



**National Consultative Meeting
Summary and Recommendations
The Finalization of 5 Year National Action Plan for Health Security
30 November - 1 December 2016; Islamabad**

Context

The magnitude and frequency of disease outbreaks due to new emerging risks such as Zika, the expansion of known diseases like Cholera and Ebola with re-emergence of malaria, dengue and yellow fever and continuing outbreaks of cholera, measles, and rota virus pose a persistent challenge. The infectious diseases and other public health hazards and emergencies are often associated with high morbidity, mortality, and considerable socio-economic impact and demonstrate the urgent need for sustained preparedness and national capacity building in WHO Member States.

Pakistan along with all Member States has been a signatory to International Health Regulations (IHR) 2005 which calls for the countries to work together to prevent, detect and respond to public health emergencies under the IHR (2005). The signatory countries have also agreed to work towards Universal Health Coverage and to build resilient health systems which can adapt and respond to the challenges posed by outbreaks and other health hazards and emergencies of national and international concern.

WHO Member States had been following the practice of annual self-reporting for monitoring IHR implementation since 2007. The global threat of Ebola precipitated the need to review and revisit the practice of exclusive self-evaluation, resulting in development and subsequent endorsement of revised IHR Monitoring and Evaluation Framework (69th World Health Assembly) in 2015. The new approach was adopted by EMRO in October 2015 (62nd session of the WHO Regional Committee for the Eastern Mediterranean (EM) Region EM/RC62/R.3); and, in line with the recommendation of IHR Review Committee on Second Extensions in WHA 68/22 Add.1 (Ref: 62nd session of the WHO Regional Committee for the EM Region EM/RC62/R.3), the Government of Pakistan also adopted the new approach of Joint External Evaluation (JEE) for monitoring and assessment of IHR implementation.

Pakistan is the first country in the EM Region and fourth globally to volunteer for JEE. The Government of Pakistan under the overall lead of the Ministry of National Health Services Regulations & Coordination (NHSR&C) conducted the JEE from 27th April to 6th May 2016. The process included comprehensive collaboration between the Federal & Provincial/Federating Areas' involving both Health and non-Health Sectors. The evaluation of national IHR core capacities was derived from joint discussions between external experts and government peers/counterparts for the 19 technical areas in the JEE Tool.



The JEE results and recommended priority actions have guided Pakistan in developing the 5 Year National Action Plan for Health Security with the aim to establish a strong public health system to meet the standards for IHR core capacities.

The JEE was followed by strengthening and establishment of coordination mechanisms with National IHR Task Force re-designated as the National Multi-sectoral Taskforce for IHR (2005) and GHSA; nomination of focal persons from Federal non-Health Ministries; notification of HPSIU as focal point for IHR-GHSA and counterpart notifications of Provincial IHR Task Force in four major provinces.

The development of Draft 5 Year National Action Plan for Health Security commenced with formulation of a technical working group (TWG) by the MoNHSRC. An extensive and comprehensive process was then undertaken with involvement and participation area relevant technical experts and focal persons from Health and nonHealth sector at the Federal & Provincial/ Federating Areas in six consultative workshops through Oct- Nov 2016. The draft 5 Year National Action Plan for Health Security defined the goal, objectives and key activities under each of the 19 technical areas.

Pakistan National Consultative Meeting

The main objectives of the consultative meeting were final endorsement of 5 Year National Action Plan for Health Security with alignment of all relevant stakeholders in the context of One Health and multi-sectorial approaches; commencement of costing exercise for determining the financial resource allocation through national and development partners mapping; define timelines and M&E framework for National Action Plan implementation; and, endorsement of national AMR framework

The National Action Plan development for each technical areas included defining the goal, objective setting with broad activity areas derived from the priorities and recommendations, indicators and identified areas of strengthening in the JEE Report, National Health Vision, Draft AMR Framework and OIE PVS Assessment report. The action plan has focused on ensuring the One Health Approach, and has been aligned with the ongoing relevant initiatives and activities within the government sector as well as through the various HDPs involved in and contributing to developing competent health systems for implementation of IHR in Pakistan.

Over 70 participants attended the consultative meeting organised by the Ministry of National Health Services Regulations & Coordination, Government of Pakistan from 30th Nov to 1st Dec 2016. The Secretary and Director General of MoNHSRC graced the inaugural session which was co- chaired by the WHO and OIE delegate in Pakistan. Provincial Director Generals of relevant departments, important line ministries such PD&R Division, Ministry of Finance, Ministry of National Food Security and Research, Ministry of Law and Justice, Ministry of Climate Change, Ministry of Foreign Affairs, Ministry of Commerce, Ministry of



Industries and Production, Ministry of Port & Shipping, Ministry of Federal Education and Professional Training, Ministry of Interior and Narcotic Control, GHQ & Strategic Planning Division, Pakistan Nuclear Regulatory Authority, Pakistan Atomic Energy Commission, Civil Aviation, NDMA. The honourable Minister of NHSRC closed the workshop expressing her support for implementation of the action plan.

Representatives from UN agencies (WHO, FAO), and donors and other technical partners USAID, WB, CDC, DfID, PHE, JICA, also attended the meeting.

The meeting highlighted the commitment of the government of Pakistan to strengthen health security, and the important role of coordination between MoNHSRC, other line Ministries and provincial departments in national financing for sustainability in IHR implementation. The meeting further emphasised strong country ownership, WHO leadership and active partnership to develop and implement the 5 Year National Action Plan for Health Security for building resilient health systems in Pakistan.

The main outcome of the meeting was agreement on the 5 Year National Action Plan for Health Security, with key priorities and drivers identified for detailed costing, time lines, intra/inter-linkages, performance indicators for a phased implementation. Funding gaps and potential funding sources were also identified, including domestic funding (public and private), potential donor investments and requisite resource availability.

The 5 Year National Action Plan for Health Security will be a coordination platform to map and ensure interplay between multiple sectors and other existing plans at all administrative levels of the country. The MoNHSR&C along with relevant Provincial Departments will be the custodian of the plan for providing close coordination and collaboration for implementation. The Multi-sectoral National IHR Taskforce with representation of all the relevant line ministries, and HDPs will be responsible to provide oversight on the plan, and monitor and evaluate its implementation.

The meeting was concluded with consensus of the Federal & respective Provincial Health and non-Health Departments, donors and technical partners on the 5 Year National Action Plan for Health Security as a reflection of solidarity and commitment to supporting and taking forward the national commitment of IHR implementation in Pakistan.

Recommendations

Government of Pakistan:

1. Formalize and ensure the functionality and oversight role of the National Multi-sectoral Taskforce for IHR encompassing GHSA. Establish and notify TWGs and Focal Points in the Health & Non Health Sectors through National Multi-sectoral Taskforce for IHR and GHSA;



2. Oversight and involvement of Inter-Ministerial Meeting for endorsement of National Action Plan for Health Security;
3. Identify any gaps in the legal framework and processes with One Health Approach and its institutionalization;
4. Strengthen coordination mechanisms between Health and non-Health sectors, Federal & Provincial Governments and collaboration with health development partners (HDPs) to jointly ensure advocacy and relevant capacity building for implementation of IHR core capacities;
5. Develop robust and transparent monitoring and evaluation mechanisms to ensure timely and effective implementation of planned activities and targets in the National Action Plan, regular reporting with documentation and sharing best practices;
6. Advocate with the political leadership, Finance and PD&R Division, Provincial P&D and Finance Departments for sustainable domestic financing and required allocation with equity for National Action Plan implementation;
7. Review the existing national and international funding investments and work plans such as Gavi, Global Fund, USAID, WB, etc. to align the activities and utilization of these funds to support activities in the National Action Plan.
8. Take steps to develop polio transition plan to support Health Security.

WHO and Health Development Partners:

1. Jointly support the Government of Pakistan in the implementation of the 5 Year National Action Plan for Health Security;
2. Advocate with Government for national and external financing and assistance for the national action plan;
3. Provide technical guidance to help harmonize the implementation of the various initiatives, plans and tools;
4. Support Multi-sectoral National Task Force for IHR encompassing GHSA for joint progress review of 5 Year National Action Plan for Health Security.

Next Steps

1. Finalize IHR National Action Plan for Health Security including an M&E framework December 16 / January 2017
2. Share 5 Year National Action Plan for Health Security for endorsement in the Inter-Ministerial meeting by December 16 /Jan 2017
3. Share the 5 year National Action Plan with Prime Minister (PM) & Chief Minister (CM) offices for their ownership and resources
4. Establish functional executive committees at Highest levels .i.e. PM/CM levels, for the oversight & implementation of the Plan - by January 2017;
5. Finalize the costed 5 Year National Action Plan for Health Security by end of March 2017 in consideration of;



- a. Refinement to include any modifications including review of prioritization
 - b. Identify and complete sub-activities to enable costing
 - c. Determine co-dependencies, complementarity/synergies between technical areas and activities for greater impact
 - d. Realistic target setting for subsequent M&E
 - e. Costing of the finalized plan
6. Presenting detailed costing of 5 Year National Action Plan for Health Security with health development partners for resource mobilization with SPP by April 2017;
 7. Development of PC 1 at Federal & Provincial levels
 8. Launching of 5 Year IHR National Action plan for Health Security by July 2017
 9. Implementation of 5 Year National Action Plan for Health Security began July 2017