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 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.
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 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 International 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.