaborative mechanisms between human, animal, environmental health and wildlife sectors for One Health-based all-hazards public health emergency preparedness and response; and

b. strengthen existing intersectoral coordination and communication mechanisms through establishment and implementation of SOPs and coordination platforms for acceleration of IHR implementation.

**WHO, in collaboration with key partners, will:**

a. assist States Parties in developing guidance, tools, training and advocacy materials on strengthening multisectoral collaboration and mobilization of stakeholders from the private sector and civil society organizations (CSOs); and

b. advocate, promote, build and facilitate operational partnerships in collaboration with regional and global stakeholders through providing national and regional platforms for engagement.

3. **Zoonotic events and the human–animal interface.** Close cooperation between human and animal health – both livestock and wildlife – and environment sectors is necessary for the effective prevention and control of emerging and re-emerging infectious diseases. To achieve the necessary capacity to reach a goal of optimal health outcomes for humans and animals, the Region needs to have a level of functional coordination between the relevant sectors led by the human and animal health departments. The areas of work in which the One Health approach is particularly relevant include food safety, control of zoonoses and combating AMR.

**States Parties will:**

a. develop and regularly update the list of priority zoonoses, based on the local epidemiological trends;

b. promote, conduct and facilitate research on priority zoonotic diseases;

c. integrate surveillance of disease/health events among wildlife with potential public health events, in the existing public health surveillance with support from private sector stakeholders wherever possible;

d. develop or enhance workforce development in the human and animal health sectors, and engage in the conduct of joint risk assessments and risk mitigation activities; and
e. strengthen prevention and control activities for combating AMR in both human and animals.

**WHO, in collaboration with key partners, will:**

a. guide, facilitate and provide support, on request of State Parties, in improving zoonoses and integrating surveillance of disease/health events in wildlife with potential public health events, in the existing public health surveillance;

b. support States Parties with IHR-PVS bridging workshops to enhance the linkages between the human and animal health sectors;

c. support and facilitate workforce development in the human and animal health sectors pertaining to health security; and

d. advocate, promote and facilitate multisectoral information exchange and joint participation in rapid response teams (RRTs) to investigate and manage zoonotic disease outbreaks.

4. **Food safety.** Increasing globalization of the food trade increases the risk of contaminated food spreading quickly around the globe. INFOSAN is a global network of national food safety authorities, managed jointly by FAO and WHO with the secretariat in WHO. To optimize the considerable potential of food production and export of processed food (milk, dairy and meat products, fruit and vegetables), it is necessary to improve compliance with hygiene and sanitary requirements in food processing enterprises in Member States of this Region and enhance food safety management processes.

**States Parties will:**

a. designate and strengthen the INFOSAN NFP, and provide a clear role and responsibilities;

b. develop and strengthen mechanisms for food safety control;

c. establish and enhance the capacity of food laboratories to monitor food safety from microbial as well as chemical hazards;

d. train and reorient personnel working in this sector, particularly to improve their public health skills and laboratory competency; and

e. develop systems and public health communication packages for raising awareness among people/consumers on food safety.
WHO will support Member States:

a. to develop national guidelines on good hygiene practices in food handling and food safety management;
b. to develop modern food safety management systems and strengthen capacity for food safety at the food enterprise level;
c. to establish a Regional Food Safety Reference Laboratory; and
d. to organize national and regional consultations of the Global Food-borne Diseases Network for increasing capacity to prevent, detect and respond to foodborne disease outbreaks.

5. National laboratory systems. A quality-assured and accredited system of laboratories that can assist in the early detection of known and unknown public health risks and threats is an important component of any national public health preparedness and response plan. Biosafety and biosecurity standards are to be strengthened at subnational levels and points of entry in the Region.

State Parties will:

a. establish and implement a quality assurance/quality control and laboratory accreditation system for laboratories in the human, environmental and veterinary sectors;
b. establish and strengthen mechanisms for cross-sharing of data between the laboratory network and epidemiological surveillance system;
c. establish, maintain or strengthen collection, referral and transport systems for biological and environmental specimens, based on a One Health approach; and
d. develop, implement and monitor national biosafety and biosecurity standards.

WHO will provide leadership, together with key partners:

a. to establish, maintain and strengthen quality-assured regional laboratory networks for emergency preparedness and response, building on existing WHO and other international laboratory networks, and promote information exchange between laboratories;
b. to ensure dissemination of, or develop where needed, examples of national good practices of public health laboratory systems that can serve as models for countries undergoing laboratory restructuring and laboratory quality training;

c. to support capacity development of laboratory human resources and help sustain their skills with a training and competency update plan;

d. to support the establishment of a mobile laboratory in emergency situations, on request of a State Party; and

e. to guide, support and facilitate strengthening of laboratory logistics and the supply chain system in difficult settings.

6. Surveillance. National surveillance systems need to be capable of comprehensive and timely reporting, and analysis and interpretation of surveillance data for outbreak detection and informed decision-making for a response. These systems should also include early warning and community-based surveillance components to ensure wider coverage and comprehensive capture of potential public health events.

**States Parties will:**

a. establish and enhance the capacity of their disease surveillance system (events and indicator-based) in the human sector, integrate it with the animal health sector, including livestock, wildlife, entomology and environmental surveillance to capture early warning signals and alerts of any impending outbreaks and other public health risks;

b. strengthen capture of disaggregated data on exposures, vulnerabilities and impact of different prevailing hazards during risk assessment exercises for planning and monitoring purposes; and

c. establish, maintain or strengthen formalized data-sharing procedures and tools on outbreaks and other hazards across sectors and between the regional and national levels to guide and strengthen intersectoral preparedness and response activities.

**WHO, in collaboration with key partners, will:**

a. advocate and support implementation and evaluation of an early warning and response system (EWARS) for priority diseases and hazards, and assist in strengthening health emergencies and disaster impact databases;

b. facilitate training and capacity-building on all-hazards risk assessment, including biological, chemical, radionuclear and geoclimatic hazards;
c. continue supporting the implementation of data-secure mechanisms for relevant platforms (e.g. WHO Event Information Site); and

d. support and strengthen antimicrobial surveillance and stewardship for combating AMR.

7. Human resources. The availability, accessibility and equitable distribution of a trained health workforce is an essential component of a resilient national health system. However, State Parties can also support each other during health emergencies through offering the support of RRTs and/or emergency medical teams (EMTs). These should be quality-assured in accordance with the minimum international standards of the WHO EMT initiative.

States Parties will:

a. develop and implement an emergency health workforce development strategy based on the health security needs and risks and disaster profile of the country, as enunciated in the NAPHS;

b. link emergency health workforce development with the overall health-care systems strengthening/Universal Health Coverage (UHC) priorities;

c. develop and strengthen the workforce in priority areas such as zoonoses, entomology, chemical, biological and radionuclear events; and

d. link the trained health workforce to other health-related sectors for strengthening risk reduction, preparedness and readiness.

WHO, in collaboration with key partners, will:

a. advocate, support and facilitate further development of the diverse emergency health workforce needed through development of competency standards-linked curricula, regional training and capacity-building workshops, knowledge network and SimEx;

b. support and facilitate training, at the request of State Parties, to build capacity in areas of public health emergency preparedness and response in conflict situations, emerging situations in the Region such as unknown disease outbreaks and/or chemical, radionuclear or bio-hazardous events and risk communication (e.g. Regional Field Epidemiology Training Programme);

c. support and facilitate co-deployment of staff of State Parties along with WHO during health emergencies for on-the-job skills development;
d. support and facilitate the development of a roster of IHR experts across different sectors and mobilize experts from within the Region and globally as and when needed during Public Health Emergencies of International Concern; and

e. link with and facilitate engagement of the trained workforce available in WHO collaborating centres, Global Alert and Response Network (GOARN), EMTs and Standby Partners (SBP) at the request of State Parties for emergency response.

8. **National health emergency framework.** This focuses on areas of planning for emergency preparedness and response mechanisms, management of health emergency response operations and emergency resource mobilization.

**States Parties will:**

a. develop, monitor and evaluate, and regularly update national multisectoral, all-hazard NAPHS based on risks, hazards, vulnerability and capacity-mapping;

b. establish and/or strengthen emergency response coordination, including incident management systems and functional health emergency operations centres (HEOCs); and

c. develop, implement and strengthen mechanisms for deployment of RRTs and EMTs.

**WHO, in collaboration with its partners, will:**

a. support and facilitate implementation of NAPHS, their testing and updates, including through SimEx and other training;

b. continue support to and strengthen functional HEOCs;

c. advocate, promote and facilitate collaboration and partnerships between the health-related sectors, and operational partners from national and international development organizations, academia, CSOs and NGOs and the private sector for strengthening health emergency preparedness and response operations; and

d. advocate, promote and support investment in research on “field epidemiology in emergencies” and enhance innovation and the use of modern technologies and epidemiological modelling for managing health risks, including biological hazards.

9. **Health service provision.** Resilient, equitable and functional health service provision, especially close to the community, is essential for preventing, detecting, responding to and recovering from public health events.
State Parties will:

a. conduct multihazard safety assessment of the health infrastructure providing critical essential services in the country, as per the Hospital Safety Index of WHO to ensure structural, non-structural and functional resilience during and in the aftermath of multihazard emergencies/disasters;

b. develop and strengthen routine infection prevention and control (IPC) practices in all health-care settings as part of health systems strengthening prior to outbreaks and public health emergencies through clinical audits, critical incident reporting and training;

c. develop and enhance mechanisms for mobilizing IPC experts as members of RRTs for public health emergencies nationally and internationally;

d. develop and implement a standard comprehensive health service package for emergency response operations; and

e. integrate point-of-care tests and a specimen referral network in the health system to improve care and early detection of epidemic-prone diseases.

WHO, in collaboration with partners, will:

a. guide, support and facilitate the development of a “safe hospital” prototype model;

b. support and facilitate innovation and operational and applied research to improve evidence-based IPC practices;

c. provide global guidance, policy frameworks and tools on hospital safety, health systems strengthening, water, sanitation and hygiene in health-care facilities, health-care waste management and IPC practices; and

d. advocate, promote and facilitate South–South and triangular cooperation, and multidisciplinary collaboration for improving public health preparedness and response in national health systems.

10. Risk communication. This is the real-time exchange of information, advice and opinions between experts, community leaders or officials and the people who are at risk. The way people act during an emergency often determines the course of a public health emergency, so the purpose of risk communication is to prevent and mitigate the impact of an emergency by a dialogue with the affected people to persuade them to take appropriate action. Effective risk communication strategies include a mix of public communication, community engagement, behaviour change communication, listening
and public perception analysis, and rumour management as well as communication for partner coordination, deployed in a systematic manner, with adequate resources before, during and after emergencies.

**State Parties will:**

a. embed an all-hazards risk communication plan and resources in the emergency preparedness and response plan of ministries of health;

b. develop and strengthen an operational risk communication system with risk communication professionals working closely with teams from health and all other sectors and departments involved in public health emergency management;

c. develop a system of listening to and regularly analysing public perceptions and rumours related to areas that could lead to public health emergencies, and communicate appropriately, using mass media, social media, community health workers, clinicians and others, to address those concerns;

d. develop or adapt guidance for community engagement to guide interventions; and

e. develop a framework for routine evaluation of risk communication interventions.

**WHO, in collaboration with partners, will:**

a. provide regional and global guidance, tools, SOPs (e.g. on rumour management), best practices and communication material templates on risk communication;

b. strengthen, maintain and support basic elements of the risk communication system as mandated by the IHR (2005);

c. share the latest best practices and lessons learnt from the Region and the world, since this is a dynamic, rapidly evolving field;

d. provide support to State Parties, on request, in training and capacity-building of human resources in health and health-related sectors on risk communication in emergencies; and

e. advocate for designation of an NFP for risk communication during emergencies.

**11. Points of entry.** Public health measures and response capacity at points of entry such as airports, ports and ground crossings need further strengthening to make these effective public health sentinel posts in the Region.
State Parties will:

a. maintain and regularly update the list of international ports authorized to issue ship sanitation certificates, and designated ports of entry in the Region;

b. strengthen capacity at all the designated ports of entry and exit (e.g. through development and testing of contingency plans), equip them with adequate infrastructure and personnel for effective and efficient surveillance and emergency response;

c. establish clear working linkages with other relevant sectors for acceleration of IHR implementation through improving intersectoral coordination mechanisms; and

d. ensure capacity development to comply with maritime provisions in the IHR and certification obligations.

WHO, in collaboration with key partners, will:

a. mobilize resources, operational partners and regional stakeholder networks to leverage capacity for preparedness and readiness, and to assess and maintain capacities at points of entry;

b. coordinate activities aimed at strengthening health provisions at points of entry through formal and informal platforms and networks;

c. guide, support and facilitate cross-border “points-of-entry control facility” set up when borders are diffuse (e.g. land crossing in economic zones with no visa requirements); and

d. advocate, promote and organize biregional or multiregional thematic meetings on control at points of entry.

12. Chemical events. Chemical events, including emergencies arising from technological incidents, natural disasters, deliberate events and contaminated foods and products, are common and occur worldwide. It is important to note that some of the responsibilities for these capacities fall outside the health sector, such as in the environment, industry, agriculture, civil protection, transport and customs sectors. Coordination and collaboration between these sectors is, therefore, important to ensure timely detection of and effective response to potential chemical risks and/or events.
States Parties will:

a. establish a national registry of chemicals and their intermediates, raw materials and their available antidotes;
b. establish and ensure access to laboratory capacity for identifying and quantifying exposure to key chemicals of concern available on a 24x7 basis to detect, monitor and help mitigate all chemical hazards, including human-induced ones in occupational and general settings;
c. establish and operate a surveillance system for acute poisoning in humans as well as in animals; and
d. build, develop and strengthen a rapid deployment force equipped with equipment and supplies to neutralize a major chemical leak, accident and or incident.

WHO, in collaboration with key partners, will:

a. support and facilitate, on request of State Parties, the development of capacity in occupational/chemical safety and hazard limitation through technical guidance and training/capacity-building;
b. support and facilitate, on request of State Parties, the establishment of a poison registry; and
c. provide technical guidance and support State Parties on request to coordinate with INFOSAN on specific country deliverables on food safety by regulating the use of safe and permissible chemicals in food items, including insecticides and inorganic chemicals.

13. Radiation emergencies. Radiation emergencies and nuclear accidents are rare events, but the consequences can range from minor to catastrophic events, depending on the scale of the event. Management of large events can be both exhausting in terms of the use of resources and human capacity, and their consequences may last for decades. Response to such emergencies is multisectoral and requires specific infrastructure and expertise that is different from that for responding to disease outbreaks. Support of specific legislation and cross-sectoral coordination is also important.

State Parties will:

a. ensure establishment and implementation of coordination mechanisms between national radiation authorities, health and health-related sectors (environmental
protection, law enforcement, power and energy, etc.) for preparedness and response measures in case of radiation emergencies;

b. conduct and regularly update risk mapping of existing radiation hazards, if any, in the country;

c. develop and strengthen surveillance capacity for detection of radiation hazards, ensuring safety standards and capacity for monitoring them;

d. ensure that disposal of radiological waste is as per international conventions and laws; and

e. develop the capacity of quarantine areas with possible radiation hazard, ensure a safety zone, have a mitigation plan for the zero area and set up health facilities in contaminated zones.

**WHO, in collaboration with key partners, will:**

a. provide technical guidance and support, on request of State Parties, to develop a database of industries that use nuclear technology;

b. support and facilitate, on request of State Parties, mapping of a radionuclear health risk profile; and

c. support and assist Member States in improving implementation of radiation safety standards to strengthen preparedness for radiological emergencies and nuclear accidents.

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**Strategic pillar 2: Strengthen event notifications and management in compliance with the requirements under the IHR (2005)**

Objectives under this pillar are:

- to support and further strengthen the capacity of the IHR NFPs
- to improve State Parties’ compliance with requirements under the Regulations
- to establish and maintain an enabling environment among NFPs for evidence-based practice of IHR implementation through the Regional Knowledge Network of NFPs+ (NFPs and other stakeholders).
It involves the strategic interventions and activities given below:

1. **Notification and information-sharing.** Timely and accurate notification of public health events to WHO is crucial for an effective and efficient response and curbing the international spread of diseases. The competencies of IHR NFPs can be further improved through enhanced understanding, awareness and knowledge of IHR (2005) among NFP staff NFP while minimizing the barriers to communication and reporting.

   **State Parties will:**
   
   a. establish, maintain or strengthen formalized data-sharing procedures, tools and communication mechanisms across sectors, between regions and with the national level; and with WHO and GOARN;
   
   b. strengthen an early warning function for priority hazards, for timely detection of potential outbreaks and other public health risks, using the existing event-based and indicator-based surveillance system and supplement it with open-source intelligence and media scanning for outbreak alerts; and
   
   c. periodically review and improve the existing communication mechanisms and notification systems while minimizing the barriers to delayed reporting.

   **WHO, in collaboration with partners, will:**
   
   a. support NFPs in conducting risk assessments for cross-border hazards;
   
   b. support State Parties, on request, to build capacity for notification, consultation, verification and information exchange through NFP training/capacity-building; and
   
   c. provide global guides, tools, protocols and generic SOPs for early detection, identification, correct and timely sharing of information across the Region in situations of potential outbreak of high threat or unknown pathogen;

2. **Regional Knowledge Network of IHR NFPs+.** A web-enabled platform for exchange of IHR-relevant information, ideas, best practices, concerns and moderated consultations among IHR NFPs and key partners will be hosted at the Global Knowledge Network of IHR NFPs. It will create an enabling environment for risk-informed and evidence-based public health practices.
State Parties will:

a. contribute to and participate in the discussions, information and experience exchange, and trouble-shooting of emerging problems relating to IHR implementation through the Regional Knowledge Network;

b. share and provide updates on national legislations, regulations, protocols, innovations, best practices and lessons learnt from the field to the regional knowledge repository for enriching the global knowledge on IHR implementation;

c. encourage discussion on national or regional issues of concern or bottlenecks relating to IHR implementation; and

d. enhance linkages with other national-level networks focusing on event identification and reporting.

WHO, in collaboration with partners, will:

a. advocate and facilitate networking and exchange of best practices of NFPs+, including through annual regional meetings, establishing and operationalizing a knowledge network and similar mechanisms for real-time exchange of experiences and problem-solving consultations;

b. moderate and summarize discussions, consultations and concerns flagged for attention of all NFPs and relevant partners in the Region;

c. develop and maintain the regional knowledge repository of IHR-related knowledge materials;

d. promote and facilitate e-learning resources at the Regional Knowledge Network for continued capacity-building of staff working with the NFPs; and

e. develop evidence-based emergency public health practices to improve IHR implementation.

Strategic pillar 3: Measure progress and promote accountability

Regular review of the progress made in implementing IHR will assist State Parties and the Region as a whole to accelerate IHR implementation while reducing and mitigating the impact of health hazards and emergencies for an enabling public health environment that fosters the well-being of the people.
Objectives under this pillar are:

- to continue to report annually to the World Health Assembly on the implementation of IHR, using the SPAR tool;
- to conduct assessment of capacity through the use of voluntary mechanisms such as the JEEs, AARs and SimEx for strengthening capacity to implement IHR; and
- to report on the progress of implementing NAPHS.

The SPAR, JEE, AAR and SimEx are indicative tools under the IHR M&E Framework. However, as State Parties progress, they can increasingly go for newer and unique mechanisms, including voluntary self-evaluations of specific core capacities more exhaustively and at subnational levels.

**States Parties will:**

a. continue to report through the SPAR tool to the Regional Office;

b. consider the use of appropriate voluntary assessments of specific core capacities exhaustively and at subnational levels to complement SPAR and gain in-depth understanding of the risks and capacity gaps;

c. conduct regular SimEx on health emergencies in collaboration with WHO; and

d. find ways and means of conducting additional monitoring of capacities to maintain readiness for possible health emergencies in a sustainable manner.

**WHO, in collaboration with partners, will:**

a. provide support and facilitate the conduct of JEEs, SimEx and AARs;

b. provide technical guidance and consultation on employing additional mechanisms for capturing progress in capacity for IHR implementation;

c. promote, support and facilitate innovation, piloting, customization and validation of tools by themselves and with partners;

d. guide and assist State Parties in scaling up the validated metrics for use in other sectors; and

e. guide, support and facilitate State Parties in finding suitable financial packages to maintain a high level of progress monitoring.
## Monitoring matrix for implementation of the regional five-year strategic plan (2019–2023)

<table>
<thead>
<tr>
<th>Pillars and objectives</th>
<th>Deliverables and timelines</th>
<th>Indicators</th>
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| **Pillar 1.** Building and maintaining State Parties’ core capacities required under the International Health Regulations | • Member States complete National Action Plans by 2020;  
• The Regional Office keeps a track of progress made in each Member State and updates the status of JEE and other reporting tools in real time;  
• Regional training of RRT master trainers by 2019;  
• A roster of IHR experts from various sectors for engagement in emergency situations;  
• Zoonosis-PVS workshop for disease prioritization for the national One Health strategy by 2020; | • Number of Member States supported annually to develop or update their national action plans for health emergency preparedness;  
• Number of training courses conducted annually on outbreak investigation and control;  
• Number of countries supported on hospital safety assessments;  
• Number of regional and national laboratories supported to develop capacity for biosafety and biosecurity;  
• Number of regional meetings conducted annually on IHR core capacity-building. |

Objectives under this pillar are:

- to ensure that gaps identified through the obligatory annual reporting are addressed in the NAPHS; and
- to accelerate building of core capacities under the Regulations and link these with health systems strengthening.
### Pillars and objectives | Deliverables and timelines | Indicators |
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<tr>
<td><strong>Pillar 2:</strong> To strengthen event notification and management in compliance with the IHR</td>
<td>• Global Foodborne Infections Network (GFN) regional meeting to review the situation and develop a roadmap by 2020; • Regional meeting on biological, chemical and radiation hazards by 2020; • Regional meeting on strengthening border surveillance and points of entry by 2021; • Training course on risk communication established as part of the Regional Risk Communication Strategy by 2021.</td>
<td>• Average time between the occurrence of an event and reporting it; • Number of regional meetings of IHR NFPs+ held annually; • Number of consolidated summaries of discussions on the Regional Knowledge Network of IHR NFPs+ in a year.</td>
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**Objectives under this pillar are:**
- to support and further strengthen the capacity of national IHR focal points;
- to improve State Parties’ compliance with requirements under the Regulations;
- to establish and maintain an enabling environment among NFPs for evidence-based IHR implementation through the Regional Knowledge Network of IHR NFPs+.

**Pillar 2:** To strengthen event notification and management in compliance with the IHR

Objectives under this pillar are:
- to support and further strengthen the capacity of national IHR focal points;
- to improve State Parties’ compliance with requirements under the Regulations;
- to establish and maintain an enabling environment among NFPs for evidence-based IHR implementation through the Regional Knowledge Network of IHR NFPs+.

**Deliverables and timelines**
- Early warning and response systems in place in each Member State of the Region for timely detection and notification of public health events
- Regional Knowledge Network of NFPs+ in place for exchange of information, ideas, best practices, concerns and moderated consultations among NFPs and constituent partners to create an enabling environment for risk and evidence-based emergency public health practices; and
- Regional Knowledge Network of IHR NFPs+ mapped on Global Knowledge Network by 2019.
Five-year regional strategic plan to strengthen public health preparedness and response: 2019–2023

<table>
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<td><strong>Pillar 3</strong>: To measure progress and promote accountability</td>
<td>• JEEs, SPAR, AARs and SimEx continued in the revised format;</td>
<td>• Number of Member States submitting the results of SPAR annually and on time;</td>
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<td>• Metrics for measuring regional progress of NFP capacity developed;</td>
<td>• Number of Member States supported by the Regional Office annually for evaluation of their capacities through voluntary monitoring and evaluation instruments;</td>
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<td>• Annual AAR for one major outbreak in each Member State beginning in 2019.</td>
<td>• Number of AARs and SimEx conducted annually.</td>
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Objectives under this pillar are:

- to continue to report annually to the World Health Assembly on the implementation of IHR, using the SPAR tool;
- to conduct assessment of capacity through the use of voluntary tools such as JEEs, AARs and SimEx for furthering the capacity to implement IHR; and
- to report on the progress of implementing the NAPHS.
A proactive approach to being ready for any unexpected health emergency is to plan and decide on the best course of action to take in such an eventuality. This would be based on an understanding of the prevailing risks and hazards. The frequency is increasing of natural hazards and outbreaks of emerging and re-emerging diseases, including zoonoses. These have made the populations of the WHO South-East Asia Region highly vulnerable. This five-year Regional Strategic Plan to Strengthen Public Health Preparedness and Response (2019–2023) is an attempt to reduce that vulnerability and is the result of the joint strategic vision and commitment of Member States.

The Plan intends to accelerate ongoing efforts for improving core capacities to implement the International Health Regulations (IHR) (2005). It also aims to strengthen the capacities of IHR national focal points on public health preparedness and response through refocusing on identified gaps, developing robust monitoring mechanisms, improving networking and collaboration, and developing innovative solutions.