Strategic elements for national, regional and global health security: A call for collaborative action in building capacities and systems for preparedness and response

I. Context

Major outbreaks, such as the Ebola Virus Disease (EVD) outbreak in West Africa starting in 2014, the ongoing emergence of the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) since 2012 and the 2009 influenza pandemic have repeatedly demonstrated that the world remains unprepared to rapidly and effectively respond to serious public health events. These observations mirror conclusions from a review of the 2009 pandemic, as well as the experience of series of intensified preparedness assessment and assistance missions conducted worldwide by WHO and international partners in response to the Ebola outbreak in West Africa.

One fundamental reason why countries remain inadequately prepared is the ongoing lack of sufficiently developed and maintained national capacities and health systems in many countries. Such capacities are a critical component to enable countries to prevent, detect and respond to major public health risks and to participate in international collaborative responses to public health emergencies of international concern.

The International Health Regulations (hereafter referred to as IHR) is universally accepted as the international framework that underpins global and national health security, and the IHR point toward essential “core” capacities and systems. While tremendous efforts have been made, and significant progress has been achieved in strengthening these capacities and systems, the overall progress has been less than desired. As a consequence, many countries in all regions continue to have significant gaps and weaknesses, but none more so than in Africa. Such gaps represent major vulnerabilities for the world given the increasingly challenging and complex nature of health security threats in the current era. In this context, WHO is working with countries and partners to accelerate the development of these capacities. This effort to strengthen capacities is proceeding in parallel with efforts to significantly improve the monitoring and assessment of IHR capacity strengthening.

1 Under the IHR (2005) this covers any serious health risk which may arise in a country and be transmissible internationally, whether biological, chemical, radio-nuclear or as yet unknown in origin, and whether transmitted by persons, food/animals, vectors or the environment. The IHR (2005) defines an event as “a manifestation of disease or an occurrence that creates the potential for disease and public health risk as a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger”
II. Overview
During 13-15 July 2015, WHO is convening international partners and some countries in Cape Town. The purpose is to recognize lessons from the recent Ebola and other important experiences and to build upon this to develop a consensus among partners about how to accelerate and make more effective, collective efforts to strengthen IHR related core capacities and systems.

The proposed approach will emphasize Africa at first, but envisions rapidly broadening this collaborative effort to all regions. WHO proposes starting first in a small number of countries to refine the approach, based on a number of guiding principles, before expanding activities to cover other countries in Africa and other regions worldwide.

III. Guiding principles
I. The IHR provide the central guiding reference and overall chapeau to guide implementation and activities. A number of existing approaches and initiatives\(^2\) are already contributing to IHR implementation and the vision of global health security. *This framework encourages these initiatives, recognizes IHR as the central guiding reference and WHO’s central role and leadership in convening partners, in promoting country ownership, and in monitoring achievements beyond project timelines.*

II. National ownership and international political and financial commitments and accountability are necessary for the establishment of sustainable health systems and response capacities, including human and financial resources and functional coordination mechanisms. *Partners and countries will operate within the IHP+ and Paris declaration on aid effectiveness frameworks.*

III. The scale of the work needed to intensify and improve the capacity of countries in strengthening essential public health capacities is beyond the ability of any single entity to achieve. *Success will depend upon countries, partners, and other stakeholders agreeing to work together towards common goals in a complementary, harmonized and accountable manner.*

IV. Communities are central to effective preparedness and response. *Local communities are well placed to play central roles in the identification of hazards, development of preparedness plans, detection and response to emergencies, and the implementation of recovery efforts following a public health emergency.*

V. A flexible, stepwise and country-specific approach to operational implementation is needed, in recognition that each country may have different priorities and that all partners have limitations. While some countries will be able to address multiple capacities at the same time, others may need a different approach. *The approach will place an emphasis on urgently reinforcing the capacities and systems most needed to prevent, detect and respond to localized public health risks, while at the same time, fostering longer term efforts to ensure that every country attains and maintains all IHR core capacities and systems.*

\(^2\) For instance, the Integrated Disease Surveillance and Response (IDS) in Africa, the APSED in Asia and Western Pacific, the Global Health Security Agenda (GHSA), the PIP Framework, the establishment of an African CDC all fall within this scope and the One Health Approach supports the objectives of this Framework.
VI. Response capacities to acute public health events need to be anchored to essential public health functions and health services that ensure service continuity, and early recovery for reduced mortality, disability and morbidity. A functional health system that includes a package of essential services at all levels is necessary if alert and response actions are to be effective.

IV. Phased implementation

Partner Consultation and kick-off
1. Full discussion at the Cape Town Meeting, 13-15 July 2015, understanding and refinement of the proposed approach based on participant input.
2. Alignment and indication of commitment by major partners in relation to their participation and support.

Year 1 Demonstration and documentation in selected countries and review
1. Mapping of existing capacities and partner activities.
2. Alignment of multi sectoral coordination and activities to support prioritised areas.
3. Articulation and implementation of priority activities in the national health planning cycle as part of a risk management process.
4. Embedding monitoring, evaluation and documentation mechanisms
5. Review and revision.
6. Start process in a few countries

Years 2 – 5 Implementation and evaluation
1. Roll-out to additional countries and other regions.
2. Impact evaluation, documentation and sharing of lessons learnt.

V. Expected Outcomes

Leadership and coordination
- Stakeholders aligned to a national preparedness and response plan for public health emergencies (ref. IHR 2005) with multi-sectorial involvement, linkages to strategic plans for health, IHR implementation and emergency risk management.
- Planning and monitoring framework in place, assuring accountability.
- Priority public health risks mapped using harmonized tools and used in national planning.
- IHR National Focal Points empowered to effectively implement their defined roles under the IHR, including relevant national institutions in other sectors.

Capacities and systems for early detection
- Risk communication and social engagement measures in place that enable continuous engagement between local communities and a trusted health workforce at all levels.
- National early warning system which integrates event-based and community-based surveillance into existing frameworks and initiatives to be implemented and used to detect, organize triage, verify, assess risks, report and analyse data as part of an emergency risk management process.
Data management systems, processes and tools, and new technologies which integrate data from a variety of sources, such as communities, public and private sectors, and the media, for risk driven operational decision making.

Sustained laboratory capacity, systems and associated services to obtain and report test results in a safe, secure, timely and reliable manner.

**Capacities and health systems to support rapid response**

- Field investigation and response capacity through multi-disciplinary and multi-sectoral rapid response teams and procedures at all levels of the health system.
- A health workforce that is appropriately trained, motivated, equipped and resourced to conduct their work in a safe and secure manner.
- A "Minimum package" of health services at all levels of the health system, clearly defined and implemented.  
- A package of guidance documents and tools for the reactivation of health services during the crisis and the recovery periods.

**Capacities and systems for emergency coordination and operations**

- Standardized national and sub-national incident management and coordination mechanisms for public health emergencies at all levels.
- Functional logistics system at national level including trained logisticians, telecommunication, transport, contingency equipment and coordination mechanisms with major logistics actors present in the country.
- Supply chains and stockpile management systems created for essential medicines, equipment and other operational support services.

**Ensuring the quality of public health system for detection and response**

- Post-event/outbreak reviews undertaken to document successes, areas for improvement, identify gaps and lessons to be addressed.
- Evidence-based and robust testing mechanisms using simulations and exercises as training and quality assurance tools, to assess system-wide capabilities.
- Mechanisms to document and share best practices within countries, regions and globally.
- Regular monitoring and evaluation throughout the emergency planning cycles.

**VI. Roles and Responsibilities for the International Community**

The responsibilities of the different stakeholders under the proposed approach include a commitment to this strategy for the next five years.

**Member States:**

- High-level commitment to use the strategy to create the institutional mechanisms needed for the sustainability of essential public health functions and services, which are the foundation for early detection and coordinated, adequately resourced response.

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3The minimum package includes: (i) Effective service delivery through public, private and community systems – integrating providers from these sectors; (ii) Safe services in line with updated Infection Prevention and Control guidance; and (iii) Maintenance of essential health services during crisis situations.
Envisaged health security activities (e.g. IHR Extension action plans, IDSR, GHSA, APSED etc.) are embedded together within national health strategic plans and cycles, and linked to national multisectoral disaster plans and emergency disaster risk management for health. Mapping and monitoring of stakeholder activities is maintained across relevant sectors. Community participation in decision-making occurs at all levels. Capacity and health system strengthening is based on existing and emerging health risks.

**WHO:**
- Global leadership and oversight for this strategic framework
- Partners are convened and initiatives coordinated globally, regionally and nationally.
- Norms, standards, and tools for implementing activities are available.
- Technical support in collaboration with other organizations and institutions is provided.
- A single framework for assessments, monitoring and evaluation is used to monitor implementation, document and evaluate outcomes.

**Donor agencies:**
- Application of the Paris Declaration on Aid Effectiveness and IPH+ principles in all initiatives.
- Funding streams and initiatives contribute to the principles and objectives of this framework.
- Ongoing and future initiatives are implemented in support of one national plan for preparedness and response, one monitoring framework, one budget and one harmonized reporting system.
- All elements of the strategy are adequately resourced to enable system functionality and effectiveness.

**Technical Partners:**
- Adherence to national priorities and strategies.
- An integrated approach to building the capacities and systems for preparedness, alert and response.
- Common and agreed standards, guidelines, and training materials are applied, and approaches harmonized across countries.

**Project Management and Coordination**
A Steering Committee, including technical and financial partners, will be formed to propose strategic actions and guide overall implementation. A WHO Secretariat will provide technical oversight, coordination, and project management functions at the global, regional and national levels. Existing channels for dialogue with Member States will continue to provide overall guidance and directions.

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4 Including those conducted under the Sendai Framework for Disaster Risk Reduction.
5 Technical partners include Public Health Institutions, UN Organizations and implementing bodies (such as other international organizations, NGOs and civil society, non-health sector, private sector