

## Call for case studies on International Health Regulations (2005), health security and emergency preparedness

*"Investing in preparedness saves lives, and it saves money"- Dr Tedros*

Significant progress has been achieved in advancing global health in recent years. Global life expectancy has increased, child mortality has decreased, and the burden of infectious diseases is decreasing. Addressing the risk of health emergencies has also resulted in significant support from all sectors at the global and regional levels; both in terms of enhancing preparedness in anticipation of emergencies as well as implementing effective responses when they occur. These actions have resulted in the control of many outbreaks and the mitigation of social and economic disasters in many health emergencies.

National governments need to make choices on how to effectively prepare for health emergencies. This is often in the context of multiple competing priorities including interrelated issues concerning national security and sustainable development. Targeted spending in preparedness is a cost-effective investment for the prevention, detection, operational readiness and response to health emergencies. It is also effective in promoting wellbeing and contributing to economic prosperity. Studies demonstrate that every \$1 spent on preparedness is worth more than \$2 in savings during an emergency<sup>1</sup>.

WHO invites you to submit case examples, best practices, lessons learned and knowledge on the implementation of IHR capacities for health security and emergency preparedness for all hazards.

### **Examples could include, but need not be limited to the following:**

1. Application and implementation of one or more of the followings:
  - a. Best practices and lessons learned from the implementation of IHR capacities as defined in the [WHO benchmarks for IHR capacities](#).
  - b. [IHR monitoring and evaluation framework](#)
    - i. [IHR State Party annual reporting](#)
    - ii. Voluntary external evaluations like the [joint external evaluations](#)
    - iii. [After action reviews](#)
    - iv. [Simulation exercises](#)
  - c. [Human animal interface](#)
  - d. Risk assessments
  - e. [National action plans for health security](#)
  - f. Disaster risk management
  - g. [Multisectoral partnership for preparedness](#)
2. Outcomes and impact of investment in preparedness against all-hazards, and specific hazards, such as those of infectious and non-infectious nature
3. How health systems strengthening led to better health security
4. Forecasting and prediction models to guide preparedness

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<sup>1</sup><https://reliefweb.int/sites/reliefweb.int/files/resources/Return%20on%20Investment%20for%20Emergency%20Preparedness%20Study.pdf>

5. Economic evaluations of IHR capacities, health security and emergency preparedness and operational readiness. E.g. Cost benefit ratio, return on investment etc

### **How will the case studies be used?**

Selected case studies and authors may be:

1. Featured and published in the WHO websites
2. Adapted for the publication in special editions of the [Weekly Epidemiological Record](#) and other peer review journals
3. Requested to present their findings in the WHO meetings on preparedness, IHR and health security
4. Used in WHO technical documents, thematic papers and reports with acknowledgement of authorship.

Priority will be given to case studies from low and middle-income countries and which demonstrate cost effectiveness and innovation.

### **Requirements**

1. Total length: 700 to 1000 words, accompanied by a 150-word abstract or summary.
2. Up to 12 references, that should point the readers to crucial evidence that may be from published research reports produced by institutes and governments. (Following the Vancouver style of references).
3. Should include a picture, infographic, figure or table (not more than two). These would not be included in the overall word count.

### **Format**

Case study should follow this general format

- Title: The title should be precise
- Abstract/Summary: not more than 150 words
- List of authors: Name and affiliation of all authors and contact details of corresponding author.
- Key words: List key words of the article
- Set the scene and provide evidence for the case
- Describe the case itself (e.g. from process to outcomes)
- Discuss best practices, lessons learned and challenges
- Links results to potential implications for policy and practice, including future opportunities and research questions.
- Acknowledgments: List people who provided assistance with the preparation of the case study
- References: List references that you have read and used to support the case study (up to 12 references).
- Legends: If you used any tables, figures or photographs, they must be accompanied by a title and an explanation and a source file.

**Review process:** A committee will review the case studies before publication.

For enquiries and submission, please send an email to [ehs@who.int](mailto:ehs@who.int)

**Note:** Some of selected best-case studies will be featured in peer review journals.