

INTERNATIONAL HEALTH REGULATIONS (2005)

# NAPHS FOR ALL

A **3** STEP STRATEGIC FRAMEWORK FOR  
NATIONAL ACTION PLAN FOR HEALTH SECURITY



World Health  
Organization



# NAPHS FOR ALL

## A 3 STEP STRATEGIC FRAMEWORK FOR NAPHS



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# 1. INTRODUCTION

Lessons learned from Ebola virus disease, Zika virus disease and other health emergencies have highlighted the need for countries to continuously develop, strengthen and maintain their capacities under the International Health Regulations (2005) (IHR). In particular, they must establish evidence-based capacities to prevent, prepare for, detect, notify, and respond to acute public health emergencies and events. Strengthening these capacities not only improves national health security but also safeguards travel and trade, and helps to protect economic and social development. Developing capacities for health security in a country requires involvement of public and private entities from a range of sectors including health, agriculture, environment, finance, security, emergency management, education, and transportation.

The World Health Organization (WHO) is mandated through various resolutions, decisions and reports of the World Health Assembly and in the IHR to provide technical guidance and support to its Member States for strengthening their health systems including IHR capacities at the national, subnational and local levels. Preparedness for health emergencies was identified as one of the three strategic priorities in the WHO's thirteenth general programme of work 2019–2023 (GPW 13). The programme aims to achieve "one billion protected from health emergencies".

The WHO Secretariat in consultation with Member States developed the IHR monitoring and evaluation framework (IHRMEF) in line with the recommendations of the review committee on second extensions for establishing national public health capacities and on IHR implementation<sup>1</sup>. The IHRMEF objectively informs national action plans to strengthen country capacities for public health emergency

preparedness and health security. The IHRMEF has four components: mandatory annual reporting, and the voluntary after-action review, simulation exercises and voluntary external evaluation including the joint external evaluation. The national action planning process transforms recommendations from various evaluations into actions that can strengthen the ability of countries to prepare and be operationally ready to manage major public health risks or events.

National Action Plan for Health Security (NAPHS) is a country owned, multi-year, planning process that can accelerate the implementation of IHR core capacities, and is based on with One Health and whole-of-government approach for all hazards. It captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development. The NAPHS also provides an overarching process to capture all ongoing preparedness initiatives in a country along with a country's governance mechanism for emergency and disaster risk management. The planning process should leverage other planning processes, such as antimicrobial resistance (AMR) and pandemic preparedness, etc<sup>2</sup>. Since 2016, WHO has been working closely with many countries and partners to support the development and implementation of NAPHS. Using feedback from countries, regions and partners, WHO developed this framework to consolidate technical guidance to countries for NAPHS development and implementation. The framework provides guidance to identify: (i) evidence-based priority actions that can be implemented quickly to have immediate impact, and (ii) long-term actions for sustainable capacity development to improve IHR capacities for health security and health systems.

1 - WHA Resolution 64.10, WHA resolution 65.20, WHA resolution 68.5, WHA Report A69/21, accessed 21 December 2018

2 - <http://www.who.int/antimicrobial-resistance/national-action-plans/manual/en/>, accessed 21 December 2018

## 2. PURPOSE OF THE FRAMEWORK

The NAPHS framework is a flexible, three-step approach to help countries plan and implement priority actions to attain health security. It builds on and refers to all existing policies, agreements, strategies and frameworks at the national, regional and global levels and is designed to be used by countries to facilitate multisectoral planning. The framework emphasizes the importance of alignment and integration with the country's national health strategic plan as well as other relevant national sectoral plans in the development and implementation of NAPHS. Countries have the prerogative to select and choose the steps/actions/components of the framework for the development and implementation of NAPHS based on their context.

The NAPHS framework provides three-step approach -(i) inception, (ii) development, and (iii) implementation- for countries to:

- focus on multisectoral efforts to identify national priorities using all relevant plans for health security (such as, national health sector plan, plans for emergency preparedness, response, and recovery, pandemic influenza preparedness plan, plans for AMR, laboratory, One Health);

- use all existing risk and capacity assessments and evaluations of IHR capacities to identify gaps and provide evidence base action;
- generate consensus on priority technical areas of action and detailed activities and assign responsibility;
- conduct costing of the NAPHS, facilitate partnership, as well as map and mobilize resources including:
  - domestic financing – national allocation within the budget cycle of health sector plan;
  - development funding – development projects, partner support;
  - disaster – humanitarian funding, recovery projects, contingency fund for emergencies;
- prioritize short-term actions for immediate implementation and long-term actions for sustainable capacity development, and embed into existing national health sector plan; and
- monitor and evaluate the implementation of NAPHS and report on the status of implementation of the IHR capacities to WHO.

## 3. SCOPE OF THE FRAMEWORK

Health emergencies weaken health systems and the weak health systems amplify emergencies. Strengthening the IHR implementation through the NAPHS only prepare and strengthens the health systems' capacities to prevent, detect and respond to public health risks and events.

The national action plan for health security is built on the essential public health functions for prevention, prepare for, detection, and response to public health risks or events. The framework provides optional steps and components in the planning process for countries to accelerate

implementation of priority actions to strengthen health security. It is accompanied by a NAPHS guideline, which provides detailed guidance on each step of the NAPHS framework and includes all the necessary tools and templates to develop and implement a national action plan.

The framework is comprehensive and supports preparedness planning for all hazards, risks and events. The framework also allows countries to scale up operational readiness by implementing priority preparedness activities around imminent risks.

## 4. GUIDING PRINCIPLES

**Leadership:** Country-led, dynamic, adaptable to country context, with WHO technical support.

**Approach:** One Health, whole-of-government approach for all-hazards, risk-based planning for health security.

**Sustainability:** Aligned with existing plans relevant to the IHR (i.e., AMR, PIPP) and integrated into the national health sector plan.

## 5. TARGET AUDIENCE

This framework provides guidance for relevant stakeholders for health security planning and implementation including government,

non-government, and private sectors, as well as academia, and the international community.

## 6. TIMEFRAME

The framework provides guidance on developing a five year strategic plan with annual operational plans. The framework is intended help countries to initiate and complete the planning process within two to six months of finishing a voluntary external evaluation (such as joint external evaluation), by capturing the momentum generated by the evaluation processes.

The NAPHS can be triggered by a range of factors including but not limited to assessment findings (such as voluntary external evaluation, simulation exercises, after action reviews, risk assessments,

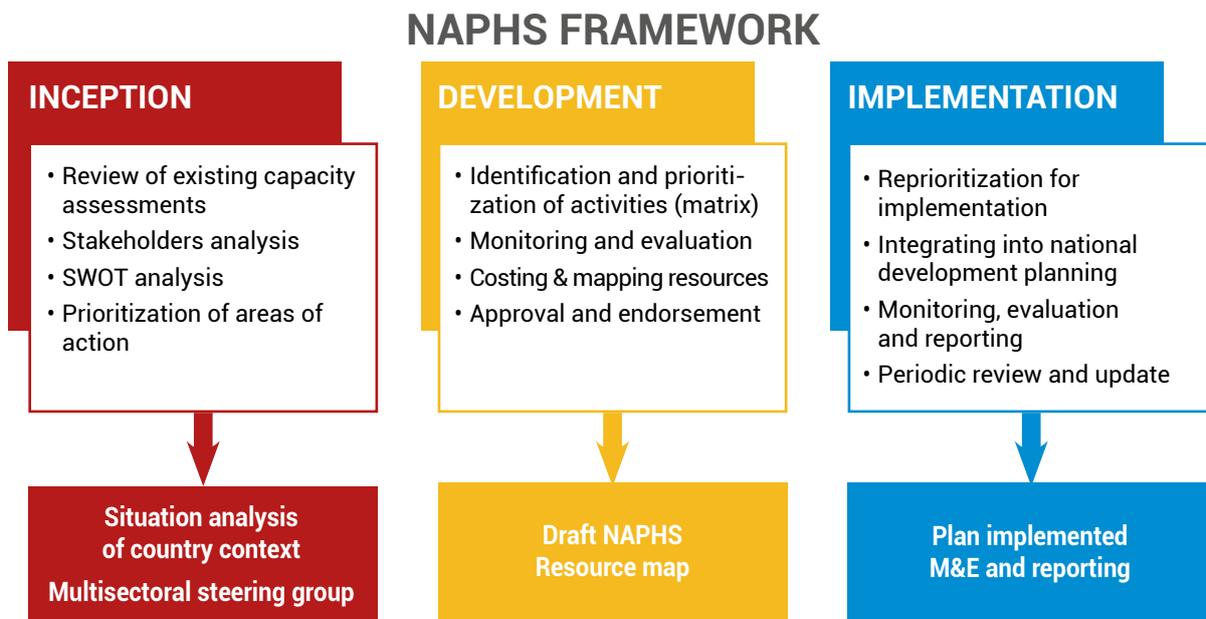
etc.); the IHR annual reporting; routine monitoring and evaluation frameworks; national planning and budget cycle reviews; priorities and policies of the government; and the occurrence of large events.

The NAPHS process should be integrated with sectoral planning and budget cycles and must consider existing planning cycle timeframes when establishing the duration of the plans. The NAPHS will be reviewed (such as annually) and updated regularly (such as annually) or as needed (following health emergencies).

## 7. STEPS OF PLANNING

It is the prerogative of the countries to choose when to start, which steps to take, and what optional components and tools to use in each step to fit the country context. Countries may choose to initiate a new planning process or update existing

plans based on the local context. The described components of the steps provide guidance on inputs and outputs and are not intended to be sequential.



**Step 1 – Inception** consists of a desktop review of all existing national plans and capacity assessments, stakeholder analysis, SWOT analysis and prioritization of technical areas of

action (based on various assessments, existing plans and various national, regional and global strategies). A prioritization exercise can consider strategic costing using a rapid costing tool.

Outputs of this step may include:

- a situation analysis of the country context, and
- an agreement of a governance structure to provide strategic direction to the planning process, such as a high-level, multisectoral steering group.

**Step 2 – Development** consists of identification and prioritization of activities within the technical areas based on risk assessment, monitoring and evaluation framework, detailed costing of activities, mapping resources and endorsement of the plan.

Outputs of this step may include:

- an approved multi-year, costed national action plan for health security, and

- a resource map to provide information on available resources and gaps.

**Step 3 – Implementation** consists of re-prioritization of the plan for operations based on resource mapping, integration into the national health sector plan, monitoring, evaluation, and periodical reporting and updating of the plan. This step includes implementation of the plan and continued mobilization of additional resources.

Outputs of this step may include:

- a monitoring, evaluation and reporting process, and
- implementation of the plan.

## 8. CRITICAL COMPONENTS OF A COMPLETED NAPHS DOCUMENT

Depending on the strategic approach taken by the country, a completed NAPHS document should have three major parts:

1. **A narrative summary** containing the situation analysis and a summary of strategic and operational parts of the NAPHS including priority technical areas, costing, overview with a communication strategy and an implementation plan with a process to report.

2. **A planning matrix** containing detailed priority activities with costing, and mapped resources.

3. **Annexes** containing all national plans and assessments relevant to the IHR, terms of reference of national multisectoral steering, and technical groups, a stakeholder inventory, the communication strategy, and the implementation plan with the monitoring and process.

8.1 STEP 1: INCEPTION

COMPONENTS	DESCRIPTION	INPUTS	TOOLS
Review of plans and capacity assessments	Form a team from key health programmes (such as disease control, emergency, etc.), health policy, planning and finance units/departments/ministries to review all available assessments related to health security.	<ul style="list-style-type: none"> <li>• Risk assessment or profile (STAR)</li> <li>• Assessments (SPAR, voluntary external evaluation, SimEx, AAR, IHR-PVS)</li> <li>• Plans, strategies (NHSP, NDP, AMR, PIPP, OHP),</li> <li>• Regional agreements</li> <li>• Communication and strategies</li> </ul>	Template for situation analysis
Stakeholder analysis	Identify mandates and roles through mapping stakeholders (government, non-government and moving towards a strategic partnership for implementation.	<ul style="list-style-type: none"> <li>• Government and non-government strategies related to health security (ministries, WHO, UHC, SDG, UN)</li> <li>• Development and humanitarian priorities (CCS, CSA, UNDAF)</li> </ul>	Stakeholder analysis template
SWOT analysis	Identify challenges and opportunities for planning and implementation.	<ul style="list-style-type: none"> <li>• Desk review and stakeholder analyses</li> <li>• Summary of sectoral strategies and plans</li> </ul>	SWOT analysis tool
Prioritization of technical areas	Map the health security elements from desk review, determine whether additional technical areas for action are needed, prioritize the technical areas for action and consider strategic cost estimates using a rapid costing tool.	<ul style="list-style-type: none"> <li>• Desk review, SWOT and stakeholder analyses</li> </ul>	Prioritization guide
<b>OUTPUTS</b>			
Situation analysis	A situation analysis provides baseline information for planning, including the country's risk profile, capacities and priority gaps in the present system to prevent, prepare for, detect and respond to health risks and events. It defines strategic objectives, priority actions and areas of work with achievable goals. It takes into account the country context.		
Multisectoral steering group	High level, multisectoral steering group or similar existing platform to guide and direct the planning process and ensure that it is endorsed and approved across all relevant sectors and advocated for at the highest level necessary for inter-ministerial and parliamentary commitment. It will also guide the implementation planning and programme management structure needed to oversee implementation as well as the monitoring and evaluation process.		

## 8.2 STEP 2: DEVELOPMENT

COMPONENTS	DESCRIPTION	INPUTS	TOOLS
Prioritization of activities	Technical working groups develop and populate a matrix of activities, responsible agencies, timelines as well as indicators and prioritize them according to results from the situation analysis.	<ul style="list-style-type: none"> <li>• Situation analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Planning and costing tool</li> <li>• WHO benchmark tool</li> <li>• Prioritization guide</li> </ul>
Monitoring & evaluation	A cross-sectoral monitoring and evaluation framework for NAPHS implementation agreed upon by technical working groups simultaneously with activity development.	<ul style="list-style-type: none"> <li>• Existing national monitoring and evaluation process</li> <li>• National benchmarks and indicators</li> <li>• IHR, SDG, and Sendai indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring and evaluation Guide</li> </ul>
Costing and mapping resources	<p>Calculate the cost of immediate and longer-term priority actions using benchmarks and/or the cost of specific activities using detailed costing tool.</p> <p>Identify resources available from both domestic and international sources and fill up potential gaps for the implementation of NAPHS. Align with national sectoral budgets and resources for sustainability.</p>	<ul style="list-style-type: none"> <li>• Government budget guidelines</li> <li>• MoH, MoF, NDMC and other relevant ministries, CCA, CCS, UNDAF, HRP</li> <li>• Sectoral budgets, strategies and funding mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>• Country's costing process</li> <li>• Planning and costing tool</li> </ul>
Approval and endorsement	<p>A robust NAPHS requires high level multisectoral endorsement.</p> <p>Multisectoral workshops, dissemination and community level outreach are recommended. Senior government officials should take part in the release and launch of the NAPHS.</p>	<ul style="list-style-type: none"> <li>• Revised NAPHS</li> </ul>	
<b>OUTPUTS</b>			
Resource map	A resource map that documents domestic funding sources, and any existing, external funding resources, and funding gaps in the draft NAPHS.		
Endorsed NAPHS	<p>An endorsed NAPHS that is costed and prioritized; as well as aligned to existing strategies with a defined monitoring and evaluation process and programme management structure that can continuously review and update the activities and plan.</p> <p>A summary of the draft is included in the narrative part of the NAPHS.</p>		

### 8.3 STEP 3: IMPLEMENTATION

COMPONENTS	DESCRIPTION	INPUTS	TOOLS
Reprioritization for implementation	Reprioritization and sequencing of activities based on allocation of available and potential resources, and ongoing activities.	<ul style="list-style-type: none"> <li>Final NAPHS</li> <li>Resource map</li> <li>Priority matrix</li> <li>Costing matrix</li> </ul>	Prioritization guide
Integrating into national development planning	The steering group ensures that the NAPHS integrates into existing sectoral strategies and domestic budgetary planning and financing, emergency plans and other international or regional frameworks with continuous resource mobilization to fill the gaps.	<ul style="list-style-type: none"> <li>Sectoral strategies (NHSP, HRP, EPRP)</li> <li>National emergency management plans</li> <li>External frameworks</li> </ul>	
Monitoring, evaluation and reporting	The steering group develops the operational plan for implementation with agreed programme management, including roles and responsibilities of implementing stakeholders. It specifies a monitoring and evaluation framework that is compatible with existing national systems.	<ul style="list-style-type: none"> <li>National monitoring and evaluation reports</li> <li>NAPHS monitoring and evaluation reports</li> <li>Activity reports</li> <li>IHR monitoring and evaluation reports</li> </ul>	NAPHS monitoring and evaluation guide
Periodic review and update	Periodic review and update is established which describes how major objectives are updated and documents a record of changes.	<ul style="list-style-type: none"> <li>Final NAPHS</li> </ul>	
<b>OUTPUTS</b>			
Plan implemented	The NAPHS that is approved by the respective authorities in country aims at targets to reach in the next five years. This NAPHS also has buy-in of all relevant stakeholders and is shared with all the relevant stakeholders. This identifies entry points into the national budget cycle through sectoral development plans.		
Monitoring, evaluation and reporting	An implementation plan that identifies evidence-based priority activities for immediate implementation and aims to achieve quick results is operationalized. This can be supported by all available funding sources through existing plans in countries, such as humanitarian response, recovery, emergency preparedness, in countries. Summary of the implementation plan to be included in the narrative part of the NAPHS. The NAPHS is implemented and monitoring and evaluation and reporting is initiated.		

AAR= After Action Review ; CCS= Country Cooperation Strategy ; CCA= Common Country Assessment ; EPRP= Emergency Preparedness and Response Plan ; HRP= ; HSS=Health Systems Strengthening ; IHR-PVS= International Health Regulations – Performance of Veterinary Services; MoF=Ministry of Finance; MoH=Ministry of Health; NDMC=National Disaster Management Center ; NDP= National Disaster Programme ; NHSP= National Health Sector Plan ; OHP= One Health Plan; PIPP= Pandemic Influenza Preparedness Plan; SDG=Sustainable Development Goals; SimEx= Simulation Exercises ; SPAR= State Party Annual Reporting ; STAR= WHO tool for strategic risk assessment; UHC=universal health coverage; UN=United Nations; UNDAF= United Nations Development Action Framework.



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