26-27-JULY 2017 - SEOUL, REPUBLIC OF KOREA

DELIVERING GLOBAL HEALTH SECURITY THROUGH SUSTAINABLE FINANCING

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ACKNOWLEDGEMENT

The high-level meeting on Delivering global health security through sustainable financing was jointly convened by the World Health Organization (WHO) and the Government of the Republic of Korea.

WHO wishes to thank the Government of the Republic of Korea for its warm and generous hospitality and for the exceptional organization of the meeting.

WHO would also like to thank the German Government for its generous financial contributions to the meeting.

The success of the meeting would not have been possible without the outstanding contributions of all participating countries, partner organisations and invited experts.

Report and editing by Mark Nunn.

LIST OF ACRONYMS & ABBREVIATIONS

AFRO	WHO Regional Office for Africa
AMR	Antimicrobial resistance
APSED	Asia-Pacific Strategy for Emerging Diseases
BRAC	Bangladesh Rural Advancement Committee
CAT DDO	Catastrophe deferred drawdown option (World Bank)
CEPI	Coalition for Epidemic Preparedness Innovations (WEF)
DRM	Disaster risk management
DRR	Disaster risk reduction
ECOWAS	Economic Community Of West African States
EOC	Emergency operations centre
FAO	UN Food and Agriculture Organization
FETP(s)	Field epidemiology training programme(s)
GHSA	Global Health Security Agenda
HSFAT	Health Security Financing Assessment Tool (World Bank)
IBRD	International Bank for Reconstruction and Development
ICRC	International Committee of the Red Cross
IDA	International Development Association (World Bank)
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International Health Regulations
IHR MEF	International Health Regulations monitoring & evaluation framework
IPC	Infection prevention and control
IPU	Inter-Parliamentary Union
JEE	Joint external evaluation
KOICA	Korea International Cooperation Agency
M&E	Monitoring & evaluation
MCH	Maternal and child health
MP(s)	Member(s) of parliament
NAPHS	National action plan(s) for health security
NHSP(s)	National health strategic plan(s)
OIE	World Organisation for Animal Health
PEF	Pandemic Emergency Financing Facility (World Bank)
PVS	Performance of veterinary services (PVS Tool)
SARS	Severe acute respiratory syndrome
SDG(s)	Sustainable Development Goal(s)
SEARO	WHO Regional Office for South East Asia
SOP(s)	Standard operating procedure(s)
UN	United Nations
UNISDR	UN International Strategy for Disaster Reduction
USD	United States Dollars
WEF	World Economic Forum
WHE	WHO Health Emergencies Programme
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific Region

EXECUTIVE SUMMARY

The meeting on "Delivering Global Health Security through Sustainable Financing" was convened by the World Health Organization (WHO) and the Government of the Republic of Korea in Seoul on 26-27 July 2017, to identify sustainable financing mechanisms and ways to increase and improve the efficiency of domestic and global financing for health security.

Over 120 participants from countries, parliaments, international organizations and financial institutions reviewed progress in implementing the International Health Regulations Monitoring and Evaluation Framework (IHR MEF) and national and sub-national planning processes for health security. They discussed how countries can shape national plans to contribute to regional and global health security and mobilize domestic and international resources.

This was the third global health security meeting organized by WHO since 2015. The first, held in Cape Town, South Africa in 2015[1], emphasized Member States' commitments to build global health security beyond Ebola. The second, held in Bali, Indonesia in 2016[2], underscored the importance of a sustainable and long-term mechanism for financing country preparedness. This third meeting focused on ways to improve the efficiency of domestic and global financing for health security.

Multisectoral and multi-disciplinary health security stakeholders agreed that investment in preparedness must be underpinned by strong national ownership and leadership at the highest level. Multisectoral national action plans that reflect national priorities and sustainable financial resources, as well as technical investments of all sectors were highlighted as being critical to deliver health security.

Solutions for real world issues

The meeting underlined the importance of multisectoral planning and joint action in all aspects of health security. Joint External Evaluation (JEEs) conducted around the world have revealed that despite many strengths at country level, intersectoral planning should be strengthened for effective implementation. This important gap underlines the value of the National Action Plans for Health Security (NAPHS) as a means of building that coordination.

Planning is not an academic exercise, but a matter of utmost importance for building sustainable capacities to serve vulnerable people affected by health emergencies. Sustainable domestic financing across sectors responsible for health must be multisectoral and flexible enough to allow countries to take action in the most appropriate manner. Investment in preparedness is not a onetime investment, but an ongoing effort and sustainability the key issue discussed in this meeting.

Securing domestic resources for sustainable health security

Country ownership of national preparedness is crucial to sustainable financing. It is important that countries determine their own solutions to national needs and regional/global obligations. One clear way to do this is for countries to commit to domestic investments in their multisectoral national plans.

Parliamentarians have an important role to play in achieving this, providing oversight, championing health security, and advocating for budgets for domestic funding. As countries embrace responsibility for global health security, they will be better equipped to engage with donors and international organizations as full and equal partners.

Investment in preparedness: epic solutions for epic problems

As past outbreaks have shown us, investing in preparedness is much cheaper and more effective than funding responses. The costs of inadequate planning and forecasting can soon add up, with a single outbreak affecting millions of lives, costing a country billions of dollars in purely financial terms, and imposing further, unquantifiable social costs. Investment in preparation must be founded on continuous community engagement, coordination between sectors, and sensitive and flexible surveillance and response systems.

1 - 'Building health security beyond Ebola.' 13–15 July 2015, Cape Town, Republic of South Africa
2 - 'Advancing global health security: from commitments to actions.' 27-29 June 2016, Bali, Indonesia

Alongside traditional bilateral partnerships, innovative funding and high level advocacy for investment in health security in countries is available through major technical and financial organizations. Decision-making around funding can be improved by a range of methods of forecast-based financing, and a number of development-oriented options are available for funding from the international development banks. Private sector partnerships and non-governmental organizations can provide technical and financial support to build health security.

The goal of all of these options is to invest in essential capacity building as a foundation for necessary, continuous efforts to maintain preparedness. Common to all of them, and key to sustainability, is the message that international financing should be looked at as a catalyst for domestic financing.

Seeking synergy

In a diverse landscape of priorities, initiatives, funders and partnerships, the meeting highlighted the need to seek synergies where possible; to work with existing initiatives rather than build new ones which may duplicate those; and to avoid the unnecessary proliferation of vertical structures and parallel reporting obligations. Regional and sub regional networks have crucial roles to play in building such efficient synergies for financing and capacity building.

Domestically, efforts should be made to incorporate national plans developed for health security to annual planning and budget cycles to avoid duplication and parallel programmes, and ensure a "whole of government/whole of society" approach. In the spirit of multisectoral cooperation, both within governments and for country-led relationships with international partners, it is essential to have frameworks that provide a basis for sustained collaboration and coordination between sectors.

The meeting produced many recommendations. The main ones are listed below:

RECOMMENDATIONS

- **National planning processes** for building health security should be accelerated, using a flexible, country-led, multisectoral approach underpinned by frameworks that provide a basis for collaboration and coordination between sectors. National plans for health security must include needs at sub-national level
- **Health security plans should be aligned with annual planning and budget cycles** to avoid duplication and the development of vertical programmes
- Planning should consider overlaps and shared principles between global health security and **universal health coverage (UHC)**
- **Efficiency and synergy should be prioritised** by working to strengthen existing initiatives, avoiding the unnecessary proliferation of parallel structures
- **Long-term domestic financing** is required to ensure sustainability of planned activities, and should be advocated
- **Multisectoral stakeholders**, including ministries of finance/planning and members of parliament, should be involved early in national planning processes
- **A parliamentarians' forum for health** should be considered for the exchange of information on health issues, including health security
- **Countries should use the existing mechanisms** set up by international financial partners (WB IDA, PEF; ADB and others)
- **Partnership forums should be created or enhanced for joint planning at country level,** and should include national stakeholders such as representatives from the private sector, communities, government, etc.
- The WHO **Strategic Partnership Portal** should be prioritised, emphasising its importance as platform for coordination between partners and Member States and sharing country and partner information
- **Resources at national, regional and global level should be mapped** to support the implementation of national action plans for health security.
- **Tailored and flexible approaches** should be used to meet the requirements of small island countries and other nations with unique needs
- Countries should maximize their **use of sub regional networks and resources.**

NEXT STEPS

- WHO will finalize the planning, costing and financing guidance for national planning for health security in the context of a holistic health system strengthening approach and accelerate the implementation
- WHO and partners will continue supporting countries to implement the IHR MEF, accelerating development of national action plans and building health security capacities
- WHO will convene multisectoral stakeholder meetings as needed at regional and country level to accelerate IHR implementation and global health security
- The Strategic Partnership Portal will be updated regularly with information from countries and partners.

WELCOME AND OPENING REMARKS

Dr **Michael Ryan**, Deputy Executive Director of the WHO Health Emergencies Programme (WHE); and His Excellency **Ambassador Mokhtar Omar,** Senior Advisor to the Secretary General of the Inter-Parliamentary Union (IPU) addressed the meeting participants with opening remarks. **Dr Park Neung-Hoo**, Honourable Minister of Health and Welfare of the Republic of Korea, opened the meeting

THE CURRENT GLOBAL HEALTH SECURITY LANDSCAPE

It was highlighted that the discussions in the coming days might contribute in touching the lives of millions of people plagued by insecurity, war and disease. Ensuring investment for health security is not an academic issue; it is a matter of utmost urgency and importance.

Sustainability, both in capacity and financial terms, is crucial to ensuring national and global health security. Investments must not just be part of a "cycle of panic and neglect." Participants needed to consider how countries and partners—the Global Heath Security Agenda (GHSA), WHO, development banks, major donors and others—could channel funds into heath security. While the International Health Regulations (2005) monitoring and evaluation framework provides a mechanism for ensuring value for money and real measurable change, many countries lag behind in fully implementing the IHR. As of June 2017, 52 countries had completed a joint external evaluation of their core capacities, but very few have completed the five-year national action plans for health security. Countries and their partners must move in this direction, in a multi-sectoral manner shaped by the principles of One Health, and guided by simulation exercises and after action reviews (the other two voluntary components of the IHR MEF).

Opportunities for progress exist, in the form of great challenges: epidemics are worsening around the word, and 30 conflict-affected countries suffer over 70 per cent of the world's outbreaks. But today's unprecedented risk is an unprecedented opportunity. The most affected countries are also those on which the United Nations's sustainable development goals (SDGs) are focussed. Investment in the SDGs implies investment in health security—and vice versa. In this context, the connection between national parliaments and health was stressed: parliaments determine the laws and the policies that can improve people's lives, addressing societies' major health challenges and translating international commitments into national action.

The Republic of Korea was thanked for hosting the meeting, and for providing leadership in global health security. In response, Dr Park Neung-Hoo welcomed the participants to Seoul and declared the meeting open.

SESSION 1: INTRODUCTION & SCENE SETTING

Chair: ***Dr Imran Pambudi****, Indonesia*

Co-chair: ***Ms Susan Corning****, World Organisation for Animal Health (OIE*

Dr Stella Chungong set the scene for the meeting. The session took stock of the work undertaken by countries, WHO and partners since the first global health security meeting in July 2015, highlighting successes and challenges in implementing regional strategies (such as the Asia Pacific Strategy for Emerging Diseases, or APSED) and the IHR Monitoring & Evaluation Framework.

Panellists were **Dr Badu Sarkodie**, Ghana; **Dr Ly Sovan**, Cambodia; **Dr Hafizul Islam**, Bangladesh; and **Dr Ok Park**, Republic of Korea. Dr Zabulon Yoti of the WHO Regional Office for Africa (AFRO) was invited to speak from the floor.

KEY POINTS OF THE DISCUSSION

Multisectoral coordination and alignment are critical in solving the diverse challenges to global health security. During the WHO meeting in Cape Town, countries agreed on the importance of national leadership and committing resources to health security; the importance of WHO's leadership, coordinating, convening and monitoring roles; the need for alignment of partners around countries' plans and priorities; and the importance of improvements in transparency, coordination and alignment of partner initiatives. In 2016, at the WHO meeting in Bali, they reiterated the need to consolidate these commitments into actions, through aligning planned, financed actions with identified gaps and providing sustained, long-term financial and technical resources to meet priority needs. A Strategic Framework for Emergency Preparedness was developed by WHO, and has since been finalised and published. The goal in 2017 is to build on these foundations through reviewing the progress of the IHR MEF and the national action planning process; to scale up domestic financing and leadership; to foster national, regional and global partnerships for preparedness through multisectoral collaboration; and to identify common approaches and tools for costing and financing country preparedness, and tracking investments for health security.

WHO's new Director General is committed to global health security, based on country ownership of the capacity building process. National action plans for health security are integral parts of this process; and they require a financing framework that allows countries' needs and priorities to be met, and the health of the world to be improved.

The bi-regional Asia Pacific Strategy for Emerging Diseases (covering the WHO South-East Asia and Western Pacific regions) provides a regional perspective on this process. It has accomplished a great deal in the last ten years, and is now on its third version, APSED III: an upgraded framework for action to advance IHR implementation and protect health security. It is based on the following principles: putting people first and countries at its centre; investing in preparedness; thinking about systems, in a step-by-step approach; instigating a learning culture for continuous improvement; and connecting the world for health security. This requires continuing investment in health security; strengthening stakeholder platforms and fostering partnership; building resilient health systems; and protecting lives and well-being though contributing to universal health coverage (UHC) and the achievement of the SDGs. In the South East Asia and Western Pacific regions, JEEs have revealed financing as a complex challenge, with a multiplicity of sources, strategies, funders, demands and methods. At the heart of the issue lie country ownership and the need to ensure more domestic resources; increase governments' budget share for health; leverage resources from non-state actors; pursue synergies across government sectors; prioritize essential public health functions; and improve efficiency. Investment in preparedness is the best solution, and cheaper than response. Capacity building is necessary, but requires a long-term approach and sustainable financing.

Health security is also an important component of national security. "There are no sovereign states if there is no security." States are urged to take the lead in mobilising domestic

resources and strengthening security systems for prevention, detection, investigation and response, supported by partners contributing capacity, funding and logistics where necessary. Guidance that specifies clear roles for different levels of government should be in place.

Countries need system for managing crises that is planned and funded in advance, with event based surveillance systems and risk assessments in place. It should collect data from all sources on all hazards, specify quarantine activities for travellers from risk areas, and possess infrastructure for diagnosis and isolation at points of entry. Capacity should be in place to deal with worst case scenarios, backed by multisectoral plans and funds that are not in silos. Funds should be flexible, not earmarked.

RECOMMENDATIONS

Countries should:

- Take ownership and leadership in health security, building their systems and strengthening IHR core capacity at country level
- Use JEEs and national action plans for health security to identify and respond to issues and gaps
- Build capacities in advance, before disasters happen, using domestic funding, and guided by multisectoral national platforms and fora
- Build or participate in similar platforms for emergencies at regional and global levels
- Invest in preparedness, based on surveillance systems built on deep community engagement.

SESSION 2: FROM EVALUATIONS TO COSTED PLANS

Chair: ***Professor Simo Nikkari****, Finland*

Co-chair: ***Dr Safi Malik****, Pakistan*

This session outlined the continuum between country evaluations and the development and costing of national action plans for health security, presenting the approaches and tools available and sharing country experiences.

Speakers were **Mr Ludy Suryantoro**, WHO; **Dr Mohamed Ally Mohamed**, United Republic of Tanzania; **Dr Alioune Ly**, Senegal; **Dr Yohannes Ghebrat**, WHO Eritrea; and **Dr Ritsuko Yamagata**, Japan.

KEY POINTS OF THE DISCUSSION

WHO champions country ownership of health security. Guiding frameworks are in place, and it is important that countries move forward to completing costed NAPHS as quickly as possible. Strategic partnerships for national planning should be based on transparency; cooperative planning; sustainability; collaborative results; accountability; and collective effort.

WHO is developing NAPHS planning tools: a summary guide; a pre-planning checklist and step-by-step process; a sustainable financing framework; and a benchmark document. Key components of the planning guide will cover situation analysis; strategic planning and prioritising; developing the NAPHS; resources and operations planning; implementation of the NAPHS; and country core capacity building.

Progress with NAPHS should be based on similar themes to those identified in the first session of this meeting. These include: the importance of country ownership and multisectoral collaboration, and the support of the major international actors in global health security such as WHO, the Food and Agriculture Organization (FAO) and the OIE. They also cover the need for solutions tailored to countries' different levels of achievement; the importance of a strategic preparedness framework for guiding investment; and the increased use of WHO's Strategic Partnership Portal (SPP) to foster, alignment, transparency, accountability and donor coordination. As more JEEs and national planning processes take place, WHO—led by regional and country offices—will collect and disseminate best practices that can be replicated to other countries, or which other countries can consider, for continuing improvements. In the meantime, countries and partners must be flexible, moving forward and implementing NAPHS using the guidance and knowledge already available.

Global health security must be managed by a wide range of stakeholders, through planning, costing and implementation. It cannot be done by the health sector alone. It is important to consider the development of the NAPHS before, during and after the JEE process: JEE priority actions should be devised with the plan in mind. As far as possible, the NAPHS should take into account a wide range of assessments and evaluations, including but not limited to the Performance of Veterinary Services (PVS), the IHR Annual Questionnaires, and risk assessments. All partners and country stakeholders should be mapped, then helped to understand their roles.

Ultimately, the NAPHS can serve as a platform to coordinate multiple ministries and organizations. It should ideally be under the office of the prime minister or equivalent (which oversees all other ministries) and aligned with annual budgets.

Costing should use a transparent process, identifying and accounting for uncertainties. A monitoring and evaluation (M&E) plan should be developed, commensurate with the phased implementation of the NAPHS, as should a strategy for advocacy for domestic and external funding.

A vision of sustainability is required in the costing process, especially in low resource country settings. Self-reliance is key for NAPHS implementation. Countries should however continue to be supported by regional networks and partnerships where possible, and the NAPHS should be based on strategic WHO guidance to provide uniformity. Countries should also make use of the SPP to share information and coordinate donors.

RECOMMENDATIONS

- Ensure that the NAPHS development and costing are multisectoral processes, country owned and led, and following WHO guidance
- The NAPHS should be led at the highest political level possible, and aligned with annual budgets
- Any pre-existing assessments should be taken into account when developing the NAPHS
- Country plans should be developed in close coordination with all stakeholders, and all partners should be mapped
- Costing should employ a transparent and flexible costing process, identifying and accounting for uncertainties
- Strategies should be put in place for advocacy and communication for domestic and external funding
- The SPP should be used to collect data on countries' needs and gaps
- A monitoring and evaluation plan should be devised
- WHO should collect and disseminate best practices and models for national planning

SESSION 3: FINANCING PREPAREDNESS MAKING THE CASE FOR DOMESTIC INVESTMENT

Chair: ***Ms Pia Locatelli,*** *Member of Parliament, Italy*

Co-chair: ***Mr Ahmed Elldrissi,*** *FAO*

This session explored how countries could emphasise global health security in national agendas and ensure that commitments translate into financial investment. It highlighted the role of parliaments and governance in ensuring sustainable funding for national health security. Different country experiences were presented and explored to derive general lessons for financing strategies.

Panellists were **Mr Netsanet Workie**, World Bank; **Dr Mohamed Youbi**, Morocco; **Professor Ferenc Vicko**, Serbia; and **Mr Vu Vi Quoc**, Viet Nam. **Dr Andreas Gilsdorf** of the Robert Koch Institute, Germany and **Dr Janneth Mghamba** of Tanzania were invited to speak from the floor.

KEY POINTS OF THE DISCUSSION

Several points raised in previous sessions were re-emphasised. Cross cutting multisectoral collaboration is crucial for health security, with the One Health approach of particular importance. Key stakeholders working on the NAPHS should advocate to the highest level of government as early as possible in the planning process, and the action plan should be included in the country's annual planning cycle.

The World Bank's Health Security Financing Assessment Tool (HSFAT) supports national governments to develop financing strategies for prioritized national preparedness plans, strengthening financing systems that accelerate and sustain progress towards health security. It identifies constraints and opportunities to building those systems, and assesses the flow of funds. It promotes national policy dialogue around sustainable financing, and tracks the progress of that financing over time. All of this is done in relation to the 19 technical areas of the JEE, as well as essential elements of the post-emergency or recovery phase of response. It is country driven and owned; promotes collaboration and coordination; contributes to increasing predictability of domestic & external financing; helps improve allocative efficiency; promotes capacity building and ownership of health financing; and facilitates cross sectoral and cross-country learning.

Preparedness requires legal frameworks. Countries can explore structural options to facilitate financing and the NAPHS process. These might include creating national structures to design health programmes and respond to threats, like national institutes of public health, or restructuring ministries of health. Specific laws may be required to cover areas like IHR compliance; various facets of emergency preparedness and response; public health; communicable disease control; and food and water safety. Fundamentally, a country's legal framework must support and facilitate the main tasks of the public health sector: prevent, control and provide a public health response to communicable disease; protect the international community; improve regional cooperation; and exchange information and use existing measures to protect public health. This is based on three key priorities:

- Strengthening preparedness at a national level;
- Improving coordination and capabilities at national and regional levels; and
- Making all this sustainable within public healthcare, veterinary and other sectors.

Making reforms effective is challenging, but regional and international partners can provide support.

Members of parliament (MPs) have key roles in building and maintaining these support systems, providing oversight to ensure that laws and regulations are in place to facilitate the implementation of plans. MPs should champion advocacy for health security, within their constituencies and in parliament, lobbying for domestic financing and working politically to ensure health security is part of planning. The IHR MEF has given new energy to the IHR (2005); JEEs are progressing well, and progress towards implementing national plans should be

accelerated. The political attention that JEEs create in countries should be used to power this advocacy, pushing priority actions into national planning cycles—not creating parallel structures, but using national ones where they exist. If funding is insufficient, external support can be sought; and if a country lacks a well-designed planning cycle, this can be a catalyst to start or improve it. WHO can help ensure that plans are complete and coordinated.

RECOMMENDATIONS

- Country-led, domestic financing is required for health security, within structured national planning cycles
- Cross cutting multisectoral collaboration is crucial, with the One Health approach of particular importance
- Parliamentarians should be advocates for health security, lobbying for budgets and involving themselves in planning
- The political attention created by JEEs should be leveraged for this advocacy, pushing priority actions into national planning cycles
- Countries must design and implement legal frameworks for preparedness
- Parallel structures should be avoided: where possible, countries should use or improve what already exists
- Regional and international partners should be consulted where support is required.

SESSION 4: FRAMEWORK FOR FINANCING PREPAREDNESS

Chair: ***Dr Soonman Kwon,*** *Asian Development Bank (ADB)*

During this session, **Dr Guénaël Rodier** of WHO, presented a framework for financing preparedness.

KEY POINTS OF THE DISCUSSION

Financing preparedness is not a one off investment, but an open-ended commitment.

Health security financing in the past has tended to be responsive, triggered by events; but now the field is more proactive, the World Bank is financing preparedness, donors are willing to support UHC, and ensuring health security is of greater international interest. Financing health security goes beyond the health sector to include agriculture, security and others, as well as humanitarian concerns.

While sustainability and domestic funding are the most important priorities in financing heath security, lower income and conflict countries need technical assistance to support their efforts, and will require multi donor funds. This is a sustainability challenge. These countries cannot wait five years for plans: they need alternative options to identify risks and find and implement any available assistance—and if they cannot achieve all hazards preparedness, they should do so for a series of selected hazards. These countries have special needs and need special methods and attention in developing critical capacities.

This session again underlined several points and recommendations made earlier in the day. Robust, credible plans share a number of characteristics, including building on exiting systems; matching ambition with resources; anticipating future needs and uncertainty; and including progress indicators. The costing of the plans is led by national stakeholders; and spending on activities is regularly monitored and compared back to the plan. National plans are not stand alone: they are part of a process, from evaluation through to costing, which contributes to the wider health security package.

Member states are responsible for acting coherently in addressing these issues, but they should be supported by WHO, OIE, FAO and other major international bodies, united around a common agenda. Overlaps and shared principles between global health security and UHC should be considered in country level planning.

Domestic resources should be used as far as possible: countries should map out the public health functions that support health security; identify investments and synergies with non-health sectors; and estimate specific costs, reviewing and adjusting them periodically. Active engagement should be fostered between health and finance authorities, via intersectoral costing exercises and budget allocations. Resources should be leveraged from non-state actors (e.g. private/public partnerships) and international partners/donors.

The SPP should be used to guide this process.

RECOMMENDATIONS

- Countries should finance preparedness, beyond the health sector
- Countries should invest to fix gaps, building on strength and investing according to sources of funds
- Costing should be based on realistic priority actions and accurate estimates that are periodically reviewed and adjusted; harmonized with other ongoing activities; and linked to national budget and planning cycles
- Financing is not a one off investment, but an open-ended commitment. Countries should think long term, preparing for sustained effort and building on domestic funding, investments and activities where possible
- Ambition should be matched with resources, and future needs and financial uncertainty anticipated
- Progress indicators and monitoring are required.

WORLD CAFÉ SESSION

The second half of day one was taken up with a 'World Café' session designed to summarize stakeholder lessons on making the case for sustainable investment for national health security. The session addressed five topics:

1. Lessons identified in moving towards multisectoral costed plans for health security
2. Roles of different national stakeholders in working towards national health security
3. Good practices in investing for health security using domestic resources
4. Roles of international institutions in leveraging multi year financial support to cover needs and gaps for national health security
5. Roles of international and domestic institutions in promoting sustainable investment for health security.

The exercise took two hours, after which the plenary session was reconvened and the facilitators for each station summarized the discussions.

LESSONS IDENTIFIED IN MOVING TOWARDS MULTISECTORAL COSTED PLANS FOR HEALTH SECURITY

- Multisectoral/intersectoral collaboration is essential. Various sectors, including ministries of finance, should be included in the planning process from the start, in order to achieve a plan that is reflective of all different stakeholders' priorities.
- Prioritization is a challenge. This is a new process for many countries, and new for policy makers as well. High-level political commitment is important. Identification of a high level champion will help the process move more smoothly towards a result that all can get behind.
- Legislation and policy frameworks should be considered and included in plans.
- Plans should be based on the results of assessments, so they identify and address appropriate gaps. Separate plans may be required for national and local government levels, and they should consider the resources needed at different levels of the system (e.g. national, regional, provincial).
- One-time/capital costs should be considered along with recurring costs. Ideally, a bottom up approach to costing should be implemented, whereby each sector could determine how much is needed.

ROLES OF DIFFERENT NATIONAL STAKEHOLDERS IN WORKING TOWARDS NATIONAL HEALTH SECURITY

- A wide range of stakeholders should be included in building national health security, including parliamentarians; government departments at all level; the prime ministerial level or equivalent; the private sector; and civil society
- An IHR task force can be convened to provide oversight
- There is no one-size-fits-all approach – countries must engage with stakeholders as dictated by their particular circumstances
- Advisors to high level politicians and the media often play important roles in influencing health security
- WHO has an important role to play in showcasing best practices and pushing Member States towards investment in health security
- The general public and media should be educated on health security, through transparent information sharing. This can help to moderate political risk. Investing in understanding the media's role can be particularly fruitful.

GOOD PRACTICES IN INVESTING FOR HEALTH SECURITY USING DOMESTIC RESOURCES

- Countries should focus on investing in prevention and detection rather than response. This includes laboratories, surveillance, and national coordination between laboratories and detection functions. Countries need diagnostic capability and strengthened early warning systems as part of surveillance

- Response functions should not, however, be neglected. Country investment tends to focus on food safety response, quarantine facilities, and hospital functions for isolation
- Mapping policy and process is important—i.e. initial investments of time and thought, not money. Countries should invest in time to think and rationalise before spending money and building infrastructure. Detailed examination of objectives should drive investment
- Countries should invest in creating awareness of health security
- A rational approach to health security investment requires cost effective interventions to be identified, in terms of infrastructure and workforce training
- nformation should be coordinated across the health system, through investment in information management systems. Much of health security investment can be characterized in terms of rational approaches to information management systems
- Domestic funding sources are crucial
- In terms of private sector financing, countries should look more towards the technical support the private sector can provide, rather than seeing it as a source of finance
- Sources of funding may include insurance mechanisms; funding for antimicrobial resistance (AMR) and infection prevention and control (IPC); low interest loans; funding streams for family planning/ maternal and child health (MCH) as an entry to health security (i.e. linking health security with other health priorities in the country, especially at the community level); investment in policy, communication, and advocacy; and investment in housing.

ROLES OF INTERNATIONAL INSTITUTIONS IN LEVERAGING MULTIYEAR FINANCIAL SUPPORT TO COVER NEEDS AND GAPS FOR NATIONAL HEALTH SECURITY

- International actors in health security are "not just the usual suspects." They include the private sector, and especially those parts of it at risk from health issues (for example, the tourism sector)
- Countries need to invest in long term improvements
- Countries need one actor to coordinate, and another from the legislative sector to provide oversight
- Measuring success is difficult. It comes from being able to detect and respond quickly, but if no event takes place at all, that is even greater success.
- The JEE and its scores provide one means of determining whether a country is successful even if there is no event.

ROLES OF INTERNATIONAL AND DOMESTIC INSTITUTIONS IN PROMOTING SUSTAINABLE INVESTMENT FOR HEALTH SECURITY

- Countries should conduct return on Investment analysis, generating good evidence and metrics to build success stories that can be effective with domestic funding organizations and donors. This information can be used to raise awareness to support domestic investment and link health security with UHC and the SDGs
- This should be supported by parliament and legislation
- Regional economic integration mechanisms can be used to apply political pressure (EU, ASEAN, etc.)
- Communities and the media should be engaged, and politicians' behaviour should be changed to focus on long term visions rather than re-election and short term goals
- "Fear-mongering always fires back:" this strategy should be avoided
- Advocacy messages should be tailored to different audiences
- The NAPHS should not be a standalone plan, but rather should be integrated with national economic and social development plans
- Monitoring is required at international level to monitor pledges and commitments, and at domestic level to monitor implementation of policies and legislation
- Plans must be aspirational, but realistic.

SESSION 6: FINANCING OPTIONS FOR COUNTRY PREPAREDNESS FOR SUSTAINABLE HEALTH SECURITY

Chair: ***Dr Larry Kerr****, United States of America*

Co-chair: ***Dr Roderico Ofrin****, WHO Regional Office for South East Asia*

This session was dedicated to outlining some of the international funding and support mechanisms available for countries to finance health security. The co-chair underlined the need for all participants to be advocates for these approaches, as "an epic range of solutions for epic problems."

Speakers were **Mr Sutayut Osornprasop**, World Bank; **Ms Sonalini Khetrapal**, ADB; **Ms Annette Bremer**, Germany; **Dr Päivi Sillanaukee**, JEE Alliance; **Mr Ryan Morhard**, World Economic Forum (WEF); and **Mr David Moon**, Korea International Cooperation Agency (KOICA).

KEY POINTS OF THE DISCUSSION

While this meeting was a gathering of the converted, the real mission is to preach to the non-converts. Countries have parallel initiatives that should be brought together in the service of health security—multiple frameworks, indicators and reporting systems, coordinated by small teams responsible for all the plans. The organizations that require the reporting should also come together, presenting countries with a more unified, streamlined set of obligations.

The **World Bank Group** has a number of financing tools for preparation and response, particularly the International Development Association (IDA) 18 Replenishment; the pandemic emergency facility (PEF); and the catastrophe deferred drawdown option (CAT DDO).

- **IDA** is the World Bank Group's fund to help the poorest countries as determined by classifications of income per capita. It is open to those countries that have pre-existing engagement with the Bank. IDA is one of the largest sources of financial assistance in the world, and lends money on concessional terms, at zero or nominal interest, for long-term repayment. IDA 18 is a funding round that will support countries to strengthen public health systems for health security, prioritizing pandemic preparedness in national development plans. It is the first such focussed round, and aims to provide support to countries to comply with IHR core capacity requirements; to develop and update pandemic preparedness; to develop governance, institutional arrangements and operational systems; and to support joint activities with WHO/OIE/FAO, other agencies, donors and non-governmental organizations (NGOs). Funding in fragile states can be done through international organizations.
- The **Pandemic Emergency Financing Facility (PEF)** is a quick-disbursing mechanism that provides a surge of funds to enable a rapid response to a large-scale disease outbreak. Eligible countries can receive timely, predictable, coordinated surge financing if affected by an outbreak that meets PEF's activation criteria. The PEF is innovative in providing insurance for pandemic risk, offering coverage to all low-income countries eligible for financing under IDA. It will provide more than $500 million to cover developing countries against the risk of pandemic outbreaks over the next five years, through a combination of insurance financed by bonds and derivatives, a cash window, and future donor country commitments to additional coverage. The insurance window is open as of July 2017 and the cash window will be operational in early 2018. Different partners help support the insurance premiums; these generally include the bilateral and multilateral agencies from more developed countries, and some international organizations. The PEF does not ask premiums from poor countries.
- The **Development Policy Loan with a Catastrophe Deferred Drawdown Option (Cat DDO)** is a contingent credit line that provides immediate liquidity to member countries of the International Bank for Reconstruction and Development (IBRD) in the aftermath of a natural disaster. It is part of a spectrum of World Bank risk financing instruments to help borrowers plan efficient responses to natural disasters. It gives governments immediate

access to funds after a natural disaster, when liquidity constraints are usually highest. It is most effective as part of a broader risk management strategy in countries highly exposed to natural disasters.

The **Asian Development Bank** invests in collective action. It has had a regional cooperation policy since 2004, with a cooperation and integration strategy, treating disease control as a regional public good. The ADB supports activities to mitigate and control communicable disease, and its operational plan for health includes health security as a flagship programme. The Bank is focussed on building stronger systems for response, making resources available immediately to member countries experiencing emergencies; lending; maintaining trust funds for communicable disease control activities; providing technical assistance for health systems strengthening; and engaging to build momentum. ADB usually has standalone grant operations, based on strong relationships with countries established over years, working on long-term health security capacity building across a variety of areas. Health systems strengthening work initially focussed on preparation, starting in 2005 with the revision of the IHR.

Alongside these financing mechanisms there exist a number of country and partner initiatives that provide broader support for financing:

Germany's leadership of the G20 group of countries has led to the group highlighting the importance of the IHR (2005) at the highest political level. The recognition of the IHR by heads of state must be used to make the case for global domestic investment in health security.

The **JEE Alliance** is a voluntary, informal, multisectoral network of 60+ members, including countries, organizations, the private sector and NGOs. It aims to work with countries that are in the process of acting on JEEs, bringing together all relevant actors to support them. The Alliance believes that the business case around capacity building and the economic impact of pandemics is essential for increasing undertaking and acceptance of work on health security. The range of new financing approaches will be important in strengthening health systems: health security is rooted in well-functioning national systems with trained, alert workforces, based on primary health care in communities. UHC and access to medicines are complementary components of the overall system, which must include all sectors, including civil society and others, in order to cultivate potential synergies. The JEE alliance promotes an evidence based approach to NAPHS, providing a platform for stakeholders to act together, supporting best practices, connecting partners, assisting with exercises, reviews and evaluations, and helping share all relevant information.

The SPP can facilitate connections between those who need and those who provide help, and offers a channel through which to share that information. All are encouraged to use it.

The **World Economic Forum (WEF)** seeks public/private cooperation to improve the world, and has launched CEPI, the Coalition for Epidemic Preparedness Innovations, which has mobilised USD 700m in investment for vaccine research and development for epidemic potential pathogens. The WEF representative listed a number of key points to bear in mind when discussing and planning for public/private cooperation and health security, including the following:

1. 90 per cent of the costs of any outbreak come from irrational, disorganised public efforts to avoid infection; but this lack of coordination is a big opportunity for improvement
2. There is demonstrable interest from both private and public sectors in increasing cooperation in preparedness and response
3. Public/private cooperation is essential in response, especially global response, but does not yet function optimally. No single entity in the world can handle a global response to an epidemic. The WEF Epidemics Readiness Accelerator is one initiative taking on the challenges to cooperation
4. It is essential that we communicate to communities, and "bring public/private into the fold." The WEF is interested in working on global health security.

JEEs lead to great financial demands from lower income countries, and donors will receive many proposals. Sustainable financing will depend on each donor's philosophy. Sustainability can be maintained by basic principles: and donor harmonisation and cooperation are crucial in this regard.

Sustainable financing delivers a simple message: avoid overlaps, respect local ownership, utilise existing programmes, and do not build new systems or responses based on donor interests.

SESSION 7 : CIVIL SOCIETY AND NGO PERSPECTIVE ON SUSTAINABLE PREPAREDNESS

Chair: ***Dr Magdy Morshed****, Member of Parliament, Egypt*

Co-chair: ***Dr Ambrose Talisuna****, WHO Regional Office for Africa*

During this session, participants discussed civil society and NGO initiatives for financing community preparedness.

Speakers were **Ms Kara Devonna Siahaan**, International federation of the Red Cross/Red Crescent (IFRC); **Mr Andrew Kruczkiewicz,** Columbia University; **Mr Pablo Suarez**, IFRC (by video); and **Dr. Ariful Alam,** Bangladesh Rural Advancement Committee (BRAC).

KEY POINTS OF THE DISCUSSION

The Chair started off this session by inviting WHO and IPU to form the first ever International Parliamentarians' Network for Health to help build health security nationally, regionally and internationally, and to hold its first meeting in Egypt in 2018. His intervention was followed by interventions from the invited speakers.

NGOs, faith based groups and civil society have a lot to offer to global health security: networks of volunteers and communities; vast institutional learning; connections, engagement and accountability with communities; and holistic approaches that go beyond characterising solutions as disease challenges.

Communities around the world together make up a vast resource. Action for community based health preparedness is being taken in 110 countries. The IFRC alone responds to 23 epidemics a year in communities, and since 2009 has quadrupled its investment in disaster risk reduction (DRR). Climate change impacts those communities and their livelihoods; and while science has advanced and forecasting abilities are improving, the world still reacts too slowly. There were 11 months of warning of the 2011 Somalia famine, but sufficient funds were not made available until it was too late. The IFRC set up a forecast-based action framework in 2008, and since 2012 forecast based financing has been running in pilot schemes in 30 countries, as part of a global approach to developing anticipation within the humanitarian system. It employs a complex multisectoral methodology, and is contributing to work around the SDGs, the Paris agreement, the World Humanitarian Summit, and other large multilateral movements for development.

Forecast based financing could enhance current funding mechanisms to support early action—in tandem with other approaches. Forecast based financing must be coordinated with national authorities, with shared ownership, and shared technical and finance responsibility. This can be further strengthened through evidence analysis; strengthening impact research; more comprehensive risk assessments to selected danger levels and actions; and community based analysis of those actions.

It is difficult to quantify and forecast sustainability, resilience, accountability and impact. The goal is to create objective systems that release funding, and precipitate actions on the ground. These systems are informed by research within communities that defines danger levels and maps communities' expected responses to knowledge of forthcoming dangers, allowing forecasting based on impact.

The robustness of forecasting systems is defined by users' perception of uncertainty and sensitivity to handling it—greater understanding allows heightened ability to handle false alarms and uncertainty. It is also important to understand the timescales according to which decisions are made, particularly with climate models—for example, long term climate change models may be belied by opposing trends in the short- or even the medium-term, and shorter term responses must be calibrated accordingly.

Other community based tools can also be used to strengthen health security. These include faith based approaches to managing health-related risks, such as some of the principles of Islamic financing. Such principles include Zakat—the religious obligation to give a certain proportion of one's wealth to the poor, which is a potentially sustainable, long-term vision for linking money with action. Another is Takaful, a system for sharing risk that is analogous to insurance, but in which one fundamental principle of Islamic financing is inherent—that risk should be shared

between suppliers and users of capital. Under sharia, which aims for shared prosperity from which society benefits as a whole, there can be no winners and losers in an insurance system. Following this approach, money goes into a shared fund that that takes care of a lot of people. Such instruments could be used in response to forecasts, managing climate risks and therefore benefiting health.

At the heart of all of these approaches is the goal of community preparedness and resistance to issues related to climate change, drug resistant infections, emerging pathogens, and other issues. This is achieved by building resilience and response capacities, which requires resources. There are myriad of such interventions to protect health, nutrition and livelihoods, including but not limited to disaster resistant housing and/or crops; microfinance and other programmes that provide assistance after disasters; provision of low interest loans to recover livelihoods; and vector control and clean water programmes.

RECOMMENDATIONS

- Advocacy programmes are required to raise awareness among policy makers of the available methods for building security
- Investment should be proactive, not reactive
- Investment is required to build capacity to identify different outbreaks at community level
- Forecasting can be used to improve prioritisation and focus, and to allow better vulnerability and risk assessment. It should also be linked to financing models
- Resource pooling and other faith based methods for community based financing should be explored
- Communities and community based health workers should be strengthened in their responses, to make early warning mechanisms more robust and reliable

SESSION 8: BRIDGING COUNTRY PRIORITIES AND RESOURCES

Chair: ***Dr Youngmee Jee****, Republic of Korea*

Co-chair: ***Dr Ailan Li, WHO*** *Regional Office for Western Pacific*

During this session, subregional networks exchanged information on how they support national priorities, and how resources can be pooled for greater efficiency. WHO presented the Strategic Partnership Portal.

Speakers were **Mr Glenn Lolong**, WHO, who presented the SPP; **Mr Ami Prasad**, Fiji; Ms Ebba Kalondo, African Union; **Ms Jennifer de la Rosa,** ASEAN; and **Dr Claudia Nannei**, WHO.

KEY POINTS OF THE DISCUSSION

In a world of many complex priorities, regional networks allow international conversations about priorities, security and methods. They can provide effective platforms for coordination and collaboration, and for reframing development priorities and building far-reaching, multisectoral, multi-national consultancy processes within the SDG agenda. They can also be used to exchange information, knowledge and expertise, and articulate development priorities for countries, sub-regions and regions. They can be used as advocacy platforms for important overarching approaches such as One Health, and for inspiring new consciousness and political attention around health security and the consequences of public health emergencies. Embedding health security in these networks and their conversations is important.

With the right political commitment to coordinated efforts and strong systems, regional networks can be built across thematic areas of all types, from broad-spectrum initiatives such as the SDGs, to more technical networks in areas such as capacity building for laboratories, Emergency Operations Centre (EOC) development, or mitigation of biothreats.

Networks can also be used as funding mechanisms, through cost sharing by member states; as channels of support from development partners; and even by providing support from trust funds managed by network secretariats. Disasters and epidemics—such as Ebola—can be used as catalysts for the initial political efforts required to get such networks off the ground.

Political commitment and technical knowledge from donors and large international organizations such as WHO are needed to strengthen regional networks and coordinate their respective efforts.

Capacity building for small island countries takes place in a unique context, in which it is often neither feasible nor desirable to attempt to build all IHR core capacities in single, very small nations. Instead, regional and subregional networks should be used as wider, more practical platforms on which the necessary capacities can be built to serve the collective needs of such nations. One such example will come from the Pacific Health Security Coordination Plan to which major partners recently committed. This will constitute one group of activities to be done together for small Pacific island countries that cannot meet the recommendations of the JEE process on their own.

Regional perspectives should also be reflected in IHR implementation more generally, keeping in mind the need for these tailored approaches. WHO should consider IHR from regional perspectives, and map these perspectives over national and international plans, rather than developing new, different tools for different Member States.

Other overarching multilateral initiatives—for example, for vaccine research and development (R&D), manufacturing and distribution—can also have spillover effects for global health security. For example, the results of the Global Action Plan for Influenza Vaccines included increasing global capacity for seasonal vaccination. This capacity now comprises a fundamental element of global health security—for example, during the recent epidemic of Zika virus, that capacity was converted for R&D into Zika vaccines. The case for investing in health security here is based on addressing public health through tackling vaccine availability, and using this investment to address all other related threats that might arise in future.

RECOMMENDATIONS

- Tailored and flexible approaches should be used to meet the requirements of small island countries and other nations with unique needs
- Countries should maximize their use of existing sub regional networks and resources
- Existing high level political commitment to regional networks should be translated into country actions and regional approaches to NAPHS, in the spirit of health systems strengthening and country ownership
- Prioritisation is necessary when resources are limited
- WHO must coordinate regional initiatives, ensuring technical consistency and efficient, coordinated effort.

CLOSING SESSION

HIGH LEVEL RECOMMENDATIONS

Dr Guénaël Rodier presented a meeting summary including recommendations and next steps. Recommendations were as follows.

The Seoul meeting participants recommend the following:

- **National planning processes** for building health security should be accelerated, using a flexible, country-led, multisectoral approach underpinned by frameworks that provide a basis for collaboration and coordination between sectors. **National plans for health security must include needs at sub-national level**
- **Health security plans should be aligned with annual planning and budget cycles** to avoid duplication and the development of vertical programmes
- **Efficiency and synergy should be prioritised** by working to strengthen existing initiatives, avoiding the unnecessary proliferation of parallel structures
- **Long-term domestic financing** is required to ensure sustainability of planned activities, and should be advocated
- **Multisectoral stakeholders,** including ministries of finance/planning and members of parliament, should be involved early in national planning processes
- **A parliamentarians' forum for health** should be considered for the exchange of information on health issues, including health security
- **Countries should use the existing mechanisms** set up by international financial partners (WB IDA, PEF; ADB and others)
- **Partnership forums should be created or enhanced for joint planning at country level,** and should include national stakeholders such as representatives from the private sector, communities, government, etc.
- The **Strategic Partnership Portal** should be prioritised, emphasising its importance as a coordination platform and means of sharing country and partner information
- **Resources at national, regional and global level should be mapped** to support the implementation of national action plans for health security.
- **Tailored and flexible approaches** should be used to meet the requirements of small island countries and other nations with unique needs
- Countries should maximize their **use of sub regional networks and resources.**

IMMEDIATE NEXT STEPS

- WHO will finalize the planning, costing and financing guidance for national planning for health security in the context of a holistic health system strengthening approach and accelerate the implementation
- WHO and partners will continue supporting countries to implement the IHR MEF, accelerating development of national action plans and building health security capacities
- If not already done, multisectoral stakeholders meetings will be organized at regional and country level to accelerate IHR implementation and global health security
- The SPP will be updated regularly with information from countries and partners.

CLOSING STATEMENTS

A number of participants made closing statements underlining their various national, international and organizational commitments to the priorities outlined over the course of the meeting, and reiterating the importance of sustainable financing to global health security.

The meeting was then closed with a speech from **Dr Ganglip Kim**, Deputy Minister of Health and Welfare, Republic of Korea.

ANNEX A – MEETING AGENDA

ANNOTATED AGENDA

DAY ONE

08.30 – 09.00	**Registration**
09.00 – 09.30	**WELCOME AND OPENING REMARKS** • Dr Michael Ryan, WHO Health Emergencies Programme • H.E. Mr Mokhtar Omar, Inter-Parliamentary Union • Dr Park Neung-Hoo, Honourable Minister of Health and Welfare, Republic of Korea **Group Photograph**
09.30 – 10.00	**Coffee Break**
10.00 – 11.15	**SESSION I: INTRODUCTION AND SETTING THE SCENE** *This session will take stock of the work done by countries, WHO and partners since the first global health security meeting in Cape Town, in July 2015. It will highlight successes and challenges in operationalizing the Strategic Framework for Emergency Preparedness and in implementing the four components of IHR Monitoring & Evaluation Framework (IHR MEF): annual reporting, after action review, simulation exercise and joint external evaluation (JEE).* **From Cape Town and Bali to Seoul – an epic journey – presentations by Dr. Stella Chungong, WHO Headquarters and Dr Ailan Li, WHO Western Pacific Region** **Chair:** Dr Imran Pambudi, Indonesia **Co-chair**: Ms Susan Corning, OIE **Panel discussion:** • Experience on IHR MEF – Dr Badu Sarkodie, Ghana • Experience on IHR MEF – Dr Ly Sovan, Cambodia • From JEE recommendations to NAPHS – Dr Hafizul Islam, Bangladesh • Changing the public health system after MERS-COV outbreak - Dr Ok Park, Republic of Korea

11.15 – 12.30 **SESSION II: FROM EVALUATIONS TO COSTED PLANS**

During this session, WHO and partners will highlight the continuum between evaluations, the development and costing of national action plans for health security. They will present the approaches and tools available. Countries will share their experience on implementing this continuum of activities.

Presentation by Mr Ludy Suryantoro, WHO

Chair: Prof Simo Nikkari, Finland
Co-chair: Dr Safi Malik, Pakistan

Panel discussion:
- Journey of NAPHS development- Dr Mohamed Ally Mohamed, United Republic of Tanzania
- Country planning experience – Dr Alioune Ly, Senegal
- Country costing experience – Dr Yohannes Ghebrat, WHO Eritrea
- Capacity building for sustained health security – Dr Ritsuko Yamagata, Japan

12.30 – 13.30 **Lunch**

13.30 – 14.30 **SESSION III: FINANCING PREPAREDNESS – MAKING THE CASE FOR DOMESTIC INVESTMENT**

This session will provide concrete options for countries to elevate global health security on national agendas and ensure that commitments are translated into financial investments. The session will highlight the role of Parliaments and governance in ensuring sustainable funding for national health security.

Chair: Ms Pia Locatelli, Member of Parliament, Italy
Co-chair: Mr Ahmed Elldrissi, FAO

Panel discussion:
- Health Security Financing Assessment Tool – Mr Netsanet Workie, World Bank
- From NAPHS development to implementation – Dr Mohamed Youbi, Morocco
- Financing preparedness – Prof Ferenc Vicko, Serbia
- Financing national health security – Mr Vu Vi Quoc, Viet Nam

14.30 – 15.00 **SESSION IV: FRAMEWORK FOR FINANCING PREPAREDNESS**

During this session, WHO will present a framework for financing preparedness. The presentation will be followed by a discussion in plenary.

Chair: Dr Soonman Kwon, Asian Development Bank (ADB)

Presentation by Dr. Guenael Rodier, WHO

15.00 – 15.30 **Coffee Break**

15.30 – 17.30 **SESSION V: WORLD CAFE – FRAMEWORK FOR FINANCING PREPAREDNESS**

During this session, participants will be divided into groups and will move to different tables to contribute to the five topics that will be discussed

19.00 **Dinner and Cultural Evening hosted by Republic of Korea**
Room Namsan III

DAY TWO

9.00 – 9.15	**Summary of day 1 – Dr Dorit Nitzan**
9.15 – 09.30	**SESSION V (continued): WORLD CAFE – FRAMEWORK FOR FINANCING PREPAREDNESS** *The groups will provide a summary of their outputs in plenary using pecha-kucha or elevator pitch methodologies.*
09.30 – 11.00	**SESSION VI: FINANCING OPTIONS FOR COUNTRY PREPAREDNESS FOR SUSTAINABLE HEALTH SECURITY** *The session will provide an opportunity for partners to explain how they can contribute and advocate at international, regional and national level for financing health security.* **Chair:** Dr Larry Kerr, United States of America **Co-chair**: Dr Roderico Ofrin, WHO SEARO **Panel discussion:** • Financing options – Mr Sutayut Osornprasop, World Bank • Health security and health system strengthening – Ms Sonalini Khetrapal, ADB • Health security highlights from G20 – Ms Annette Bremer, Germany • Financing health security through specific health security initiatives – Dr Päivi Sillanaukee, JEE Alliance • Public and private collaboration for health security – Mr. Ryan Morhard, World Economic Forum
09.30 – 11.00	**Coffee Break**
11.30 – 12.30	**SESSION VII: CIVIL SOCIETY AND NGO PERSPECTIVE ON SUSTAINABLE PREPAREDNESS** *During this session, participants will discuss about civil society and NGOs initiatives for financing community preparedness. This includes forecast-based financing and disaster risk financing.* **Chair:** Dr Magdy Morshed, Member of Parliament, Egypt **Co-chair**: Dr Ambrose Talisuna, WHO AFRO **Panel discussion:** • Forecast-based Financing – Ms Kara Devonna Siahaan, IFRC • Science of Forecast-based Financing, taking the actions worth taking – Mr Andrew Kruczkiewicz, Red Cross/Red Crescent Climate • Islamic Financing: mobilizing the power of faith-based principles for disaster risk reduction – by video Mr Pablo Suarez, IFRC • Community preparedness – Dr. Ariful Alam, BRAC
12.30 - 13.45	**Lunch**
13.45 – 15.00	**SESSION VIII: BRIDGING COUNTRY PRIORITIES AND RESOURCES** *During this session, subregional networks will exchange on how they support national priorities, and how resources can be pooled for greater efficiency. WHO will present the new matchmaking feature of the Strategic Partnership Portal. Participants will reflect on it and propose way forward for ensuring- with the financing framework - that available resources match national priorities.*

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CONTACT DETAILS

COUNTRY CAPACITY MONITORING AND EVALUATION UNIT
Country Health Emergency Preparedness and IHR
World Health Organization
20 Avenue Appia
CH-1211 Geneva
Switzerland

E-MAIL
cme@who.int

World Health Organization