A decade of investment in health security has better prepared the Western Pacific Region for health emergencies. However, more work must be done before the next pandemic.

Introduction

Pandemics can claim millions of lives, disrupt societies and devastate economies. In 1918, an influenza pandemic killed an estimated 100 million people. Severe acute respiratory syndrome (SARS) led to US$ 40 billion in economic losses during 2003. The 2009 influenza A(H1N1) pandemic spread to more than 210 countries and areas in just one year.

Over the past decade, considerable investments have been made in outbreak and emergency preparedness. Member States have advanced implementation of the International Health Regulations, or IHR (2005), and helped make the Western Pacific Region safer for its nearly 1.9 billion people.

Much has changed, but health security threats continue. Member States know a lot of work still needs to be done to prepare for the next pandemic. Meanwhile, countries face other challenges, such as natural disasters, instability and turmoil. The United Nations Secretary-General recently issued a worldwide “red alert”, citing human rights violations, climate change, risk of nuclear war, rising nationalism and xenophobia. Even basic issues, such as ensuring the safety of food, have become more complex in today’s increasingly interconnected world.

The WHO Health Emergencies Programme (WHE) was created in 2016 to help countries
meet these challenges. Now in its second year of operation, the global programme harnesses the expertise and resources of the three levels of the Organization – country offices, regional offices and headquarters – to support Member States in strengthening emergency preparedness, prevention, detection, response and recovery. In the Western Pacific Region, WHE is embedded in the Division of Health Security and Emergencies, alongside the Organization’s work on food safety.

Between July 2017 and June 2018, regional surveillance systems detected and assessed 1621 signals of potential emergency health threats in the Western Pacific. Eighty-eight acute public health emergencies were identified, and 24 were outbreaks and emergencies requiring WHO’s response. The outbreaks detected and assessed include listeriosis in Australia, the first human cases of avian influenza A(H7N4) in China, meningococcal disease in Fiji, vaccine-derived poliovirus in Papua New Guinea, measles in the Philippines, norovirus in the Republic of Korea and dengue in Samoa, to name a few.

During the same year, the Region faced three disasters designated Grade 1 emergencies under WHO’s Emergency Response Framework, meaning that they required significant deployments of WHO staff and resources to support countries’ response. These emergencies included the Marawi conflict in the Philippines, Tropical Cyclone Gita in the Pacific and a 7.5-magnitude earthquake in Papua New Guinea.

The Division’s work begins long before disaster strikes. Through the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) and the Western Pacific Regional Framework for Action for Disaster Risk Management for Health, the Division works with countries, WHO country offices and partners to prepare for emergencies and help advance the capacities required under IHR (2005), as part of WHE.

WHO continues to support APSED implementation at the country level. During the reporting period, Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam updated or advanced their national action...
plans for health security. More and more Member States have established functional emergency operations centres and started using incident management systems. Some countries, such as Viet Nam, have established subnational emergency operations centres.

Surveillance and risk assessment capacities have been bolstered to guide decision-making. The laboratory specimen shipment network for Pacific island countries was strengthened. Guided by APSED III, annual reviews, simulation exercises, Joint External Evaluations and after-action reviews were conducted. A total of eight countries have now carried out Joint External Evaluations of their IHR capacities: Australia, Cambodia, Japan, the Lao People’s Democratic Republic, Mongolia, the Republic of Korea, Singapore and Viet Nam.

WHE continued to work with partner networks at the regional and global levels, including the Global Outbreak Alert and Response Network (GOARN), the Global Health Cluster and emergency medical teams. The number of WHO-certified international emergency medical teams in the Region has now reached six: one from Australia, three from China, one from Japan and one from New Zealand.

Partnerships were also strengthened through events such as the Partners’ Forum at the annual regional meeting of the Technical Advisory Group on APSED III. The Technical Advisory Group continues to serve as a regional mechanism to monitor progress and promote partnerships for health security. Likewise, the Seventh Asia Pacific Workshop on Multisectoral Collaboration for the Prevention and Control of Zoonoses fostered closer ties between colleagues working in animal and human health sectors.

Despite these positive developments, the Region is still not ready for the next pandemic. The Division of Health Security and Emergencies continues to work with Member States and partners to fulfil our mission of making the Western Pacific Region a place where “everyone is healthy and safe in outbreaks and emergencies”.