World Health Organization

HEALTH EMERGENCIES programme

Meeting report

Global consultative meeting on

National Action Plan for Health Security (NAPHS)

Geneva, 5 – 6 July 2022

Contents

LIST OF ACRONYMS

AFRO ..... Regional Office for Africa
AMR ..... Antimicrobial Resistance
AMRO ..... Regional Office for the Americas
ARR ..... After Action Review
CAP ..... Country Assessment and Planning team
CARPHA ..... Caribbean Public Health Agency
CDC ..... Center for disease control
CSO ..... Civil Society Organization
EMRO ..... Regional Office for the Eastern Mediterranean
EOC ..... Emergency Operations Center
EURO ..... Regional Office for Europe
FAO ..... Food and Agriculture Organization
FIF ..... Financial Intermediary Fund
GHAI ..... Global Health Advocacy Incubator
GOARN ..... Global Outbreak Alert and Response Network
GSPN ..... Global Strategic Preparedness Network
HEPR ..... health emergency preparedness, response, and resilience
HSP ..... Health Security Preparedness (a WHO department)
IAR ..... Intra-Action Review
IHR ..... International Health Regulations
INB ..... Intergovernmental Negotiation Body
INGO ..... International Non-Governmental Organization
JEE ..... Joint External Evaluation
M&E ..... Monitoring and Evaluation
NAP-AMR ..... National Action Plan on Antimicrobial Resistance
NAPHS ..... National Action Plan for Health Security
NHPSP ..... National Health Policies, Strategies and Plans
PIP ..... Pandemic Influenza Preparedness
PVS-IHR NBW ..... Performance of Veterinary Service - International Health Regulations National Bridging Workshop
REMAP ..... Resources Mapping
SEARO ..... Regional Office for South East Asia
SimEx ..... Simulation Exercise
SOP ..... Standard Operating Procedure
SPAR ..... State Party Self-Assessment Annual Report
STAR ..... Strategic Tool for Analyzing Risks
UHPR ..... Universal Health Preparedness Review
UNEP ..... United Nations Environment Programme
VRAM ..... Vulnerability and Risk Analysis and Mapping
WHA75 ..... 75th World Health Assembly
WOAH ..... World Organisation for Animal Health
WPRO ..... Regional Office for the Western Pacific

1. INTRODUCTION

1.1. Context

All Member States have the responsibility to build and maintain effective capacities and systems for prevention, detection and response to public health emergencies of international concern and to abide by relevant international rules, including the implementation of the International Health Regulations (IHR 2005)[1].

Planning is a key component of the emergency preparedness cycle and the National Action Plans for Health Security (NAPHS) and other national health strategies and capacity building plans are critical to ensure country-wide priorities and capacities are planned, documented, built, strengthened and sustained in order to keep the world safe, serve the vulnerable and promote health and equity.

Countries have already been developing plans for health security using different formats and with varying levels of implementation. WHO, technical agencies and financial partners have also in some instance provided support in the development and implementation of these plans but there are opportunities to bring more consistency in the approach and methodology. In addition, the COVID-19 pandemic has, in most Member States hindered implementation of these plans as the pandemic prioritized countries' focus towards emergency response operations. Now over 2.5 years into the pandemic, many Member States are eager to incorporate critical lessons from the pandemic into their revised national action plans and to *"build back better",* invest in national health systems, strengthening the capacities required under the IHR and health security, while enhancing their national emergency preparedness and response capacity.

Over the past few months, WHO's Country Assessment and Planning (CAP) Team has engaged and consulted with the six WHO regional offices and technical teams within WHO to initiate the development of a strategy, along with inputs and experiences from other technical partners and stakeholders. This strategy defines WHO's vision for the NAPHS in the next 5 years (2022-2026). While aligning with regional strategies and initiatives, the goal of the strategy is to support Member States to accelerate NAPHS implementation.

1.2. Purpose and objectives of the consultation

This global consultation brought together over 128 participants from 18 countries, 13 partner organisations and all six WHO regional offices. It was the culmination of 6

[1] Under the IHR (2005) article 5, paragraph 3, it states: "WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article."

months of virtual consultation with the regional offices and subject matter experts from WHO headquarters and from partner organisations.

The purpose of this meeting was to launch the WHO corporate NAPHS Strategy (2022-2026), to build consensus on the linkages with existing IHR/health security activities and initiatives, as well as set up the mechanisms needed to manage the implementation of the strategy. The meeting also considered how lessons learned during the COVID-19 pandemic can best be incorporated within the NAPHS process.

The specific objectives of the meeting were to:

- Identify key linkages of the NAPHS to existing IHR/health security activities and initiatives (i.e., financing, SPAR/JEE assessments, IAR/AAR, SimEx, resources mapping, PVS-IHR NBW, benchmarks, GSPN, NHPSP, Risk assessments);
- Review and develop the terms of reference and membership of group to support the NAPHS strategy.
- Review the draft results framework to help accelerate NAPHS implementation;
- Develop an implementation plan with the WHO regional offices, technical leads and external partners & stakeholders on where and how they can contribute to the effective implementation of the strategy.

1.3. Participants

The consultation had a hybrid format with participants on site in Geneva while other participants joined online. Overall, it involved a total of 128 participants from:

- **18 Member States**: The Argentine Republic, The Commonwealth of Australia, The Republic of Chile, The People's Republic of China, The State of Eritrea, The Federal Democratic Republic of Ethiopia, The Republic of Fiji, The Italian Republic, The Republic of Kiribati, The Lao People's Democratic Republic, The Kingdom of Norway, The Islamic Republic of Pakistan, The Republic of the Philippines, The Kingdom of Saudi Arabia, The Democratic Socialist Republic of Sri Lanka, The United Republic of Tanzania, The Kingdom of Thailand, The Socialist Republic of Viet Nam

- **13 Partner organizations**: Africa-CDC; Caribbean Public Health Agency; Centers for Disease Control and Prevention (United States); Commonwealth Secretariat; the East, Central and Southern Africa Health Community; European Centre for Disease Prevention and Control; Food and Agriculture Organization of the United Nation; Health Security Agency (United Kingdom); National Institute for Public Health and the Environment (Netherlands); Norwegian Institute of Public Health; Resolve to Save Lives; The Global Fund; and the WHO-IHR Collaborating Center Chi-23.

- **WHO**: 6 regional offices (AFRO, AMRO, EMRO, EURO, SEARO and WPRO) and headquarters.

A detailed list of the 128 participants is provided in Annex 2.

2. SUMMARY OF THE DISCUSSIONS

In recent years, there has been an extensive uptake by Member States of the National Action Plan Health Security (NAPHS) to implement the capacities required under the IHR and to build and maintain Member States capacity to prevent, detect, mitigate, respond and recover to emergencies. To date, 77 Member States have developed a NAPHS to mobilize high-level political commitment and resources to implementation.

During the global consultation, participants had the opportunity to share the experiences, lessons learned so far and ways forward with practical suggestions to improve the NAPHS process through a succession of informative sessions, case-studies, panel discussions and working group sessions and plenary discussions.

2.1. Informative sessions

Although some Member States have built momentum for implementation, country-level practitioners have experienced various challenges, leading to limited number of actions in the plans being implemented. Some of the causes include funding & technical gaps but also competing priorities including COVID-19 & other emergencies as well as the absence of standard monitoring, accountability and follow up mechanisms. It was also acknowledged that there are long delays in moving from assessment to planning with Member States taking on average 420 days to translate the identified gaps and recommendations from the JEE into a NAPHS. It was also recognized that the quality of the NAPHS varied in terms of clarity, or they were unrealistic about resource allocation, timelines and accountability. This, along with the funding and technical gaps, hindered the prioritization of capacities and activities towards implementation. Therefore, some of the NAPHS couldn't always be considered as robust action plan to build, develop and sustain capacities. In addition, the NAPHS were very static with a single planning process covering 5 years without regular/mid-term reviews to update the plan. This led to missed opportunities for incorporating lessons learned from real-world responses with measures of systems performance, such as recommendation from After Action Reviews (AARs), not routinely used to inform and update NAPHS planning.

Moving forward and using lessons learned to improve the NAPHS process, WHO has embarked on a global 5-year NAPHS strategy, that defines the WHO's vision and framework to support national stakeholders in accelerating the development, implementation and monitoring of the National Action Plans for Health Security (NAPHS) from 2022-2026.

The central role of the NAPHS within the global architecture for strengthening health emergency preparedness, response, and resilience (HEPR) [2] was presented during the

[2] https://www.who.int/publications/m/item/10-proposals-to-build-a-safer-world-together---strengthening-the-global-architecture-for-health-emergency-preparedness--response-andresilience--white-paper-for-consultation--june-2022

recent WHA75. At a national level, authorities should align their NAPHS or equivalent with broader cross-government One Health and whole-of-government strategies, engaging with key stakeholders including policy makers such as national parliaments. Planning and prioritization for health security should be driven by routine assessments of threats, risks and vulnerabilities at national and subnational levels. Planning is a key component of preparedness coordination; through the development and implementation of NAPHS and their equivalents, Member States can seize the opportunity to plan investments in national systems to strengthen health security, enhance national emergency preparedness to serve the vulnerable, and promote health.

NAPHS should unite a broad range of technical, operational, and financial support behind a single coherent national vision that addresses any risks and vulnerabilities identified through capacity-assessment processes, including the Joint External Evaluations and other components of the IHR Monitoring and Evaluation framework (State Party Self-Assessment Annual Reports[3], IAR/AAR[4], Simulation exercises[5]).

Comprehensive multi-sectoral planning and resource mapping should engage all relevant stakeholders, including civil society organizations, multi-lateral organizations, and the private sector. It was acknowledged that countries have their own existing accountability and planning mechanisms. This might include specific capacity development plans that aim to strengthen IHR, national health security and disaster risk management, without explicitly naming or defining this as a NAPHS; but it was also agreed that the use of existing national action plans for health security should be promoted; rather than the creation of an additional unique plan. As such Member States are encouraged to use existing health security capacity development plans and ensure alignment with the national health strategy, planning and budgeting cycles, to enhance investment case opportunities from domestic and international budgetary allocations for health security. Therefore, in moving forward, NAPHS must be aligned with the broader national health strategy to minimize duplication and ensure that the dual benefits of health security investments are fully realized.

For those countries that require it, the NAPHS can also be used to make a multiyear investment case for both domestic- and international budgetary allocations for health security, including technical support and capacity building.
The several other strategic initiatives currently underway and discussed among Member States will also influence the NAPHS over time and will include targeted amendments to the International Health Regulations (2005) that were discussed and agreed during WHA 75; the Universal Health and Preparedness Review (UHPR) that is currently being piloted in various countries and could also be used to inform the NAPHS; and the Intergovernmental Negotiation Body (INB) that will draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

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[3] https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/states-parties-self-assessment-annual-reporting
[4] https://www.who.int/emergencies/operations/emergency-response-reviews
[5] https://www.who.int/emergencies/operations/simulation-exercises

Although the outcomes and results of these various strategic initiatives are still not very clear, it was acknowledged that they will influence the future of the global health architecture including the NAPHS. Therefore, we should continue to advocate and emphasize on multisectoral engagement in developing, maintaining and strengthening capacities to prevent, detect, mitigate, respond to and recover from emergencies.

2.2. Regional updates, case-studies and panel discussions

Six Member States (Argentina, Eritrea, Latvia, Pakistan, Tanzania, and Thailand) shared their experiences on developing and implementing NAPHS at the country level. In addition, each WHO regional office provided an insight on the NAPHS from their respective perspective. The Caribbean Public Health Agency (CARPHA), Eritrea, and the Philippines shared how their hazard- and disease- specific plans correlate with national action plans, while Singapore shared their reflections on urban health emergency preparedness and how an enhanced focus on multilevel governance is needed for the new architecture for health emergency preparedness and response to be effective.

Panelists and participants highlighted the importance of engaging the Ministry of Finance early to ensure sustainable domestic funding for NAPHS. They also spoke about the need for collaboration through networks, such as GSPN, GOARN and EOCnet in the sharing of experiences and technical expertise to support countries in the NAPHS implementation. Overall, across the different sessions, similar findings emerged and are summarized below.

2.2.1. Development of the NAPHS (planning process)

A. Good practices include:

- The importance to have the planning process done with a long-term vision to build systems with step-by-step core capacity building; and with a multisectoral participation and with a high political commitment for a “whole-of-government” and “whole-of-society” approach. The planning process by itself helped to streamline knowledge and awareness about health security including the role of different sectors in achieving it.
- The development and revision of NAPHS need to follow an evidence and risk based approach and can build on the momentum of the JEE but it should also integrate the findings and results from other assessments such as STAR, SimEx, IAR/AAR, IHR-PVS bridging, reports of EOC reviews and SimEx, where they are available; lack of completion of associated workshops and reviews should not be a barrier to development and implementation of a NAPHS.
- At the country level, the development of NAPHS should use multisectoral structures/committees (e.g., the IHR steering group or the committee

established to complete the JEE) to increase awareness and obtain commitment from non-health sector for IHR capacity building, and to validate the gaps and actions for cross-cutting issues.
- NAPHS are more robust when linked and aligned with the national strategic direction, the national development agenda, health sector plan, and other plans (e.g., PIP, NAP-AMR.)
- A prioritization process on 2-3 main issues through policy dialogues with decision-makers is essential to ensure progress
- NAPHS can support the advocacy for the mobilization of domestic financial resources. Where gaps exist and where possible, NAPHS can also help to demonstrate the investment case and the need for external funding support. Mapping budget cycles and legislative framework can help translate NAPHS to budget requests/allocations or legislative actions that can help mobilize domestic resources.

B. Common key challenges:

- There is high expectation for WHO to provide technical support, guiding documents for NAPHS to standardize the process, technical capacity and practical experience for development of NAPHS at the national level. Some tools have been developed, but more guidance on the costing of NAPHS is needed and in linking it to the national budget process.
- An ongoing challenge is engaging with technical teams both at WHO and partner agencies to be part of the NAPHS process and link the priorities identified within the NAPHS to their workplans.
- The NAPHS development needs to involve health system strengthening as it pertains to emergencies. It was also recognized the participation, in some situations, was not inclusive as the involvement of the private sector, civil societies and academia remains low. Meanwhile, community engagement and gender issues were often neglected during NAPHS development.
- Better quality and increased advocacy for national and international investment in preparedness is needed for the integration of NAPHS with other plans including national health sector planning and financial planning
- In a lot of countries, there was a huge delay from the completion of a JEE to the NAPHS development. The planning process itself remains long and its implementation is further delayed by a long clearance and endorsement process.

C. Recommendations:

- Integration of the NAPHS into the broader health system planning cycle is essential to ensure NAPHS is not developed as a separate isolated plan, increasing the investment case for domestic budget allocations.
- For Member States that do not have a specific national costing tool, a generic costing tool can support the estimation of NAPHS activities and how it links to the national budget process.
- Reduce the time between the end of the assessment process (e.g., JEE) and the start of the NAPHS planning, so that the transition from assessment recommendations to getting into concrete actions is made easier and smoother.

- A standard yet flexible NAPHS guidance that is used and referenced among technical agencies would benefit the country planning process.
- Ensure an inclusive and efficient participation of NAPHS stakeholders in the planning process across sectors and society, including ministries, technical partners, private sector, civil societies and academia. Strategic, proactive engagement of stakeholders can help address downstream delays in decision-making and engagement.
- In Member States where there is a functional national health emergency operations centre (EOC) with legal mandate, the EOC platform and its network of partners and SMEs should be leveraged to support the multisectoral coordination and advocacy around the NAPHS development, implementation, and resourcing.

2.2.2. Implementation of the NAPHS activities

A. Good practices include:

- Often, the individuals working on the NAPHS are generally technical experts, not decision- makers, making the plans realistic to the country gaps and needs.
- Those Member States that were able to implement NAPHS activities before and during the COVID-19 response, benefitted of capacity strengthening and were able to demonstrate this during the pandemic.
- High level political commitment and engagement from the highest levels (i.e. prime-ministers/president's office) made the NAPHS more credible and also easier to implement.
- Countries that had set-up an in-country multisectoral secretariat, responsible for the overall process, also had more success in the implementation phase and follow-up.
- Breaking the 5-year strategic NAPHS into shorter operationalized plans (1-2 year) helped to prioritize activities and start implementing concrete actions to strengthen capacities.

B. Challenges:

- While multisectoral approach is promoted during the development of NAPHS, there is still limited coordination between sectors during the implementation. Meaningful multisectoral involvement and commitment remains challenging as IHR, One Health, Public Health and health security is still often perceived as a Ministry of Health responsibility alone. In addition, there is still a lack of clear leadership and positioning of NAPHS at high political levels, which also contributes to a siloed approach.
- Shortages of financial and skilled human resources impair the ability to implement the activities in a sustainable way. This is even more evident for some capacities where there is limited technical expertise (e.g., animal health, AMR, chemical & radio-nuclear hazards)
- It remains difficult to develop a sustainable resource mobilization strategy for the external funding of the NAPHS with limited domestic budget allocation especially in countries outside donor radar or donors' interest. In some regions, members states are generally not recipients of donor funding and must rely on domestic funding which is not always sustainable.
- There are insufficient accountability mechanisms for the implementation and follow up. A framework for M&E of activities implementation is needed as well as a periodic and systematic review for prioritization and to update annual operational/implementation plans for course adjustments.

C. Recommendations:

- WHO needs to provide further clarity to Member States on how to unlock the barriers towards this higher level engagement, to make the investment case for preparedness and to maintain the momentum from COVID-19. WHO should also use its ability to reach out to sister UN agencies and partner organisations for continued technical support, as well as flexible and predictable financing mechanisms. WHO should also provide a standardized M&E mechanism/platform to support MS with follow up and implementation status and contributes to national accountability.
- At the country level, all operational plans should be shared and mapped to avoid overlapping.
- The NAPHS should be integrated and aligned within the context of the national health strategy, planning processes, financial cycles and, monitoring and evaluation mechanisms to ensure sustainability. Better alignment with threat and vulnerability mapping could also help the priority settings at country and subregional levels.
- NAPHS should address the health system consequences of emergencies and UHC.
- Positioning NAPHS within the responsibility of a higher authority may help with both the multisectoral engagement as well as domestic and external financing. It could also help mobilizing support and responsibilities from other sectors for a whole-of-society, whole-of-government approach to NAPHS implementation and to sustain political commitment and advocacy. The development of a governance framework around the NAPHS with an oversight structure would also provide a better enabling environment.

- The IHR Review Committee on the Functioning of the IHR recommended that Sates Parties establish authorities responsible for the overall implementation of the IHR – such authority should also consider the oversight of NAPHS, through potentially IHR multisectoral committees, or other similar multisectoral committees, that should be empowered in order to facilitate the implementation/follow-up of NAPHS activities.

2.2.3. Use of the NAPHS/equivalent plan during COVID-19

A. Opportunities created by COVID-19 response:

- The benefits of capacity strengthening through NAPHS implementation were demonstrated during the COVID-19 response. National health security, pandemic preparedness and other plans were integrated into the COVID-19 preparedness and response plans that were themselves linked with existing disaster management system.
- COVID-19 Intra-Action Review provided an opportunity to review NAPHS and to identify best practices & gaps to improve NAPHS in the long-term
- Several NAPHS activities that received adequate funding were able to fast-track implementation in the relevant areas (e.g., laboratory, surveillance capacities, IT development.) As such, the COVID-19 pandemic resulted in more recognition of the importance of NAPHS and the need to review and update it. Multisectoral approach was also reinforced with health security and the health system strengthening agenda being further promoted.
- Overall, COVID-19 helped to increase awareness among policy makers about the gaps in emergency preparedness & readiness.

B. Challenges linked to the COVID-19 response:

- The continued development and implementation of NAPHS was stalled in several Member States due to the priority of the COVID-19 response. There was also lack of support to implement various components of the NAPHS, mainly those that are not linked to pandemic response.
- As the focus was on the COVID-19 response, there were Insufficient human resources to implement, track and follow-up on the NAPHS implementation status. This was further exacerbated by the disruption of international travel affecting supply chain, infrastructural development, and mobilization of (national) experts for in-country support.
- There is an even stronger need for strategic leadership to steer domestic & international financial support appropriately for long term core capacity building and beyond the immediate response needs.

2.3. Working groups and plenary discussions

2.3.1. Global technical/advisory group for NAPHS

The participants were divided into 4 break-out rooms to discuss the main elements to include in the terms of reference for the Global Technical Advisory Group to support the implementation of the NAPHS Strategy 2022-2026.

One element of discussion was on the importance to find the best set up/name for the group. While a technical working group could be redundant with the technical role of WHO's CAP team; such a group may also need to work under a higher strategic-level advisory group to report back to the CAP secretariat. The meeting's participants acknowledge this issue and the need to better define the type of group needed (e.g., technical working group vs. advisory group) in line with WHO policy. Nevertheless, key elements to include in the term of reference have been identified and compiled below.

A. Purpose and objectives of the technical advisory group

The purpose of the group is to support the implementation and monitoring of WHO global NAPHS strategy (2022-2026) through provision of advice on strategic and technical matters.

More specific objectives have also been identified, including:

1. To integrate IHR tools and processes into a simplified and flexible blueprint for quality, prioritized operational plans that build on and provide added value to other existing plans.
2. Propose solutions to improve multi-sector engagement and country ownerships at the highest national level
3. Refine NAPHS results framework to enhance national accountability and governance
4. Propose options and solutions to address country financial and technical resource gaps in country implementation.
5. Develop and support implementation of a communication plan for the NAPHS Strategy 2022-2026.

B. Expected outputs

To achieve its objectives, the group would be expected to work and deliver on the outputs described below.

Guidance and tools: To support the CAP team by providing guidance/advice on the various tools and recommendations that are required to move the strategy forward.

- No new guidance or tools are expected to be developed by the technical/advisory group, but rather the integration and alignment of existing tools, in order to simplify and streamline and better support the national planning processes.
- Existing tools and guidance will have to be practical for the country to move from assessments to the planning process and implementation. The tools will be functional to allow simplified ways to operationalize the strategy by building on

linkages between existing tools and having an operational planning component that can be contextualized for the regions and countries. The tools should be considered supporting the planning which is a process to reach outcome (i.e., the plan in itself is not the expected output).

- To provide technical advice to the CAP team in the refinement of the NAPHS results framework to enhance national accountability and governance. To advise on the development of NAPHS tools that are linked to existing indicators and metrics to monitor NAPHS implementation status and also enable internal national reporting on progress.
- To provide advice on how to link NAPHS with existing budget cycles and how to optimize funding mechanisms (domestic and external) for prioritized activities.
- To come up with recommendations that are based on evidence from country experiences on the challenges, best practices, successes, barriers and needs to support the implementation of the NAPHS.

Coordination and advocacy: To provide the CAP team with practical advice and recommendations to improve coordination efforts around the NAPHS in order to:

- Ensure NAPHS stay relevant and aligned with the evolving global architecture of health security (HEPR).
- Obtain and maintain high level commitment and momentum at global, regional and national levels for NAPHS.
- Streamline partner organisations' support to avoid duplication and maximize use of technical and financial resources available.
- Advise on the development of a communication and awareness raising plan.

C. Group memberships, oversight, and modalities

The group should be diverse in terms of geographical backgrounds, WHO vs partner organization technical experts, and gender representation. The set of skills should also be wide and go beyond subject matter experts on the IHR and include experts in programme management, M&E, technology, communication, and advocacy.

The group should consist of members from the 3 levels of WHO, donor agencies, quadripartite members (FAO, WOAH, UNEP), INGO and CSO representatives, and countries. Regional Offices would provide advice on how to select these members from the Member States; while heads of organizations would nominate members based on defined profile.

The group should meet on a quarterly basis. The meetings will be prepared and organized by the CAP team with clear and specific objectives.

2.3.2. Linkage between the NAPHS and other IHR tools and processes

The participants had the opportunity to contribute to a mapping exercise showing how the different existing IHR and health security preparedness tools and processes are linked and to establish how these tools and processes are contributing to the NAPHS development, implementation, monitoring and evaluation. The mapping exercise also helped to clarify the sequencing and timeline of when these tools should be used in relation to the NAPHS.

The set of posters from the different teams of WHO Health Security Preparedness Department is in annex 3. In addition, a draft graphic on how these tools and processes are sequenced in the development of coherent national action plans for preparedness, prevention, risk reduction & operational readiness has also been developed as a product of this session. It can be found in annex 4.

2.3.3. Scale-up of NAPHS development and implementation

Various topics were discussed in groups on how to scale-up the development and implementation of the NAPHS.

In term of materials required, there is a consensus that there is already a lot of assessments, metrics and tools. A mapping of these tools, including the ones existing outside HSP (e.g., OECs have very strong expertise in planning) should be done. This should lead to a consolidation to simplify the actual planning process. Guidance and templates for the NAPHS should articulate better the tools and resources, provide parameters for strategic vs. operational plans and the time needed to produce these plans. Checklists for prerequisite for NAPHS process and the various milestones towards NAPHS process would be helpful to guide countries. There should be a shared drive with all these tools and guides as well as with guidance for each tool and their interconnectedness with SOP and flowcharts.

Best practices and case studies should be documented and made available in a repository. Self-study package on planning process, prioritization, costing tools, and a standardized M&E mechanisms would help countries to prepare themselves.

Investment cases demonstrating the returns on investments in preparedness should be undertaken and widely distributed. Advocacy packages targeting different audiences should be developed, updated and redistributed frequently. These advocacy packages should be on different forms (e.g., evidence-based policy briefs, one-pagers, leaflets, slide decks, etc.) In addition, guidance should be developed to help countries to organize NAPHS launching events with press conferences and resource mobilization sessions.

Different existing costing methodologies should be reviewed to develop one robust, practical costing tool that can be easily adapted to the national context (e.g., AMR costing). This should be compatible and linked to the REMAP tool.

The NAPHS needs to be codified as central tool for domestic and donor funding. This would also galvanize a whole-of-government and whole-of-society approach including in partnership with private sector stakeholders. New opportunities to expand partnerships and funding need to be constantly explored and facilitated at the global and regional level. This would include leveraging on the new Financial Intermediary Fund (FIF) for

Pandemic Prevention, Preparedness and Response, green financing for sustainability[6], GHAI, among other opportunities. WHO should put in place a mechanism to communicate these opportunities to Member States.

3. CONCLUSIONS AND WAY FORWARD

During the consultation, participants shared their experience and perspective. It was agreed that NAPHS cannot be seen in isolation, but it needs to be part of the wider planning and budget landscape with the highest political commitment to ensure the NAPHS implementation is sustained. While there has been extensive uptake of the NAPHS globally, participants acknowledge the fact that the NAPHS is also facing some challenges in its implementation and follow-up. The 5-years WHO NAPHS strategy to accelerate the development, implementation and monitoring of the National Action Plans for Health Security (NAPHS) from 2022-2026 will reinforce the importance and central role of the NAPHS to strengthen national capacities and to emphasize and continue the momentum (coming from the COVID-19 pandemic) to build, strengthen and maintain IHR capacities and to move from assessments to developing national capacities. Furthermore, the NAPHS can benefit from some of the on-going global initiatives such as the global architecture for strengthening health emergency preparedness, response, and resilience (HEPR), where NAPHS is centrally placed under proposal 5.2. Emergency Coordination. In addition, the NAPHS is uniquely placed to provide the structure for country's proposal under the newly established Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response (FIF). Here the NAPHS is being used as an established process to have 12-24 months prioritized action plans that can be used for FIF country proposals.

In conclusion it was agreed that the NAPHS process & mechanisms need to be simplified and to include the following key aspects:

- Use of standardized assessments of preparedness capacities (i.e., SPAR, JEE, One Health capacities, UHPR) to initiate the NAPHS
- Integration of countries threat and vulnerability profiles and risk identification to inform prioritized actions (i.e., STAR/VRAM)
- Conduct costing of the national plan, and mapping it against existing plans & resources
- Support the implementation of the plan through operational annual prioritized actions, and
- Use existing monitoring and testing mechanisms, to ensure annual review and course adjustment.

Some of the next steps to take based on the findings of the meetings are:

[6]https://www.who.int/news/item/30-06-2022-world-bank-board-approves-new-fund-for-pandemic-prevention--preparedness-and-response-(ppr)

- Finalize and publish the WHO NAPHS Strategy (2022-2026), including a dissemination and communication plan to inform all stakeholders, including Member States, partners and key organizations,
- Set-up a group to help operationalize the strategy and define a workplan to accelerate NAPHS implementation and support to Member States,
- Refine the NAPHS results framework and pilot the revised NAPHS tool in selected countries across the 6 regions,
- Engage more dynamically with regions/countries around shared set of practices and some targeted capacity development esp. around leadership, program management and quality improvement, and
- Integrate existing IHR/health security activities proposed by WHO and partner organisations and associated existing tools into the NAPHS process as the central placeholder and driving force moving forward. This should include the sequencing and timeline of these processes and tools.

WHO will continue working with Member States and key partner organisations, drawing on lessons learned from the COVID-19 pandemic and other health emergencies, to ensure a broad and effective offering of an array of resources and mechanisms that are suited to adapting to the changing global environment, including the new global health architecture proposed by WHO Director General. In doing so, WHO will continue to support countries in developing capacities to be better prepared to prevent, detect and respond to health emergencies and pandemics.

4. ANNEXES

Annex 1: Agenda of the global consultation
Annex 2: List of participants
Annex 3: Posters of IHR and HSP mapping exercise
Annex 4: HSP tools and processes sequencing

Annex 1: Agenda

Global consultative meeting on National Action Plan for Health Security (NAPHS) 5 – 7 July 2022

Day one: 5th July (Global consultation)			Moderator	Detailed description
08:30 – 09:00	30 mins	Arrival of the participants and registration		
09:00 – 09:45	45 mins	Session 1: **NAPHS Meeting Opening Remarks & Setting the Scene** – NAPHS central to strengthening global architecture – Evolution of the NAPHS (what's worked, what hasn't worked) – Meeting Overview & Introductions	Stella Chungong	Welcoming remarks by: EXD WHE (5min) EXD WHE will highlight the main result from WHA including the DG priorities and the central position of NAPHS to strengthening global health architecture Presentation on HEPR by Scott Pendergast. (10 min) Introductions & Meeting Overview by Dr Rajesh Sreedharan (WHO) (25 Min)
09:45 – 11:00	75 mins	Session 2: **NAPHS as the center of work in health security preparedness & linkage to broader planning landscape.** – Multi-sectoral action, One Health – Integrating into health systems and primary health care – Linkage to other health emergency plans	Janeth Mghamba (Commonwealth Secretariat)	Presentation by: Director HSP (30 min) Director will provide an overarching landscape on HSP and how NAPHS is the center of the department. Presentation will include how the NAPHS fits within the broader health system landscape and the interlinkages with other emergency plans. Panel discussion (30 min) Panelists: ○ Philippines – Disaster Risk plan and NAPHS ○ CARPHA – biosafety/biosecurity ○ Singapore – Urban planning to national planning ○ Ethiopia – NAPHS/ REMAP Contingency planning/ Q and A (15 min)

Day one: 5th July (Global consultation)			Moderator	Detailed description
Group Picture & Coffee break (30 mins)				
11:30 – 13:00	90 mins	Session 3: **Regional perspective on how to advance on the NAPHS implementation including the Regional Flagship strategy** WPRO, SEARO, EURO EMRO, AMRO, AFRO	Janeth Mghamba (Commonwealth Secretariat)	10 mins per region using PPT provided to them 1. Update NAPHS status in region 2. Lessons learned from NAPHS development process 3. Challenges in implementing NAPHS 4. Use of the NAPHS during COVID-19 - WPRO: Phuong Nam Nguyen (online) - SEARO: Reuben Samuel (online) - EURO: Nicolas Isla - EMRO: Amgad Elkholy - AMRO: Tamara Mancero - AFRO: Roland Wango
Lunch break (60 mins)				
14:00 – 15:30	90 mins	Session 4a: **NAPHS Strategy & Implementation:** – IHR capacity assessments (UHPR, JEE, SPAR) – Threat and vulnerability mapping (STAR, VRAM) – Prioritized action plan/yearly implementation plan for capacity building, risk reduction prevention and readiness. **Group TOR** (*Group work 60 min*) Groups work around responsibilities, memberships, oversight in the context of setting up a global Technical Working Group (TWG) to support the implementation of the NAPHS strategy.	Sandro Bonfigli (Italy) Frode Forland (Norway)	PPT by FC (30 min) Update on the NAPHS Strategy *(incl. linkage to assessments, threat & vulnerability, investment case, resourcing & monitoring) followed with* Q&As Introduction of group work methodology by DC - Each group works on the TWG ToR: o TWG objectives o TWG deliverables / outputs o TWG memberships o TWG oversight & modalities - Group Facilitators: o Group A (f2f): Nico Isla/Jobin Abraham o Group B (f2f): Amgad Elkholy/ Sydney Morgan o Group C (virtual): Roland Wango/David Lowrance o Group D (virtual): Reuben Samuel/ Mwohania Taylor
Coffee break (15 mins)				

Day one: 5th July (Global consultation)			Moderator	Detailed description
16:00–16:45	45 mins	Session 4b: **Groups Report Back on the NAPHS TWG TOR** (*Plenary*) - Consolidation of group work and consensus on ToR for NAPHS TWG	Frode Forland (Norway) Sandro Bonfigli (Italy)	- Consolidation of group work o Presentation by each group' facilitator o Discussion / consensus
16:45 – 17:00	15 mins	Wrap up of the day	Raj	Verbal summary of today's outcomes by Raj
Cocktail				
Day two: 6th July (Global consultation)			**Moderator**	**Detailed description**
09:00 – 10:00	60 mins	Session 5: **Resourcing the NAPHS** - Costing framework and resource requirements - Funding NAPHS including domestic financing, existing international financing and additional gap filling financing - Technical resources and support for implementing NAPHS	Marc Ho (Singapore)	Round table discussion on the investment case and supporting the planning, development & implementation of NAPHS (*60 mins)* Selected panelist: o Influencing financing through the national plans (WHO Scott Pendergast) o CDC (Morgan Brown, operational planning) o RTSL (Jobin Abraham, budget advocacy, resource mobilization)
10:00 – 11:00	60 mins	Session 6: **Country case studies: NAPHS Implementation & COVID-19 Lessons** - Case studies presented through online participation (*45 mins)* - Q&As (15 mins)	Hanan Edrees (Saudi Arabia)	Case studies from: - Pakistan, Thailand, Latvia, Eritrea, Argentina, Tanzania o Update on their NAPHS (development + implementation progress) o Impact of COVID on the NAPHS including addressing the sub-national o How are domestic and external resources been used in the NAPHS process?
Coffee break (15 mins)				
11:15 – 12:45	90 mins	Session 7a: **Linkages IHR Tools & NAPHS** HSP Team Stand Visits: - Group work (I.e., SPAR, financing, assessments, REMAP/GSPN, PVS-IHR NBW, benchmarks, etc.)	Rajesh Sreedharan	- Each team of HSP department will make a pitch to present where / how their "tools" relate to the NAPHS strategy: o How their tools contribute to the NAPHS o How their tools can benefit from the NAPHS

		(*60 mins)* - Consolidation in Plenary by TL and discussion *(30 mins)*		o Sequence: "when" should their tools be use in relation to the NAPHS process (5-years NAPHS and yearly implementation plans)
		Lunch break (60 mins)		
13:45 – 14:30	45 mins	Session 7b**: NAPHS Monitoring: anchored around the IHR MEF** - NAPHS Monitoring and evaluation framework & Online tool/platform - Monitoring processes including SPAR, JEE, simulation exercises and AAR/IAR	Hanan Edrees (Saudi Arabia)	- Continuation discussion of session 7a: o How can qualitative data (SimEx & AAR) be used in NAPHS monitoring? o how / where from do we pull all relevant information from other tools o Where does it go/show in the NAPHS tool
14:30 – 15:30	60 mins	Session 8a: **Scale-up NAPHS development & implementation** Group work on: - Capacity building and in-country programme management support - Systems and tools support	Janeth Mghamba (Commonwealth Secretariat)	- Introduction of methodology (Denis Charles) - Group work discussion: o Material and support required (at all levels) o Communication and advocacy o Partners & WHO resources and priorities o Costing tools and domestic & external funding for NAPHS implementation - 4 groups: o Group A (Virtual facilitation by Amgad Elkholy) o Group B (F2F facilitation by Roland Wango) o Group C (virtual facilitation by Reuben Samuel) o Group D F2F facilitation by Nico Isla)
		Coffee break (15 mins)		
15:45 – 16:45	60 mins	Session 8b: **Scale-up NAPHS development & implementation** (plenary) • Groups report back on their main recommendations *(45 mins)* • *Partners and donors' inputs for accelerating the implementation of NAPHS* • Q&As *(15 mins)*	Janeth Mghamba (Commonwealth Secretariat)	- Consolidation in plenary - Final discussion and consensus on recommendations
16:45 – 17:00	15 mins	**Closing remarks**	Stella Chungong	Wrap up - How will the TWG be used - When will, the TWG start - Other tools and other resources - Next steps for the NAPHS Strategy

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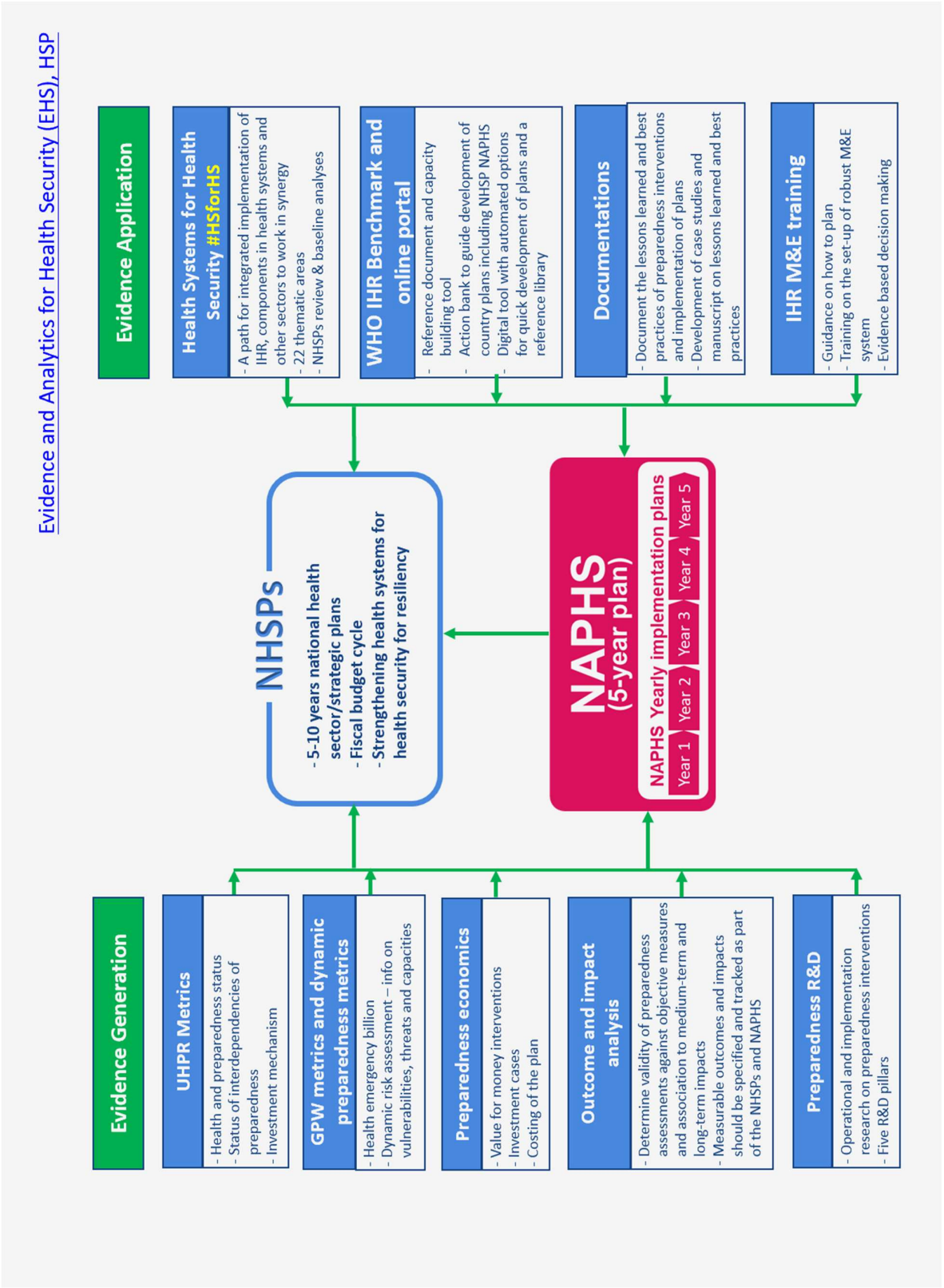
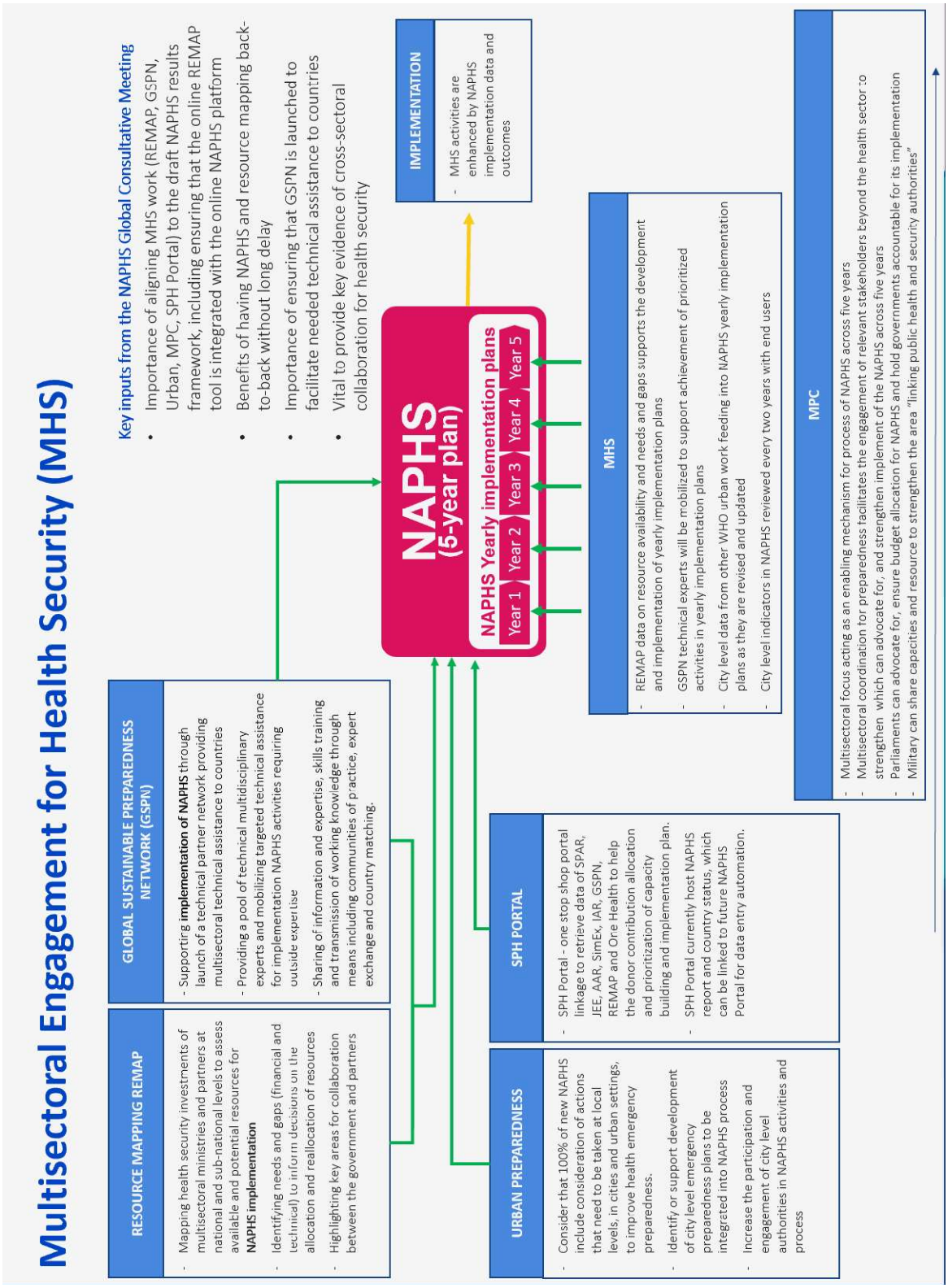
Annex 3: Posters of IHR and HSP mapping exercise

The different posters are shown on the next pages. Due to the amount of information on these different posters, it is not always easy to read. Therefore, we are providing also higher resolution version of the poster in the file embedded here:

NAPHS meeting posters (v 2).pdf


Evidence and Analytics for Health Security (EHS), HSP
Evidence Application
Health Systems for Health Security #HSforHS
- A path for integrated implementation of IHR, components in health systems and other sectors to work in synergy
- 22 thematic areas
- NHSPs review & baseline analyses
WHO IHR Benchmark and online portal
- Reference document and capacity building tool
- Action bank to guide development of country plans including NHSP NAPHS
- Digital tool with automated options for quick development of plans and a reference library
Documentations
- Document the lessons learned and best practices of preparedness interventions and implementation of plans
- Development of case studies and manuscript on lessons learned and best practices
IHR M&E training
- Guidance on how to plan
- Training on the set-up of robust M&E system
- Evidence based decision making
NHSPs
- 5-10 years national health sector/strategic plans
- Fiscal budget cycle
- Strengthening health systems for health security for resiliency
NAPHS
(5-year plan)
NAPHS Yearly implementation plans
Year 1
Year 2
Year 3
Year 4
Year 5
Evidence Generation
UHPR Metrics
- Health and preparedness status
- Status of interdependencies of preparedness
- Investment mechanism
GPW metrics and dynamic preparedness metrics
- Health emergency billion
- Dynamic risk assessment – info on vulnerabilities, threats and capacities
Preparedness economics
- Value for money interventions
- Investment cases
- Costing of the plan
Outcome and impact analysis
- Determine validity of preparedness assessments against objective measures and association to medium-term and long-term impacts
- Measurable outcomes and impacts should be specified and tracked as part of the NHSPs and NAPHS
Preparedness R&D
- Operational and implementation research on preparedness interventions
- Five R&D pillars


Multisectoral Engagement for Health Security (MHS)
Key inputs from the NAPHS Global Consultative Meeting
Importance of aligning MHS work (REMAP, GSPN, Urban, MPC, SPH Portal) to the draft NAPHS results framework, including ensuring that the online REMAP tool is integrated with the online NAPHS platform
Benefits of having NAPHS and resource mapping back-to-back without long delay
Importance of ensuring that GSPN is launched to facilitate needed technical assistance to countries
Vital to provide key evidence of cross-sectoral collaboration for health security
RESOURCE MAPPING REMAP
Mapping health security investments of multisectoral ministries and partners at national and sub-national levels to assess available and potential resources for NAPHS implementation
Identifying needs and gaps (financial and technical) to inform decisions on the allocation and reallocation of resources
Highlighting key areas for collaboration between the government and partners
GLOBAL SUSTAINABLE PREPAREDNESS NETWORK (GSPN)
Supporting implementation of NAPHS through launch of a technical partner network providing multisectoral technical assistance to countries
Providing a pool of technical multidisciplinary experts and mobilizing targeted technical assistance for implementation NAPHS activities requiring outside expertise
Sharing of information and expertise, skills training and transmission of working knowledge through means including communities of practice, expert exchange and country matching.
URBAN PREPAREDNESS
Consider that 100% of new NAPHS include consideration of actions that need to be taken at local levels, in cities and urban settings, to improve health emergency preparedness.
Identify or support development of city level emergency preparedness plans to be integrated into NAPHS process
Increase the participation and engagement of city level authorities in NAPHS activities and process
SPH PORTAL
SPH Portal - one stop shop portal linkage to retrieve data of SPAR, JEE, AAR, SimEx, IAR, GSPN, REMAP and One Health to help the donor contribution allocation and prioritization of capacity building and implementation plan.
SPH Portal currently host NAPHS report and country status, which can be linked to future NAPHS Portal for data entry automation.
NAPHS (5-year plan)
NAPHS Yearly implementation plans
Year 1
Year 2
Year 3
Year 4
Year 5
IMPLEMENTATION
MHS activities are enhanced by NAPHS implementation data and outcomes
MHS
REMAP data on resource availability and needs and gaps supports the development and implementation of yearly implementation plans
GSPN technical experts will be mobilized to support achievement of prioritized activities in yearly implementation plans
City level data from other WHO urban work feeding into NAPHS yearly implementation plans as they are revised and updated
City level indicators in NAPHS reviewed every two years with end users
MPC
Multisectoral focus acting as an enabling mechanism for process of NAPHS across five years
Multisectoral coordination for preparedness facilitates the engagement of relevant stakeholders beyond the health sector to strengthen which can advocate for, and strengthen implement of the NAPHS across five years
Parliaments can advocate for, ensure budget allocation for NAPHS and hold governments accountable for its implementation
Military can share capacities and resource to strengthen the area "linking public health and security authorities"


Disaster Risk Management and Resilience
Strategic Risk Assessment (STAR)
STRATEGIC TOOLKIT FOR ASSESSING RISKS (STAR)
When? Year 1 and annual review
Inform NAPHS:
Risk Profile to inform prioritization of capacity building actions (based on multisectoral assessment); and updates as it is repeated yearly [national and subnational data]
NAPHS to inform STAR:
to inform coping capacity assessment step of assessing hazard impact;
Reference of resources identified in NAPHS for very high and high risks
Sendai FW reporting
Sendai Framework for Disaster Risk Reduction 2015 - 2030
Inform NAPHS: on disaster impact, intersectoral and international coordination mechanisms in place
Health Emergency and Disaster Risk Management Framework
Inform NAPHS: through HEDRM principles: all hazard, risk informed, whole of society and support structuring the process through 10 components.
NAPHS (5-year plan)
NAPHS Yearly implementation plans
Year 1
Year 2
Year 3
Year 4
Year 5
Integrated planning
Everyone's business:
Inform NAPHS: on intersectoral coordination mechanisms and capacities in place
NAPHS activity: to strengthen intersectoral coordination with NDMA
Recovery needs assessments + plans
Inform NAPHS on impacts of prior emergencies, common planning for recovery
Health Sector Emergency Response Plans
WHO Guidance on Preparing for National Response to Health Emergencies and Disasters
Inform NAPHS: on roles, responsibilities, systems and mechanisms for health sector response
NAPHS activity: to develop / update/ test response plans to enable timely and structured response
Safe and Resilient Health Facilities
SAFE HOSPITALS INITIATIVE
HOSPITAL SAFETY INDEX
GUIDE
for EVALUATORS
Inform NAPHS: as SHI Assessment results can inform status of health facilities preparedness
NAPHS activity: to support prioritization of investments in strengthening health facility preparedness capacities, Hospital Emergency Response Plans

Human Animal Interface
National Bridging Workshop
- NBW is a three-day event bringing national services for human, animal and environmental health together
- The key output is a joint roadmap for the sectors to improve their One Health collaboration
- NBW Roadmap activities can be injected directly into the NAPHS
- The best timing is therefore to conduct the NBW before, or during the development of the NAPHS
NAPHS (5-year plan)
NAPHS Yearly implementation plans
Year 1
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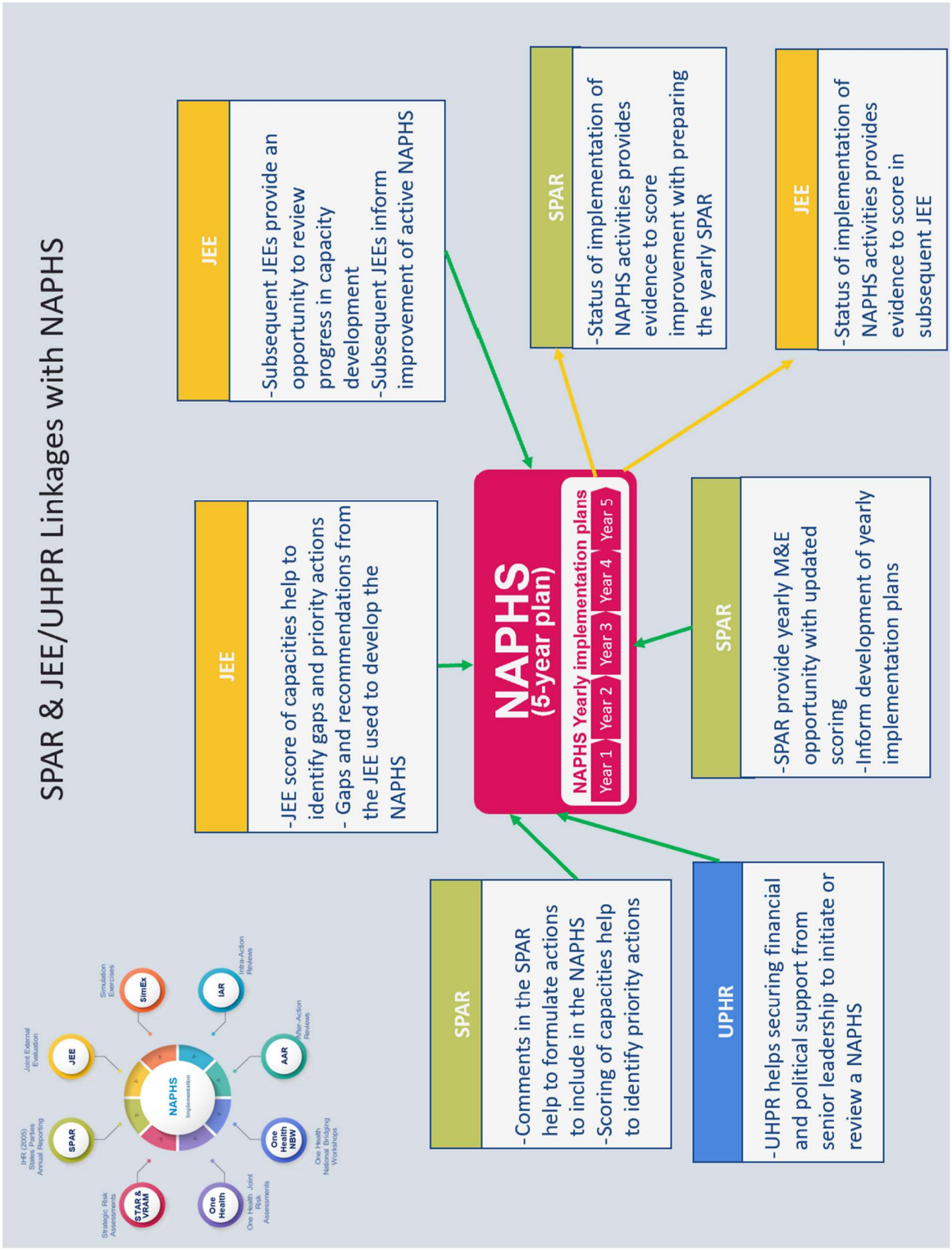
Year 5
NBW Follow-up
- NBW Follow-up is a one-day meeting to MnE the implementation of the NBW Roadmap and update it
- NAPHS implementation results can provide critical information on bottlenecks and possible tripartite support
NBW Catalyst
- NBW Catalyst is nationally recruited One Health expert to follow-up on NBW and support implementation of the NBW Roadmap activities
- NBW Catalysts can therefore support implementation of some NAHS activities
TZG Operational Tools
- JRA / MCM / SISOT / REPREP Operational tools associated with the Tripartite Zoonosis Guide can support countries in the implementation of NAPHS activities
NAPHS
JEE
SPAR
SimEx
IAR
AAR
One Health NBW
One Health
TZAR & VRAM

Strategic Toolkit for Assessing Risks
A comprehensive toolkit for all-hazards health emergency risk assessment
Steps include:
(1) Hazard identification (whole of society approach)
(2) Assessing likelihood to occur
(3) Assessing potential impact (severity, vulnerability, coping capacity)
(4) Next Steps + Application of risk profile information
Risk Matrix
Seasonal Risk Calendar
NAPHS (5-year plan)
NAPHS Yearly implementation plans
Year 1 Year 2 Year 3 Year 4 Year 5
Country Risk Profile
STAR informing NAPHS
NAPHS informing STAR
Prior to NAPHS
Year 1
All-hazards risk profile; -
- Ready reference for prioritized risks by multisectoral Ministries/ partners
- Available coping capacities (including qualitative at national/subnational/ community levels
- Identified gaps in data availability for risk information
- Outline of initial next steps for risk-informed preparedness and readiness
NAPHS information
- Reference consolidated information
- Available capacity building plans and assessments that can be used for baseline of STAR process
- Include NAPHS stakeholders in STAR
- Coordinate with NAPHS teams from Ministry of Health for risk profile exercise
Yearly NAPHS Review
Year 2 Year 3
- Adjust and update priority capacity building actions and sequencing based on risk profile, inclusive of seasonal calendar, priority risks
- Review assessed capacity gaps (at national and subnational level)
- Refer information gathered to mid-year review results to STAR process
- Cross share capacity building progress of NAPHS (M&E) + benchmarks to multisectoral STAR participants
End of 5-year NAPHS
Year 4 Year 5
- Support periodic and final review of NAPHS
- Inform end of year evaluation of NAPHS
- Benchmark results feed to coping capacity and gaps steps in STAR


SPAR & JEE/UHPR Linkages with NAPHS
JEE
-Subsequent JEEs provide an opportunity to review progress in capacity development
-Subsequent JEEs inform improvement of active NAPHS
SPAR
-Status of implementation of NAPHS activities provides evidence to score improvement with preparing the yearly SPAR
JEE
-Status of implementation of NAPHS activities provides evidence to score in subsequent JEE
JEE
-JEE score of capacities help to identify gaps and priority actions
- Gaps and recommendations from the JEE used to develop the NAPHS
NAPHS
(5-year plan)
NAPHS Yearly implementation plans
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Year 5
SPAR
-SPAR provide yearly M&E opportunity with updated scoring
-Inform development of yearly implementation plans
SPAR
-Comments in the SPAR help to formulate actions to include in the NAPHS
-Scoring of capacities help to identify priority actions
UPHR
-UHPR helps securing financial and political support from senior leadership to initiate or review a NAPHS
NAPHS
Implementation
JEE
Joint External Evaluation
SimEx
Simulation Exercises
IAR
Intra-Action Reviews
AAR
After-Action Reviews
One Health NBW
One Health National Building Workshops
One Health
One Health Joint Risk Assessments
STAR & VRAM
Strategic Risk Assessments
SPAR
IHR (2005) States Parties Annual Reporting

CER UNIT
COUNTRY SIMULATION EXERCISES & REVIEWS UNIT
HEALTH SECURITY AND PREPAREDNESS DEPARTMENT
WHO HEALTH EMERGENCY PROGRAMME
WORLD HEALTH ORGANIZATION
NAPHS
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Year 5
SimEx/AAR/IAR
- Previous findings and recommendations from SimEx /AAR/IAR can provide an important baseline by informing the NAPHS inception process and ensure concrete changes are made.
SimEx
- Contribute to the inception phase by testing functionalities of the health systems in non-event environment.
- Validate functional capacities of a system.
- Results of the SimEx feed directly into the SWOT analysis.
SimEx
- SimEx programme during the 5-year NAPHS implementation plan will continue to inform and document on NAPHS progress implementation.
- SimEx allows for validation of health response plans across a variety of hazards.
IAR
- Undertaking regular reviews enable the country to evaluate and document the NAPHS implementation progress.
- IAR findings may help to inform adjustment needed for NAPHS over the five-year period so adaptations can be made according to unforeseen circumstances and needs that may arise.
AAR
- AAR can assist in monitoring the implementation of NAPHS and inform adaptation that may be needed moving forward, especially as the global health security landscape continues to evolve.

Annex 4: HSP tools and processes sequencing