Strengthening regional health security:
Emerging diseases and disaster preparedness and response

Health security refers to reduced population vulnerability to acute health threats through collective international public health action. The International Health Regulations (2005)¹ (IHR) identify coordinated actions by national health authorities and across sectors that can deliver the core public health functions required for health security. Although there has been good progress in implementing IHR in the Pacific, challenges remain. Continuing investment in health security is needed to meet these challenges while sustaining the gains made.

To better coordinate national and partner initiatives in health security, the 2017 Pacific Heads of Health Meeting approved the development of a plan for more coherent, coordinated, transparent and adaptive support to countries. The draft Pacific Health Security Coordination Plan is a voluntary agreement for collective action towards regional health security through accelerating IHR implementation for preparedness and response, including objective assessment of health security capacities. The plan uses the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) as the updated roadmap for implementing IHR in the region and integrates health systems strengthening into health security as resilient and comprehensive health systems are essential for health security.

The 12th Pacific Health Ministers Meeting may consider reaffirming national leadership and coordination of health security through development and implementation of national IHR action plans guided by APSED III, with linkage to disaster risk reduction and climate resilience initiatives where appropriate; and considers approving the draft Pacific Health Security Coordination Plan. Development partners may consider providing multi-year funding and, where relevant, technical collaboration towards implementation of the plan.

1. BACKGROUND

Since the IHR came into force in June 2007, there have been four public health emergencies of international concern – the H1N1 influenza pandemic in 2009, the re-emergence of wild poliovirus and the West African Ebola virus outbreak in 2014, and the Zika virus outbreak and its complications in 2016. Emerging infectious diseases will continue to pose a risk to global health security.

Health security as defined by WHO as “the reduced vulnerability of populations to acute threats to health” through collective international public health action. The IHR is the global legal framework for the collective responsibility of countries, WHO and partners to prevent and respond to public health threats. The IHR identifies coordinated actions by national health authorities and across sectors to deliver the core public health functions required for health security.

As health is a major concern in almost all emergency situations, there are high expectations for health systems to respond quickly and effectively to mitigate the health and socioeconomic consequences resulting from emergencies. Readiness to respond to health crises requires capacities in both the national clinical care and the public health systems. Rapid national and international surge capacity mechanisms also need to be strengthened to reduce preventable deaths and to improve health outcomes in emergencies. One example is the collaboration of WHO with the national health authorities of Fiji, the Solomon Islands, Tonga and Vanuatu to build national Emergency Medical Teams (EMTs) with clinical, public health and logistics expertise, trained in emergency response and equipped for rapid deployment.

Despite successes in strengthening global health security, the 2016 Report of the Review Committee on the Role of the International Health Regulations in the Ebola Outbreak and Response\(^2\) identified the need for a global plan to accelerate implementation of the IHR, strengthen IHR monitoring and reporting and improve event management, including risk assessment and risk communication. National IHR Focal Points should be centres with sufficient human, administrative, logistical and financial resources to carry out all of their mandatory coordination and communication functions.

Across the Pacific, significant progress has been made in the IHR core capacities of public health legislation, coordination, surveillance, response, risk communication and laboratory services. Challenges remain in health system preparedness, workforce development, capacity at points of entry, zoonoses and food safety. In the Western Pacific Region of WHO, the Asia Pacific Strategy for Emerging Diseases has been the roadmap for IHR implementation since 2005. Renewed in 2016 as APSED III,\(^3\) the Pacific chapter of APSED III places health security within the Healthy Islands\(^4\)


Framework and links with frameworks for disaster risk management for health, climate adaptation and health system resilience, universal health coverage and the Sustainable Development Goals (SDGs).

2. PROGRESS AND ACHIEVEMENTS

2.1 Conclusions and recommendations of the Pacific IHR Meeting, 30 May–1 June 2017

The 2017 Pacific IHR Meeting built on the momentum created by the consultative process to develop APSED III to ensure that all Pacific island countries and areas accelerate IHR (2005) implementation with the support of regional partners.

National IHR Focal Points reviewed progress in implementing the IHR core capacities and shared successes, lessons learned and ongoing challenges, many of which are related to health system strengthening and include a sustainable public health workforce, information management systems, policies and plans, and secure funding. The meeting identified national and regional health security priorities requiring collective action, such as Pacific regional alert and response capacities (e.g. specialized laboratory services and stockpiles).

Participants reaffirmed Healthy Islands as the overarching vision for addressing health security in the Pacific and the attainment of the SDGs for health.

The meeting also acknowledged that the 20-year-old Pacific Public Health Surveillance Network and its six services – PacNet, LabNet, EpiNet, PICNet, Pacific Syndromic Surveillance System (PSSS) and the capacity-building in epidemiology Data for Decision Making (DDM) and the postgraduate Health Interventions in the Pacific (SHIP) programme – support the acceleration of IHR implementation and broader health security in the region.

The guiding principles for IHR implementation in the Pacific through APSED III place countries and national priorities at the centre. Pacific development partners have also agreed to work together in a more coherent, coordinated, transparent and adaptive manner to support countries.

A key conclusion of the meeting was that IHR implementation is a continuous process of quality assurance and improvement. As discussed at the Heads of Health Meeting in April 2017, the new IHR monitoring and evaluation framework comprises the mandatory annual IHR self-assessment, after-action reviews of health emergency responses and simulation exercises, and includes voluntary joint external evaluation (JEE). The Heads of Health requested that the secretariat carry out a technical review of JEE for application in the Pacific, incorporating lessons learned from experience in other small island states.

There is an ongoing need to engage multisectoral stakeholders (animal health, food safety, port authorities, finance, etc.) in the annual IHR review, and to strengthen the convening power of the National IHR Focal Points to coordinate a multisectoral process where necessary.

A key recommendation was that the national IHR implementation planning and budgeting cycle be informed by the annual IHR review to identify capacities requiring further investment and to match
resources to unmet needs. The meeting also identified areas of work that would benefit most from coherent and coordinated support from technical and development partners and collective approaches for Pacific regional health security. The discussion has informed the draft Pacific Health Security Coordination Plan.

2.2 Developing a Pacific Health Security Coordination Plan

The Pacific Heads of Health supported strategic and coordinated actions by countries and development partners to strengthen national and regional health security. WHO, the Pacific Community (SPC), the Pacific Island Health Officers’ Association, the Centers for Disease Control, the World Bank, the Australian Department of Foreign Affairs and Trade and the New Zealand Department of Foreign Affairs and Trade drafted a Pacific Health Security Coordination Plan 2017 to 2022. The plan was discussed at the 2017 Pacific IHR Meeting and shared with the Pacific National IHR Focal Points (NFPs), for their input and to discuss the plan with their respective senior managers for approval.

The Plan has four Areas of Action for accelerated implementation of national IHR core capacities and regional health security strengthening through APSED III:

1) Coordinated in-country support to accelerate IHR implementation.
2) Strengthen national response to outbreaks and sudden-onset health emergencies.
3) Regional preparedness, alert and response.
4) Implement the IHR monitoring and evaluation framework.

Implementing the Pacific Health Security Coordination Plan is expected to:

- Ensure that gaps in core national public health capacities are identified and prioritized for strengthening.
- Further strengthen regional preparedness, alert and response capacities to ensure Pacific-wide access to core services while reducing unnecessary duplication of effort.
- Provide clarity and transparency in the allocation of resources for health security.
- Provide visibility for other actors to engage in complementary and synergistic technical assistance to health security strengthening and funding, especially with respect to disaster risk management for health and climate change resilience.
- Improve monitoring and evaluation to ensure that outcomes are delivered.

3. CHALLENGES

All Pacific island countries and areas are vulnerable to emerging infectious diseases, including pandemics, and to natural hazards, especially extreme weather events that are expected to increase in severity or frequency because of climate change. The underlying burden of noncommunicable diseases in the region increases the vulnerability of populations and contributes to health security risks.

Reducing and mitigating these risks require sustained collective action, strategic health programming and financing and multisectoral partnerships that address unmet needs in health security while sustaining the gains that have been made.
A key theme of the 2017 Pacific IHR Meeting was regionally delivered public goods, including strengthened coordination, communication and information sharing, and sharing lessons learned in delivering partner support to strengthen national-level IHR capacities.

Given the very small population size of some Pacific nations, there are significant opportunity costs in replicating capacities, such as specialized laboratory technologies and stockpiling for medical countermeasures, in all Pacific islands. The Pacific countries implementing the EMTs initiative have agreed to work collaboratively towards a Pacific EMTs network to share knowledge, skills and practical experience. Once mobilized, this network will be an important regional resource for highly trained and rapid surge capacity in emergencies.

The draft Pacific Health Security Coordination Plan documents a voluntary agreement to work together in a more coordinated and coherent way to achieve national and regional health security. Its success requires the high-level commitment of national authorities and partners to collective action that is transparent and adaptive to individual country needs and priorities.

The Plan complements existing national, multilateral and bilateral commitments and agency mandates. It strengthens coordination of existing networks and services including the National IHR Focal Points network and the services of the Pacific Public Health Surveillance Network.

Operational readiness to respond to and mitigate the impact of outbreaks and other public health emergencies requires objective assessment and continual quality assurance through after-action reviews and simulation exercises in addition to the annual IHR review.

The JEE tool provides a comprehensive check-list of the evidence required to demonstrate health security capabilities. Voluntary JEE, adapted to the Pacific context as requested by the Pacific Heads of Health, can provide additional assurance of national readiness to respond to emergencies.

Pacific countries and areas and regional partners are actively contributing to IHR core capacity strengthening; however, activities are not always reported as contributing to health security. As this work provides evidence for the objective assessment of preparedness, alert and response capacities it should be identified in this way wherever possible.

4. FUTURE DIRECTIONS

System-wide approaches are needed to address health and human security challenges for sustainability. National and Pacific regional preparedness through implementation of the IHR core capacities strengthens health systems and the relationship between these activities is a key feature of the Pacific Health Security Coordination Plan.
4.1 Recommendations for governments

The 12th Pacific Health Ministers Meeting may consider:

- Pacific Heads of Health consider leading and coordinating health security at the country level through development and implementation of national IHR action plans guided by APSED III, with linkage to disaster risk reduction and climate resilience initiatives where appropriate.
- Consider approving the draft Pacific Health Security Coordination Plan to further strengthen the coherence of investments and activities for national and regional health security and agree to refer the draft Plan to the Pacific health ministers for their endorsement.

4.2 Recommendations for development partners

Development partners may consider:

- Ensuring that projects and activities contribute to national and regional priorities for health security and contribute to the evidence for the objective assessment of IHR core capacities at the national and Pacific regional levels.
- Providing multi-year funding and, where relevant, technical collaboration towards implementation of the Pacific Public Health Coordination Plan.
- Advocating with donors and other partners for support and funding for the Plan.