

HEALTH SECURITY PREPAREDNESS

*KEEPING THE WORLD HEALTHIER,
MORE SECURE, AND BETTER PREPARED.*



2023-2024



World Health
Organization



Foreword



As we begin 2024, the world is facing unprecedented challenges.

A growing number of communities are ravaged by conflict and at risk from the devastating effects of climate change. Today 75% of emerging infections in humans are transmitted from animals, and progress towards global health security needs a greater focus on One Health, with strong and consistent collaboration between the human, animal and environmental health sectors.

COVID-19 tested us all on a personal, local, national, and global level and many countries have not yet fully recovered from the strain on healthcare workers, communities, infrastructure, and economies. We need to ensure such devastating impacts do not occur again. The time to prepare for the next pandemic is now, not when it arrives. To improve global health security, countries are currently making targeted amendments to the International Health Regulations (IHR) (2005) and developing a new Pandemic Accord.

The IHR (2005) require countries to report on how prepared they are to prevent, notify and respond to health emergencies. Within WHO, the role of the Health Security Preparedness (HSP) department is to support Member States on the roll-out of the IHR (2005) and beyond - to help assess, plan, finance and sustain health emergency preparedness capacities. We support countries to better prepare for health emergencies, to identify what works, when and where there may be major risks.

Last year, 95% of IHR States Parties reported through self-assessment on their implementation of IHR capacities to the World Health Assembly, the highest number since 2010. We also saw an increased uptake in the Joint External Evaluation which provided further insights into how well countries are prepared on IHR core capacities, and how these can be maintained and improved.

When countries identify major gaps in their preparedness capacities, strategic risk assessments ensure they prioritize actions, resources and take appropriate measures to protect their communities. After Action Reviews and Simulation Exercises then test what is and is not functioning in real settings.

Building on these evidence-based tools, HSP teams work with countries to continuously develop more effective and efficient ways to address their needs, including developing proposals to make an investment case or to access resources like the WHO and World Bank led Pandemic Fund. The game changing Universal Health and Preparedness Review, provides a systematic and comprehensive framework to elevate – not replace technical evaluation results - to engage intergovernmental and intersectoral dialogue to make the world safer, with equal treatment and mutual accountability.

The effects of global health emergencies vary, so gender-responsive emergency preparedness is key. To respond to growing evidence and calls from Member States, the WHO Emergencies Programme (WHE) established the Gender Working Group, which I am honored to chair. The group coordinates, implements, monitors, and evaluates outcomes and effects of gender mainstreaming strategies across the entire WHE.

Listening to countries and adapting our work to their needs is key. From preparedness to response, countries want guidance and tools to better align and adapt to real needs; to move from acute response to recovery and preparedness, strengthening existing capacities. This is why we work with countries and partners across sectors, on a technical level, to build a community of practice across diseases and emergencies. With limited resources, it is essential to streamline - not to burden countries with additional reporting requests - to coordinate and focus on what is most relevant and useful.

Our work at WHO is only possible thanks to the guidance from Member States, to the generous support from you, our partners and donors. I extend my sincere thanks to country, regional and HQ colleagues, to our partners across sectors and to the Health Security Preparedness teams working closely with countries. Our work is far from done. Our mission is to provide evidence-based tools, recommendations, and plans so countries are better prepared for the next health emergency. Lessons learned and successes are not endpoints but shared stepping-stones towards a future where no one is left behind in the face of health emergencies.

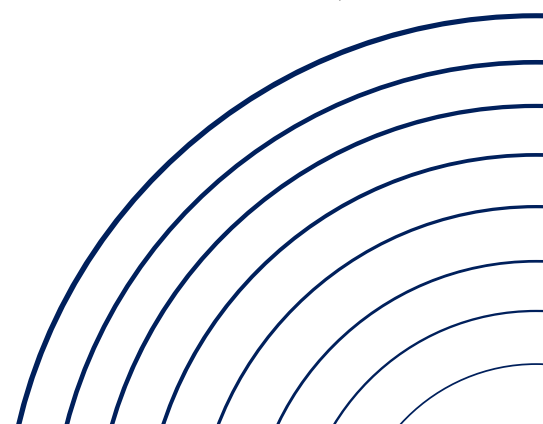
Moving forward, I am confident that together, we will continue to work towards a safer, more equitable and accountable, healthier world.

Dr Stella Chungong

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**“A One Health approach makes public health sense, economic sense and common sense
It's obvious that we can only protect and promote the health of humans by protecting
and promoting the health of animals, and the planet on which all life depends.”**

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Nov. 3, 2023

One Health & IHR

The COVID-19 pandemic, recent avian influenza, Ebola and mpox outbreaks, highlighted once again the pressing need to develop robust multisectoral surveillance and early warning systems at the human-animal-environment interface. 75% of infectious diseases in humans are acquired from animals. To enhance global health security, there is a pressing need for a more concentrated effort on the **One Health** approach which requires robust and sustained collaboration across the human, animal, and environmental health sectors.

WHO and Quadripartite partners (FAO, UNEP, and WOA) contribute to develop and strengthen One Health collaborative capacities at country, regional and global levels. Close collaboration with WHO regional offices ensures that operational tools are adapted, contextualised, piloted and applicable around the world.

The HSP Department mandate is to: 1) improve country capacities at the human-animal-environment interface, 2) strengthen regional office outreach to countries, 3) work with non-public health partners, less aware of health security and the IHR environment, 4) support public health partners within and outside WHO, also less aware of One Health and the veterinary and environment domain.

Via the **National Bridging Workshop (NBW) Program**, we support countries to assess their One Health collaborative and strategic planning to improve collaborative capacities. A total of 54 NBWs have been conducted to date which resulted in country-owned One Health roadmaps. A community of practice is also established at the country, regional and global level to support countries with their roadmaps. Certain countries have achieving over 50% of their roadmap targets. The WHO HSP department also provides tailored support to Member States for specific technical areas of zoonotic disease management, such as Joint Risk Assessment (49 workshops conducted, including ten in 2023), Multisectoral Coordination Mechanism (nine workshops conducted, four in 2023) and **Response Preparedness (REPREP)** workshops (five initial pilots conducted in 2022/23).

In addition to strengthening country capacity to manage zoonotic diseases, we continued to support WHO outbreak response teams on COVID-19 and multi-country outbreaks of mpox throughout 2023. Together with our partners at FAO and WOA, we advised response teams on aspects of human-animal-environment interface, while pushing for increased targeted surveillance in animals, and distributing guidance on preventing spillover.

In 2024, HSP will focus on new operational tools that are in development for release, notably the **Workforce Development, Monitoring and Evaluation, and Coordinated Investigation and Response** tools.

The WHO led Tripartite Zoonoses Guide (TZG) will also be updated and become the Quadripartite Zoonoses Guide (QZG), with UNEP contribution.

IHR & Preparing for Health Emergencies

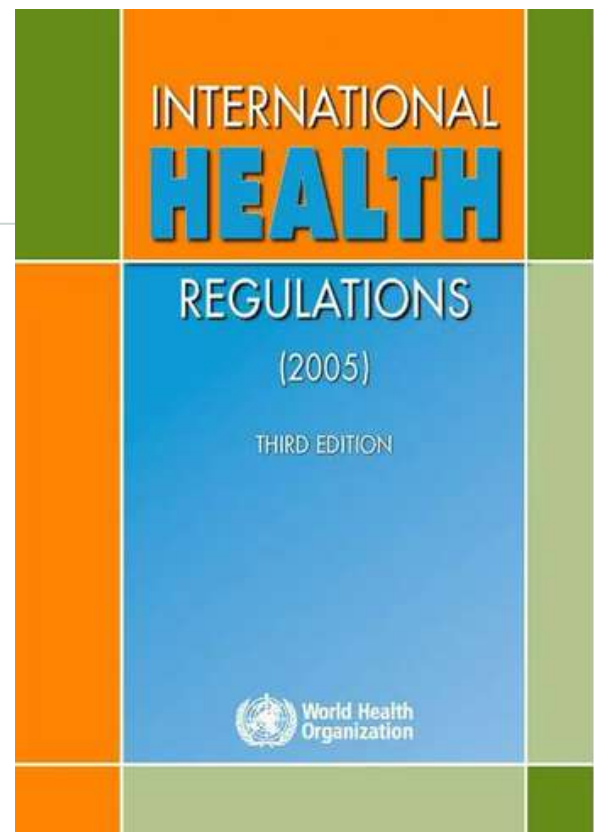
We are only as strong as the weakest link.

In WHO, the role of the HSP department is to support Member States in strengthening health emergency preparedness capacities under the International Health Regulations (IHR) and beyond, in a comprehensive, inclusive, and sustainable manner, to protect communities and us all from the devastating effects of health emergencies.

The IHR are a legally binding instrument that provides an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. They create rights and obligations for countries including the requirement to report public health events.

The IHR aim *“to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”*.

To help the world stay safe, the IHR require countries to better prepare for health emergencies, by assessing and planning, before the crisis hits. WHO is mandated to support countries to comply with IHR. Within WHO, Health Security and Preparedness Department supports countries to assess how well prepared they are for health emergencies and to translate the findings and recommendations into concrete action plans (NAPHS).



OUR TOOLKIT

SPAR: States Parties Self-Assessment Annual Report

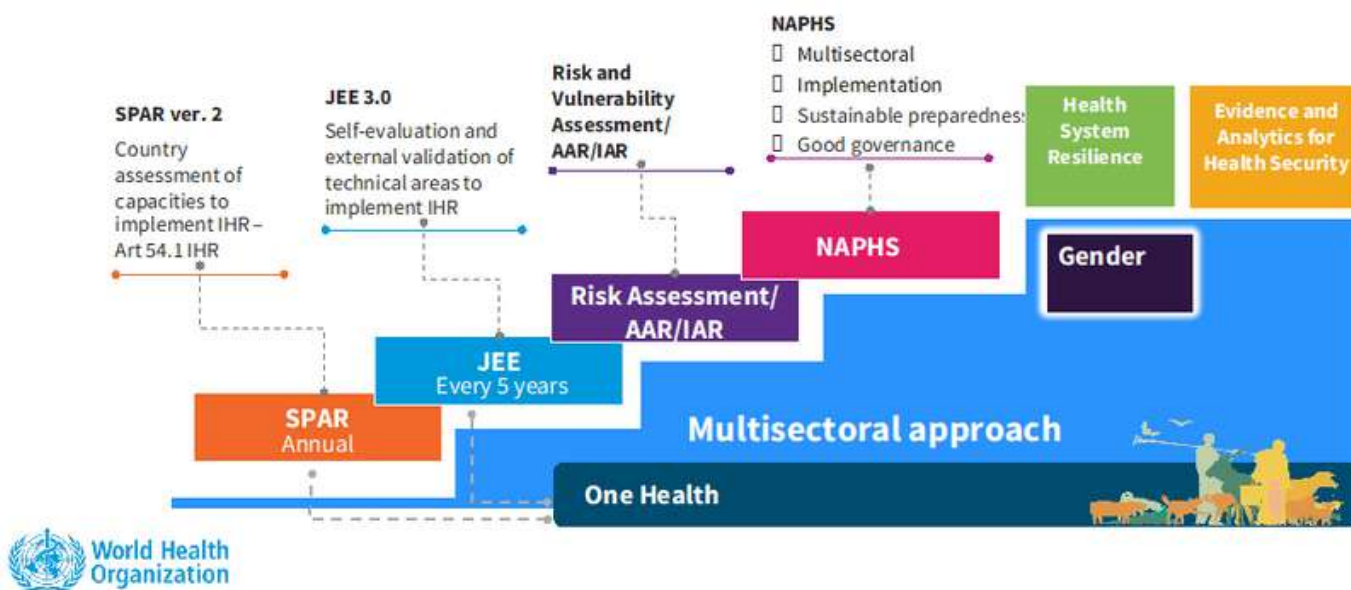
JEE: Joint External Evaluation

NAPHS: National Action Plan for Health Security

SimEx: Simulation Exercises

AAR: After Action Reviews

IHR Monitoring and Evaluation Framework (IHR MEF) and National Action Plans for Health Security landscape



The IHR States Parties Self-Assessment Annual Reporting (SPAR) is the only mandatory obligation for States Parties to self-assess and report annually to the World Health Assembly on the implementation of capacity requirements under these Regulations.

In 2022, 95% of States Parties (186/196 countries) submitted IHR States Parties self-assessment Annual Report (SPAR) to the World Health Assembly, the highest number since 2010. SPAR indicators are also used to evaluate progress in the WHO Global Strategy for Food Safety and for Sustainable Development Goals indicators of health emergency preparedness and more.

The **e-SPAR online platform** is one of the most robust and stable platforms available to manage data. WHO actively promotes the involvement of civil society and local communities with countries participating in self-assessment. We are also developing a model - to be available to all - including the remaining 30% of States Parties who have not yet introduced the multi-sectoral approach to SPAR.

To complement this data, at the WHO Health Security Preparedness department we provide global technical guidance for conducting **Joint External Evaluations (JEE)**.

The JEE is a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events, and helps countries identify the most critical gaps within their human and animal health systems to prioritize opportunities for enhanced preparedness and response.

During COVID-19, countries developed mostly short-term action plans to improve their response capacities. Building on this momentum, at WHO we support countries to strengthen longer term capacity and planning via national action plans for health security (NAPHS).

To avoid duplication and ensure efficient use of domestic resources and operations, WHO builds on existing action plans to harness external buy-in and accelerate support to national health priorities. Since 2016, countries conducted a total of 113 NAPHS workshops. As a result, 87 countries now have 5-year strategic plans, and 28 of these countries have also developed Operational Plans.

For 2024: we aim to shorten the time between the assessment phase of health emergency capacities and the development of plans to address gaps.
The time to prepare for the next health emergency is now, not when it arrives.

Simulation Exercises (SimEx)

At the Health Security Preparedness department, we provide countries with global technical guidance on **Simulation Exercises** which are essential to emergency preparedness activities and IHR. They help test emergency plans, systems and structures within countries and across regions.

In 2023 - we supported in the organization of the following simulation exercises in countries and regions:

- SEARO Regional IHR exercise (Exercise SAPHIRE) – the first regional IHR held in SEARO
- Sierra Leone – high-level and technical exercises for UHPR
- Ethiopia – cross border exercise with Somalia and Kenya, infectious disease
- Philippines – Points of Entry live exercise at Manila airport
- WPRO Regional IHR exercise (Exercise Crystal) – the 16th regional IHR exercise held in WPRO
- Exercise NYX – interagency exercise involving WHO, WOH and INTERPOL
- Morocco – Simulation exercise training and PIP exercise

In 2024 – we are aiming to develop a guidance for the development of a **National Health Simulation Exercise Programme** for health emergencies, as programmes are more effective than one-off exercises.

At the Health Security Preparedness department, we stand ready to assist countries to develop national simulation exercise programmes so that capacities can be tested functionally through real-life scenarios.



SEARO EOC participants during Exercise SAPHIRE



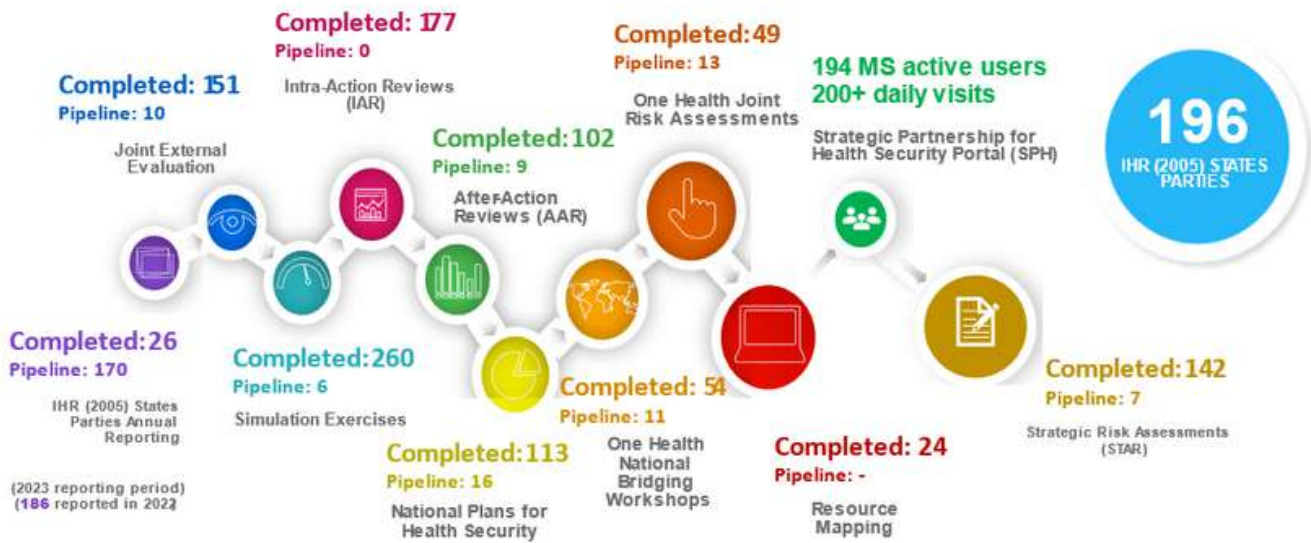
Points of Entry live exercise - Manila



Debriefing session after Exercise SAPHIRE, SEARO EOC

Breaking the Panic & Neglect Cycle

IHR Assessment, Planning & Implementation (as of 19/01/2024)



When WHO lifted the COVID-19 Public Health Emergency of International Concern (PHEIC) on 5 May 2023, the IHR Emergency Committee's report stated that: *"Member States should update respiratory pathogen pandemic preparedness plans [by] incorporating learnings from national and subnational after-action reviews"*.

To try to break the health emergency panic-and-neglect cycle, and respond to the IHR Executive Committee recommendations, WHO published the **"Guidance for the conduct of a COVID-19 After Action Review"**, a practical tool for Members States.

Intra-action reviews (IARs) and **after-action reviews (AARs)** conducted respectively during or after a health emergency, evaluate the functional capacity of public health and emergency response systems and identify **practical areas to improve**. Between 2020 and June 2023, at least 80 countries developed one or more COVID-19 IARs, to help assess, adapt, and update COVID-19 health measures while the pandemic was ongoing.

Throughout 2023, our WHO teams supported IAR and AAR in multiple countries and settings including, the Philippines - COVID-19 AAR; and in Uganda – Sudan Ebola Virus Disease (SUDV).

In 2023, WHO published new guidance for **Early Action Reviews (EAR)** that leverages the **7-1-7 performance** assessment; that aims for 7 days for detection, 1 day to notify and 7 days for early response. This offers a swift, step-by-step process to detect, respond and hopefully halt diseases where and when they emerge, while reviewing and correcting performance at local and national health levels.

In 2024, over 17 countries expressed interest to integrate 7-1-7 targets into national disease surveillance and response frameworks.

Why gender matters in health emergencies & preparedness

Past health emergencies provide valuable lessons. The effects of global health emergencies, such as Ebola, Zika, and COVID-19, affected vulnerable populations disproportionately and show why gender-considerations must be mainstreamed in emergency plans and response.

While data shows equal numbers of COVID-19 cases in men and women, more than 70% of COVID-19 infections among healthcare workers in high-income countries were among women. Frontline workers faced the risk of infection and grappled with mental health difficulties, increased physical violence, and exhaustion due to their life-saving efforts. To contain the spread of the virus, some public health measures inadvertently led to a higher risk of gender-based violence. In some regions, intimate partner violence (IPV) against women increased by as much as 23% during lockdowns.



To respond to growing evidence and calls from Member States, the WHO Emergencies Programme (WHE) established the **Gender Working Group**. The group coordinates, implements, monitors, and evaluates outcomes and the effects of gender mainstreaming strategies across WHE. **Sex-age disaggregated data** is now being strengthened across data-collection tools and frameworks and guidelines are under revision to promote gender-transformative approaches.

WHE is also collaborating with partners to **deliver health services for survivors of gender-based violence, to ensure robust referral pathways for support**. An internal culture and system that promote gender equality and respect with zero-tolerance for all forms of abuse, sexual harassment and exploitation is key; this also allows to identify barriers to all genders in health security leadership and decision-making processes in WHO and in health emergencies.



Joint Risk Assessment, Ukraine, Aug. 2023.

Data analysis & evidence for health emergencies



WHO Resource Mapping (REMAP) in Leribe, Lesotho, Nov. 2023

Based on global expert input and best-available evidence, the WHO Health Security Preparedness Department, in collaboration with partners, developed a tool with a list of reference benchmarks and corresponding actions that can be applied to the development and implementation of a National Action Plan for Health Security (NAPHS).

Collecting and managing data is key. At WHO we support countries by organizing specialized **data analytics training programs** for country-level technical staff designed to amplify the application of data in strategic decision-making processes related to health security and emergency response. The program emphasizes sustainable improvements in data analytics skills, offering ongoing support and mentorship for applied analysis projects, which continue well past the training period.

Our teams help strengthen Member States' IHR skills: **to train and disseminate knowledge on IHR monitoring and evaluation** (180 learners trained and certified in 2023). We also support countries to develop outcomes and impactful measures that move beyond checklist assessments, to track more relevant measures, such as the country-specific epidemic disease burden, outbreaks prevented, and costs related to emergencies.

Sustainable funding for Health Emergencies

The WHO Resource mapping tool helps Member States to map the gaps and needs to engage multi-sectoral ministries and partners and to inform investment plans and resource mobilization strategies. Over 20 AFRO and EMRO countries have conducted REMAP exercises, to map over \$2 billion in health security investments.

2023 upgrades: To make REMAP more user friendly, offline and online training materials are now available in English and French.

2024 plans: To bring REMAP to SEARO.

The WHO Strategic Partnership for Health Security interactive digital portal is used by 194 WHO and Partner Member States to share and exchange information on programmes and funding. This includes: **IHR (2005)** Monitoring and Evaluation Framework for data and reports, States Parties Self-Assessment Annual Reporting (**SPAR**), Joint External Evaluations (**JEE's**), After Action Review (AAR), Simulation Exercises (**SimEx**) and National Action Plans for Health Security (**NAPHS**).

The **Resource Landscape** section aligns and harmonizes stakeholder initiatives to accelerate IHR (2005); tracks and displays 3,604 activities from 64 Donors and Partners for disclosed contributions (over \$9.88 billion) and contributions to 79 countries.

Driving a whole of government approach

Parliamentarians represent constituencies, make laws and budgets. They can foster action and partnerships across sectors, government and borders, to play a critical role in pandemic preparedness and response. Since COVID-19, the **WHO Health Security Preparedness** department ran interactive workshops with practical tools for parliamentarians on IHR, health security preparedness and global processes in public health architecture.

Learning from COVID-19, WHO and IPU (Inter-Parliamentary Union) launched a well-received **handbook for parliamentarians on IHR: Strengthening health security preparedness: The International Health Regulations, IHR (2005)**, at the 2022 Asia-Pacific Parliamentarian Forum on Global Health (APFPGH). In July 2023, with Western Pacific Regional Office (WPRO) and the Korean Parliamentarian Forum on Global Health (KPFPGH), teams ran health security and IHR workshops for parliamentarians.

The **WHO-IPU African Parliamentary High-Level Conference on Strengthening Health Security Preparedness** in Accra, Ghana (Nov. 2023) underscored the urgent need to bridge the gap between government and parliament - to promote multisectoral collaboration and good governance - for a better prepared, resilient, inclusive and healthier Africa.



WHO-IPU African Parliamentary High-Level Conference on Strengthening Health Security Preparedness, Nov. 2023

Local authorities play a crucial role in preparing and responding to health emergencies: In 2022 the landmark resolution (WHA 75.7): Framework to Strengthen Health Emergency Preparedness in Cities and Urban Settings, mandated WHO to provide technical support to Member States, upon request, to strengthen capacities and capabilities in urban health emergency preparedness and response.

By engaging **local authorities** and stakeholders at the local level, political momentum existing at the national level is transmitted to local politicians, stakeholders and communities.

Moreover, building the **capacities and capabilities at the local and city level** is key to implementing the International Health Regulations (2005).

WHO will submit a progress report on the implementation of this resolution to the 77th World Health Assembly in May 2024.



Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme, calls on all sectors and partners to play a key role to keep everyone safe. Sierra Leone, May 2023

Disaster Risk Reduction and all-hazard planning for health emergencies

Managing risk from multiple hazards is key to protecting development. In 2023, WHO supported 31 more countries (across six regions) to conduct **strategic risk assessment** and develop country risk profiles at national and sub-national levels to **prepare and plan based on evidence**, with inclusive and gender responsive actions to reduce disaster risks.

The **Strategic Toolkit for Assessing Risks** brings together around 35-50 multi-sectorial experts to describe and rank risks facing a country - based on available evidence and information, with a step-by-step approach - to identify context specific hazards; the seasonality and likelihood to occur, and how it could affect people and health systems. Resulting country risk profiles, help authorities with their emergency and disaster risk strategies, policies and plans. Risk assessments like these are core elements of both IHR (2005) and the Sendai Framework for Disaster Risk Reduction (2015-2030). WHO provided technical support to resolution on 'Strengthening Health Emergency Preparedness for Disasters Resulting from Natural Hazards' for the EB154.

In 2023: WHO supported 37 country risk profiling exercises at national and subnational levels. Ten of these countries (Bhutan, Equatorial Guinea, Honduras, Mauritius, Seychelles, St Lucia, Sri Lanka, Thailand, Rwanda, United Arab Emirates) applied STAR for the first time since it began in 2021. WHO updates tools to ensure they remain fit-for-purpose.

In addition to **risk assessments**, it is also crucial to develop **operational response plans**, because emergencies and disasters require immediate actions by all systems, sectors and stakeholders in a country. The **National Health Emergency Response Operations Plan** does precisely that. It helps countries to take systematic risk informed actions, engage all key stakeholders, including communities, and establish defined leadership to respond to emergencies and disasters at all levels to address health risks from multiple hazards.

In 2023, WHO supported Sudan, Tanzania and Yemen to develop the response operations plan, based on the global guidance provided.

In 2024 we will continue the roll-out of the National Health Emergency Response Operations Plan.



Mauritius STAR Workshop in Feb. 2023

Pilot Training of Trainers, Nigeria, Dec. 2023



Response preparedness, operational tool workshop, Ethiopia, May 2023



National Civil-Military Workshop in Azerbaijan, Oct. 2023

Health emergencies are not only the health sector's business. They cut across health, foreign affairs, financial, parliamentarians, trade, tourism, transport, human-animal and environment, defense, and private sectors. Addressing these challenges requires the range of responsible sectors and intersecting services and functions – across health, system, security, and financial protection, economic development, and more – **to transform the way the country works together towards shared goals.**

A holistic, multisectoral and multidisciplinary approach is needed for addressing gaps and advancing coordination for health emergency preparedness and health security.

Since COVID-19, WHO is working to advance the collaboration between the public health sector and other sectors, like the military, for health emergency preparedness.

Multisectoral engagement for health security & the IHR

2023: Global consultations and workshops: ***Advancing Civilian-Military Collaboration to Strengthen Health Emergency Preparedness Consultation Meeting - Compendium of Practice***, shared national and regional research analysis, case studies and good practices to strengthen the IHR Monitoring Evaluation Framework and Emergency Medical Teams (EMT). With Regional and Country Office colleagues, we conducted: **two-day: “National Civil-Military Workshop on Advancing Health Security Preparedness”** in Georgia (July) and in Nepal, Bulgaria, Armenia, and Azerbaijan (Oct).

The WHO *National civil-military health collaboration Framework for strengthening health security preparedness* helps focus on how to implement IHR (2005) to:

- Identify possible civilian and military health sector synergies and areas to collaborate on health security preparedness.
- Map cross-sectoral civil-military capacities and capabilities corresponding to IHR (2005) core capacities to strengthen health emergency preparedness.
- Provide countries with an overview of civil-military collaboration, to prepare civil-military national workshops on health emergency preparedness.

Global Solidarity & Trust: Universal Health and Preparedness Review (UHPR)

To avoid the devastating effects of health emergencies on our communities, we need stronger global accountability mechanisms between countries. The game-changing **Universal Health and Preparedness Review (UHPR)** is a Member State-led peer review mechanism to help countries assess their health and preparedness status while also exchanging good practices and identifying challenges.

UHPR provides a systematic and comprehensive framework to **elevate – not replace technical evaluation** results, **to engage intergovernmental and intersectoral dialogue**. JEE for example, focuses on technical deliberations at national levels and will continue to play a critical role in the International Health Regulations (2005) Monitoring and Evaluation Framework. Results of the JEEs if available will contribute to the UHPR process together with other sources of information.

In 2022, a detailed concept note on UHPR was presented at the WHA 75. To date, Central African Republic, Iraq, Thailand, Portugal, and Sierra Leone have conducted voluntary country pilots of the UHPR national review phase; additional five countries are planning to undertake the UHPR pilots in the coming months. The first global peer review of national UHPR reports will take place in February 2024. Experiences and lessons learnt in the national and global phases will be used to further improve the UHPR process and will be presented to WHA 2024.

WHO is committed to aligning with ongoing global health discussions including the INB, WGIHR and the Health Emergency Preparedness and Response (HEPR) process.



Dr. Mohamed Juldeh Jalloh Vice-President, Republic of Sierra Leone, speaks at three day UHPR high level review in Freetown, May 2023

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Africa Europe Foundation
African Development Bank
African Risk Capacity
All WHO Member States
Asia Europe Foundation
Asian Disaster Preparedness Center
ASEAN
Capacity for Disaster Reduction Initiative (CADRI)
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Group of Friends of the Universal Health and Preparedness Review (UHPR)
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United Nations Economic Commission for Europe (UNICEF)
United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)
University of Leeds
University of New Mexico (ECHO project)
USAID
Wellcome Trust
West African Health Organizations (WAHO)
World Bank Group
World Meteorological Organization (WMO)
World Organization for Animal Health (WOAH / OIE)
Yale University

Acronyms

- After Action Review (**AAR**)
- Early Action Reviews (**EAR**)
- Emergency Medical Teams (**EMT**)
- Global Sustainable Preparedness Support Network (**GSPN**)
- Health Emergency Preparedness and Response (**HEPR**)
- Health Security Preparedness (**HSP**)
- International Health Regulations (2005) (**IHR**)
- Joint External Evaluations (**JEE's**)
- National Action Plans for Health Security (**NAPHS**)
- National Health Emergency Response Operations Plan (**NHEROP**)
- National Bridging Workshop (**NBW**)
- Resource Mapping (**REMAP**)
- Response Preparedness (**REPREP**)
- Sex-age disaggregated data (**SADD**)
- Simulation Exercises (**SimEx**)
- States Parties Self-Assessment Annual Reporting (**SPAR**)
- Strategic Toolkit for Assessing Risks (**STAR**)
- Universal Health Preparedness Review (**UHPR**)
- WHO Emergencies Programme (**WHE**)



**World Health
Organization**

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