



# Health Security and Emergencies

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The world faces complex health security and emergency threats due to disease outbreaks, natural disasters and conflicts. At the same time, countries are increasingly interconnected by trade and travel, so outbreaks – such as cholera, Ebola, Middle East respiratory syndrome, yellow fever and Zika virus disease – often begin in one country and quickly spread to others.

# Introduction

## Changing health security and emergency context

The world faces complex health security and emergency threats due to disease outbreaks, natural disasters and conflicts. At the same time, countries are increasingly interconnected by



In addition to providing technical support, WHO mobilizes materials and supplies that Member States need during health emergencies.

trade and travel, so outbreaks – such as cholera, Ebola, Middle East respiratory syndrome, yellow fever and Zika virus disease – often begin in one country and quickly spread to others.

Over the past five years, WHO globally has managed more than 1000 epidemic events, many of which have occurred in the Western Pacific Region. On any given day, the Organization responds to scores of acute and protracted health emergencies in many Member States.

The Western Pacific Region continues to be a hotspot for health security threats that can challenge even the most advanced health systems. Outbreaks of emerging infectious diseases such as human infection with avian influenza A(H7N9) and dengue, as well as disasters due to natural hazards such as cyclones and droughts, will continue to test our preparedness and response capability.

The Western Pacific Region is immense and diverse, spanning many time zones and some 15 000 kilometres from corner to corner. The Region contains countries and areas with populations ranging from 1.4 billion (China) to around 50 people (Pitcairn Islands). The Region constantly confronts new health security and emergency threats against a worrisome backdrop of climate change, rapid urbanization, growing migration and the advent of new technologies.

Most Member States have seen economic and social gains in recent years,

so they have greater capacity to manage health threats. There is also a range of global and regional initiatives to help address threats. In addition, the new WHO Health Emergencies Programme works closely with Member States and partners in the Region, supporting country capacity-building and system development and coordinating international preparedness and response for outbreaks and emergencies.

## The new WHO Health Emergencies Programme and alignment of regional structure

Based on the lessons from the Ebola response, the WHO Health Emergencies Programme has been established with the mission to protect health and save lives during outbreaks and emergencies.

There are five areas of work under the programme:

- infectious hazard management;
- country health emergency preparedness and the International Health Regulations, also known as IHR (2005);
- health emergency information and risk assessment;
- emergency operations; and
- emergency core services.

In the WHO Western Pacific Region, the Division of Health Security and Emergencies was established to support Member State core capacity development



During emergencies when there is no electricity or Internet access, WHO staff in the field must have portable and functional information and communications technology kits to support response operations.

and manage outbreaks and emergencies collectively. Over the past decade, the Division has worked to strengthen regional surveillance, risk assessment and emergency operations across the Region.

The Regional Office for the Western Pacific has aligned its work on health security and emergencies with the newly created WHO Health Emergencies Programme, harnessing the Region's considerable experience and success in collectively addressing health security issues regionally and globally.

Common protocols are being applied to guide consistent approaches across the three levels of the Organization – headquarters, regional offices and country offices.

These efforts include regional and global event-based surveillance and risk assessments, as well as the revision of the WHO *Emergency Response Framework*. WHO's improved emergency response is now guided by an Incident Management System and updated emergency response policies and procedures.

WHO has strengthened its emergency response roster – a listing of staff members available for deployment during outbreaks and emergencies. Likewise, the Regional Office has strengthened its internal emergency response roster, which includes staff members from technical programmes and country offices.

The Regional Office also has renewed efforts to support global outbreak and emergency preparedness and response systems, including participation in the Global Outbreak Alert and Response Network (GOARN) and support to strengthen international Emergency Medical Teams (EMTs). In 2016, the WHO EMT Initiative established a system to provide clinical care during emergencies that is structured, standardized and aligned with a set of overarching principles. Australia, China and Japan now have international EMTs that have received WHO quality assurance certification. They are ready for rapid deployment in international response to emergencies and disasters.

### Implementing APSED III to advance health security

The Western Pacific Region has placed great importance on preparedness for managing health security threats. For over a decade, the *Asia Pacific Strategy for Emerging Diseases (APSED)* served as a framework for action by Member States in the Western Pacific and South-East Asia regions to meet core capacity requirements of IHR (2005). A joint evaluation in 2015 of 10 years of APSED

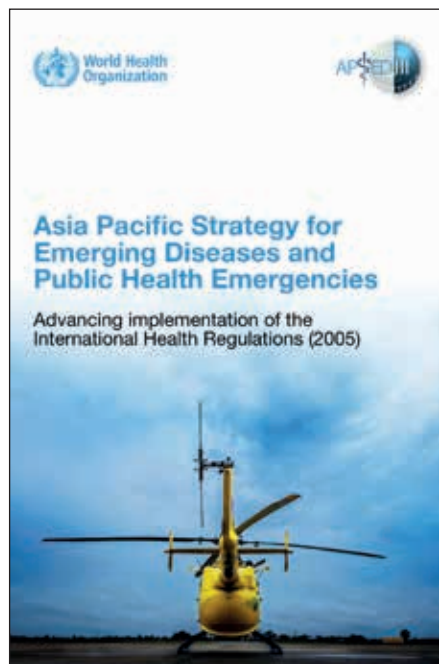
implementation confirmed the relevance and contribution of APSED in strengthening the capacity of Member States to detect, prepare for and respond to emerging infectious diseases and public health emergencies.

A renewed strategy, the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) was endorsed in October 2016 by the WHO Regional Committee for the Western Pacific. APSED III builds on past work on health security and emergencies, incorporates lessons from real events and anticipates future needs. It also serves as a regional action framework for health security through strengthened implementation of IHR (2005).

APSED III places countries, communities and people at the centre. It emphasizes the need for continued investment during times when there is no imminent threat. APSED III also adopts a step-by-step approach in the development of a strong health security system, while retaining flexibility to adapt to future challenges.

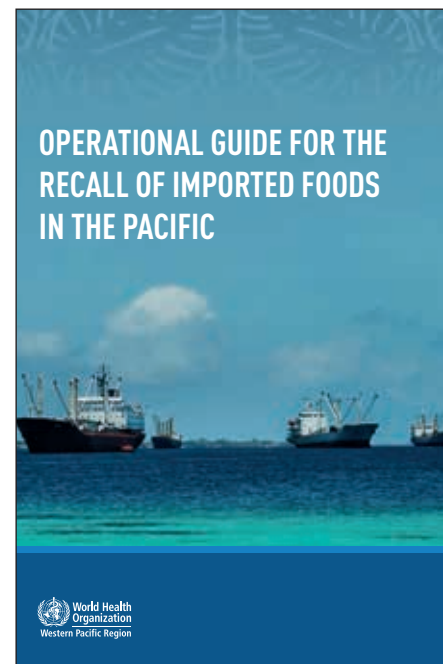
While the new strategy positions public health emergency preparedness in a broader context including the *Sendai Framework for Disaster Risk Reduction*, universal health coverage and the Sustainable Development Goals, APSED III continues to emphasize strengthening fundamental systems for health security and emergency preparedness, as required by the Health Emergencies Programme.

Implementing APSED III is among the top priorities under the Health Emergencies Programme in the Western Pacific



The updated *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) was endorsed by the Regional Committee for the Western Pacific in October 2016.

Region. Examples of immediate priority activities include the Joint External Evaluations (JEEs) of IHR (2005) core capacities and the development and implementation of updated national action plans for health security, guided by APSED III.



In line with the current *Western Pacific Regional Food Safety Strategy*, the *Operational Guide for the Recall of Imported Foods in the Pacific* was developed to guide Member States in establishing effective food recall systems.

### Strengthening national food safety systems

WHO in the Western Pacific Region places a high priority on assisting Member States in reducing food safety risks and effectively responding to food safety incidents and emergencies. Effective national food safety systems are essential for protecting public health and facilitating international food trade. The Regional Office has been working closely with

Member States to implement the current *Western Pacific Regional Food Safety Strategy 2011–2015*. Member States have made significant progress in recent years, with legal frameworks forming the basis for effective national food safety systems. In 2016, for example, Viet Nam conducted a comprehensive review of its 2010 food safety law to determine its impact on public health and trade. The review recommended amendments to the law and institutional changes to enhance food safety.

At the regional level, the *Operational Guide for the Recall of Imported Foods in the Pacific* has provided Pacific island countries and areas with guidance on establishing effective food recall systems. The guide details how to use the Interna-

tional Food Safety Authorities Network as a mechanism for the rapid exchange of information among countries. Fiji, Samoa and Solomon Islands have used the guide to develop national operational guides for government and businesses that can be used to rapidly remove unsafe food from the market.

In response to Member State requests to update the current strategy, WHO has facilitated an intensive consultation process, including Member State consultations through teleconference, video conference and face-to-face meetings. A draft updated regional framework for action for national food safety systems has been developed for consideration by the Regional Committee in October 2017.

## Responding to outbreaks and emergencies, and improving operational readiness

More than 300 acute public health events were detected during the past year through the Western Pacific Region event-based surveillance system, which is coordinated by the Regional Office. Of these events, 66 resulted in further action by WHO, including technical support in response to 20 acute public health events.

WHO technical support – including risk assessments, the deployment of experts such as epidemiologists for field investigations, risk communication, laboratory testing and information sharing through IHR (2005) mechanisms – was provided to Solomon Islands for a dengue outbreak in October 2016, to Kiribati for antimicrobial resistance in February 2017 and to China for human infections with avian influenza in 2016–2017, to name a few instances.

WHO also activated its response operations to support disaster response to Cyclone Donna in Vanuatu in May 2017 and conflict in the southern Philippines in June 2017.

Efforts are being made to improve WHO readiness to respond to acute events, deliver better results and meet the immediate health needs of populations affected by emergencies. This includes the establishment of the WHO internal emergency response roster and staff orientation, training and simulation exercises as guided by the updated WHO *Emergency Response Framework*. ■



WHO conducts regular risk assessments that incorporate information from many sources to inform decision-making and guide preparedness and response efforts.

# 1. Managing influenza: a priority infectious hazard in the Western Pacific

Over the past decade, many new subtypes of influenza viruses – including A(H5N1), A(H5N2), A(H5N6), A(H5N8), A(H7N9) and A(H9N2) – have been detected, assessed and addressed through surveillance and response systems. Given the constantly changing nature of influenza viruses, the timing and severity of an influenza pandemic cannot be predicted.

Influenza, especially avian and pandemic influenza, will continue to be a priority infectious hazard for the Region, and managing these threats has been embedded in APSED III. WHO has worked with Member States in strengthening surveillance and response systems, and in conducting exercises to test preparedness and response capacities.

Twenty-one national influenza centres, three WHO collaborating centres and two essential regulatory laboratories in the Region contribute to the Global Influenza Surveillance and Response System. This system determines influenza vaccine composition and evaluates pandemic risk of emerging strains. National influenza centres, such as the ones in Cambodia and the Lao People's Democratic Republic, and the WHO collaborating centres in Australia, China and Japan, continue to provide valuable contributions to this work.

This laboratory network promotes sharing of influenza viruses and genetic



The Victorian Infectious Diseases Reference Laboratory, a WHO Collaborating Centre for Reference and Research on Influenza, trains staff of the national influenza centres in the Region to upgrade skills on virus isolation and characterization.

sequences through the Global Initiative on Sharing All Influenza Data. An interactive, web-based platform at the Regional Office further supplements existing global tools. Recent influenza outbreaks highlighted the strength of these reporting networks and the WHO response capacity.

Indicator-based surveillance for respiratory diseases tracks seasonal influenza trends. Sentinel sites for influenza-like illness and hospitalized respiratory infections were established in many countries in the Western Pacific. Guidelines have been developed to ensure sustainability of surveillance systems.

Multisectoral collaboration at the animal–human interface is crucial in addressing zoonotic threats under APSED III. The response to A(H7N9) shows the strength of WHO's collaboration with the Food and Agriculture Organization of the United Nations (FAO) and other stakeholders to monitor virus evolution and conduct joint risk assessments.

Managing influenza threats will continue to be a top priority under the WHO Health Emergencies Programme. Renewed efforts will be made to strengthen pandemic influenza preparedness, including virus sharing, data utilization, vaccine development and emergency preparedness. ■

## 2. Learning from JEE to advance IHR national actions



Four Joint External Evaluation (JEE) missions have been conducted in the Western Pacific. The first one was done in Cambodia.

Since 2010, monitoring and evaluation that promotes accountability and learning has been one of eight focus areas of APSED. The process has included regular stakeholder review and progress reporting, such as the annual Technical Advisory Group (TAG) meeting, simulation exercises, outbreak reviews and joint evaluation. The four components of the new IHR (2005) Monitoring and Evaluation Framework, which are annual reports, after-action reviews, exercises and Joint External Evaluation (JEE), will be fully embedded in APSED III.

Over the past year, WHO has spearheaded the JEE process, a voluntary, collaborative government and external expert peer-to-peer review of country capacity under IHR (2005). JEE promotes learning for continuous programme improvement, accountability and collective action. The JEE process usually consists of two stages: an initial self-evaluation conducted by the host country using the JEE tool, followed by a joint evaluation conducted by a team of national and international experts who review country capacities in 19 technical areas.

The results of the JEE process contribute to the updating of national action plans for health security.

In the Western Pacific Region, JEE provides momentum for advancing IHR (2005) capacities and a platform for high-level advocacy for investments in health security and the promotion of country ownership. JEE also fosters multisectoral and international collaboration. Since 2016, four JEE missions have been conducted in the Region: Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam. Two more missions are planned in 2017: Australia and the Republic of Korea.

Some overarching recommendations from JEE missions focus on updating and implementing national action plans as guided by APSED III to advance IHR (2005) implementation, providing sustainable financing for health security, enacting laws consistent with international obligations, implementing a workforce strategy that includes the public health workforce, improving multisectoral coordination and fostering a culture of learning for continuous improvement.

WHO will continue to coordinate JEE missions in collaboration with Member States, partners and global initiatives, such as the Global Health Security Agenda, the World Organisation for Animal Health (OIE), FAO, and other technical agencies and collaborating centres. ■



### 3. Strengthening National Emergency Medical Teams as a cornerstone for disaster preparedness in the Philippines

In November 2013, one of the most powerful typhoons ever recorded struck the Philippines, claiming more than 6000 lives and causing billions of dollars in damages. While the Philippines faces several natural disasters every year and is ranked as the third most disaster-prone country in the world in the *World Risk Report 2016*, Typhoon Haiyan, known locally as Yolanda, changed profoundly how the country deals with disasters and health emergencies.

Based on the lessons from past disasters, and as a priority activity of the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*, the Philippines has established mechanisms to provide immediate and appropriate health services during disasters and emergencies. One such initiative is the development of the National Emergency Medical Teams (NEMTs) as surge capacity to support disaster response at the local level.

NEMTs in the Philippines are aligned with the WHO EMT Initiative that places a strong focus on helping every country develop its own EMTs that can respond to disasters and emergencies on short notice.

Building this capacity is also a priority action under the WHO Health Emergencies Programme. The Philippines is working to enhance the capacity of the

NEMTs based on the standards set for Type 1 EMT (fixed teams with mobile capability). The country also will form one national Type 2 EMT (inpatient surgical emergency care) and organize additional specialized care teams based on need.

NEMTs will undergo the WHO verification process. WHO supports Philippine authorities through the peer review process that leads to a quality assurance

designation and classification. The goal is to enable the deployment of EMTs in a more systematic, timely and predictable manner. The establishment of NEMTs will allow the Philippines to respond more quickly and effectively to disasters and emergencies, providing essential health services and safeguarding the health of the people in affected areas. ■



The Philippines has established the National Emergency Medical Teams to provide immediate and appropriate health services to people during disasters and emergencies.

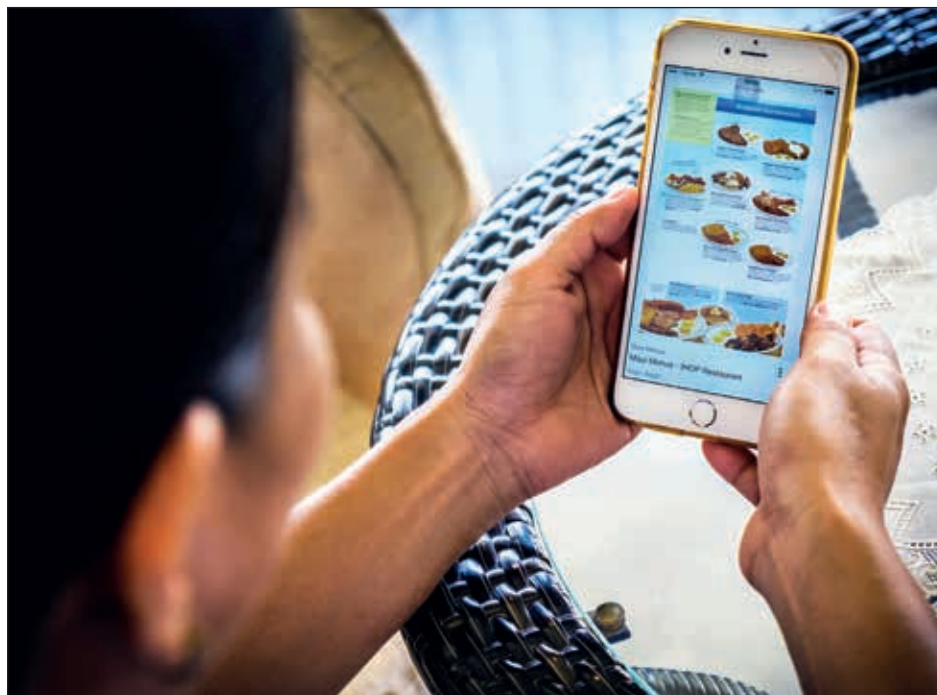
## 4. The future of food safety in the Region

With growing consumer demand, mistrust in food safety is an increasing concern. Health, socioeconomic and political consequences can be severe if food safety incidents are not well managed. Consumers may lose confidence in food safety systems. In addition, the emergence of social media has revolutionized the way people obtain information. As a platform for consumers to share their views, social media has also accelerated exponentially the spread of rumours and unreliable reports on food safety that affect perceptions of risk and trust in food safety systems.

Changes in the food supply chain have made it easier to enjoy food from all corners of the world. Online shopping and speedy delivery of ready-to-eat food have accelerated this market's growth. These conveniences, however, have created new challenges for food safety in the Western Pacific Region.

In response to Member State concerns expressed at the October 2016 session of the Regional Committee, an intensive country consultation process was initiated to identify anticipated changes affecting food safety issues. Consultation topics included possible new ways of addressing the public's demands for safe food and the strategic direction of strengthening of national food safety systems.

Based on the bottom-up consultation, a draft regional framework for action on



The draft Regional Framework for Action on Food Safety in the Western Pacific calls for new approaches for the management of food safety risks to address the complexity of new food supply chains, including increasing access to social media for information.

food safety in the Western Pacific is being developed to guide national authorities in strengthening national food safety systems. While the core components of national food safety systems remain relevant, the draft framework highlights the need to build trust and develop a step-by-step approach to strengthen food safety systems. The framework also addresses further strengthening of a re-

gional mechanism to monitor progress, identifies common priorities and serves as a regional platform for continuous improvements in national food safety systems. The new regional framework is slated for consideration for endorsement by the Regional Committee for the Western Pacific in October 2017. ■