

2. Asia Pacific Strategy for Emerging Diseases: 10 years on

APSED was first endorsed in 2005 by the fifty-sixth session of the WHO Regional Committee for the Western Pacific. It provides a common, stepwise approach for Member States to build generic capacities for preparedness, alert and response to achieve the IHR (2005) core capacity requirements.

Since 2005, APSED has been put to the test in managing several outbreaks and emergencies, such as pandemic influenza H1N1, avian influenza A (H7N9), dengue, MERS, Ebola virus disease, Zika virus disease and associated clusters of microcephaly and Guillain-Barré syndrome. As APSED (2010) comes to an end and new global developments arise, such as the IHR Review Committee recommendations and reform work in emergencies, it is time to reflect on achievements and challenges and look to the future. A joint

evaluation by Member States and WHO in 2015 showed considerable progress under APSED: 85% of Member States established event-based surveillance; 92% have a rapid response team and risk communication plans for emergencies; and 95% of national reference laboratories have participated in external quality assessments. Since 2005, six Member States have established field epidemiology training programmes.

The APSED approach has proved useful because of its principles for implementation. These include placing countries at the centre, the generic nature of APSED, employing a step-by-step approach, flexibility to adapt to changing contexts, collective partnerships, and testing system functionality and performance improvement.

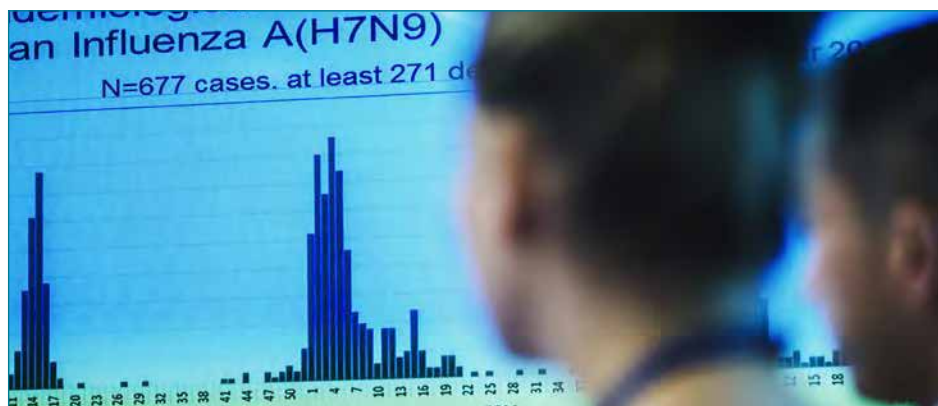
WHO, Member States and partners have developed an updated draft APSED, which now stands for *Asia Pacific Strat-*

egy for Emerging Diseases and Public Health Emergencies (APSED III), to better reflect its coverage. APSED is connected to other regional and global initiatives and is focused on strengthening core public health components. At the same time, the updated strategy offers flexibility for individual country implementation and adaptation to the evolving public health landscape.

The process for developing APSED III began in February 2015 with the APSED evaluation that affirmed significant achievements over the past 10 years. The evaluation findings also indicated the continued relevance of APSED to develop country capacities to deal with a variety of health security risks using a generic approach.

APSED III is based upon extensive consultations since the APSED Technical Advisory Group meeting in July 2015 and the use of a bottom-up approach. Central to this process were consultations with Member States, technical experts, partners and a high-level meeting. All provided inputs into the updated strategy, taking into account experience, lessons learnt from real events, and the latest developments globally and in the Region related to, for example, economic development, technological advances and new health initiatives.

APSED III will be considered for endorsement by the sixty-seventh session of the Regional Committee for the Western Pacific in October 2016. ■



Since 2005, the Asia Pacific Strategy for Emerging Diseases has guided efforts to manage outbreaks, such as avian influenza A(H7N9), MERS and Ebola.