



PACIFIC HEALTH SECURITY

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- Recent development in IHR / APSED implementation
 - Five-year global strategic plan for accelerated implementation
 - New IHR Monitoring and Evaluation Framework
 - JEE in FSM
- Update on health security from Heads of Health and Pacific Health Ministers Meetings
 - Pacific Health Security Coordination Plan, 2017-2022 (PaHSeC) – Partner coordination in support of Pacific island countries and territories

Public health risks in the Pa

- Epidemics & very high risk of disasters, some of which are predicted to increase because of climate change
- Global EID risks (e.g. pandemics), potential resurgence of elimination diseases such as measles and AMR
- Outbreaks e.g. Zika virus, and extreme weather events in the Pacific can affect multiple countries at the same time and bring about cascading health, social and economic impacts
- Exacerbating factors
 - Very high burden of NCDs; continuing burden of NTDs



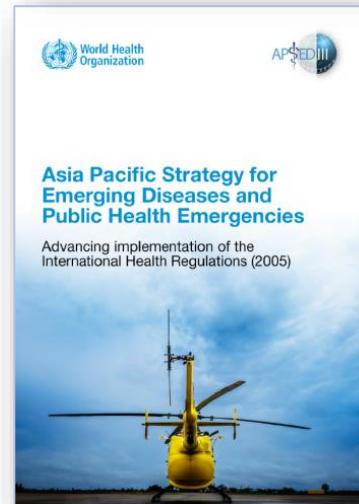
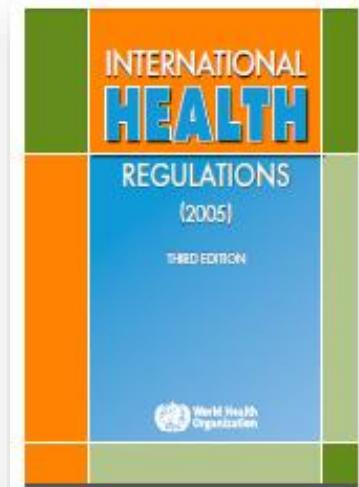
International Health

Regulations (2005)

Regulations for coordinated, collective international action for global health security

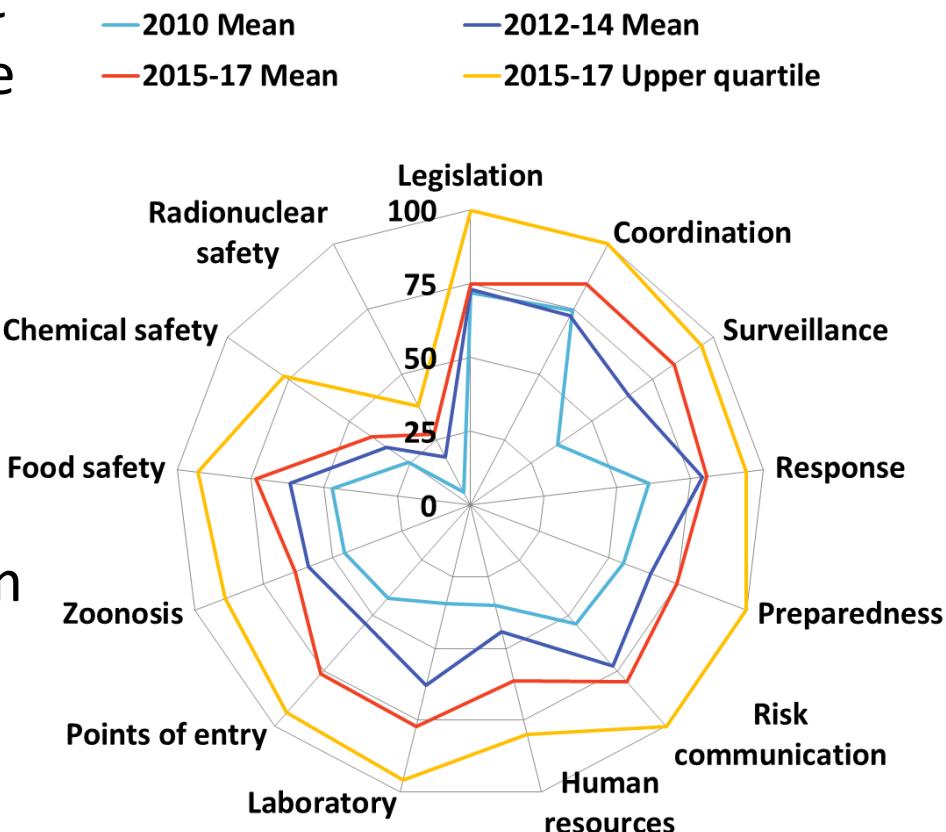
Multisectoral preparedness

- **Containment at source** and at international PoE (national core capacities)
- Preventing | mitigating the **international spread** of disease and hazards with the potential to cause disease
- **Adaptive responses** proportional to risk



State Party Annual Reporting of IHR core capacities, PICs, 2010-2017

- **Self-assessment** shows consistent pattern of improvement over time in core capacities
- Gaps in functional areas similar across the Pacific region
- But wide variation in capacity across PICs
- Overseas territories excluded from the assessment
- CHEM and RAD assessment inconsistent in countries year by year



7 years after IHR come into force ... Ebola West Africa, 2014-15



**Need for objective
assessment of IHR
implementation nationally
and by WHO**

www.huffingtonpost.com

Pillars of the 5-year plan

1. Building and maintaining State Parties core capacities required by the IHR (2005)

- Development of **national action plans** aligned with national health sector priorities, strategies and plans
- Linking IHR core capacity strengthening with **health systems strengthening**

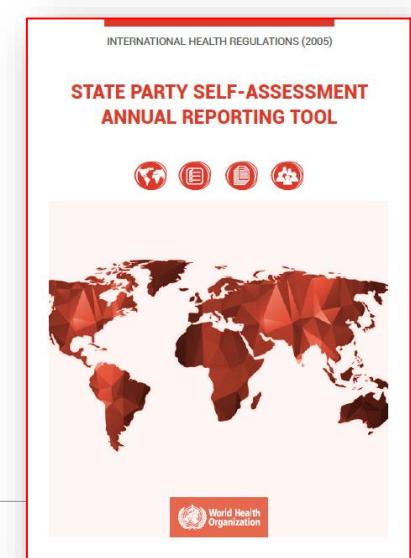
2. Strengthening event management and compliance with IHR (2005) requirements

- Includes strengthening the National IHR Focal Points

Pillars of the 5-year plan cont.

3. Measuring progress and promoting accountability – the new IHR Monitoring and Evaluation Framework (IHR MEF)

- One mandatory component – State Party Annual Report (SPAR) reported annually to WHA
- Three voluntary components –
 - After Action Review (AAR) following outbreaks / other emergencies
 - Simulation Exercises (SimEx)
 - Joint External Evaluation (JEE)



IHR MEF components and principles

IHR MEF

Annual Reporting
(SPAR)

Required under IHR Article 54

After Action Review
(AAR)

Voluntary reviews for continuous quality assurance and improvement

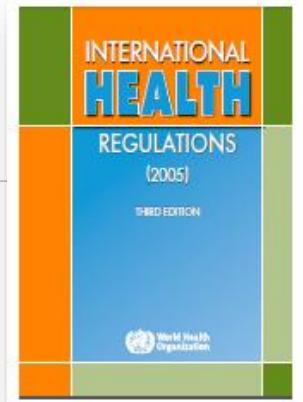
Simulation Exercises
(SimEx)

- Transparency
- Mutual accountability
- Trust building
- Appreciation of public health benefits
- Dialogue
- Sustainability

Joint External Evaluation
(JEE)

The IHR Monitoring & Evaluation Framework:

- Follows WHA68.5 ("move from exclusive self-evaluation")
- Noted by WHA69



JEE in FS

- FSM became the first PIC to complete JEE in Aug 2018
- International team from Aus, Canada, NZ, USA + WHO CO, HQ, WPRO, PAHO
- Marshall Is and Palau invited as observers
- SPC as regional observer
- Technical support from WHO consultant | report writer

TECHNICAL FRAMEWORK IN SUPPORT TO IHR (2005) MONITORING AND EVALUATION

JOINT EXTERNAL EVALUATION TOOL

SECOND EDITION - January 2018

INTERNATIONAL HEALTH REGULATIONS (2005)



Pacific Health Security Coordination Plan, 2017-2022 (PaHSeC)

- April 2017 - Pacific HoH supported strategic and coordinated actions by countries and development partners to strengthen national and regional health security
- Development partner response to a need identified by PICs and partners for **more coherent and coordinated support to countries** in implementing the IHR through APSED III and meeting the IHR monitoring requirements
- Endorsed at 12th Pacific Health Ministers Meeting, Rarotonga, Cook Islands, Aug 2017

Purpose of PaHSeC

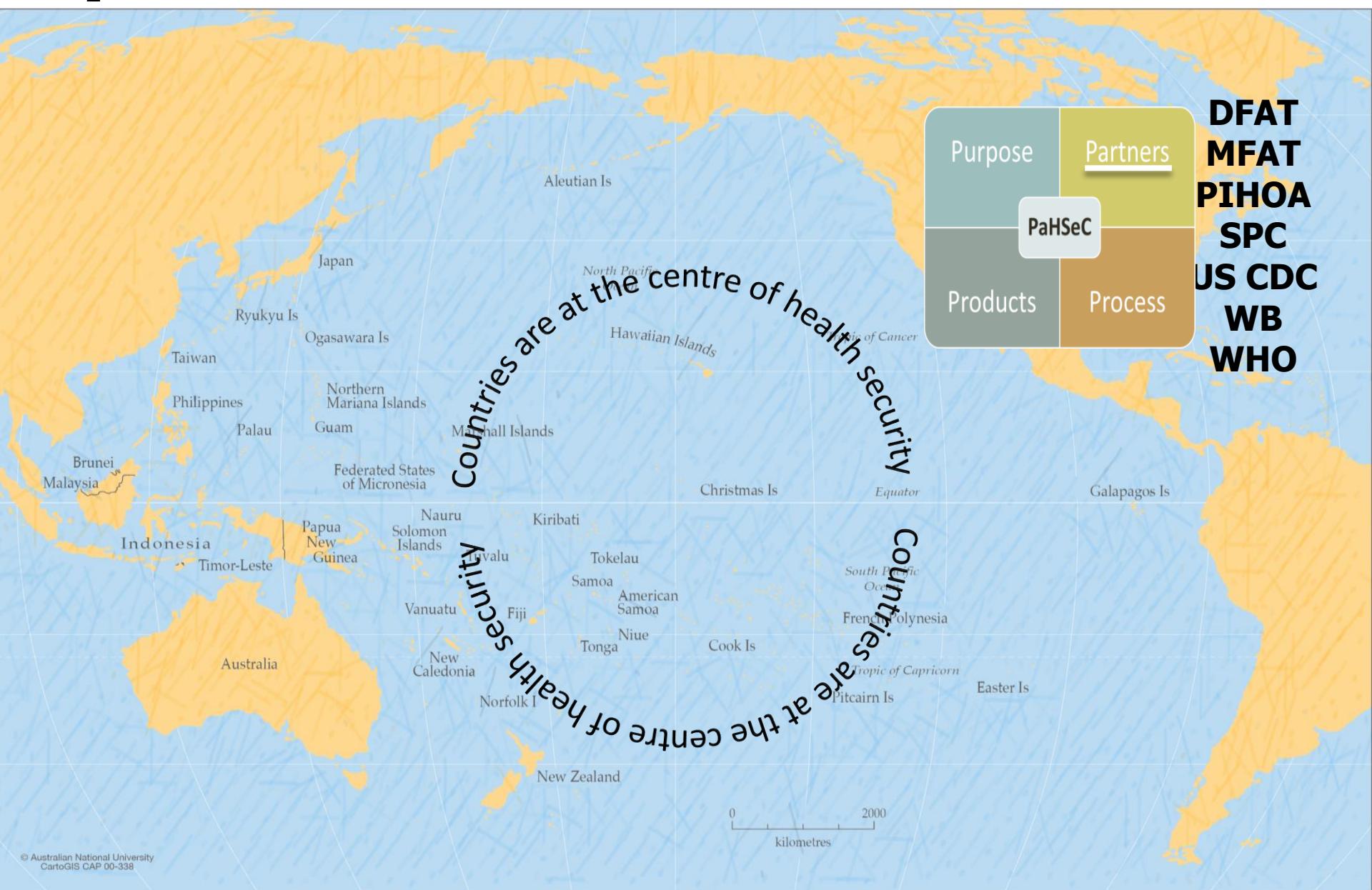


- Improve partner coordination
- Identify and strengthen capacities for health security that require collective action and are regional public goods
- Support IHR MEF implementation

NB: PaHSeC works through existing Pacific coordination structures and networks such as PPHSN - a key network for IHR / APSED

implementation in the Pacific

Current PaHSeC working group partners



PaHSeC areas of action

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



Some achievements

- Joint development of PaHSeC
- WHO Temporary Advisor roles for SPC, PIHOA, CDC at Pacific IHR Meeting 2017
- Back-to-back workshops and meetings, Apr 2018
 - IHR MEF training for partners (WHO)
 - One Health Consultation (SPC)
 - PPHSN-Coordinating Body meeting
 - Heads of Health Meeting
- Continuing collaboration by PaHSeC WG, including sharing activity plans for better in-country support coordination
- Major opportunities for collaborative work in implementing IHR MEF

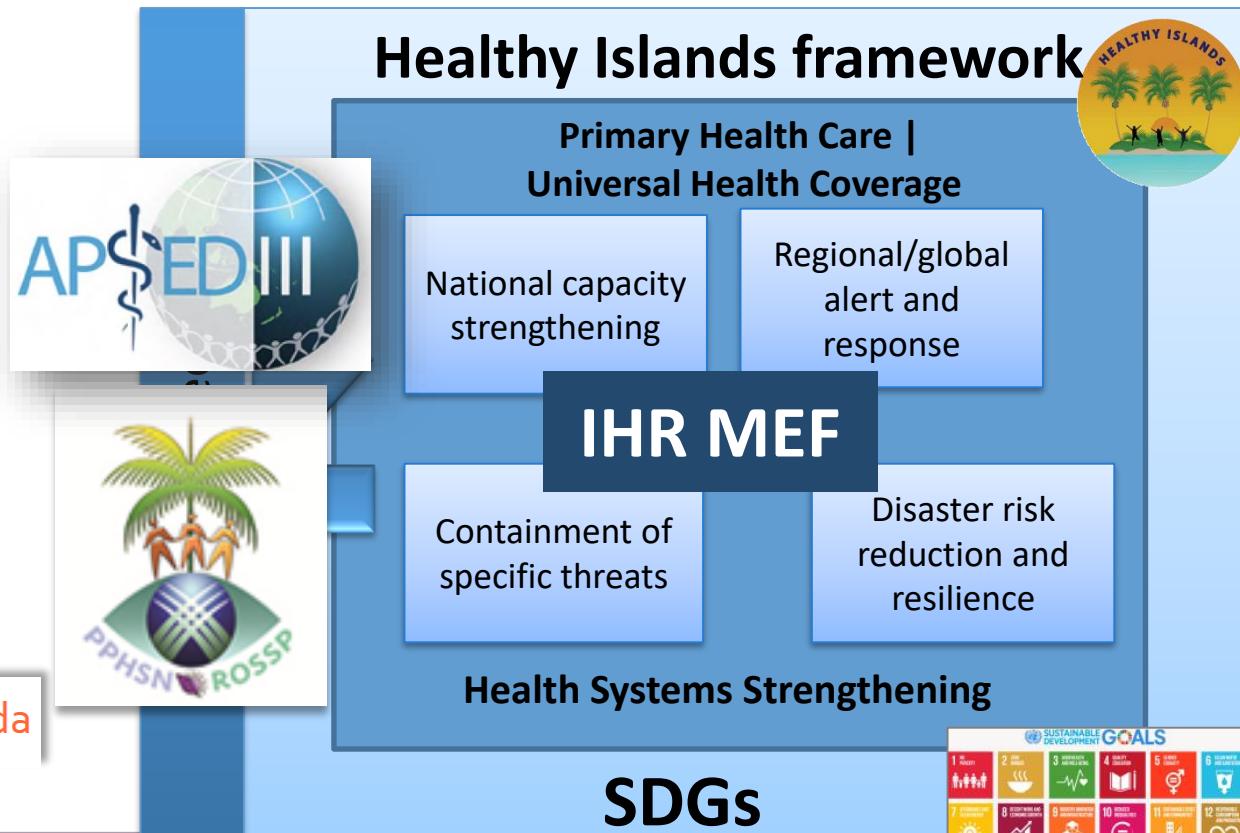
PPHSN-CB 2018 recommendations on

IHR MEF

- Adopt the IHR MEF as a monitoring mechanism to support PPHSN's goal of strengthening regional surveillance and response in a sustainable way
- Undertake high-level advocacy for all four components of the IHR MEF (SPAR, AAR, SimEx, JEE), noting that territories may need the agreement of relevant mainland authorities
- All partners should support and encourage countries to undertake at least one after action review and be involved in at least one simulation exercise annually, and to report and publish the results

Bringing it all together for

- **health security** populations to acute threats to health through collective international public health action



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and
thank you



Implementation of the IHR (2005) – Update

WHA 70(11), 2017 call to the DG WHO to “develop, in full consultation with Member States, including through the regional committees, a **draft five-year global strategic plan** to improve public health preparedness and response in line with the requirements of the IHR (2005)”

- Consultative process May to Nov 2017 through the regional committees and a web-based consultation
- WHO Western Pacific Region - Agenda item 16 of the 68th RCM, Brisbane, Australia, 9-13 October 2017
- One formal consultation of Member States, through the Geneva-based mission focal points, Nov 2017