World Health Organization

NAPHS for ALL

A Country Implementation Guide for
National Action Plan for Health Security (NAPHS)

NAPHS for all: a country implementation guide for national action plan for health security (NAPHS)
WHO/WHE/CPI/19.5

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Les Pandas Roux, France.

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ACKNOWLEDGEMENTS

The World Health Organization (WHO) would like to express sincere gratitude to all those who contributed to the development of the 'NAPHS for All' – A Country Implementation Guide for National Action Plan for Health Security (NAPHS).

WHO developed this document with the support of member countries, partners and all the regional offices and other departments of WHO headquarters.

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Special thanks go to Dr Roberta Andraghetti, Mr Vasily Esenamanov, Dr Gyanendra Gongal, Mr Nicolas Isla, Dr Antonio Oke, Dr Dalia Samhouri, Dr Ambrose Talisuna and Dr Ali Yahaya, for providing inputs from WHO regional offices.

WHO is appreciative to the following partners who provided technical and financial assistance during the process: Centers for Disease Control and Prevention (US CDC), The Food and Agriculture Organization of the United Nations (FAO), World Organisation for Animal Health (OIE), Public Health England (PHE) and Resolve to Save Lives.

ABBREVIATIONS

APSED III	Asia Pacific strategy for emerging diseases and public health emergencies
GPW13	WHO's thirteenth general programme of work (2019–2023)
IHR	International Health Regulations (2005)
IHRMEF	IHR monitoring and evaluation framework
JEE	joint external evaluation
NAPHS	National Action Plan For Health Security
OIE PVS	World Organisation for Animal Health's Evaluation of Performance of Veterinary Services
REMAP	Resource mapping and impact analysis on health security investment
STAR	Strategic Tool for Assessing Risks
SWOT	strengths, weaknesses, opportunities and threats
WHA	World Health Assembly
WHO	World Health Organization

INTRODUCTION

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

The World Health Organization (WHO) is mandated through various resolutions, decisions and reports of the World Health Assembly and in the IHR to provide technical guidance and support to its Member States for strengthening their health systems including IHR capacities at the national, subnational and local levels. Preparedness for health emergencies was identified as one of the three strategic priorities in the WHO's thirteenth general programme of work, 2019–2023 (GPW13) that aims to "protect one billion more people from health emergencies".

The WHO Secretariat in consultation with Member States developed the IHR monitoring and evaluation framework (IHRMEF) in line with the recommendations of the review committee on second extensions for establishing national public health capacities and on IHR implementation.[1] The IHRMEF objectively informs national action plans to strengthen country capacities for public health emergency preparedness and health security. The IHRMEF has four components: (i) mandatory annual reporting, (ii) voluntary after-action reviews, (iii) simulation exercises and (iv) voluntary external evaluations, including the joint external evaluation (JEE). The national action planning process transforms recommendations from various evaluations into actions that can strengthen the ability of countries to prepare and be operationally ready to manage major public health risks or events.

[1] *WHA Resolution 64.10, WHA resolution 65.20, WHA resolution 68.5, WHA Report A69/21.*

A National Action Plan for Health Security (NAPHS)[2] is a country owned, multi-year, planning process that can accelerate the implementation of IHR core capacities and is based on the One Health and whole-of-government approach for all hazards. It captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development. The NAPHS also provides an overarching process to capture all ongoing preparedness initiatives in a country along with a country governance mechanism for emergency and disaster risk management. The planning process should leverage other planning processes, such as for antimicrobial resistance [3] and pandemic preparedness. Since 2016, WHO has been working closely with many countries and partners to support the development and implementation of NAPHS. Using feedback from countries, regions and partners, WHO developed a NAPHS framework to consolidate technical guidance to countries for NAPHS development and implementation. The framework provides guidance to identify: (i) evidence-based priority actions that can be implemented quickly to have immediate impact, and (ii) long-term actions for sustainable capacity development to improve IHR capacities for health security and health systems.

[2] *NAPHS for All: A 3 step strategic framework for the National Action Plan for Health Security:* https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.52/en/

[3] *Antimicrobial resistance. A manual for developing national action plans; 2016 (*https://www.who.int/antimicrobial-resistance/national-action-plans/manual/en/*, accessed 11 February 2019).*

PURPOSE OF THE COUNTRY IMPLEMENTATION GUIDE

The purpose of this document is to provide guidance at each step of the NAPHS framework, and the necessary tools and templates for developing and implementing a national action plan, which countries, partners and agencies can use in the local context.

This document targets all relevant stakeholders of health security, who are directly or indirectly involved in the inception, development and implementation of a NAPHS. It encompasses an overview of the NAPHS framework, details about each step of the framework, and annexes with various templates, tools and additional guides that are required for the development and implementation of a NAPHS.

NAPHS FRAMEWORK

The NAPHS framework is a flexible, three-step approach to help countries plan and implement priority actions to attain health security (Figure 1). It builds on and refers to all existing policies, agreements, strategies and frameworks at the national, regional and global levels and is designed to be used by countries to facilitate multisectoral planning. The framework emphasizes the importance of alignment and integration with the country's national health strategic plan as well as other relevant national sectoral plans in the development and implementation of NAPHS. Countries have the prerogative to select and choose the steps/actions/components of the framework for the development and implementation of NAPHS based on their context.

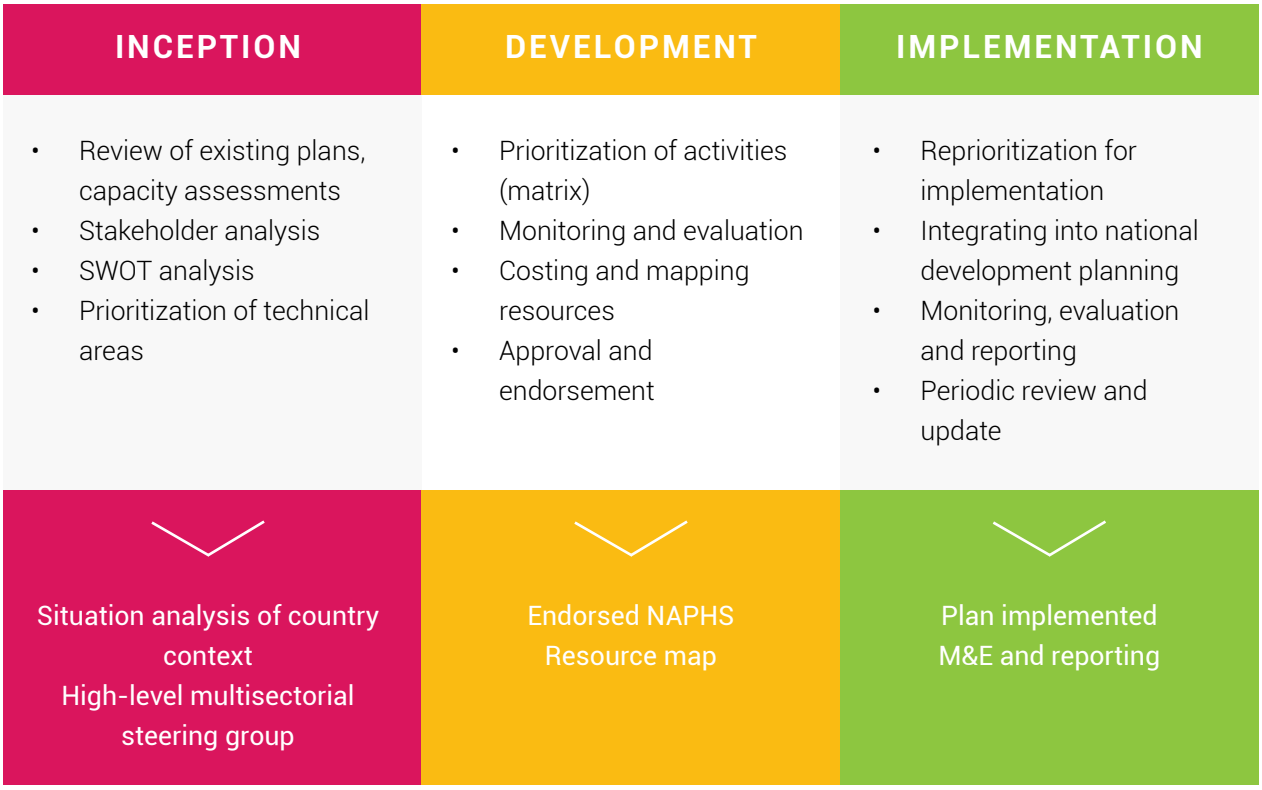


Figure 1. NAPHS framework

STEPS FOR PLANNING

It is the prerogative of the countries to choose when to start, which steps to take, and what optional components and tools to use in each step to fit the country context. Countries may choose to initiate a new planning process or update existing plans based on the local context. The described components of the steps provide guidance on inputs and outputs and are not intended to be sequential.

Step 1 – Inception

Inseption consists of a desktop review of all existing national plans and capacity assessments, stakeholder analysis, SWOT (strengths, weaknesses, opportunities and threats) analysis and prioritization of technical areas of action (based on various assessments, existing plans and various national, regional and global strategies). A prioritization exercise can consider strategic costing using a rapid costing tool.

Outputs of this step may include:

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

Step 2 – Development

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

Outputs of this step may include:

- an approved multi-year, costed NAPHS, and
- a resource map to provide information on available resources and gaps.

Step 3 – Implementation

Implementation consists of reprioritization of the NAPHS for operations based on resource mapping, integration into the national health sector plan, monitoring, evaluation and periodical reporting and updating of the NAPHS. This step includes implementation of the NAPHS and continued mobilization of additional resources.

Outputs of this step may include:

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

STEP 1: INCEPTION

ESTABLISHMENT OF A MULTISECTORAL STEERING GROUP

A high-level multisectoral steering group or similar existing platform needs to be established to: guide and direct the NAPHS planning process, and ensure that it is endorsed and approved across all relevant sectors as well as advocated for the highest level of commitment. This group will also guide the implementation and management of the NAPHS.

FORMATION OF A TECHNICAL WORKING GROUP

The national multisectoral steering group should form a technical working group(s) mandated with specific tasks, such as conducting situation analyses, providing technical inputs and developing NAPHS. Sample terms of reference for the multisectoral steering group and technical working group are included in Annex I.

DESKTOP REVIEW

Implementing and strengthening of IHR capacities required for health security enable Member States to detect, assess, notify and respond to any threats or events. The Member States are using the IHRMEF for monitoring and evaluating their capacities, and other assessments to identify gaps in IHR capacities for health security. Countries can use findings of one or all these assessments to understand a situation and develop a baseline for periodic monitoring.

A desktop review of the results from the following assessments can help in identifying key priorities:

ANNUAL REPORTING

As per Article 54, Member States report their implementation status using the self-assessment monitoring questionnaire for the 13 core capacities. Since 2010, 196 States Parties have reported, with an annual average of 70%, to the World Health Assembly. Based on these reports several States Parties have developed action plans for the implementation of IHR capacities. Annual report findings have helped clearly identify the strengths, weaknesses, opportunities and threats, and should be part of the situation analysis.

AFTER-ACTION REVIEW

This is a qualitative review of actions taken to respond to an emergency as a means for identifying best practices and lessons learnt that should be incorporated while developing the NAPHS.

SIMULATION EXERCISES

These are primarily used to test the functionality of a system in a non-event environment[3] and to validate functional capacities of a system. It is necessary to use the findings of simulation exercises while developing the NAPHS.

VOLUNTARY EXTERNAL EVALUATIONS

The move from self-assessment to external assessment embodied by a voluntary external evaluation (such as a JEE), signals an important shift in thinking towards capacity building supported on country commitments to prevent, prepare for, detect and respond to all threats and events. The priority actions identified following the JEE could serve as the basis for developing the NAPHS.

RISK PROFILING

Strategic risk analysis and profiling are evidence-based approaches to inform emergency preparedness, especially operational readiness. A risk profiling is undertaken as a baseline activity before an event occurs to identify and prioritize hazards

[3] *Technical consultation on monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005). Geneva: World Health organization; 2015 (http://apps.who.int/iris/bitstream/10665/199527/1/WHO_HSE_GCR_2015.14_eng.pdf, accessed 11 February 2019).*

by the level of risk and guide risk-informed programming, actions and allocation of resources. Actions that stem from risk profiling will catalyse actions to prevent, prepare for, and reduce the level of risk associated with high-risk hazards and their consequences on health. These actions can include the prioritization of limited resources, in-depth capacity and vulnerability assessments, development of emergency response and contingency plans, and the implementation of preparedness and risk mitigation activities.

OTHER ASSESSMENTS/EVALUATIONS

Member States have either undergone or are undergoing several assessments and evaluations across sectors that are relevant to the implementation of IHR capacities for health security. A robust analysis of these assessment findings while developing a NAPHS not only ensures comprehension of the planning process but also coordination and collaboration among the various sectors of the government and ministries during the planning and implementation stages. Diverse strategies and assessments, such as the Asia Pacific strategy for emerging diseases and public health emergencies (APSED III), World Organisation for Animal Health's Evaluation of Performance of Veterinary Services (OIE PVS) pathway, risk analysis report and financial situation analysis should be considered while developing the NAPHS.

REVIEW OF EXISTING PLANS RELATED TO IHR IMPLEMENTATION

Most Member States have an IHR implementation plan or equivalent, an emergency preparedness and response plan or other disease control plans, which need to be reviewed during a situation analysis. Based on this review, a decision must be made on whether the Member States need to develop a new plan or simply update existing plan(s).

Reference: Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016.[4]

[4] *http://apps.who.int/iris/bitstream/handle/10665/250221/9789241549745-chapter3-eng.pdf, accessed 3 February 2019.*

STAKEHOLDER ANALYSIS

The strategic planning process is an opportunity to establish a strong multisectoral collaboration and whole-of-government approach, particularly at the country level, and to engage donors to generate buy-ins for the process and the final plan. Multisectoral collaboration at the country level should also include ministries with the authority to make budget decisions, such as the ministries of finance and planning and even the office of the head of state.

The stakeholder analysis involves identifying, mapping and prioritizing people and institutes. This would help in determining the requirements for implementation of the NAPHS and ultimately help to manage, coordinate and collaborate with stakeholders effectively.

STEPS FOR STAKEHOLDER MAPPING:

It is essential to first assemble a cross-sectoral functional group of people from all relevant ministries, partners and others to create a stakeholder map. There are five generic steps for stakeholder mapping (Figure 2). The time required for the mapping depends on the size of the group, the people involved and the focus of the session.

SCOPE	• Give context of the NAPHS and identify the scope of the stakeholder analysis
IDENTIFY	• Gather a comprehensive list of stakeholders. If country has done JEE recently then involve them too from the beginning
ANALYSE	• Position stakeholders according to their *influence* and *interest* on the NAPHS. Use stakeholder analysis template (Annex II)
PRIORITIZE	• Prioritize each stakeholder based on their level of support - from *adversary* to *advocate*
INVOLVE	• Involve the key stakeholders for their support on all three steps of the planning process

Figure 2. Steps for stakeholder mapping

SWOT ANALYSIS

This is a tool used to identify strengths, weaknesses, opportunities and threats that are relevant to health security. Strengths and weaknesses represent characteristics that are within the control of implementing agencies and are often referred to as internal factors. Opportunities and threats are external factors that impact health security but are outside the purview of implementing agencies. SWOT analysis is a practical method to assist in the analysis of the current situation and can help in planning and prioritization for health security.

The template below provides key questions on identifying "strengths, weaknesses, opportunities and threats" for the current situation (Figure 3).

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
What positive capacities exist? What is the comparative advantage to others? What do others appreciate us for?	What needs improvement? What should we not be doing? What are others suggesting as improvements?	What recent development in health security could give an advantage? Are any policies, economic situations and events working in favour? What recent national, regional and global initiatives can be	Can any recent developments on health security have negative effects? Are any policies, economic situations and events working against?

Figure 3. SWOT analysis

Identifying responses to these key questions provides a good overview of the existing situation and assists in decision-making and a way forward for prioritization and development of the NAPHS. Based on these, team(s) can develop actions that should include the following:

- Leverage strengths and expand what is doing well
- Minimize weaknesses and avoid things that are not working
- Prepare to use opportunities that are anticipated
- Put into place mitigation measures to reduce the impact of threats.

Reference: Rajan D. Chapter 3. Situation analysis of the health sector. In: Schmets G, Rajan D, Kadandale S, editors. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016.[5]

PRIORITIZATION OF TECHNICAL AREAS OF ACTION

Based on desktop reviews, stakeholder analyses and SWOT analyses, it is imperative to identify key technical areas (not at the activity level but at the technical area or capacity levels) where planning should be focused and subsequently resources allocated. Various approaches can be used to create a short list of major action areas (see below).

- Invite suggestions from the multisectoral steering group for major technical areas and policy priorities based on government priorities on health security.
- Consult previous plans and assessments with a focus on risk assessments, such as the strategic tool for assessing risks (STAR), to identify common major focal points.
- Score recommendations (such as priority actions of JEE) with each participant giving their top, second and third highest ratings. Sum up these scores to determine collectively what activities receive the highest combined scores.
- Identify critical technical area(s) without which it would be difficult to strengthen other capacities. For example, not all the technical areas referred to in the JEE results may require prioritization. Some technical areas could be considered as essential priorities than others.

[5] http://apps.who.int/iris/bitstream/handle/10665/250221/9789241549745-chapter3-eng.pdf, *accessed 11 February 2019.*

References:

- Priority setting for the NAPHS (Annex III).
- Terwindt F, Rajan D, Soucat A. Chapter 4. Priority-setting for national health policies, strategies and plans. In: Schmets G, Rajan D, Kadandale S, editors. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016.[6]

MONITORING OF THIS STEP

To ensure that all the necessary elements of the inception step of the NAPHS framework are considered, Member States are encouraged to use the NAPHS checklist to track the status (Annex IV).

[6] *http://apps.who.int/iris/bitstream/handle/10665/250221/9789241549745-chapter4-eng.pdf, accessed 11 February 2019.*

STEP 2: DEVELOPMENT

The following should be considered for development of NAPHS.

- A short-term, mid-term and long-term, perspective.
- A comprehensive, "whole-of-government" viewpoint.
- A collaborative and multisectoral monitoring and evaluating mechanism.
- Fit into the national longer-term strategy.
- Ensure links to national health security interventions (activities and investment) with resource attribution (domestic financing) and attribution of responsibilities.

IDENTIFICATION AND PRIORITIZATION OF ACTIVITIES

STRATEGIC PLANNING allows to set priorities, focus energy and resources, strengthen operations, ensure other stakeholders are working towards common goals, establish agreement(s) around the outcome, and evaluate and adjust the direction for national health security. There are various methodologies for strategic planning and its management.

- Determine where you are: This is a situation analysis based on assessment findings, and the primary focus is to understand the current situation.
- Identify what is important: This is where a strategy is formulated to set the direction for IHR implementation and clearly defines a mission and vision. This will help in determining priority issues that need immediate attention with short-, mid- and long-term goals.
- Define your objective: This defines what you must achieve and what can be translated into an operational plan and action items.

- Determine who is accountable: This determines how an action plan is implemented, and each objective is achieved. It helps in setting a national monitoring and evaluation process.

DRAFTING OF THE PLANNING AND COSTING TOOL

The first stage for developing a NAPHS is to draft a planning and costing tool (see Annex V), which translates priority recommendations into actionable activities based on the agreed strategic directions. The tool should be developed with the participation of relevant technical focal points and various stakeholders. It should have a matrix with clearly delineated goals/objectives as per strategic directions, activities with their monitoring and evaluating indicators, and potential risks on the implementation.

PRIORITY SETTING FOR THE NAPHS

Priority setting is a process of selecting activities and actions to focus on, based on existing situation analyses (such as risk assessments, JEEs, after-action reviews) of health and other sectoral strategies. If all activities are conducted at the same time, little can be achieved. A priority setting exercise is where the principal decisions – what to put first and what to leave for later – are made. An informed overview of the risks, capacities and gaps, allows participants to select from various options based on selected criteria that best reflect priorities of the country.

Reference: Methodology for priority setting for the national action plan for health security (Annex III).

BENCHMARK TOOL

Benchmarking denotes a standard or point of reference for the capacity. Setting benchmarks facilitates the development of plans on how to increase capacity levels (limited, developed, demonstrated and sustainable) and to adopt the best practices *with a target of reaching sustainable capacity for each benchmark.*

An action denotes *a set of activities* in each capacity level of the benchmark. These actions define the steps that need to be taken to progress from one level to the next for the given benchmarks.

The main purpose of the benchmark tool is to guide States Parties, partners, donors and international and national organizations on suggested actions needed to improve IHR capacities for health security.

States Parties and other entities working to reduce the risk of global health threats can use these benchmarks and suggested actions to address gaps, including those identified by the IHRMEF[7] components, such as the State Party self-assessment annual reporting tool, voluntary external evaluation (such as the JEE), after-action reviews and simulation exercises. This tool can help countries delineate relevant steps they can take to reach capacity levels as defined for each benchmark.

Reference: WHO Benchmark for IHR Capacities[8]

NAPHS PLANNING AND COSTING TOOL

This tool facilitates the planning and costing of the NAPHS and is an interactive process, which starts with the identification of the strategic direction, objectives and areas of action that must be articulated with detailed activities. This is followed by cost estimation and review of estimates. The tool is user-friendly, flexible, easily navigable and adaptable to the needs of various country contexts.

Reference: NAPHS planning and costing tool (Annex V).

PEER REVIEW OF A PLAN

A draft plan can be shared with national and international experts or in a workshop for a peer review. Any relevant inputs from the peer review can be considered as per the country context and requirements.

CROSSWALK ACROSS PRIORITY AREAS

When a plan is drafted, various technical areas may indicate duplication of actions and activities. To identify duplication of actions or activities, it is imperative to do a crosswalk across priority technical areas, such as development of a surveillance guideline for priority diseases that may be an activity for both zoonoses and surveillance technical areas. Therefore, a crosswalk between these two areas can help identify any duplication and avoid it.

[7]IHR monitoring and evaluation framework. WHO [website] (https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.51/en/, accessed 11 February 2019).

[8]WHO Benchmarks for International Health Regulations (IHR) Capacities. WHO [website] (https://apps.who.int/iris/bitstream/handle/10665/311158/9789241515429-eng.pdf, accessed 7 March 2019)

MONITORING AND EVALUATION

While developing an action plan, it is necessary to develop a monitoring and evaluation process for each action at the same time. This will allow identification of long- and short-term goals and related indicators for periodical monitoring and evaluation. A cross-sectoral monitoring and evaluation process for NAPHS implementation should be developed as agreed by technical working groups while developing activities for each action. The monitoring and evaluation process should use objectively verifiable indicators based on the result chain, i.e. input, output, outcome and impact (Figures 4 and 5).

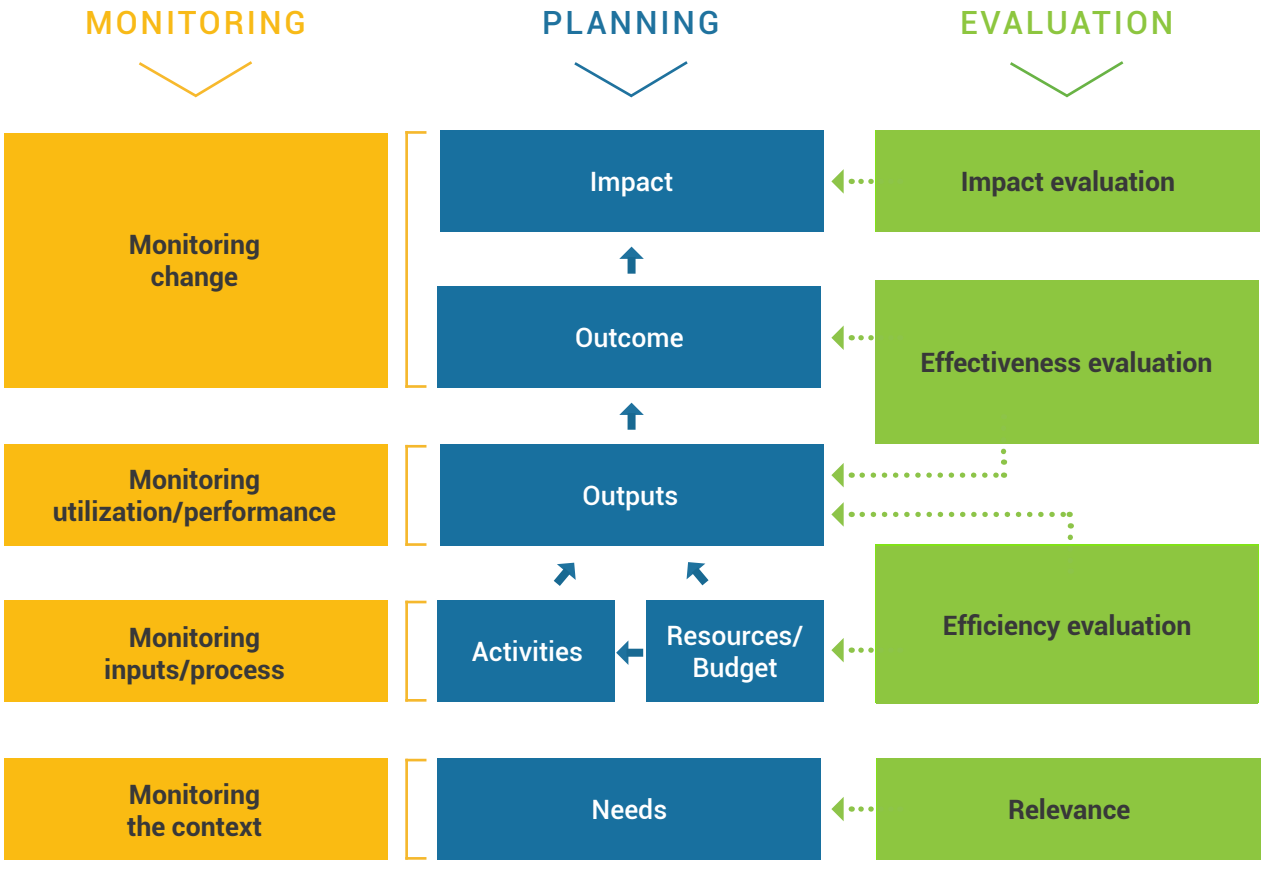


Figure 4. Linking planning with monitoring and evaluation

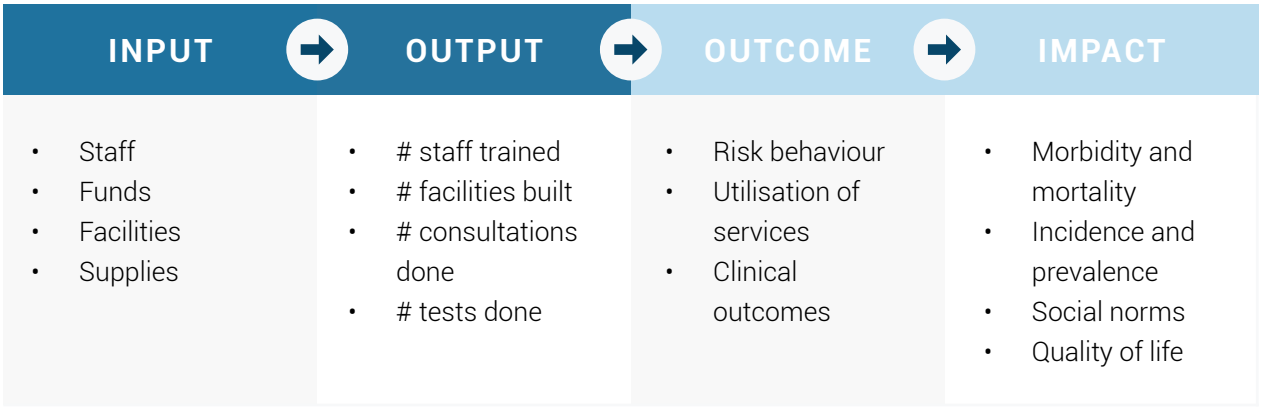


Figure 5. A result chain

Reference tool: The planning and costing tool (Annex V). A country can use its own standard monitoring and evaluation tool that has provision for linking to its national health sector plan.

Reference guide: O'Neill K, Viswanathan K, Celades E, Boerma T. Chapter 9. Monitoring, evaluation and review of national health policies, strategies and plans. In: Schmets G, Rajan D, Kadandale S, editors. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016.[9]

COSTING

"Costing" for the NAPHS can be defined as a process of identifying the resources required for undertaking an action, and then valuing these in monetary terms. This section addresses the development of multi-year cost projections on the resources needed to implement major activities linked to NAPHS objectives. These estimates would generally include resources needed for various public health programmes, curative care, outbreak response, disease control and health system building blocks.

A country can estimate the cost of a NAPHS by either using an existing costing methodology available at the country level, or any tools that are available at the global level. This costing exercise or consultation can be done through a small group of experts with the technical working group and local and/or international costing experts. The objective of this costing exercise is to estimate the resources required for the implementation of the NAPHS.

[9] http://apps.who.int/iris/bitstream/handle/10665/250221/9789241549745-chapter9-eng.pdf, *accessed 11 February 2019.*

Costing for a NAPHS should reflect the additional costs and ongoing operational costs of existing activities that are directly linked.

Reference: NAPHS planning and costing tool (Annex V).

RESOURCE MAPPING

Once a NAPHS is costed and finalized it is necessary to map the existing and potential resources available for its implementation. Resource mapping helps to identify the resources that can be mobilized for NAPHS implementation. The resources required are: human resources, financial resources, materials and institutional assets, and networks. Resource mapping can assist in the decision to request domestic funding or donor support, and which stakeholders need to be brought in for support for the implementation.

The resource mapping and impact analysis on health security investment (REMAP) is a WHO tool used to support Member States to map existing and potential resources that are relevant in building and maintaining IHR capacities of countries, and create linkages to support national plans relevant to IHR, such as NAPHS. The objective is to provide an overview of available or potential resources that may be used to build and maintain country capacities to prevent, prepare for, detect and respond to public health threats and events. Comprehensive information demonstrated across a single platform helps decision makers from various sectors to make an evidence-based decision in prioritizing, aligning and harmonizing various existing initiatives with health security relevance.

Reference: Resource mapping and impact analysis on health security investment (REMAP).[10]

FINANCING THE PLAN: ADVOCACY AND REQUEST FOR FUNDING

After costing of a NAPHS is available, responsible authorities have to advocate and request for funding from the government and partners for its implementation.

[10] *https://extranet.who.int/sph/news/resource-mapping-and-impact-analysis-health-security-investment-remap, accessed 11 February 2019.*

For effective advocacy the following steps should be taken.

- Identify decision makers and start lobbying with relevant ministries, such as of finance, planning, and even the office of head of state. Often it is better to engage them from the beginning.
- Describe articulately the positive changes NAPHS can make in public health by reducing public health risks and threats.
- Attract credible supporters for advocacy and when required. WHO can provide support for influencing other national and international partners for advocacy as well as for filling gaps.
- Demonstrate and exhibit multisectoral collaboration, which can help in pooling resources. Forming a partnership with other ministries and seeking professional support can improve resource allocation.

APPROVAL AND ENDORSEMENT

Each country has its own procedures for approval and endorsement of a NAPHS. Following a local standard process, it is recommended to have it endorsed by relevant stakeholders with approval from senior government authorities. This ensures highest priority in NAPHS implementation, allocation of resources and political commitment by the government. This is where the multisectoral steering group plays a vital role in advocacy for the approval and endorsement of NAPHS.

A country can formally launch their NAPHS in the presence of senior authorities from various ministries, international agencies and partners, and other relevant stakeholders. All countries are encouraged to share their NAPHS with WHO and partners, and publish details on a public website which would serve as an advocacy document for resource mobilization.

SUGGESTED TEMPLATE FOR THE DESCRIPTION OF NAPHS

The following constitute major components and attributes of a NAPHS.

FOREWORD

In this section, national authorities may wish to add high-level political endorsement of the agreed plan, such as joint statements by ministers or an endorsement by the Prime Minister/relevant head of state.

ACKNOWLEDGEMENT

In this section, the government can offer appreciation to WHO as the lead organization as well as others, such as Food and Agriculture Organization, OIE, and other health security partners, particularly those who have contributed to the formulation and finalization of a NAPHS.

EXECUTIVE SUMMARY

Include the essence of the NAPHS that the policyholders and leaders need to understand (highlighting: planning process used; key components (technical areas) covered and strengths of the plan; priorities with costing scenarios and financial outlook; plan for implementation; risk mitigation and strategic indicators for monitoring and evaluation and reporting).

BACKGROUND / CONTEXT

Set a context of integrated country planning for health security (emphasizing: national, regional and global regulatory or policy drivers; summary inventory of past and ongoing assessments, plans and associated objectives; consultative process undertaken to agree on priorities).

VISION, MISSION AND OBJECTIVES

By setting unifying health security and IHR (2005) objectives, the NAPHS serves as a coordinated, overarching national planning process and product with guiding principles (transparency, accountability and political buy-in) to ensure that health security priorities are identified, and country core capacities needed to comply with IHR (2005) are sustainable across all sectors.

SUMMARY OF OUTPUTS USED IN THE DEVELOPMENT OF NAPHS

Inception: Situation analysis and high-level multisectoral steering group.

Development: Planning matrix applied to formulate objectives; costing of detailed activities and costing scenarios; consultative and consensus building processes employed for various ministries and national agencies to agree on draft priorities among all sectors; and resource mapping of ongoing partners and funding streams.

Implementation: The plan for implementation, integration into national development planning and budget, communication strategy and the monitoring and reporting mechanism.

PRIORITY ELEMENTS OF NAPHS WITH COSTING

Describe the key elements of the NAPHS (summarizing: agreed synthesis of top priority areas of work under IHR themes (IHR 13 core capacities or 19 technical areas, or others); categorization of priorities in terms of time sequence for implementation and costing (including those under potential recurrent funding); mapping of ongoing partners and funding streams; risk appraisal, mitigation and enablers; description of integration with sector strategic plans).

IMPLEMENTATION OF A NATIONAL ACTION PLAN WITH TIMEFRAME

Describe the practical arrangement and associated ownership for the implementation of the NAPHS with a timeframe (summarizing: national to subnational level mechanisms, ownership, multisectoral coordination of the plan; articulation of roles, responsibilities and accountability; sequencing of activities for immediate and long-term implementation, monitoring and evaluation of NAPHS delivery and impact assessment; advocacy and communication strategy to enable the implementation, including resource mobilization (domestic, external); technical, budgetary and financial considerations (ongoing and anticipated), including major gaps and solutions).

ANNEXES

The following annexures are to be included.

1. Situation analysis, summary of country planning workshops
2. Completed costed plan
3. Outline or terms of reference of multisectoral steering group
4. Implementation and monitoring and evaluation plan
5. Advocacy and communication plan/strategy
6. Participants and stakeholders list including sectors and partners for country planning.

MONITORING OF THIS STEP

To ensure that all the necessary elements of the development step of the NAPHS framework are considered, Member States are encouraged to use the NAPHS checklist to track the status (Annex IV).

STEP 3: IMPLEMENTATION

PRIORITIZATION FOR IMPLEMENTATION

BUDGET ALLOCATION AND REPRIORITIZATION

A government and/or partners commit their funding support based on available resources; and therefore, it is not always necessary that a plan has 100% of the allocated funds.

Reprioritization of activities is required based on the available budget; and technical working group(s) need to regroup and review the NAPHS again and prioritize activities that can be covered by available funding (for example: if only 60% of US$ 100 million is made available for NAPHS, the country must reprioritize its activities based on this allocated budget). A similar exercise for prioritization can be done (Annex II).

INTEGRATION WITH NATIONAL DEVELOPMENT PLANNING

An endorsed NAPHS should be linked to the national health strategic plan, government national plan and budget cycle. Establishing links with national plans and budget cycles ensures the significance of NAPHS; adequate resource allocation and advocacy; monitoring and evaluation of its implementation; and accountability of the government.

IMPLEMENTATION OF THE PLAN

Following approval and endorsement of a NAPHS, implementation commences immediately. During the development of actions, every unit(s), authority(ies) and stakeholder(s) are designated as being accountable for specific objectives and activities.

However, there should be an entity responsible for ensuring that the NAPHS process stays on track. Anything that requires attention during the implementation should be brought to the attention of the multisectoral steering group.

REGULAR MONITORING AND EVALUATION, AND REPORTING

This should build on a continuous process improvement approach (Figure 6), which helps in understanding the cyclical, ongoing nature of the process. It provides a set of building blocks for analysing an existing process to identify opportunities for improvement.

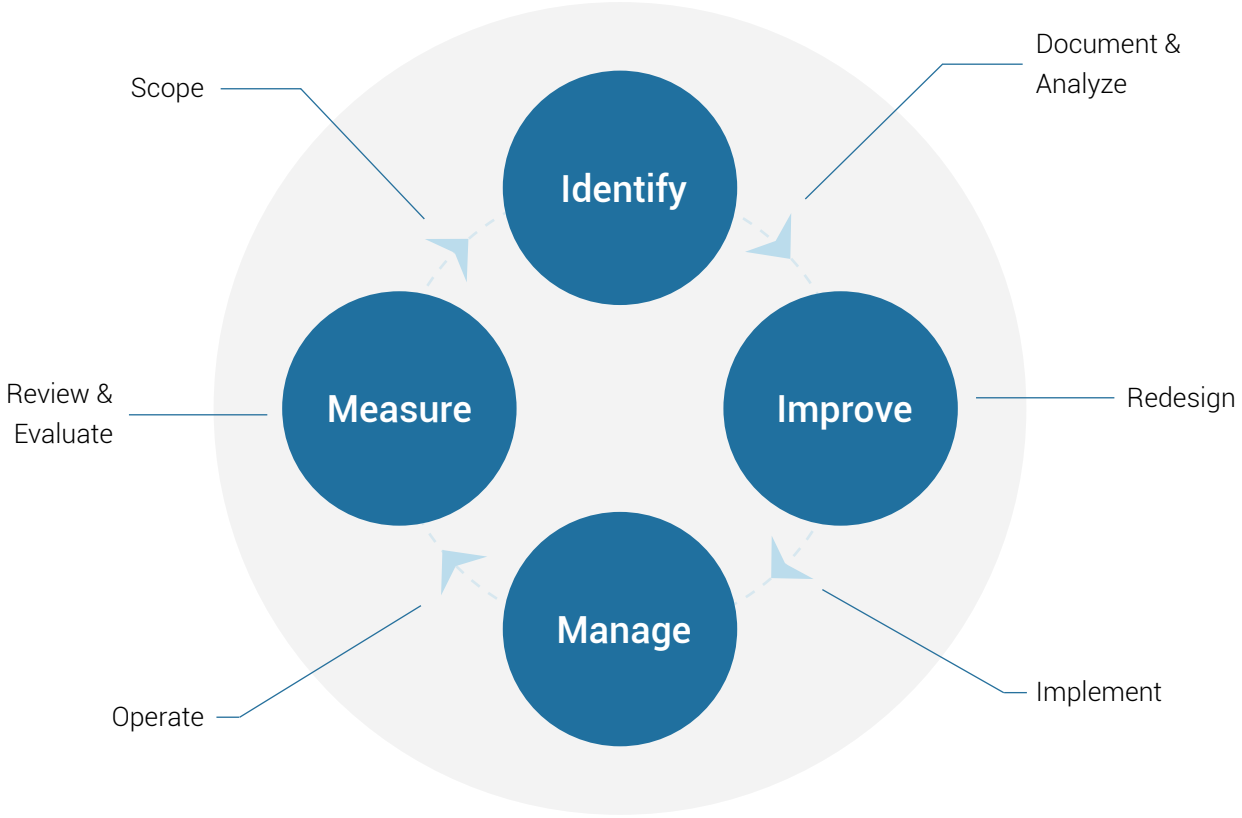


Figure 6. Continuous process improvement approach

It is necessary to have a regular monitoring and evaluation process in place during NAPHS implementation. A country is encouraged to use other forms of monitoring and evaluation tools, such as the IHR State Parties self-assessment annual reporting tool, voluntary external evaluations such as the JEE, after-action reviews, simulation exercises and others to identify, improve and manage the implementation of NAPHS over a period.

- **Perform regular updates**

Implementation is effective only if information is up-to-date and comprehensive. Data need to be collected and incorporated into a system at regular intervals.

- **Conduct periodic reviews**

Periodic reviews of the progress on meeting interim goals and benchmarks should be conducted with a management team, technical teams and other relevant stakeholders. The frequency of these reviews can vary depending upon the audience and needs. Reviews should focus on progress made, problems encountered and potential rewards.

- **Identify necessary corrective actions**

A monitoring system is a good way to determine whether a programme is performing well. It will help identify when a specific activity is not meeting its expected targets and needs review.

Reference: IHR monitoring and evaluation framework or NAPHS monitoring and evaluation tool/plan. A sample monitoring and evaluation tool is available in the planning and costing tool (Annex V).

COMMUNICATING ABOUT IMPLEMENTATION AND EVALUATION

Develop a communication strategy to inform about NAPHS, and report progress and/or process to stakeholders. The strategy should allow two-way communication so that stakeholders have an opportunity for input and engagement. The strategy should include: what, who, when and how to communicate. Objectives of a NAPHS, findings and lessons learned from past and present activities, and resource needs are key messages to communicate frequently to stakeholders. A sample communication strategy is included in Annex VI.

RESOURCE MOBILIZATION

While a NAPHS is being implemented, it is necessary to continue advocacy for resource mobilization to address the gaps. Therefore, it is imperative to have a resource mobilization strategy in place. The implementation of a communication strategy and dissemination of periodic reports of achievements, gaps, lessons learned and best practices to targeted agencies, partners or donors are essential to secure additional resources for NAPHS implementation.

MONITORING OF THIS STEP

To ensure that all necessary elements of the inception step of the NAPHS framework are considered, Member States are encouraged to use the NAPHS checklist to track the status (Annex IV).

ANNEXES

ANNEX I. TERMS OF REFERENCE FOR THE MULTISECTORAL STEERING GROUP AND TECHNICAL WORKING GROUP

INTRODUCTION

A steering mechanism is essential for coordinating national efforts for health security. All Member States should have a process for developing and managing IHR capacities for health security; however, they may differ from one Member State to another. Therefore, Member States are advised to follow the requirements mentioned below to develop their own terms of reference.

The steering mechanism should include a national multisectoral steering group that would establish supporting technical working groups for each of the technical areas/capacities of health security. A steering mechanism is far more likely to be effective if it: has political support and authority to act; is accountable; has dedicated funds; and an adequate secretariat to support it.

Political support: As public health is the ultimate concern of health security, the health ministry may lead the group, but joint leadership with other relevant ministries or departments is desirable. In some countries, interministerial cooperation may require supervision from a specified authority.

Authority to act: The steering group should be given necessary authority to safeguard that its recommendations and plans are implemented.

Accountability: The steering group should be accountable to a lead minister or ministers or a senior executive functioning in the government.

Committed funds: Availability of committed and dedicated funds will increase the operational effectiveness of the steering group. Seed funds from external sources may be required initially, but government funds should be secured as early as possible to ensure political "ownership" and "sustainability".

Secretariat: Operational sustainability is more likely when sufficient dedicated personnel and funding are available to support administrative activities.

NATIONAL MULTISECTORAL STEERING GROUP

Purpose

The purpose of a national multisectoral steering group is to oversee, and when necessary coordinate development and implementation of NAPHS in all sectors to guarantee a systematic and comprehensive approach.

Scope

The multisectoral steering group should address all aspects of the NAPHS framework, such as inception, development and implementation related activities in the country. The scope should be broad enough to address all three steps of the NAPHS framework.

Role and responsibilities

Leadership. The multisectoral steering group is expected to lead facilitation, and when appropriate, coordination of development and implementation of the NAPHS. Its leadership could take the form of officially delegated authority, with more formal procedures and official monitoring, evaluation and reporting.

Facilitation and coordination. The multisectoral steering group should facilitate, and when appropriate and agreed, coordinate efforts to develop and implement the NAPHS. It is recommended that the multisectoral steering group facilitates the building of a collaborative, cooperative and supportive environment for sharing knowledge, information and experience. Each participating party should understand the scope and limits of its own contributions and its interdependence with other parties and the whole system to meet defined goals. Political support and selection of a chairperson with appropriate status and leadership skills are critical factors.

External interactions. Collaboration with internal and external partners, agencies and organizations is essential for many countries. WHO offices can support Member States in identifying, facilitating and coordinating with external partners.

Internal interactions. The NAPHS should link with the national health strategic plan, emergency preparedness and response plan and specific disease related programmes.

The nature of these internal interactions and results will depend on the country. As many agencies and programmes have responsibilities in the NAPHS, a guiding principle of the multisectoral steering group is to find suitable ways to facilitate and provide synergy with new or existing campaigns/programmes so that all objectives of the NAPHS are accomplished. Furthermore, the multisectoral steering group must be appropriately integrated and have clearly defined roles and responsibilities in the existing human health, animal health and other relevant sectors.

Membership

The national multisectoral steering group should be composed of members representing relevant sectors, notably human health, animal health, finance, environment and other sectors, and be based on stakeholder analysis. Representatives should be given sufficient authority by their institutions to make decisions. While it is important to have sufficient representation of these key stakeholders, the steering group should remain small enough to be functional, striking a balance between full representation and functionality of the group.

Meeting format and rules

The meeting format and rules should conform to national norms. Standard operating procedures may be elaborated transparently and according to the principles of best practice, to guide the activities of the steering group.

The responsible minister(s) should select a chairperson based on his or her expertise in leadership. Rotation of the chair among members of the multisectoral steering group should be considered.

Members should be selected to ensure that all relevant stakeholders are equitably represented. Stakeholders may be requested to recommend members, but the chairperson (with the support of the secretariat) should ensure that the recommended members have adequate skills, knowledge, authority and influence and can collaborate with all members. It is also prudent to attain a gender balance.

The multisectoral steering group should be strengthened by an appropriately resourced secretariat responsible for the logistics of meetings (such as minute-taking, preparation and circulation of documents, background papers, reports and advisory notes to ministers) and management. Preferably, the head of the secretariat could be the national IHR focal point.

The steering group should have a mechanism (with appropriate records) to ensure that its members have no conflicts of interest, and that the work of the multisectoral steering group is in the best interests of public health and is transparent.

Technical working group

Purpose

The national multisectoral steering group should form a technical working group mandated with specific tasks, such as providing technical inputs, conducting situation analyses or drafting the NAPHS.

Scope, roles and responsibilities

The steering group shall establish the terms of reference for the technical working group that includes details on the scope, roles and responsibilities. These will usually be task-specific and focused on areas identified from situation analysis based on various assessments. The technical working group will remain a national group and shall interact with country representatives of the required sectors, as determined by the scope of work. The technical working group remains a group mandated by the multisectoral steering group.

Reporting and communication with the steering group should be regular and defined in the terms of reference for the technical working group. Activities would include "contributing to country situation analyses, development of activities and monitoring and evaluation indicators, and prioritization", which are required for the development and implementation of NAPHS.

Membership

Depending on the technical areas/capacities, and the purpose, scope and tasks of the technical working group, membership may include people from any of the relevant technical specialties.

ANNEX II. STAKEHOLDER ANALYSIS TEMPLATE

Stakeholder analysis is the systematic identification, evaluation and prioritization of everyone who can influence or has an interest in the NAPHS. It assists with the development of an effective stakeholder communication and engagement strategy.

A stakeholder analysis template gives a visual representation of the importance of stakeholders.

The commonly used parameters for a stakeholder map are:

- **Level of interest** is how much a stakeholder(s) care about the outcomes, if they are beneficiaries or will there be negative effects?
- **Level of influence** is the degree to which a stakeholder can make or break the project (such as through funding, legislation, protests).

The stakeholder matrix presented below gives an indication of the engagement strategy that is useful for each group of stakeholders.

SATISFY
High Influence, Low Interest

These stakeholders are highly influential, but they do not have a lot of interest, nor are they actively engaged in the NAPHS.

Consider their objectives to ensure they remain strong advocates. Excluding them poses a risk.
Examples:
- Regulators (tax, finance)
- Politicians and parliamentarians
- Administrators (with discretion over budgets)

MANAGE
High Influence, High Interest

These are the key stakeholders. They have a lot of influence and a strong interest in the outcomes.

Manage these stakeholders well to build strong relationships and ensure that they retain support. Involve them in decision-making and engage regularly.
Examples:
- Ministries (agriculture, environment, and others)
- Senior management of relevant ministries
- Donors, partners, technical agencies

MONITOR
Low Influence, Low Interest

These stakeholders sit on sidelines of the NAPHS. They are neither interested nor have much influence.

Monitor their activities from time to time to stay on top of their involvement. Their relevance may change over time. Communicate to keep them informed and encourage their interest.
Examples:
- Support/complementary services

INFORM
Low Influence, High Interest

These stakeholders have a strong interest in the NAPHS but very little power to influence it.

Consult on their area of interest and use their inputs to improve chances of success.
Examples:
- End users of the NAPHS or product
- Local health workers
- Community based organizations
- Media outlets

ANNEX III. PRIORITY SETTING IN NAPHS

What is priority setting?
Priority setting is a process of selecting activities and actions to focus on, based on existing situation analyses (such as risk assessments, JEEs, after-action reviews), and health and other sectoral strategies. If all activities are conducted at the same time, little can be achieved. Priority setting can streamline the planning process by implementing from the following most strategic objectives:

- Leadership direction – government priorities
- Limited resources – competing priorities of the government
- Urgency – immediate needs
- Competing health issues – priorities of the national health sector
- Programme efficiency – highly functioning unit and agencies
- Performance evaluation – quality improvement
- Others.

When is priority setting undertaken during NAPHS planning?
Priority setting can occur during any step of NAPHS planning (Table A3.1).

	STEP 1	STEP 2	STEP 3
	INCEPTION: SITUATION ANALYSIS	**DEVELOPMENT OF PLAN**	**IMPLEMENTATION OF PLAN**
Objectives	• Identify major strategies for health security planning • Perpare a shortlist of technical areas or priority actions/ capacities to strengthen	• Identify activities to support the strategic objectives, given limited resources • Identify "quick wins" that are easy to implement and can demonstrate success	• Reprioritization: schedule sequential activities into the implementation plan according to timing, financing or human resources
Inputs	• Situation analysis (country risk profile, capacities and gaps)	• Situation analysis for each technical area and strategic objectives • Activity list and costs	• Strategic objectives • Costed drafted plan • Budget and resource map
Participants	• High-level multisectoral steering group • Key stakeholders, including partners and civil society	• Technical working group for plan development • High-level multisectoral steering group for review • Planning and finance staff	• Technical staff • Planning and finance staff, in consultation with relevant sector authorities
Suggested Methods	• 2x2 grid/strategy map • Nominal group planning • Prioritization matrix	• 2x2 grid/strategy map • Nominal group planning • Prioritization matrix	• Prioritization matrix or Gantt chart

Table A3.1: Priority-setting during NAPHS planning

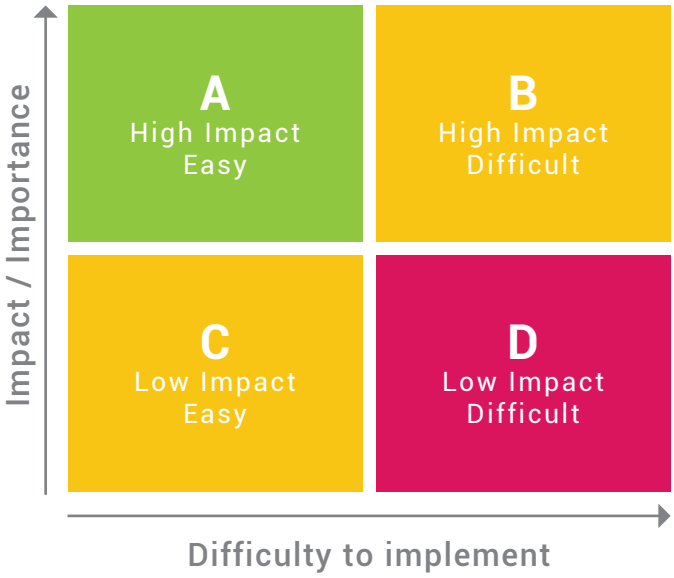
What are the priority setting methods?

There are various methods of prioritization and depending on the needs, the methods mentioned below can be applied.

OPTION 1: STRATEGY MAP (2X2 GRID)

Elements can be categorized into four quadrants:

- **A (high impact/high feasibility):** With high demand and ease of implementation, these are the highest priority items
- **B (high impact/low feasibility):** Long-term projects which have a great deal of importance but require significant investment; select a limited number
- **C (low impact/high feasibility):** These types of activities may not have great importance, but if they fill critical gaps with low resource requirements, select as "quick wins" to quickly demonstrate success
- **D (low Impact/low feasibility):** Phase these out



OPTION 2: NOMINAL GROUP PLANNING

This method involves a facilitator to direct a round-robin series of voting as follows:

1. Participants perform "silent brainstorming", listing areas of work/activities and their alternatives.
2. Areas of work/activities are grouped, reviewed, clarified, organized and categorized.
3. The grouped/categorized areas of work/activities are discussed in a facilitated discussion.
4. Participants individually rank the options on a scale of 1–10 (or vote): facilitator calculates and reports.
5. List is narrowed, and step 4 is repeated if necessary.

OPTION 2A: MULTIVOTING TECHNIQUE

This method can be combined with nominal group planning.

1. Round one: each participant votes for as many technical areas of work or priority areas as desired.
2. Update list: all votes are tallied and a small number of areas receiving the most votes are posted.

3. Round two vote: all participants vote up to three times for the remaining focus areas.
4. Update list: all votes are re-tallied and focus areas receiving three or more votes are posted.

OPTION 3: PRIORITIZATION MATRIX

This is a basic priority rating system that prioritizes options based on various criteria, such as priorities, risks and early wins. Options are ranked based on the scores, and results are discussed.

	CRITERION WEIGHT (1–10)				
ACTION OR ACTIVITY	**Highest priority in assessments (0–10)**	**Highest priority in sector strategy (0–10)**	**Imminent risk (0–10)**	**Early wins (0–10)**	**Total**
OPTION 1 (example: conduct regular intersectoral coordination meetings)	8	10	7	10	35
OPTION 2 (example: develop a multisectoral national antimicrobial resistance surveillance system)	7	10	9	5	31
OPTION 3 (example: establish biosafety integrated waste management protocol)	10	10	7	7	34

Note: according to these criteria, Option 1 is recommended.

EXAMPLE OF CRITERIA TO CONSIDER FOR PRIORITY SETTING

- **Highest priority in assessment recommendations.** Does the group currently consider this the top priority? Only one or at most two actions can be included.
- **Highest priority in sector strategies.** Is the area of work or priority action addressing a national development strategy in a sector strategic plan?
- **Imminent risk.** Is the area of work or priority action addressing an imminent risk based on data from risk assessments or a risk profile in the country, if they exist?
- **Identify early wins.** Make a short list of actions that can easily be initiated without new funding and staff. There may be 5–10 of these actions in the JEE or other recommendations. A list can be drawn up informally through brainstorming among participants.

After costing of activities in detail, perform further reprioritization during the implementation phase to consider priority activities based on country context, activity timing and sustainability including:

- sequencing of activities: what is ongoing, which must come first and what needs to follow; and
- allocation of available and potential resources.

References:

- Terwindt F, Rajan D., Soucat A. Chapter 4. Priority- setting for national health policies, strategies and plans. In: Schmets G, Rajan D, Kadandale S, editors. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016.[11]
- Hauck K, Smith PC, Goddard M. The economics of priority setting for health care: a literature review. Washington (DC): World Bank, Human Development Network; 2004 (Health, Nutrition and Population Discussion Paper.[12]

[11] *https://apps.who.int/iris/bitstream/handle/10665/250221/9789241549745-chapter4-eng.pdf, accessed 11 February 2019*

[12] *http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/Chapter3Final.pdf, accessed 11 February 2019*

ANNEX IV. NAPHS CHECKLIST

No.	KEY ACTIVITIES	Y/N
	Step I – Inception	
1	Is the multisectoral steering group identified or formed?	
2	Is the technical working group formed for each technical area?	
3	Have existing plans, strategies, assessments and reviews relevant to NAPHS been compiled to provide information for situation analysis?	
4	Is the plan based on a national risk profile/health emergency risk assessment that describes and prioritizes the types of risks that the country faces?	
5	Does the scope of planning include: (i) multiple sectors; (ii) One Health; (iii) all-hazards?	
6	Has a SWOT analysis been conducted?	
7	Has a stakeholder analysis been conducted?	
	Step II – Development	
8	Have proposed activities been identified?	
9	Has the prioritization of activities been conducted?	
10	Does the plan include the estimated cost of activities for each technical area in a sequential manner?	
11	Has a monitoring and evaluation framework, including indicators for each technical area, been included during the planning process?	
12	Does the resource mapping include all potential domestic and international partners?	
13	Is financing from domestic, donor or other sources documented? If yes, what is the proportion of domestic and external funding?	
14	Is the plan linked with and anchored into the domestic budget and financing cycle?	
15	Is the plan linked to the national health sector strategic plan?	
16	Is the plan endorsed and approved by the senior leadership of all involved ministries?	

Step III – Implementation (during planning process)		
17	Have activities been prioritized based on the available resources/budget?	
18	Has the communication strategy for the dissemination and implementation of the plan been developed?	
19	Have milestones for regular monitoring and evaluation, and a reporting plan been put in place?	
20	Is the implementation plan supported by a resource mobilization strategy?	
21	Has the NAPHS been shared with all relevant stakeholders?	
Step III – Implementation (during operationalization)		
22	Is the implementation of the NAPHS regularly monitored, evaluated and reported?	
23	Are there any resource gaps?	
24	Is the implementation of the NAPHS on track?	
25	Have steps been taken to review and update the NAPHS?	

ANNEX V. PLANNING AND COSTING TOOL[1], AND USER MANUAL

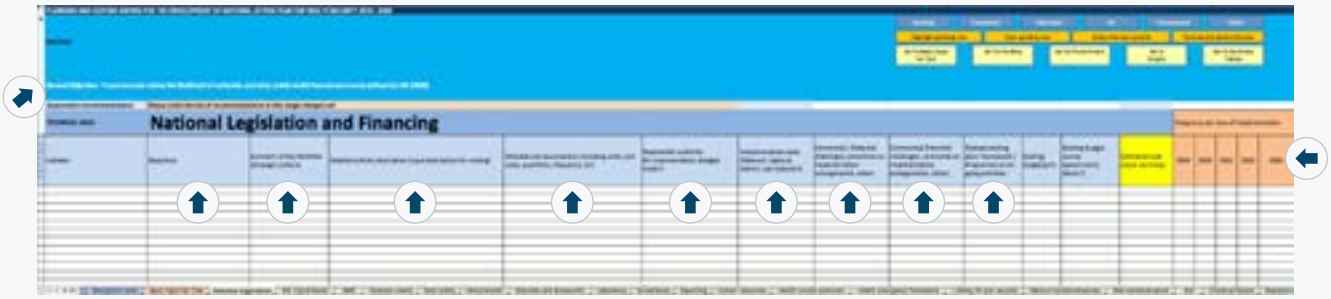
The planning and costing tool facilitates the planning, development, monitoring and evaluation of indicators, and costing of the NAPHS. The tool is user-friendly, flexible, easily navigable and adaptable to the needs of varied country contexts and presents summary tables and graphs for easy visualization of NAPHS cost drivers.

The tool is developed similar to the Microsoft Excel format (i.e. sheets, cells, headers and the Excel ribbon). Persons familiar with Excel will quickly understand the functioning and flexibility. Macros for specific purposes are available but only used to facilitate inserting calculations in cells using forms.

Planning, costing, monitoring and evaluation processes are interactive and have the following general steps.

V.I. PLANNING COMPONENT

1. It starts with identifying strategic directions (i.e. general objectives) as agreed either by the multisectoral steering group or technical working groups.
2. The general objective is pursued by formulation of specific objectives relevant to each technical area, followed by a formulation of key activities to reach the set objectives.
3. The activities need to be elaborated with a detailed description or cost assumptions (i.e. unit, unit cost, quantity, frequency).
4. Responsible authorities for implementation are identified (list of all responsible authorities for each of the activities).
5. An implementation scale is determined, i.e. whether the activity is implemented at the national, and/or subnational levels.
6. Comments on potential risks/challenges and implementation arrangements are noted.
7. Frequency of proposed activity by each year is defined.



[1] https://extranet.who.int/sph/sites/default/files/document-library/document/NAPHS%20planning%20and%20costing%20tool%20template%202MAY2019_0.xlsm

V.II. COSTING COMPONENTS

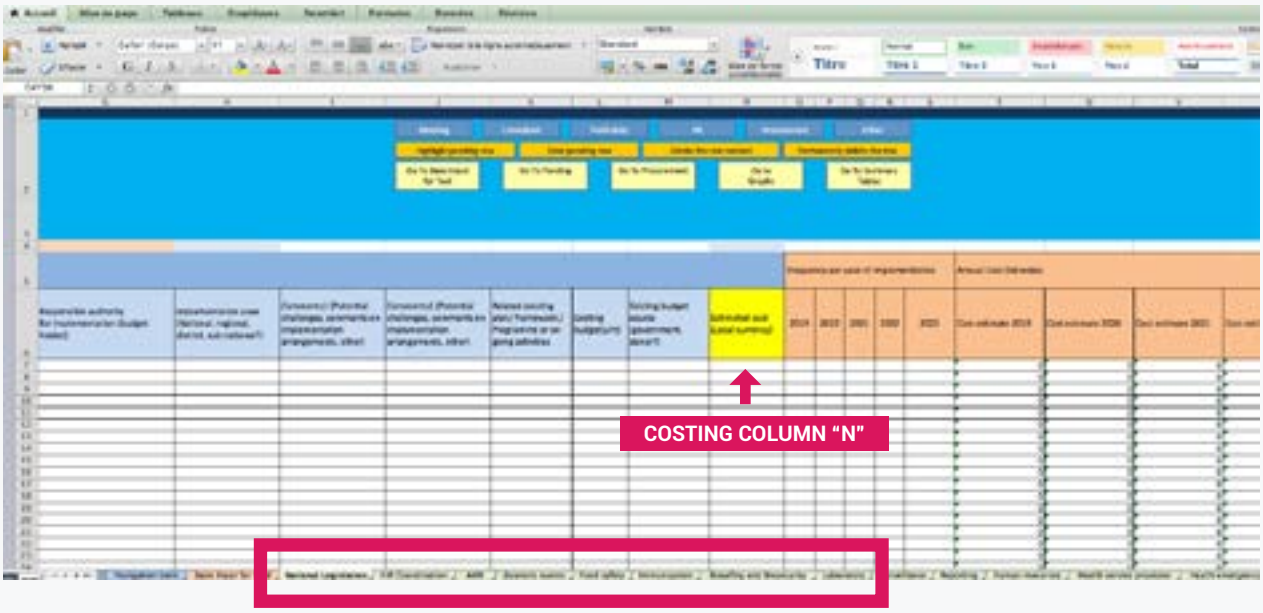
The costing tool has two major components that must be executed in the correct order. Only after the costing matrix is developed and finalized should costing of the plan be executed.

Costing should be executed if the planning matrix is definitive. The country is expected to fill in some basic inputs for pricing goods and services in the country. These basic inputs are mostly costs/ prices of items that are going to be used for calculations in the tool, such as per diems, transport costs, meeting venues. The tool has an input sheet, sheets for each technical area that are needed in the country, and a results sheet. There is a toolbar to facilitate some actions that are often used, and to navigate the tool.

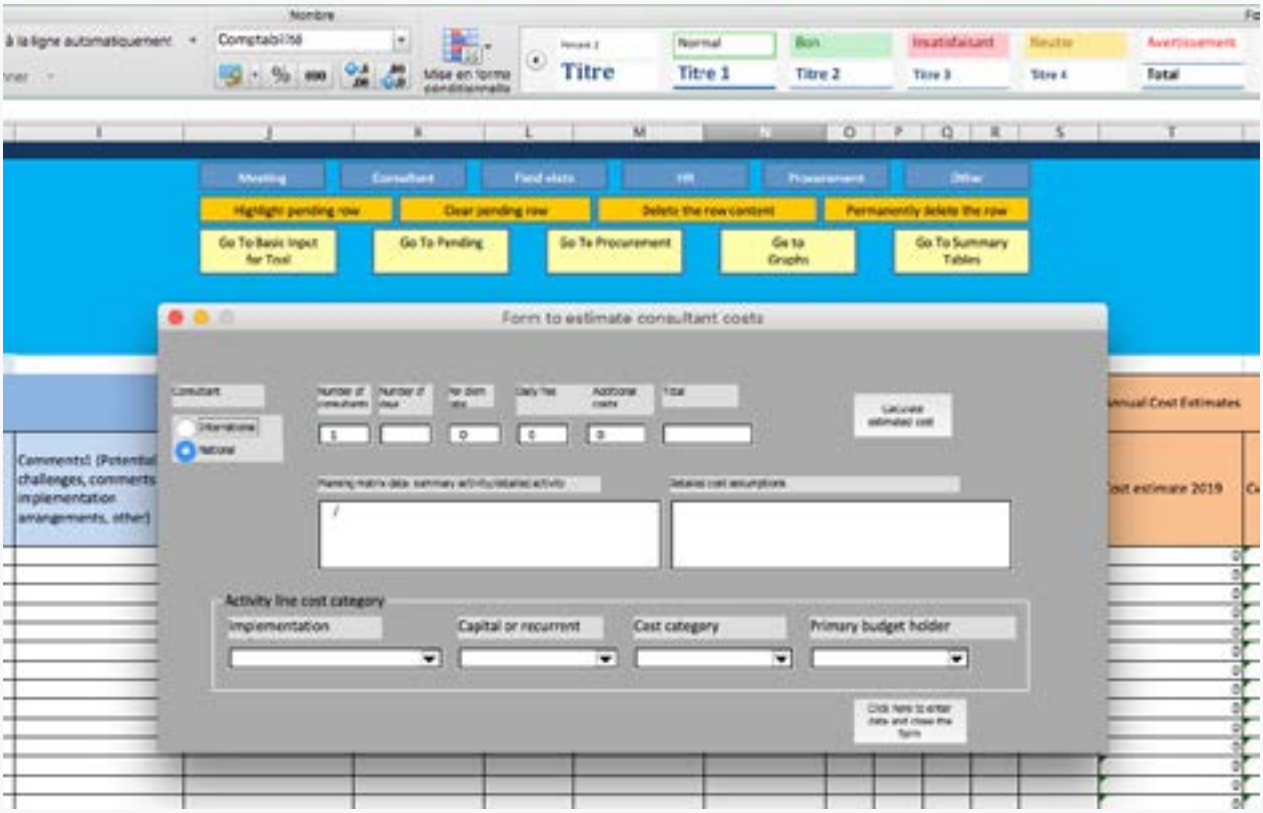
The intention of the tool is to facilitate a detailed cost calculation of the complete planning matrix. It can be used as a basis for analyses of the health security situation in a country. The tool is to be used through a One Health perspective, meaning that all areas that concern the health security of a country are incorporated, such as animal health and radiation emergencies.

Ease of use is accomplished using "building blocks" (or "forms" such as for meetings, trainings, workshops, consultants, field visits, procurements). Most of the execution of the planning matrix demands the same or similar actions for various indicators and technical areas. Calculations of costs for meetings, trainings and workshops can be easily done by just varying the number of participants, venue or lunch option. The use of forms ensures that the formula for calculating costs can easily be formulated and accomplished. Data from country inputs are combined with data in the form and used in the formula that is noted in the correct area in the tool. A cost is generated automatically, and the data generated is fed into a database for validation and analyses.

A technical area calculation sheet, including the toolbar is shown below. The planning matrix is not yet filled in. The columns before the "estimated cost" column need to be filled in.



The technical area includes a form for the calculation of the building block (such as 'consultant'). The resulting cost will be inserted as data in the selected cell.



Similar to forms available for building blocks (i.e. meetings, trainings, workshops, consultants, field visits, human resource and procurement), there is also a form for "other" which can be used for all calculations that do not fit one of the above mentioned building blocks. Data from all calculations are saved in the tool.

V.III. MONITORING AND EVALUATION COMPONENT

The planning and costing tool has columns for inputs on monitoring and evaluation variables so that the NAPHS has a comprehensive representation. Each technical working group is encouraged to develop a monitoring and evaluation process during the development and finalization of a plan for their respective technical areas. While developing the monitoring and evaluation process, it is recommended to link it with the agreed objectives and expected result chains (see Figures 4 and 5 in the main text), which should inform a continuous process improvement approach for implementation.

The planning and costing tool has four columns (listed below) to be filled out with monitoring and evaluation information.

1. Develop **outcome indicators** (objectively verifiable indicators) for the strategic or general objectives. This should be linked with the overall goal of the NAPHS.
2. Develop **output indicators** for each specific objective and where important consider some of the process indicators for robustness of monitoring. (It is not necessary to develop indicators for each activity; however, depending on the importance and duration of the activities, some of the process and input indicators should be considered).
3. Decide on **frequencies of these measures** (every month, quarterly, six monthly, annually).
4. Agree upon the **source of verification** of these measures.

Finally, the monitoring and evaluation process should have a mechanism to analyse the information and communicate it regularly to inform the continuous process improvement approach during the implementation of NAPHS (see Figure 6 in the main text).

ANNEX VI. SAMPLE COMMUNICATION STRATEGY

NAPHS: COMMUNICATION STRATEGY

Goal

The goal(s) of a communication strategy is to raise awareness of the NAPHS, its progress and promotion of collaboration and partnership, by informing key stakeholders about the NAPHS.

Objectives

- Build credibility of implementing agencies, institutes, partners and relevant others.
- Increase support from government, partners and agencies.
- Sustain partnership, collaboration and support.

Audience

- Stakeholders of the NAPHS process
- Partners/members/working groups
- Public agencies
  - Office of head of the state
  - Ministries of finance, health, defence and relevant others
  - Others
- Elected officials, parliamentarians
- Professional organizations and associations
- Funders – public, private and corporate
- Civic/business organizations – chambers and rotaries
- Academia
- Media – traditional and social.

Strategies

Publications

- Publication of NAPHS in the public domain (WHO publishes authorized NAPHS on its website)
- Periodic reports and key findings of NAPHS implementation
- Accountability reports

Media

- Website with links with partner websites
- Editorial calendar: newsletter, web and blog content that is recurring, seasonal, and by audience
- Letters to the editor, opinion columns by influencers
- Human interest stories connected to key NAPHS efforts
- Press releases.

Events/speakers

- Presentations to parliamentarians
- Talking points for ministry spokespersons
- Champions and brand ambassadors (NAPHS ambassador)
- Targeted communicators with targeted audiences (such as legislators, media).

Resources required and available

- Loaned experts from partners, donors, technical agencies and others.
- Funded experts: requested from donors, partners and others.

Success measures

- Increased funding in health security
- Policy changes
- Number of media stories regarding health security good practices to prevent, mitigate, prepare for, detect, notify and respond to acute public health emergencies and events
- Social media metrics
- Number of presentations.

World Health Organization

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