1. Background

WHO hosted a 4-days technical workshop (20 – 23 February 2023) to initiate the joint review of the draft NAPHS guidelines to incorporate knowledge and best practices from partners and to further explore how digitization can support the collaboration and coordination that is vital for NAPHS implementation and country ownership. This is in line with WHO NAPHS strategy 2022 – 2026 to adequately support countries ensuring mutual accountability, transparency and trust in the development, prioritization, implementation, monitoring and evaluating of NAPHS by member states.

The workshop had two main Objectives:

- review current draft NAPHS guides/tools and discuss the process, methodology and workplan (next steps) in updating WHO’s global NAPHS guideline,
- Establish the project requirement for the development of NAPHS digital tool to support planners and users in fully leveraging NAPHS tools to accelerate implementation of IHR core capacities.

The specific objectives were to:

- Review existing guidance and tools developed by WHO technical teams and technical partners.
- Align and adopt one set of guidelines and tools between WHO and partners; agreement on guardrails and approach for using “interim guidance.”
- Map user workflow and requirements for future NAPHS platform.
- Assess feasibility and propose clear options of functionalities for the NAPHS platform within WHO environment.
- based on lessons learned from the Benchmarks platform project determine mode/roles for engagement on the future NAPHS development site.
2. **Workshop overview**

During the four days of the workshop, a total of 46 people (including 13 online) were invited to participate in all or some of the sessions. WHO participants within the three preparedness departments were selected based on their technical expertise in preparedness, readiness and planning. Resolve To Save Lives and US-CDC also participated in the meeting to share their experience in supporting countries in the NAPHS process including the technical guidance being developed with WHO AFRO and some of the materials they have AFRO on NAPHS and operational plans. The detailed list of participants is available in annex 1.

The first two days of the workshop were used to orient participants and provide a comprehensive overview of existing NAPHS tools and guidance; share experiences from country implementation and lessons learned over the last five years when the NAPHS was introduced. The opportunities to link the NAPHS with existing and new initiatives such as the Pandemic Fund, and health emergency preparedness, response, and resilience (HEPR) architecture were also explored. To provide additional context, a debriefing of the high level mission to the Central African Republic on health security preparedness and health systems strengthening was provided by the Director.

In plenary, the participants discussed the need to update the NAPHS guidance into a more agile, lighter process with the introduction of a strategic plan and a shorter (1-2 year), prioritized, risk-informed operational plans, along with a monitoring and accountability framework that affords transparency, accountability and multisectoral implementation.

The third day focused on the NAPHS online platform that is currently in its planning stages and will support countries in developing a NAPHS using country-specific data from various assessments and link them to activities as needed to specific activities in the IHR benchmarks. Another feature of the NAPHS platform will be the capacity to monitor and track progress in the implementation of these plans.

On the fourth day, participants discussed about financial and technical resources mapping and explored possibilities for future training needs. The discussions also covered the opportunity to better align data and information to help member states in the development of investment cases for their internal resources’ mobilization as well as for their partners. Further discussion on the training requirements to support the new NAPHS integrated approach and the normalization of operational plans to accelerate the NAPHS implementation. The full agenda is available in annex 2. All supporting materials used during the workshop is available in annexe3.

3. **Key decisions**

Based on the advice and recommendations from the various participants and WHO leadership the following is a summary of the key decisions and way forward.

3.1. **New guidelines**

- The new NAPHS global guidelines will emphasize the difference between the 5 years strategic NAPHS and an 1-2 year operational plan that allow more focused, prioritized, realistic and costed capacity strengthening.
- To support users, the new guidelines will consolidate existing NAPHS guidance and tools into one new document that will clearly highlight the improvements and additions made since the previous guidance (i.e., NAPHS for All: Country Implementation Guide, 2019). It will also make use of short case studies (with text boxes) and practical tips to share lessons learned and best practices.

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1 [https://www.who.int/publications-detail-redirect/naphs-for-all---a-country-implementation-guide-for-naphs](https://www.who.int/publications-detail-redirect/naphs-for-all---a-country-implementation-guide-for-naphs)
- The guidelines will explain the various linkages to existing and new initiatives to support countries; e.g. the use of results from the IHR-PVS national bridging workshops, the after/intra action reviews, and the Simulation Exercises (SimEx); activities that are relevant in the formulation, prioritization and monitoring of NAPHS activities.
- The guidelines will also illustrate how the findings and recommendations from risk assessments and readiness assessments/checklists can be used during the development of the operational NAPHS.
- The guidelines will emphasize the need to prioritize activities for inclusion in the operational plans. The guidelines will clearly articulate the use of risk assessments to support the prioritized actions. Prioritization will also be linked to the sequencing and the complementary between activities. Prioritization criteria and models will be suggested.
- The update of the guidelines will include:
  o principles for a results framework promoting the use of existing indicators and scales and bringing uniformity of reporting between the different tools such as the REMAP, RSTL/AFRO NAPHS toolkit.
  o the role of functional reviews and SimEx in the monitoring and evaluation and their ability to provide qualitative data on the functionality of systems and therefore on the impacts of the capacity-strengthening activities of NAPHS will be included in the results framework.
  o a section on accountability and oversight will also be included. It will propose a multisectoral structure with a technical level in charge of developing, tracking progress and reporting to a higher strategic level that will steer the overall implementation and coordination processes.
- Workshop’s participants will contribute from the early stage of the development of the new guidelines to ensure the inclusion of lessons learned and expertise. This will also ensure that elements of existing tools and guidance that have been already tested are integrated in the new guidelines.

3.2. NAPHS platform
- While it is understood that an online tool is not a substitute for the soft skill and human interaction which is essential in the development, implementation, and monitoring of NAPHS, this workshop demonstrated there is an opportunity to better integrate various pieces of information into an effective and holistic planning process which helps to guide countries.
- The development of a NAPHS platform can help connect data from different tools that are practical and useful to the country.
- The aim of the platform is to provide a more holistic and integrated process moving from the assessment data to the development of plans, prioritizing activities based on country risk, using the short and medium-term priorities for the mobilization of resources, and the implementation and monitoring of the plans.
- The development and rollout of the NAPHS platform will be progressive and modular, starting with basic functionalities of compiling and organizing assessment findings for countries; and using dashboards to track progress.
- While the aim of the platform is to link to various existing processes and tools, this should result in reducing complexity. It is being designed to remain an easy, useful, practical, and flexible platform that can be adapted to the national context and that is user-friendly.
- While the new NAPHS platform is under development, existing guidance and tools including the IHR benchmarks online tool for plan development will continue to be used. The development of NAPHS platform will take into account the need to interoperate with
IHR benchmark online tool and reference library, which are useful resources in planning and implementation of plans.

3.3. **Trainings needs.**
- Because of the urgent requests by countries in developing NAPHS and as no training for the use of the NAPHS exists, there is a need to develop and provide trainings for different audiences and purposes.
- The development of the trainings for the NAPHS platform will be driven by the actual informational needs of people. In that respect, the call for proposals being developed by the pandemic fund can be used as to better understand what countries need to better understand the NAPHS development and its utility.
- Training will not only focus on the process of developing NAPHS but also on its benefit and how countries can use NAPHS for advocacy and resource mobilization. Similarly, experiences from RTSL’s program management training (PMEP) should be used to strengthen the skills and competencies of member states’ staff in driving NAPHS.

4. **Recommendations & Next steps**
- Inputs from all WHO regions will be crucial during the development of the new guidelines to ensure it reflects their specific regional needs.
- The estimated timeframe for having the updated global NAPHS guideline ready for finalization and publication is 6 months (i.e., August 2023)
- A small technical group will be set up to develop criteria on what can be addressed through capacity development activities (i.e., NAPHS) during the operational plans’ cycle versus:
  - actions that should remain in hazard and hazards-type specific contingency plans, and:
  - urgent actions required to reach needed readiness levels to address imminent risks.
- The current Benchmark portal has been useful to trigger NAPHS and shorten the time a country takes to move from the assessment phase to planning. In order to retain this good practice in the NAPHS platform it will be essential that the Benchmark v2 is updated and aligned with the latest editions of the assessment tools (i.e. SPAR v2 & JEE V3).
- The NAPHS platform will be developed within WHO environment and will include some of the same functionalities that the current Benchmark portal has but will include some additional functionalities and linkages that will further support country planning, implementation, and monitoring.
- WHO currently does not have a global training on NAPHS and while some partner trainings exist (e.g. PMEP), there is a clear need to further explore and develop a global NAPHS training programme.
- Beside specific trainings, there is an opportunity to make existing resource materials from WHO and partners more visible by having the possibility to access them more interactively and targeted manner on the NAPHS platform.

5. **Annexes**

Annex 1: List of participants

Annex 2: Workshop agenda
Annex 3: material presented during the workshop
Annex 1: List of participants

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  AF/RGO/EPR/

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  Prevent Epidemics

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  Prevent Epidemics

- WAHL, Julie  
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  Prevent Epidemics

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  ORISE Fellow  
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- GARFIELD, Richard  
  Team Lead (Acting)  
  CDC/DDPHSIS/CGH/DGHP

- SOTO CORES, Karen  
  CDC/DDPHSIS/CGH/DGHP
### Annex 2: workshop agenda

#### Day one

<table>
<thead>
<tr>
<th>time</th>
<th>Topic</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td>09:15</td>
<td>Overview of day 2</td>
<td>Rajesh</td>
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</tbody>
</table>
| 09:30  | **Session 1d: Reviewing existing NAPHS tools & Alignment/ Adopting 1 global guideline.**  
         a) Presentation: NAPHS results framework  
         b) Discussion / group work | Denis                |
| 10:30  | Coffee break                                                          |                      |
| 10:45  | **Session 2: Risk-based planning & Readiness**  
         **Focused discussions:**  
         a) Prioritization based on threats and risks  
         b) Definition of criteria for inclusion into NAPHS, readiness, hazard-type specific plans.  
         c) Discussion / group work (Prioritisation criteria and scale) | Taylor, Lucy         |
| 12:30  | Lunch break                                                           |                      |
| 13:30  | **Session 3: NAPHS multi-sectorial team / secretariat**  
         a) **Multisectoral coordination framework:** overview  
         b) Discussion around existing mechanisms and platforms for IHR (JEE, OneHealth, STAR)  
         c) Group work: Strategic level vs. operational technical leads: membership & leadership, roles, alignment with existing platforms endorsement, duration  
         d) Plenary discussion and consensus | Romina/ CDC          |
| 15:00  | Coffee break                                                          |                      |
| 15:30  | **Session 4: Agree on the best process, methodology & Workplan to update the NAPHS guideline.**  
         **Discussions:**  
         b) Guideline Development Group: roles & responsibilities  
         c) Development of the update guideline, agreement on modalities during the transition period: timeline & responsibilities | Christie & Fred      |
| 16:30  | Wrap-up of the day                                                    | Rajesh               |
Day two

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<th>time</th>
<th>Topic</th>
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| 09:30  | **Session 1d: Reviewing existing NAPHS tools & Alignment/ Adopting 1 global guideline.**<br>a) Presentation: NAPHS results framework  
  b) Discussion / group work                         | Denis             |
| 10:30  | Coffee break                                                        |                   |
| 10:45  | **Session 2: Risk-based planning & Readiness**                     | Taylor Lucy       |
|        | **Focused discussions:**                                            |                   |
|        | a) Prioritization based on threats and risks                        |                   |
|        | b) Definition of criteria for inclusion into NAPHS, readiness, hazard-type specific plans.  
  c) Discussion / group work (Prioritisation criteria and scale) |                   |
| 12:30  | Lunch break                                                        |                   |
| 13:30  | **Session 3: NAPHS multi-sectorial team / secretariat**              | Romina/ CDC       |
|        | a) **Multisectoral coordination framework:** overview               |                   |
|        | b) Discussion around existing mechanisms and platforms for IHR (JEE, OneHealth, STAR)  
  c) Group work: Strategic level vs. operational technical leads: membership & leadership, roles, alignment with existing platforms endorsement, duration  
  d) Plenary discussion and consensus                    |                   |
| 15:00  | Coffee break                                                        |                   |
| 15:30  | **Session 4: Agree on the best process, methodology & Workplan to update the NAPHS guideline.**<br>Discussions:<br>a) Engagement Strategy of WHO regional colleagues, TAG & partners: process, timelines.  
  b) Guideline Development Group: roles & responsibilities  
  c) Development of the update guideline, agreement on modalities during the transition period: timeline & responsibilities | Christie & Fred |
| 16:30  | Wrap-up of the day                                                 | Rajesh            |
### Day three

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<th>Time</th>
<th>Topic</th>
<th>Facilitator</th>
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<tr>
<td>09:15</td>
<td>Overview of day 3</td>
<td>Rajesh</td>
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<tr>
<td>09:30</td>
<td><strong>Session 5a: Review NAPHS Platform need &amp; mock-up</strong></td>
<td>Erika &amp; Anicia</td>
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<td>Review IT mockup:</td>
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<td></td>
<td>a. IT presents mockup created</td>
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<td>b. Discussion regarding comprehensiveness of tool, points of success,</td>
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<td>points for improvement</td>
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<td>10:30</td>
<td>Coffee break</td>
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<tr>
<td>11:00</td>
<td><strong>Session 5b: Review NAPHS Platform need &amp; mock-up</strong></td>
<td>Anicia</td>
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<td></td>
<td>Defining the Challenge: create map of user workflows for NAPHS</td>
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<td>platform and related digital tools</td>
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<td></td>
<td>a. Get consensus on how users currently use NAPHS/Benchmarks, JEE,</td>
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<td>SPAR, REMAP, STAR, IHR-PVS NBW, costing, etc.</td>
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<td>b. Get consensus on key information that are needed across these</td>
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<td>tools and from which tool they are generated and maintained.</td>
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<td>c. Storyboard guides user-centered evaluation of platform prototype</td>
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<td>12:30</td>
<td>Lunch break</td>
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<td>13:30</td>
<td><strong>Session 5c: Conceptualize Solutions</strong></td>
<td>Erika</td>
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<td>Proposed Activities</td>
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<tr>
<td></td>
<td>1. Review mismatches from morning session review of IT prototype</td>
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<td>a. Prioritize areas to address.</td>
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<td>b. Create solution sketches for IT to add to prototype.</td>
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<td>14:30</td>
<td>Coffee break</td>
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<tr>
<td>15:30</td>
<td><strong>Session 5c: Conceptualize Solutions</strong></td>
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<td>Proposed Activities</td>
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<td>2. Evaluate connection points with other tools (JEE/SPAR/REMAP/IHR</td>
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<td>Benchmarks/STAR/ IHR-PVS NBW, costing, etc.)</td>
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<tr>
<td>16:30</td>
<td>Welcoming by Director HSP department</td>
<td>Dr Stella Chungong</td>
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<td>- Overview of the recent high level mission on health security</td>
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<td>preparedness and health systems strengthening to Central African</td>
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<tr>
<td>17:00</td>
<td>Wrap-up of the day</td>
<td>Rajesh</td>
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Day four

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<th>time</th>
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<th>Facilitator</th>
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<tr>
<td>09:15</td>
<td>Overview of day 4</td>
<td>Rajesh</td>
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<tr>
<td>09:30</td>
<td><strong>Session 6: Mobilization and review processes</strong></td>
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<td></td>
<td><strong>Group work:</strong></td>
<td>Sean &amp; Denis</td>
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<td>Mobilization of financial and technical resources:</td>
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<td>- Use of the plan to appeal and mobilize financial and technical support (GSPN, investment cases, etc.)</td>
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<td>NAPHS implementation and review process:</td>
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<td>- Leverage technical expertise in the plan implementation.</td>
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<td>- Frequency and alignment with SPAR / JEE</td>
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<td>- Responsibility and custodian of specific data (implementation status, resources availability, functional reviews findings, etc.)</td>
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<td>10:30</td>
<td>Coffee break</td>
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<tr>
<td>10:45</td>
<td><strong>Session 7: NAPHS resources and training needs</strong></td>
<td>Anne-Sophie</td>
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<td><strong>Group work:</strong></td>
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<td>- Identify additional resources, tools and template needs</td>
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<td>- Map future training needs (Audiences &amp; curriculum development)</td>
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<td>12:30</td>
<td>Lunch break</td>
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<tr>
<td>14:00</td>
<td><strong>way forward</strong></td>
<td>Rajesh</td>
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<tr>
<td></td>
<td>- Summary of main outcomes</td>
<td>Stella &amp; Amanda</td>
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<td>- Next steps &amp; way forward</td>
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Annex 3: material presented during the workshop

- 01_main slide deck
- 02_AFRO NAPHS Toolkit overview
- 03_CDC IHRMEF Presentation
- 04_717 and NAPHS
- 05_Prioritization based on risk_NAPHSmtg
- 06_DRAFT proposed NAPHS_Glenn
- 07_07_MPC – NAPHS Tools and online platform Workshop V2 Romina – 21-02-2023
- 08a_Online Platform Mockup
- 08b_design sprint session
- 09_REMAP-GSPN Presentation for NAPHS meeting
- 10a_training needs (group 1)
- 10b_training needs (group 2)
- 10c_training needs (group 3)

Access to these files has been granted to the workshop participants through the following link:

annexes