Ministerial Roundtable on COVID-19: Country experiences and lessons learnt with future transition to the ‘new normal’

The rapid evolution of the COVID-19 pandemic in the WHO South-East Asia Region over the last eight months has challenged Member States and their ministries of health to respond to the pandemic. In addition, departments and ministries from other sectors beyond health also had to mount a response to optimize disrupted socioeconomic activities and keep engaged in sustaining day-to-day affairs during the enforcement of strict public health and social measures, including lockdowns.

Each Member State in the Region in its unique way dealt with the various aspects of containing the spread of transmission of the novel coronavirus and the consequent health and non-health impacts, based on their existing International Health Regulations (IHR) 2005 capacities and health systems preparedness for response. However, uncertainties around the specifics of the pandemic and the high risks of its rapid spread among the susceptible and immunologically naïve populations, along with a high death toll among special categories of the ‘most-at-risk’ such as the immuno-compromised and those living with chronic co-morbidities, remained. This made it essential for all Member States to adopt strict public health and social measures. Member States are also now planning a transition to a post-COVID-19 ‘new way of living’ in accordance with the epidemiologically plausible reality of long-term circulation of the virus in the population in many parts of the world.

The increasing caseload of active cases of COVID-19 revealed the current gaps in curative and public health service delivery. This calls for immediate solutions as well as those that require urgent mid- and long-term attention and investment by governments. The Pandemic Influenza Preparedness Framework and similar bilateral and multilateral initiatives could be the starting point. High vulnerabilities of people in the Region to emerging and re-emerging ‘high-threat pathogens’, and strict public health and social measures, including border closures, taken by Member States, enabled a deep understanding among health planners, decision-makers, service providers and beneficiary communities about the importance of risk identification, risk-mapping and risk reduction.

The window of opportunity for strengthening the regional response through further amplification of the ‘Regional Flagship Priority 6: Scaling up of Capacities in Emergency Risk Management’ should be accorded high priority in the Region. It should be coupled and supplemented with a greater focus on building resilient communities and medical and public health systems. The current pandemic provides the opportunity to Member States in the Region to translate commitments into actions that were expressed in the Delhi Declaration on Emergency Preparedness during the Seventy-second session of the WHO Regional Committee for South-East Asia in September 2019.
This attached Working Paper was presented to the High-Level Preparatory Meeting for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for consideration by the Seventy-third Session of the Regional Committee.

**Actions by Member States**

1. Continue risk identification/mapping and regular risk assessments at the national and subnational levels in the context of the COVID-19 pandemic and for other prevailing risks, hazards and threats, cognizant of local demographic, geographical and sociocultural dimensions.

2. Continue with whole-of-government and whole-of-society responses, including through implementing a national, cross-sectoral COVID-19 action plan based on risk analyses that is well aligned with the existing national action plans for health security and preparedness as well as other response plans of Member States.

3. Enhance commitment and investments in risk reduction, and build robust and resilient health systems, especially during the transition to the ‘new normal’ through behaviour change communication and a health promoting environment.

4. Continue strengthening national and subnational laboratory networks and capacities to respond to the current and future pandemics based on existing pandemic influenza preparedness plans and COVID-19 laboratory expansion plans.

5. Invest in building national and regional capacities/collaboration mechanisms to implement the ‘access to COVID-19 tools’ (ACT) accelerator for diagnostics, vaccines and therapeutics.

**Actions by WHO**

1. Continue providing technical guidance and tools in helping countries to adapt and make the transition to the ‘new normal’ across all pillars of the COVID-19 pandemic response.

2. Explore options to provide longer-term support to streamline essential health supply chain systems and address failures in these supply chain systems through regional and intercountry collaboration.

3. Promote collaboration at the national and regional levels, including through both private and government-funded research and development, and open innovation, across all relevant domains, on measures to contain and end the COVID-19 pandemic.

4. Provide guidance to and operational support for the health sector towards building resilient communities, drawing from the experiences of Member States, and from continuous learning and exchange.

This Working Paper and the recommendations of the HLP Meeting are submitted to the Seventy-third Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Introduction

1. The WHO South-East Asia Region has a high burden of outbreaks of common infectious diseases (diarrhoeal disease, acute respiratory infections, vector-borne diseases, etc.) as well as emerging and re-emerging diseases including zoonoses. Pathogens of public health significance associated with recent outbreaks in the Region include avian influenza A(H5N1) and non-seasonal influenza A(H9N2), influenza A(H1N1), Zika virus, Middle East Respiratory Syndrome coronavirus (MERS-CoV), Nipah virus, and Crimean Congo haemorrhagic fever virus.

2. However, people and health systems in the Region have not been exposed to a pandemic of the nature of COVID-19 since the time of the bubonic plague pandemic between the 14th and 17th centuries (when an estimated 200 million people died globally), and the most lethal epidemic of influenza in 1918 (during which an estimated 40 million people died globally).

3. The reporting of the first cluster of cases of unidentified pneumonia on 31 December 2019 in the city of Wuhan, province of Hubei, in the People’s Republic of China, was the first alert to the WHO Health Emergencies (WHE) programme of the Regional Office for South-East Asia about the ongoing COVID-19 pandemic. Based on this trigger, the Member States were advised on time about rapid assessment of their readiness and response capacities as soon as the first cases of COVID-19 were reported in the Region in Thailand on 13 January 2020.

4. The rapid evolution of COVID-19 in the Region over the last seven months has overwhelmed Member States and their ministries of health. In addition, departments and ministries of other sectors beyond health also had to mount a response to optimize socioeconomic activities that were disrupted and engage in sustaining day-to-day affairs even during the enforcement of strict public health and social restrictive measures.

5. There has been a high-priority focus on scaling up of capacities in emergency risk management since 2014 among the Member States under the Regional Flagship Priority Programme, and with the Pandemic Influenza Preparedness (PIP) Framework guiding the national pandemic influenza preparedness for response. Nevertheless, the surge capacity, and gaps in investment in robust and functional health systems persisted against the background of competing priorities at national levels.

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5 Country Priorities updates and key asks from Member States; internal document of WHO Health Emergencies Programme. New Delhi: World Health Organization, Regional Office for South-East Asia.
6 Lalon RM. COVID-19 vs Bangladesh; Is it possible to recover the impending economic distress amid this pandemic? J. Economics and Business. 2020;3(2).
8 COVID-19 Weekly Regional updates. New Delhi: World Health Organization, Regional Office for South-East Asia (internal document).
6. However, various important strategic initiatives in the last decade or so, one upon another, had contributed significantly to strengthen emergency preparedness and build capacities to deal with health emergencies in the Region. These include, notably: the setting up of the Preparedness Stream of the South-East Asia Regional Health Emergency Fund in 2016; the Regional Framework on Operational Partnerships for Emergency Response in 2017; the WHO Regional Committee resolution of 2018 on Strengthening emergency medical teams in the Region; and the launch of two regional strategies – the Regional Strategic Plan to Strengthen Public Health Preparedness and Response (2019–2023) and the Regional Risk Communication Strategy for Public Health Emergencies (2019–2023) – during the Seventy-second session of the WHO Regional Committee for SE Asia in September 2019.

7. The ministerial-level political commitment enshrined in the Delhi Declaration on Emergency Preparedness was also a milestone, achieved in 2019, towards realizing emergency preparedness and response on a high-priority scale in all Member States of the Region.

8. The above-mentioned enabling factors coupled with commitments and accelerated implementation of the provisions of the International Health Regulations (IHR) (2005) by the Member States – reflected in 100% compliance with the State Party Annual Reporting (SPAR) tool, country-specific recommendations in joint external evaluations conducted in eight out of 11 countries by 2019, capacities developed through increased numbers of simulation exercises, and after-action reviews (AAR) conducted – placed the Region in a better position to respond to a pandemic now than it was during the influenza A(H1N1) pandemic in 2009. However, the COVID-19 pandemic highlighted the gaps and how quickly resource-constrained settings can overburden existing capacities, especially in technical areas such as epidemiology, points-of-entry, biosafety and biosecurity, national laboratory capacity, IHR coordination, risk communication, and community engagement and advocacy.

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9. The WHO Regional Office for South-East Asia in October-November 2019 set up a regional initiative to strengthen health emergencies capacities in the management of chemical, biological, radiation and nuclear events, and charted a regional roadmap for control and prevention of high-threat pathogens. The ongoing COVID-19 pandemic has ably demonstrated the value of these initiatives and positioned Member States in the Region to contemplate beyond a health angle how serious and adverse impacts of a high-threat pathogen could cause politico-economical, sociocultural and health impacts in communities at an unprecedented level.

**Current situation, response and challenges at the country level**

10. Unlike previous health emergencies that affected one or two countries, the COVID-19 pandemic presented challenges simultaneously to multiple countries in the Region (Table 1):

<table>
<thead>
<tr>
<th>Country</th>
<th>Cumulative caseload</th>
<th>Total no. of deaths</th>
<th>Top five countries globally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>312 996</td>
<td>4 281</td>
<td>COVID-19 caseload highest among:</td>
</tr>
<tr>
<td>Bhutan</td>
<td>224</td>
<td>0</td>
<td>USA: 5 899 504</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>No reported case</td>
<td>--</td>
<td>Brazil: 3 846 153</td>
</tr>
<tr>
<td>India</td>
<td>3 621 245</td>
<td>64 469</td>
<td>India: 3 621 245</td>
</tr>
<tr>
<td>Indonesia</td>
<td>174 796</td>
<td>7 417</td>
<td>Russia: 995 319</td>
</tr>
<tr>
<td>Maldives</td>
<td>7 667</td>
<td>28</td>
<td>Peru: 639 435</td>
</tr>
<tr>
<td>Myanmar</td>
<td>787</td>
<td>6</td>
<td>Total no. of deaths due to COVID-19 highest among:</td>
</tr>
<tr>
<td>Nepal</td>
<td>39 460</td>
<td>228</td>
<td>USA: 181 689</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>3 015</td>
<td>12</td>
<td>Brazil: 120 462</td>
</tr>
<tr>
<td>Thailand</td>
<td>3 412</td>
<td>58</td>
<td>India: 64 469</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>27</td>
<td>0</td>
<td>Mexico: 63 819</td>
</tr>
</tbody>
</table>

11. The pre-emptive readiness assessment of a country through one-to-one video and teleconferences provided the Member States the overall strategic framework and the vision for gearing up the existing preparedness and response system within the country. Business continuity plans and health emergency operations centres (HEOCs) that were already in place in countries made it easier for their activation and the implementation of the incident management systems for effective and coordinated response.

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12. WHE designated two country focal points for each Member State to liaise, following up with weekly updates, appraising the ongoing situation and shaping the needed support from WHO. This further bridged any gap in communication between WHO and the Member States. The chronology of Member State support activities is summarized in Annex 1.

13. With many Regional Offices of UN agencies and partners being physically located in Bangkok, Thailand, a senior technical officer was designated from the WHO Country Office in Thailand as liaison officer for the ad hoc Working Group (WG) for the COVID-19 response by the Regional Office for the Asia-Pacific of the UN Office for the Coordination of Humanitarian Affairs (OCHA). The Incident Management Support Team (IMST) liaised closely with the WHO Thailand Country Office and the ad hoc Working Group to strengthen coordination for the response among all partners in the Asia-Pacific Region.

14. The development of a COVID-19-specific Regional Strategic Preparedness and Response Plan (SPRP) in February 2020 acted as a prototype for the Member States to develop, adapt, budget and implement their country strategic preparedness and response plans.

15. The Regional Office provided potential transmission scenarios and guidance to develop national standard operating procedures for early detection of COVID-19 cases, contact tracing and technical support for the use of “Go.Data”, an outbreak investigation tool for field data collection. 

16. A Regional Surveillance Strategy, complementary to WHO’s global surveillance guidance, was provided to Member States to monitor the pandemic’s trends. WHO conducted internal risk assessments for each Member State and prepared country profiles with key parameters to monitor transmission dynamics and epidemic trends to guide the response.

16. WHO provided its technical support to Member States interested in developing, revising and updating national laboratory diagnostics strategies for COVID-19. The need to expand testing capacities for COVID-19 at subnational levels was also proactively identified and facilitated with WHO headquarters and partners where necessary. By 26 February 2020, nine Member States had reverse transcriptase polymerase chain reaction (RT-PCR)-based laboratory testing capacity for COVID-19. This was extended to all 11 Member States by 31 March, with the addition of Maldives and Timor-Leste. Three of the 15 global laboratories for reference testing are in India and Thailand. Ten of 11 countries in the Region have expressed their willingness to participate in the global External Quality Assurance Programme coordinated by WHO. The Regional Office supported leveraging the national influenza surveillance systems with the involvement of the national influenza centres in COVID-19 surveillance. Online laboratory capacity-building was conducted through a series of webinars on a wide range of topics related to biosafety, laboratory diagnosis, COVID serology and laboratory supplies.

17. Preparedness for and initiating timely management of cases are important to reduce complications and mortality due to COVID-19. The Regional Office developed a user-friendly version of the simplified algorithms of WHO’s clinical management guidance. In the absence of WHO recommended antivirals for COVID-19, oxygen therapy remains a critical element. Accordingly, WHE developed the regional tool to survey and assess facility-based oxygen supply, needs and forecasting.

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18. The outcome of clinical management also depends on the quality of care. Taking this into account, WHE in collaboration with the Integrated Management of Adulthood Infections (IMAI) Alliance developed a crash course on the management of severe acute respiratory infections (SARI) beyond intensive care units. Currently the course is being conducted in Myanmar for doctors. Sri Lanka and Timor-Leste are expected to use the WHO regional training module in their countries.

19. To disseminate rapidly changing knowledge in clinical management, a series of webinars were conducted utilizing experts from the United States Centers for Disease Control (US CDC), Canada, People’s Republic of China, Japan, India, the United Kingdom of Great Britain and Northern Ireland, and the Republic of Korea. Further, WHE is currently conducting experience-sharing sessions where India, Indonesia and Sri Lanka have already disseminated information to other countries in the Region. Countries have either started enrolling in (India and Indonesia) or expressed interest in joining (Bangladesh, Maldives, Myanmar, Nepal, Sri Lanka, Thailand) WHO’s solidarity trial for COVID-19 treatment.

20. Protection of health-care workers, patients and their attendants from hospital-acquired COVID-19 infection is a crucial and cross-cutting area. Country-specific technical advice sessions for Bangladesh, Bhutan, Maldives, Sri Lanka, Nepal and Timor-Leste were conducted by the WHO Regional Office with or without support from WHO headquarters. The areas supported were rational use of PPE, local manufacturing and quality certification of PPE, hospital surge planning, isolation facility management, and disinfectants. Webinars too were conducted on infection prevention and control (IPC) to disseminate knowledge and best practices from different settings within and beyond the South-East Asia Region.

21. The Regional Office developed a Regional Risk Communication Strategy for the post-COVID “new normal” situation that met the needs of the Member States. In addition, an Interagency Asia-Pacific Risk Communication and Community Engagement Working Group was set up to develop guidelines specific to vulnerable populations. WHO is a partner in the Working Group’s Asia-Pacific-wide perception survey.

22. For awareness, a “whole-of-society” approach was followed, with a “It’s on Us to Win the Fight Against #COVID19” (Take care of yourself; Take care of others; Take care of those who care for us) campaign. An anti-stigma campaign, with messages on protection of health-care workers and other initiatives to stop stigma, was launched. To manage the “infodemic” (the widespread misinformation on the pandemic), digital and social media were monitored, and partnerships with Facebook, WhatsApp (chatbot) and Twitter, and independent fact-checkers, were established. An artificial intelligence-based tool scanned more than 1 million conversations in 10 languages. Those identified as fake news/misinformation were further analyzed and addressed appropriately. Over 300 cases of spread of rumors have been detected, and addressed appropriately, including through a “Fact or Fiction” web section. Member States were supported on capacity-building with regular webinars on community engagement, uncertainty management and behavioural insights.

23. Points of entry (PoE) have been coping with severe restrictions imposed on travellers in an effort to contain and mitigate the spread of COVID-19. The Regional Office, through the country offices, collated the updated travel restriction measures put in place on a weekly basis, reported and published these additional measures under Article 43 of the International Health Regulations (IHR) to disseminate information among IHR National Focal Points (NFPs). WHO interim guidelines, recommendations on international traffic, and key considerations for operational resumption of passenger travel at PoE were widely disseminated in the Region.
24. The South-East Asia Regional Knowledge Network of IHR NFP+ – an online platform for IHR-focused “communities of practice” – was utilized to facilitate communications, discussions and sharing of experiences and lessons learnt among IHR-NFPs in responding to COVID-19. The common platform brought staff from NFPs from all 11 countries in the Region to discuss and sort out issues of concern regarding PoEs and the supply chain of essential goods and services through video and teleconferencing.

25. As some of the countries in the SEA Region have already resumed domestic travel and some are also preparing for international flights (as reported in mid-June 2020), the Regional Office organized a webinar on “Safely resuming air travel in the phase of COVID-19” on 3 June 2020.

26. In the face of unprecedented challenges to maintain the essential medical supply chain, the Regional Office has played a crucial role in ensuring that critical supplies are provided to countries. The Regional Office has distributed over 300,000 laboratory testing kits to the 11 Member States, 484,500 E-gene tests and 98,200 RdRp gene tests. In order to facilitate testing through the automated PCR, namely GeneXpert, the Regional Office has coordinated with the countries, the Global Fund and WHO headquarters. Personal protective equipment (PPE) has been shipped to all 11 Member States. This has included 482,000 surgical masks, 47,265 N95 masks, 511,500 examination gloves, 36,800 gowns, 9,950 goggles and 15,336 face shields. The Regional Office has also supported countries to make rational estimates of essential supplies through WHO’s forecasting tools. All countries are currently actively engaged in the supply portal that has been developed to maintain the supply chain and the Regional and country offices are collaborating with Member States as well as partners closely. A regional webinar was also organized on “Forecasting and Management of COVID-19 Supply Chain Commodities” on 1 June 2020.

27. Each country in the Region had its unique approaches in dealing with various aspects of containing the spread of transmission of COVID-19 based on the strengths of their existing health systems, national plans for preparedness and response for all hazards such as the national action plans for health security, national influenza pandemic preparedness plans, existing IHR core capacities and the strengths of non-health sector establishments. The Democratic Peoples’ Republic of Korea has not reported any COVID-19 case to date but the Ministry of Public Health has been proactive in closing all its points of entries, quarantining all suspect cases and incoming travellers in the country for 28 days (despite the interim guidance and recommendation for only 14 days), and screening and disinfecting public places, including incoming cargo goods.

28. Among unique strategies adopted by the Member States, India, using its huge industrial and scientific infrastructure, came up with various rapid innovations to meet with the urgent national response needs (e.g., development of proximity apps, diagnostic kits for COVID-19, low-cost ventilators, etc.). India, Sri Lanka and Thailand came up with locally innovative and customized to their setting’s social strategies on community engagement for risk communication. Bhutan engaged veterinarians effectively under the existing “One Health approach” for containment and delaying the initial spread of COVID-19. The WHO medical camp kits that were indigenously designed and adapted during the Nepal earthquake of 2015 were utilized by Bhutan and Timor-Leste to cope with the urgent needs for clinical facilities for the management of COVID-19 patients.
29. Member States in the Region enriched their operational experiences in their country-context as the pandemic situation unfolded. Investments in strengthening laboratory capacity under pandemic influenza preparedness following the 2009 pandemic\(^{17}\) and other initiatives proved to be effective for the immediate diagnosis of COVID-19 cases by all Member States. National influenza centres formed the nucleus of laboratory diagnosis in a majority of Member States. Lessons and experiences gained during the ongoing fight against the COVID-19 pandemic were exchanged between Member States through various mechanisms to strengthen regional solidarity and bolster collaboration.

30. Member States endured the socioeconomic impact and experienced sector-wide implications of the COVID-19 pandemic. These implications were reflected in the affected economies, containment zones with strict human restrictions, constrained medical and public health infrastructure, challenges in business continuity in all spheres of the country, essential emergency logistics, medical and non-medical supplies and limited trained workforce, etc. It now provides the opportunity to better plan for the “Whole of Society Approach” of operations by the health and non-health sectors in the countries of the South-East Asia Region.

**Key issues of concern**

31. Regular interactions with the Member States identified the following key issues in general that are relevant to all Member States in the Region:

   i. **Surveillance and contact tracing**

      Though aggressive surveillance, case detection, isolation and contact tracing are core actions in the response to the COVID-19 pandemic, gaps were always observed. The limited capacity to surge for contact tracing, limited country capacity for testing, difficulties of contact tracing among mobile populations, and the densely populated megacities further contributed to the vulnerability of the Region to the COVID-19 pandemic.

   ii. **Points of entry (PoE)**

      Most of the Member States did not have previous experience and adequate surge capacity for mass-scale screening and triaging at PoEs. Similarly, the lack of evidence-based guidelines and facilities for PoE management, including the large number of returning migrants predominantly from West Asia, was a cause for additional concern in the efforts to control the spread of the pandemic.

   iii. **Isolation, quarantine and case management**

      The limited capacity for forecasting scenarios for planning is a major concern. Countries are also unprepared to quarantine very large numbers of patients due to lack of facilities. An influx of returning migrants from various countries further complicated the issue.

\(^{17}\) Wijesinghe PR, Ofrin RH, Bhola AK, Inbanathan FY, Bezbaruah S. Pandemic influenza preparedness in the WHO South-East Asia Region: a model for planning regional preparedness for other priority high-threat pathogens. WHO South-East Asia J Public Health. 2020;9(1):43-49.
In terms of patient management, there were inadequate numbers of isolation facilities, equipment, and human resources in many settings to handle a rapid increase in the number of critical patients. While oxygen therapy remained the core intervention for severe and critical patients of COVID-19, the related issues were gaps in oxygen supply, inadequate critical care equipment and supplies, and insufficient numbers of trained standalone technicians for support. Many Member States did not have or had limited previous experience in managing large numbers of patients at home or at primary care centres with proper infection prevention and control measures in place. Given that WHO had not recommended any aetiological therapeutics for COVID-19, challenges in decision-making for “off-label” use of medicines and conducting randomized trials for evidence generation posed additional complications to the response.

iv. Diagnosis

In the process of expanding laboratory services to the subnational level, ensuring the quality of laboratory diagnosis was and still remains a key challenge. This was demonstrated by a 74% drop in influenza surveillance reporting in 2020 relative to the corresponding period in 2019 in the Region that reflected the inability to provide other diagnostic services by laboratories overwhelmed by COVID-19 testing needs. Though there were multiple test kits from different sources, their use in the country context was problematic given that their validity and reliability had not been ascertained.

v. Infection prevention and control

Overall, there was a lack of preparedness in all spheres of infection prevention and control in the health-care delivery systems to meet with the demands of unprecedented numbers of COVID-19 patients. The global shortage of personal protective equipment and problems related to their rational use further complicated the situation. The lack of reliable information, uncertainty related to the new disease and unfounded fears led to the irrational use of PPEs.

vi. Human resources

In addition to the chronic shortages in the public health workforce in the countries, the surge of specialists and experts from various disciplines to directly assist countries was a major challenge. This was primarily because all countries were affected areas and travel restrictions due to lockdowns further precluded any possibility of travel by such experts.

vii. Operational support and logistics

The supply chain for all essential commodities for COVID-19 was disrupted end-to-end; from production to distribution. Thus, all emergency systems across sectors could not provide for the needs of countries.
viii. Monitoring and evaluation and data management
In this huge national/global emergency, existing capacities of Member States in data collection and analysis of epidemiological, clinical and public health datasets were overwhelmed. The lack of a proper set of standards and methods for analyzing the socioeconomic and epidemiological parameters also hindered this very critical input to an informed response. As a result of these and other reasons, only a limited set of quality data were available and shared with Member States, which impacted the availability of improved information to feed into global policy and action.

ix. Infodemics
Misinformation, rumors and stigmatization of the disease called for an innovative approach in the era of information technology and social media. These will continue to evolve and have a more local and contextual nuance as the pandemic evolves and outbreaks occur at various areas at the subnational level.

x. Planning, coordination and governance
For a rapid, adequate and an effective response, there was an acute need to adopt a “whole-of-society” approach. Key issues that were observed and needed attention were: (a) multisectoral coordination; (b) sustained funding; (c) balance of health and non-health preventive measures; (d) activation of business continuity plans in all sectors; and (e) ensuring the continuity of essential health services.

The way forward: Preparedness for future pandemics and transition to the ‘new normal’

32. Systematic and regular preparedness for outbreaks of emerging and re-emerging diseases including pandemics is critical not only for the reduction of morbidity, mortality and disability but also to minimize socioeconomic implications and optimize public health as well as the social and economic functionality in conditions and contexts that the evolving “new normal” will present.

33. A re-look into the scope and implementation of the International Health Regulations (2005) ratified by all Member States is a vital need for greater transparency and information sharing on risks, hazards and threats affecting all people irrespective of national, international and intercontinental boundaries.

34. Strengthening IHR Core Capacities remains a desirable priority goal for all Member States, along with an emphasis on after-action reviews and retrieving the lessons learned from the COVID-19 pandemic with a view to investing on priority basis each Member State with a short-, medium- and long-term plan. The existing NAPHS and/or national pandemic influenza preparedness and response plans or equivalent plans could act as catalysts.

35. Enhanced commitment and investments in risk reduction, climate change adaptation, building resilient health infrastructures, robust health systems, health promoting environments and access to health (preventive and curative) care for vulnerable and marginalized persons are needed both in the context of the current pandemic as well as for future epidemics/pandemics.
36. As the current pandemic has demonstrated, it is critical to have the following in place: robust planning; establishment of systems for all aspects of preparedness and response; trained human resources for health; and investments in health infrastructure such as critical care. In-country mechanisms and systems for regular risk identification, mapping, assessment and risk reduction is core to such situations.

37. Aligning response to COVID-19 with the national action plans for health security or equivalent national disaster plans and health emergency operations centres will further strengthen mechanisms to combat any future pandemic.

38. Having learned lessons from this pandemic, there is a need to establish and strengthen national laboratory capacities to respond to this pandemic for a considerable time to come based on the current epidemiology of COVID-19. This can be done by building on existing pandemic influenza preparedness and COVID laboratory plans and networks. Moreover, there is a need to extend and link these to efforts in managing high-threat pathogens that seem to be critical in the Region.

39. There is a need to leverage capacities of countries in the SEA Region, especially in the areas of local manufacturing of vaccines, therapeutics and diagnostics, production for personal protective equipment (PPE), and medical devices/equipment, in order to have more resilient supply chains for essential commodities in the event of any future escalations of COVID-19 outbreaks and future emergencies.

40. Short- and mid-term planning for contact tracing, quarantine, laboratory testing, infrastructure for critical care at different levels, and for vaccine deployment are key priorities in the post-COVID-19 “new normal” setting in order to respond to future waves of this pandemic.

41. Business continuity plans for the health and non-health sectors need major attention and action. Establishing national systems for the development and implementation of these plans, their monitoring, and opportunities for simulations and other forms of staff familiarization, enable the mitigation of socioeconomic impacts of any future events related to any other novel and/or high-threat pathogens.

**Conclusion**

42. The window of opportunity for strengthening the regional response through further amplification of the “Regional Flagship Priority 6: Scaling up of Capacities in Emergency Risk Management” should be a high priority in the Region. It should be supplemented with a greater focus on building resilient communities and medical and public health systems. The current pandemic provides the opportunity for countries in the South-East Asia Region to translate commitments into action that were expressed in the Delhi Declaration on Emergency Preparedness issued during the Seventy-second session of the WHO Regional Committee for the South-East Asia in September 2019. Moreover, it is now time to rethink how preparedness is conceptualized and implemented within the health sector and across, for a resilient society.
ANNE1 – Chronology of key response activities and support to Member States

Supplies of personal protective equipment (PPE) for health workers and laboratory test shipped to 11 Member States

<table>
<thead>
<tr>
<th>Supplies</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical masks</td>
<td>482,000</td>
</tr>
<tr>
<td>N95 masks</td>
<td>47,265</td>
</tr>
<tr>
<td>Examination Gloves</td>
<td>511,500</td>
</tr>
<tr>
<td>Gowns</td>
<td>36,800</td>
</tr>
<tr>
<td>Goggles</td>
<td>10,150</td>
</tr>
<tr>
<td>Face shields</td>
<td>17,336</td>
</tr>
<tr>
<td>1.2 million diagnostic test kits</td>
<td></td>
</tr>
</tbody>
</table>

Monitoring and Evaluation indicators

- 91% Country has COVID-19 national preparedness and response plan
- 100% Country with a functional multi-sectoral, multi-partner coordination mechanism for COVID-19
- 100% % of countries which have a COVID-19 risk communication and community engagement
- 100% PPE strengthened through risk communication
- 73% The country has a clinical referral system in place to care for COVID-19 cases
- 100% Country has a national IPIG programme and WASH standards within all healthcare facilities
- 100% Country with COVID-19 laboratory test capacity

47 webinars hosted for Member States and WHO

Country offices covering topical issues under 7 thematic areas

- Infection Prevention and Control (IPC)
- Case Management
- Risk Communication
- Laboratory
- Surveillance and Contact Tracing
- Points of Entry (POEs)
- Health Systems, OSL & research

*as of 30 July 2020

28 March
South-East Asia Regional Dashboard goes live with information on number of COVID-19 cases and casualties

19–31 March
More laboratory supplies delivered to Member States to scale up testing

31 MAR
COVID-19 testing capacities established in all 11 Member States of the Region

2 April
Regional Director holds a virtual meeting with Health Ministers on COVID-19 to discuss situation and WHO support

6 April
Influenza surveillance network activated for COVID-19 detection and reporting through Global Influenza Surveillance and Response System

25 March–8 April
The Region roles out an innovative communication campaign in multiple languages and through multiple channels to engage people on COVID-19 preventive and protective measures

29–30 April
WHO provides next tranche of PPEs to Member States to strengthen infection prevention and control measures

13 May
With the focus to protect the most vulnerable, surveillance strategy developed and rolled out in Cox’s Bazar and Rohingya camps

19 May
Bi-regional Coordination meeting of WPRO and SEARO to discuss coordination across countries

29 May
Regional WhatsApp chatbot for COVID-19 launched to have information point for Member States

15 June
More laboratory reagents shipped to Thailand, Nepal and Myanmar to scale up testing

18–22 June
WHO provides NCD Kits to Bhutan and Timor-Leste to prevent risk of comorbidity amidst COVID-19 pandemic

20 June
WHO provides ‘EOC-in-a-Box’ to Myanmar: a kit containing essential equipment to establish a health emergency operation centre

25 June
SARI/UI training course conducted for Myanmar to strengthen case management and build capacity of health care workers

6 July
Second SARI/UI training course conducted for Cox’s Bazar field office, Bangladesh, to strengthen case management and build capacity of health care workers

1 January
WHO requested information on the reported cluster of atypical pneumonia cases in Wuhan from the Chinese authorities. WHO activated its Incident Management Support Team (IMST)

10 February
WHO SEARO develops web-based online case reporting system for a regional dashboard for COVID-19, the first by any WHO Region

10 April
Regional emergency management team activated to assess risks, needs and coordinate preparedness and response with all Member States.

15 January–12 February
Supporting countries to prepare to respond: WHO ships personal protective equipment (PPE) kits from its regional stockpile to Bhutan, DPR Korea, Nepal and Sri Lanka

12 February–9 March
More PPE sets procured from WHO’s global stockpile and shipped to 9 Member States

12 February–2 March
WHO requests information on the reported SARI/ILI cases in Bangladesh

12 February–2 March
WHO requests information on the reported SARI/ILI cases in Bangladesh

14 February
IHR focal points meet to review preparedness and response

14 February
WHO regional babes with Member States, regional and national health authorities to discuss surveillance and response

15 February
Regional emergency management team activated to assess risks, needs and coordinate preparedness and response with all Member States

19 February
To build stronger coordination among partners, UN Office for the Coordination of Humanitarian Affairs - Regional Office for Asia and the Pacific formed a Humanitarian Working Group for COVID-19

19 February
WHO activates its Regional emergency management team to assess risks, needs and coordinate preparedness and response with all Member States

26 February
By now laboratory testing capacity is expanded to nine Member States to conduct real-time reverse transcriptase polymerase chain reaction (rt-PCR) tests to detect cases

1 March onwards
Countries across the Region closed international borders and enforce partial or nationwide lockdowns

10–12 March
To strengthen in-country laboratory testing, WHO provides laboratory reagents to Member States

10 February
WHO SEARO develops web-based online case reporting system for a regional dashboard for COVID-19, the first by any WHO Region

24 January
Two reference laboratories identified in India and Thailand to test for COVID-19 within the Region

15 January–12 February
Supporting countries to prepare to respond: WHO ships personal protective equipment (PPE) kits from its regional stockpile to Bhutan, DPR Korea, Nepal and Sri Lanka

12 February–9 March
More PPE sets procured from WHO’s global stockpile and shipped to 9 Member States

1 February
Rumor tracing and management initiated in all Member States. Keeping communities involved and engaged with accurate information is important in a public health emergency

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10–12 March
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28 March
South-East Asia Regional Dashboard goes live with information on number of COVID-19 cases and casualties

19–31 March
More laboratory supplies delivered to Member States to scale up testing

31 MAR
COVID-19 testing capacities established in all 11 Member States of the Region