COUNTRY HEALTH EMERGENCY PREPAREDNESS AND IHR

PROGRESS UPDATE WHO ON JEE AND COUNTRY PLANNING

Performance of GHSA in 2016 & The Way Forward
14-15 December 2016. Bali, Indonesia

Ludy SURYANTORO
CORE CAPACITY ASSESSMENT, MONITORING AND EVALUATION
STRATEGIC PARTNERSHIP FOR COUNTRY PLANNING

World Health Organization
WHO Reform

ONE WORKFORCE
HQ & regional office staff aligned to new program structure by end-Oct ’16

ONE WORKPLAN & BUDGET
Single budget, results framework & work-plans aligned across all offices (Oct-Dec ’16)

ONE LINE OF ACCOUNTABILITY
ExD, Directors, appointed, DG & RDs agreed on line of accountability for graded events

ONE SET OF PROCESSES
New protocols for risk assessment, grading, incident management effective as of Aug ’16

ONE ADMIN SYSTEM
Contingency fund & emergency standard operating procedures in use
Health Emergencies Program
Conceptual Framework

Early warning, risk assessment, and emergency response

Prevention and control strategies for high-threat infectious hazards

All-hazards preparedness, IHR assessment and core capacities strengthening

Health systems strengthening in high-vulnerability countries
Country Health Emergency Preparedness Strategic Framework

Mutual reinforcement

Whole of society / government

UHC
- EWAR S
- Lab
- RRT
- IPC
- Safe hospitals...

HEALTH SYSTEM
(Essential Public Health Functions)

All-hazards

PUBLIC HEALTH SECURITY

Intersectoral coordination

PAGnet

Agriculture

Transport

Education

R&D

Security

....
Monitoring IHR States Parties’ Core Capacity

3 “ships”, 3 principles

► **Country ownership** (national sovereignty; voluntary JEE)
► **WHO leadership** (WHO’s mandate on IHR issues)
► **Active partnership** (e.g. GHSA and the Alliance for Assessments for Global Health Security and IHR Implementation)

The IHR Monitoring & Evaluation Framework:

- Follows WHA68.5 (“move from exclusive self-evaluation”)
- Noted by WHA69
- Endorsed by WHO GPG
From Joint External Evaluation To Strategic Partnership for Country Planning

**IHR-MEF 2014-2015**
With RO. Shared RCM 2015 - WHA

August 2015
Alignment of tools to reduce burden on MS

February 2016
JEE launched in Tanzania
FIRST country to volunteer

**JEE-One of 4 essential components of the IHR-MEF**

**SPP & Country Planning**
Advancing GHS Bali, Indonesia
27-29 JUNE 2016

SPP Go Live
DECEMBER 2015

**SPCP**
30 NOV – 2 DEC 2016

SPCP Pakistan

SPCP Ethiopia
JUNE 2017

**13-15 JULY 2015**
SPP Mandate Building GHS Cape Town South Africa

**FEBRUARY 2016**
SPP Stakeholder Meeting

**15-17 NOVEMBER 2016**
Strategic Partnership Country Planning (SPCP) Tanzania

**MARCH 2017**
SPCP Eritrea

**JUNE 2017**
SPCP Mozambique, Liberia, Sierra Leone

**External Evaluation**

**AAR**

**Exercise**

**SPAR**

**IHR-MEF External Evaluation**

**GHSA 11-AP**

**JEE 19 Technical Areas**

**Strategic Partnerships For Country Planning Post JEE & Beyond 5 year NAP Health Security**

**SPP Mandate Building GHS Cape Town South Africa**

**JEE launched in Tanzania FIRST country to volunteer**
Joint External Evaluations (JEE)
February-October 2016
28 Completed, all 6 WHO Regions, 11 Scheduled

Afghanistan, Albania, Armenia, Bahrain, Bangladesh, (Belize), Cambodia, Cote d'Ivoire, Eritrea, Ethiopia, Jordan, Kyrgyzstan, Lebanon, Liberia, Morocco, Mozambique, Namibia, Pakistan, Qatar, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Tunisia, Turkmenistan, USA, Viet Nam (Nov 1-6) (+ 6 GHSA pilot countries: Georgia, Peru, Portugal, Uganda, Ukraine, UK)
Health Security is the Goal, An Iterative Process is the Mean

Domestic resources + External support by multilateral and bilateral partners to monitor progress and fully implement national action plan.

Country Self Evaluation is enhanced by the Joint External Evaluation (JEE)

Based on JEE (and PVS) results, develop a costed action plan post JEE and BEYOND. NATIONAL ACTION PLAN FOR HEALTH SECURITY

Targets and vulnerability inform country capacity evaluation. ACCELERATE THE IHR IMPLEMENTATION
Strategic Partnership for Country Planning

**FRAMEWORK**

- Follow up JEE Results
- Country Planning Guiding Principles
- Planning Framework for IHR Action Plan Development

**TOOLS**

Tools and Methodologies to support National IHR Action Plan Development (Country Planning Checklist, Costing Tool/Model, and Detail Activity Plan)
Existing Global frameworks

**HEALTH SECURITY**
- International Health Regulations (2005)
- Global Influenza Program (GIP)
- Pandemic Influenza Preparedness (PIP) Framework
- OIE Performance for Veterinary Services (PVS) Pathway

**HEALTH SYSTEMS STRENGTHENING**
- Essential Public Health Functions (WHA69 Resolution)
- Universal Health Coverage (UHC) 2030

**DISASTER RISK REDUCTION**
- United National Plan of Action on Disaster Risk Reduction for Resilience (UNISDR)
- Sendai Framework for Disaster Risk Reduction 2015
- Comprehensive Safe Hospitals Framework (WHO)
UNITY FOR DIVERSITY

COUNTRY PLANNING
JEE results, Strategic Partnership Guidelines, Tools, Cross Cutting tools (health system and Others), Country profile and Status, List of countries who have completed country planning and in the pipelines.

MONITORING EVALUATION TOOLS

STRATEGIC PARTNERSHIP NETWORK

GLOBAL HEALTH SECURITY INVESTMENT
Donor, International Organization and Country Information – Coherence Bilateral and Multilateral
Countries Process Status Diagram

PART 01
Planning Process from JEE to Country Planning Workshop

1. AFTER JEE REPORT Released (4-6 months)
2. COUNTRY PLANNING AND COSTING WORKSHOP (6 months after JEE)
3. WORKSHOP PREPARATION (2 months)
4. CONSULTATION TO CONVENE WORKSHOP TO DEVELOP IHR ACTION PLAN
5. REVIEW AND SET PRIORITIES FOR TAKEN FORWARD UNDER ACTION PLAN
6. COUNTRY and WHO HOST THE WORKSHOP TO DRAFT IHR ACTION PLAN

PART 02
Planning Process from Country Planning Workshop to Agree Costed IHR Action Plan

1. WHO COUNTRY PLANNING and SPP HELD the SPIN FORUM
2. STRATEGIC PARTNERSHIP NETWORK FORUM (Approx. 2 Months after the Country Action Plan finalised)
3. Finalising the National Action Plan outlining implementation (2 months after Action Plan is agreed)
4. WHO COUNTRY PLANNING and SPP HELD the SPIN FORUM
5. Motif to LEASE WITH WHO for SUPPORT to ATTEND STRATEGIC PARTNERSHIP NETWORK FORUM
6. After Workshop phase, refining Draft National Action Plan and Developing the Implementation Process (2 months after workshop)
7. CONSULT, REVIEW and AGREE PRIORITISED IHR ACTION PLAN WITH TIMETABLE WITH RELEVANT STAKEHOLDERS
8. NATIONAL AUTHORITIES TO AGREE on COSTING and BUDGETING
9. Country Monitoring and Evaluation (1 Month after SPIN Forum)
10. IMPLEMENTATION of COUNTRY IHR ACTION PLAN BEGAN
Strategic Partnership for Country Planning

September – December 2016

2 Completed in 2 WHO Regions. 13 Scheduled in 2017

Tanzania, Pakistan (COMPLETED).
In the pipeline: Ethiopia, Eritrea, Liberia, Sierra Leone, Bahrain, Bangladesh, Cambodia, Jordan, Lebanon, Morocco, Mozambique, Turkmenistan, Viet Nam, and others
Strategic Partnership Country Planning

TANZANIA
15-17 NOV 2016

# Participants
140+

# Partners
25

Outcome
5 Yrs National Action Plan for Health Security
Funding Gaps, and Potential Funding Sources

Key Action
- Formalize functionality of integrated multi-sectoral high level and technical platforms
- Finalize the legal instruments and national guidance tools in line with the One Health approach
- Strengthen collaboration with potential partners, regional boards and others
- Put in place a robust and transparent monitoring, exercising and evaluation mechanisms
- Advocate at the highest levels for sustainable domestic financing of the action plan
- Review existing national and international funding mechanisms

Next Steps
Costing Workshop by 15 Jan 2017
Finalize Costed 5 Year NAP for HS
Launch Action Plan by - 30 March 2017

PAKISTAN
30 NOV – 2 DEC 2016

# Participants
70+

# Partners
12

Outcome
5 Yrs National Action Plan for Health Security
Funding Gaps, and Potential Funding Sources

Key Action
- Formalize functionality and oversight role of the National Multi-sectoral Taskforce for IHR encompassing GHSA
- Identify any gaps in the legal framework and processes with One Health Approach
- Strengthen coordination mechanisms between Health & non-Health sectors, Federal & Provincial Governments and collaboration with health development partners (HDPs)
- Develop robust and transparent monitoring and evaluation mechanisms
- Advocate political leadership, Finance and PD&R Division, Provincial P&D and Finance Departments
- Review the existing national and international funding investments and work plans
- Take steps to develop polio transition plan to support Health Security

Next Steps
Finalize and Share 5 Year IHR NAP for HS – Dec/Jan 2017
Establish Functional Executive Committees – Jan 2017
Finalize Costed 5 Year NAP for HS – end of March 2017
Launching 5 Year IHR NAP for HS - July 2017
Implementation 5 Year IHR NAP for HS - begin July 2017

DOMESTIC FINANCING FOR NATIONAL HEALTH SECURITY PLAN
National Gaps and Needs to be supported by external partners and donors
# The SPCP Stakeholders: Multisectoral Health Security

## INTERNATIONAL GOVERNMENTAL ORGANISATIONS
- FAO, ICAO, IOM, OIE, UNICEF, UNISDR, UNWTO, WHO, WFP, IATA, WTO, etc.

## PUBLIC HEALTH INSTITUTIONS AND NGOs
- AFRICAN EPIDEMIOLOGY NETWORK,
- NO MORE EPIDEMICS
- MALARIA ALLIANCE
- MSF
- SAVE THE CHILDREN
- TEPHINET, MAIPARK
- CARIBBEAN PUBLIC HEALTH AGENCY
- ECDC
- IFRC
- INTRENATIONAL MEDICAL CORP

## ACADEMIA
- UNIVERSITY OF TOKYO; UNIV. ALABAMA; LONDON SCHOOL OF ECONOMIC, KING COLLEGES, etc.

## DONORS, FOUNDATIONS
- AFRICAN DEVELOPMENT BANK GROUP
- ASIAN DEVELOPMENT BANK
- ASIAN PACIFIC COOPERATION (APEC)
- BILL AND MELINDA GATES
- CANADA – DFAIT
- DFID – PHE – Department of Health – Fleming Funds
- EUROPEAN COMMISSION
- THE NETHERLANDS
- THE NORDIC GROUP
- GERMAN FEDERAL MINISTRY FOR ECONOMIC COOPERATION AND DEVELOPMENT
- JICA – MOH – MOFA – Cabinet Office of Japan
- KOICA and Ministry of Health of South Korea
- SKOLL GLOBAL THREAT FUND
- USAID – HHS – CDC – State Department – USDA - DoD
- WORLD BANK GROUP
# Country Health Security Information

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**Note:** The table above illustrates the country's health security information focusing on various technical areas and their current multisectoral contributions. The green color signifies full or partial coverage, whereas the yellow color indicates partial coverage.
ADVANCING GLOBAL HEALTH SECURITY BALI

5 YEAR NATIONAL ACTION PLAN FOR HEALTH SECURITY TANZANIA

Strategic Partnership Portal UGANDA

5 YEAR NATIONAL PLAN FOR HEALTH SECURITY PAKISTAN

Building Global Health Security Cape Town
Thank you!

See You Next Time