World Health Organization

Workshop on Resource Mapping and Multisectoral Partnership Coordination for the Implementation of the National Action Plan for Health Security

13-14 March 2019

Addis Ababa, Ethiopia

WHO/WHE/CPI/2019.21

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ABBREVIATIONS & ACRONYMS

AAR	After Action Reviews
AFRO	WHO Regional Office for Africa
AMR	Antimicrobial Resistance
CDC	Centers for Disease Control and Prevention
DTRA	Defense Threat Reduction Agency
EPHI	Ethiopian Public Health Institute
EPRP	Emergency Preparedness and Response Plans
FAO	Food and Agriculture Organization
FETP	Field Epidemiology Training Program
GHSA	Global Health Security Agenda
GOHi	Global One Health initiative
GPW	General Programme of Work
GTP-II	Second Growth and Transportation Plan
IHR	International Health Regulations (2005)
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
NAPHS	National Action Plan for Health Security
PEPFAR	President's Emergency Plan for AIDS Relief
PHEM	Public Health Emergency Management
PHEOC	Public Health Emergency Operations Centres
REMAP	Resource Mapping and Impact Analysis on Health Security Investment tool
SimEx	Simulation Exercises
SOP	Standard Operating Procedures
SPAR	States Parties Self-Assessment Annual Reporting
SPH	Strategic Partnership for IHR and Health Security
USAID	United States Agency for International Development
VRAM	Vulnerability, Risk Assessment and Mapping
WHO	World Health Organization

EXECUTIVE SUMMARY

The 13-14 March, 2019 *Workshop on Resource Mapping and Multisectoral Coordination for the Implementation of the National Action Plan for Health Security* conducted by the Ethiopian Public Health Institute with support from the WHO Strategic Partnership for Health Security (SPH) encouraged development of a new strategic partnership for health emergency preparedness in Ethiopia.

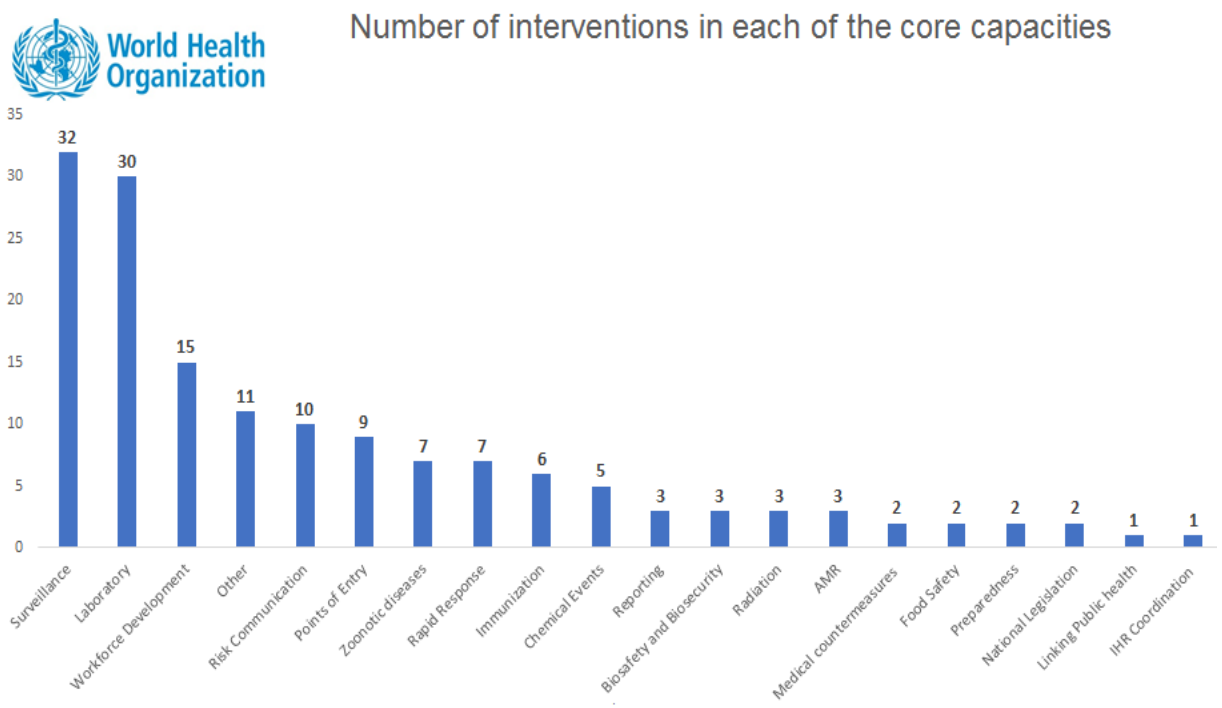
The workshop was held to accelerate the implementation of Ethiopia's National Action Plan for Health Security (NAPHS) through the mapping of technical and financial resources and the fostering of multisectoral approaches for strengthening core capacities under the International Health Regulations (IHR, 2005). The workshop brought together more than 100 participants, representing the government of Ethiopia, WHO, international organizations, academia, as well as partners and donors, to discuss the mapping and mobilization of resources for NAPHS implementation.

The workshop, conducted in close coordination with the WHO Regional Office for Africa and the Ethiopia Country Office, included analysis of Ethiopia's health security strengths and gaps, with a focus on the 247 activities prioritized for implementation for the first two years of the five-year (2019-2023) NAPHS and the resources needed to implement them. The resource mapping and impact analysis on health security investment (REMAP) tool developed by WHO SPH was used for mapping and data visualization of the partner and donor landscape in Ethiopia.

Workshop participants, with support of SPH, used the tool to map health security investments and activities in Ethiopia at the national and sub-national levels, including details such as the geographic location of partner projects and the main technical area being supported. This allows policymakers, donors and partners to see where gaps exist and where more investment of financial and technical resources is needed. Participants also identified potential new partners and donors that could provide technical and financial assistance for NAPHS implementation.

The exercise resulted in mapping of the health security activities and investments of 34 partners who have ongoing projects throughout Ethiopia. The data showed that partner

interventions are heavily weighted toward surveillance and laboratory, with little support in areas including antimicrobial resistance (AMR), medical countermeasures, food safety and IHR coordination.



Resource mapping is an ongoing process, with an invitation to other partners to also share information and become involved for a coordinated multisectoral approach to strengthening preparedness in Ethiopia. The Ethiopian Public Health Institute (EPHI) will use the REMAP tool for periodic review of the progress of NAPHS implementation and the identification of additional areas for support.

Officials of the Federal Democratic Republic of Ethiopia, including H.E Deputy Prime Minister Demeke Mekonnen, described the resource mapping process, with its focus on partner participation and contribution, as an example of the coordinated approach that is needed to facilitate Ethiopia's strengthening of national health security and contribution to regional and global health security. Officials supported establishing a strategic partnership for NAPHS implementation in Ethiopia (government, donors and partners, WHO, FAO and others) with the ongoing resource mapping process to be used in an outreach effort to attract new partnerships, funding, and technical support, and to foster harmonization of country, donor and partner efforts for effective public health preparedness and strengthening of national IHR (2005) capacities.

INTRODUCTION

The Federal Democratic Republic of Ethiopia, the second-most populous nation in Africa with an estimated population of more than 100 million, is bordered by Eritrea to the north, Djibouti to the northeast, Somalia to the east, Kenya to the south, and Sudan and South Sudan to the west. Ethiopia's national strategic plan, the second Growth and Transportation Plan (GTP-II) outlines a strategy for development that emphasizes the need for health emergency preparedness. Ethiopia has established a National One Health Steering Committee and plans to create and operationalize a national public health security council and technical working group. The attainment of health security in Ethiopia is challenged by natural and man-made emergencies, including recurrent drought, disease outbreaks and food and environmental contamination.

Ethiopia has been working to evaluate and strengthen its health security capacities as a signatory to the International Health Regulations (IHR, 2005), a legally binding framework requiring countries to develop and maintain core capacities to prevent, detect, assess and respond to events that may constitute a public health emergency of international concern. Ethiopia's leadership on health security led to the country volunteering in 2016 for a Joint External Evaluation (JEE) assessment of the national health security capacities across 19 technical areas.

Ethiopia used the JEE results to guide development of its National Action Plan for Health Security (NAPHS). The NAPHS, formally launched by H.E Deputy Prime Minister Demeke Mekonnen on 15 March 2019, is to be implemented over a five-year period (2019-2023) with the primary objective of building community resilience to public health threats and their impacts.

Ethiopia, seeking to accelerate implementation of the NAPHS, requested the support of the WHO Strategic Partnership for IHR and Health Security (SPH) in resource mapping and multisectoral partnership coordination. Ethiopia is among the first countries to conduct the resource mapping exercise, which has previously been initiated in Sierra Leone, Tanzania and Nigeria. The *Workshop on Resource Mapping and Multisectoral Partnership Coordination for the Implementation of the National Action Plan for Health Security* was held 13-14 March, 2019, in Addis Ababa, Ethiopia, using the resource mapping and impact analysis on health security investment (REMAP) tool.

The REMAP tool shows countries what resources exist for activities that contribute to the implementation of a national plan such as NAPHS. The tool maps the health security projects that donors are supporting in the country, allowing policymakers, donors and partners to see where gaps exist and where more investment of financial and technical resources is needed. This provides valuable information for the country and at the same time offers visibility for the partners' investments.

The tool facilitates country prioritization of health security activities and provides a platform for users to identify which activities a country's different plans have in common, demonstrating the linkages between plans and allowing harmonization of health security efforts. Countries use the tool to monitor the progress in implementing their national health security plans and to measure the effectiveness of allocations for public health preparedness and health security activities. The country controls the resource mapping process and maintains ownership of the data, while WHO provides guidance and technical support that can include adapting the tool for the national context.

Countries have ownership of their health security through resource mapping, using the process to enable improved donor coordination, multisectoral approaches to health emergency preparedness, and new strategic partnerships for strengthening IHR capacities and building resilient health systems.

WHO SPH, working together with WHO Regional and Country Offices, provides support such as the resource mapping tool to Member States in an effort to scale up multisectoral preparedness, accelerate implementation of IHR (2005), and contribute to the global strategic priority in the WHO General Programme of Work (GPW 13) of *1 billion more people better protected from health emergencies*.

OBJECTIVES OF THE WORKSHOP

- BRIEFING AND DISCUSSION ON THE PLANNED ACTIVITIES OF NAPHS
- IDENTIFYING/MAPPING OF THE POTENTIAL SECTORS AND PARTNERS WHO CAN COLLABORATE IN THE IMPLEMENTATION OF NAPHS IN ETHIOPIA
- DISCUSS PRIORITIZING THE KEY ACTIVITIES TO BE IMPLEMENTED DURING THE INITIAL STAGE OF THE IMPLEMENTATION PERIOD (2019-2023)
- IDENTIFYING KEY GAPS OF UNFUNDED ACTIVITIES

The workshop at the United Nations Conference Centre in Addis Ababa was attended by more than 100 people. Participants included representatives of WHO, the Ethiopian government (including the Ethiopian Public Health Institute, the Ministry of Health, the Armauer Hansen Research Institute, the Ethiopian Food and Drug Administration, the Ethiopian Wildlife Conservation Authority, the federal police, the Ministry of Agriculture and the Ministry of Defense), St Paul's Hospital Millenium Medical College, as well as partners and donors such as FAO, CDC, USAID, DTRA, GOHi, Menschen fur Menschen, Path International, Public Health England, International Committee of the Red Cross, Johns Hopkins Center for Communication Programs, and the Carter Center Ethiopia.

REPORT ON THE SESSIONS

OPENING SESSION

Dr Ebba Abate Director General, Ethiopian Public Health Institute (EPHI), welcomed the resource mapping workshop participants in both Amharic and English. Dr Abate noted that Ethiopa's JEE revealed the country's health security gaps and strengths and enabled the creation of the NAPHS. Creation of NAPHS alone, though, does not ensure health security. The plan needs to be implemented and that requires mobilization of resources. Dr Abate said partner support is necessary and resource mapping is important in identifying partners and mobilizing resources.

On behalf of **Dr Chatora Rufaro**, WHO Representative in Ethiopia, **Dr Pamela Mitula** commended the government of Ethiopia for its leadership in NAPHS development and resource mapping. Dr Mitula said that without health security there is no real security and

NAPHS implementation will require a collective effort of prioritization, multisectoral coordination and resource mobilization. Dr Mitula pledged the continued support of WHO in the effort. Representatives of the Food and Agriculture Organization (FAO) and the National One Health Steering Committee also gave their commitments to supporting NAPHS implementation with an approach that focuses on human, animal and environmental health. **Dr Beyene Moges,** EPHI Deputy Director General, said the NAPHS development offers an inspiring example of collaboration involving more than 80 experts, including all relevant government sectors and partners.

That unified effort must continue for successful NAPHS implementation. Dr Moges described resource mapping as a milestone exercise with potential to identify important underfunded or unfunded activities.

GLOBAL AND REGIONAL STRATEGIES AND PRIORITIES FOR HEALTH SECURITY

Dr Antonio Oke, risk management and preparedness officer from the WHO Regional Office for Africa (AFRO), said the need for strengthened health security was clearly demonstrated by the 2013-2016 Ebola Virus Disease outbreak in West Africa, in which more than 28,000 people were afflicted and 11,000 died. The crisis pushed the global community to act on strengthening IHR (2005) core capacities. The 2015 *Building Health Security Beyond Ebola* meeting in Cape Town, South Africa, called for a global focus on addressing health security, with priority countries identified in Africa.

Major Commitments from Cape Town 2015

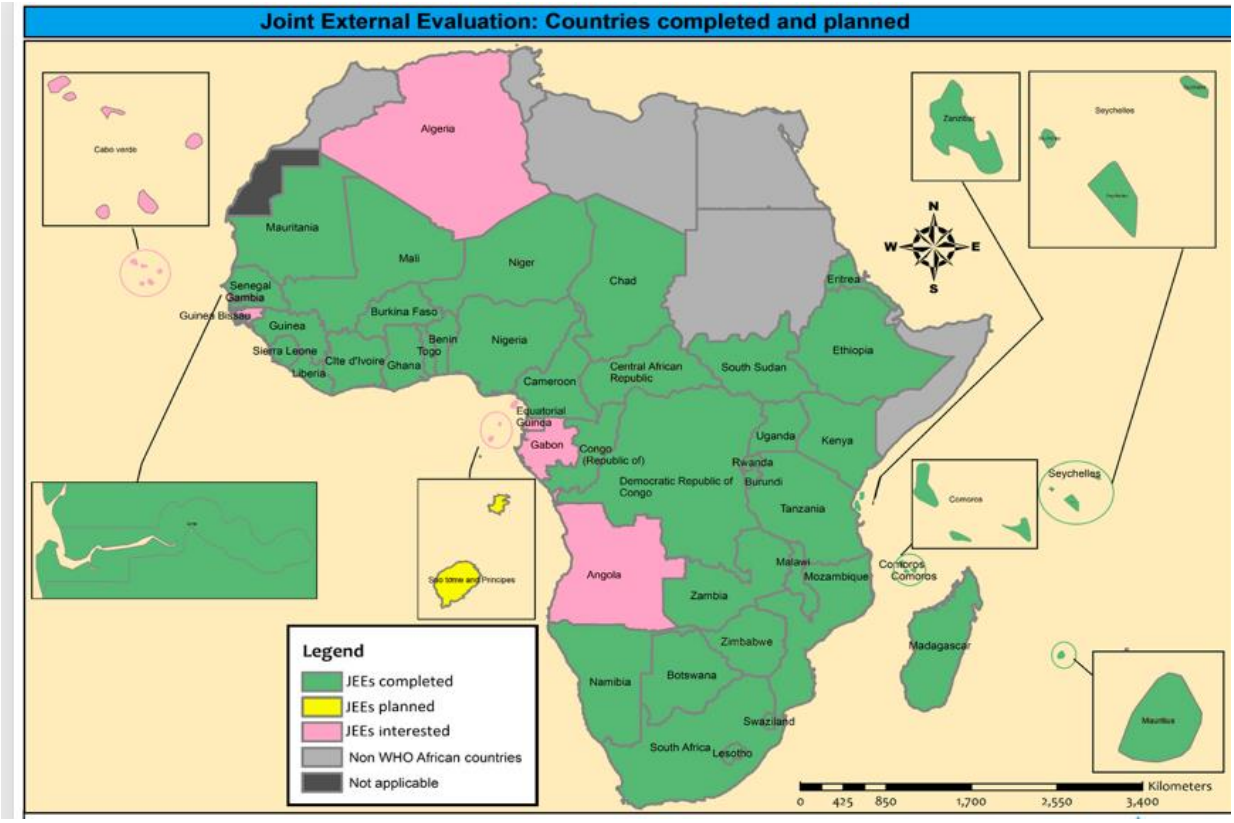
WHO was mandated to:

1. Propose a collective, coherent and synergistic approach among international and national stakeholders to best support joint assessments in countries and to develop, implement, and test national plans
2. Assume an active coordinating, convening and monitoring role

Partners were mandated to: Commit to working closely and actively with WHO and each other in sharing relevant information and in making their technical and funding contributions as complementary, synergistic and coordinated as possible with other initiatives.

The post-2016 IHR Monitoring and Evaluation Framework (MEF) involves States Parties Self-Assessment Annual Reporting (SPAR), the voluntary JEE, After Action Reviews (AAR) and simulation exercises (SimEx). Member States of the AFRO region have been champions of the IHR MEF process, committed to assessments and planning

for health security. That includes adoption of the Regional Strategy for Health Security, which recommends conducting JEEs to assess country IHR (2005) core capacities. All 47 countries in the region submitted their SPAR last year, along with 19 AAR's in 16 countries and 35 SimEx in 22 countries. JEE assessments have been conducted in 80 percent of the countries in the AFRO region.



Member States are recommended to follow up their JEE with development of National Action Plans for Health Security (NAPHS) and 22 of the 47 countries in the AFRO region have done so. There are 11 additional NAPHS in the process of development in the region and 1 in the planning stages. The need for NAPHS implementation is critical, with some three or four public health events in the continent every week.

The major challenge for NAPHS implementation is mobilizing the needed financial and technical resources. Dr Oke said decisive action and financial commitment is needed to ensure that people in Africa and around the globe are better protected from all-hazard health security risks and threats. Dr Oke said that statistics can be desensitizing but it is important to remember that people dying from preventable diseases are fathers, brothers, mothers, sisters

and friends, and improving capacities to prevent, detect and respond to public health threats is critical.

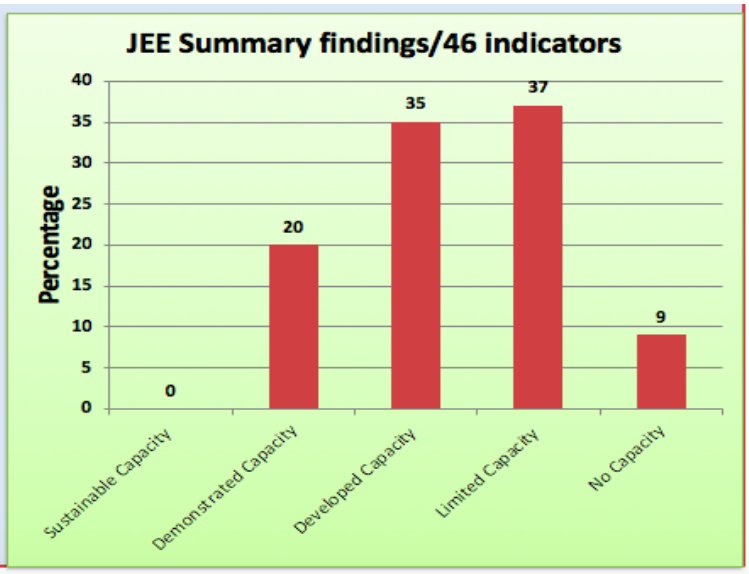
ETHIOPIA'S JOURNEY FROM JEE TO NAPHS

Dr. Feyesa Regassa, IHR-Focal Point for EPHI, said Ethiopia is challenged with emerging diseases, such as H1N1 and Dengue Fever, and re-emerging diseases like yellow fever, which afflicted the country in a 2018 outbreak. Diseases are emerging at the human-animal-environmental interface, while globalization and urbanization increase the risk that disease will spread. A public health threat anywhere in the globe is now a public health threat everywhere, Dr Regassa said, noting that commercial air transport in Ethiopia has increased dramatically with Ethiopian Airlines now serving 100 international and 21 domestic destinations from its Addis Ababa hub.

Ethiopia volunteered in 2016 for a JEE assessment of its health security capacities across 46 indicators in 19 technical areas. The results showed **no capacity** in 9 percent of the indicators (chemical events and radiation emergencies, Emergency Operations Center procedures and plans) and **limited capacity** in 37 percent (i.e. antimicrobial resistance surveillance and stewardship, mechanisms for detecting and responding to infectious zoonotic diseases, food safety, biosafety and biosecurity, points of entry and reporting.)

The JEE scores showed **developed capacity** for 35 percent of the indicators (i.e. risk communication, available human resources, specimen referral and transport system, veterinary or animal health workforce, antimicrobial resistance detection), **demonstrated capacity** for 20 percent (i.e. national legislation, policy and financing, national vaccine access and delivery, laboratory testing for detection of priority diseases), and **sustainable capacity** for none of the indicators.

- Ethiopia run IHR JEE, (Feb & Mar 2016)
  - Assessment team:
  - WHO, CDC, FAO, WB
  - Finland, USAID
- Assessed 19 action packages
  - with 46 indicators



Ethiopia's NAPHS was developed with a One Health, all-hazards, whole-of-government approach. The key assumptions in the NAPHS include political commitment and leadership, multisectoral coordination and collaboration, partnership with national and international stakeholders, government commitment to allocate financial resources, and expanding human resource production. The NAPHS includes more than 74 strategic objectives in 19 technical areas within the 4 thematic areas of prevent, detect, respond, and other IHR-related hazards and points of entry.

More than 74 Strategic Objectives

The total five-year NAPHS implementation cost in Ethiopia is estimated at $369 million, with 77 percent of the cost associated with immunization activities (the majority of which is already budgeted). About $84.7 million is needed for the remainder of the activities, with workforce

development representing the largest share of that remaining cost (30 percent) followed by real-time surveillance (15 percent) and antimicrobial resistance (11 percent).

Prevention activities make up 83 percent of the cost of the NAPHS with the main prevention cost drivers being immunization for human and animal vaccine preventable diseases, procurement of vaccines, supplies, and materials, trainings and workshops, development of relevant documents and protocols, and community awareness and advocacy activities. Cost drivers in other areas include procurement of laboratory supplies and materials, establishment of a biosafety-level 3 laboratory at the national level, establishment of emergency operations centers in all regions, procurement of medical supplies for emergency situations, the improvement of more than 15 points of entry and the establishment of an additional 6 points of entry.

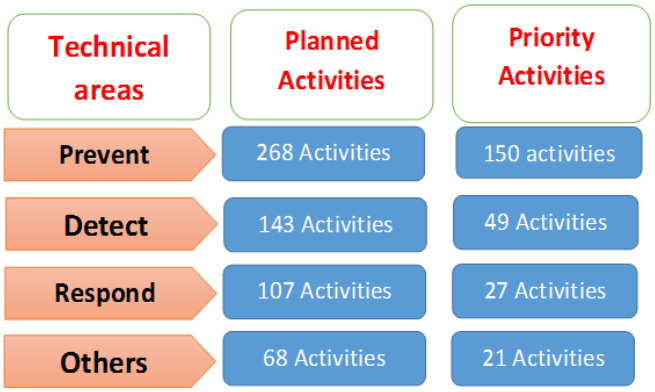
AN OVERVIEW OF NATIONAL PRIORITIES FOR HEALTH SECURITY

Dr Musse Tadesse, Public Health Emergency Management (PHEM) Officer, EPHI, told participants that Ethiopia's five-year NAPHS includes 586 detailed activities. Dr Tadesse said a process of prioritization of the activities was undertaken that considered existing capacity and gaps, as well as financial capacity. A set of criteria was used including whether the activity is considered "low hanging fruit," whether there is a known advocate for the activity and whether there are existing technical and financial resources available to complete the activity. The activities were then classified into short term plans to be completed in the next two years and long-term plans to be completed 2021-2023 (focusing on expansion of activities into the regions).

The process resulted in the identification of 247 prioritized activities for the first two years of the NAPHS with an estimated cost of $152 million (out of the total $369 million for NAPHS

implementation).

- 581 activities in five years
- 247 prioritized activities for the first two years
- 4,339,771,702 ETB ($ 152,272,691.30) for first two years



Priorities in the **prevent area** include updating national health policies, multisectoral coordination and collaboration, establishing an information communication mechanism between sectors, establishing an AMR surveillance system for the human-animal-environmental interface, establishing an antibiotic stewardship program in at least 400 health facilities and developing protocols, standards, guidelines and standard operating procedures (SOPs). Key activities in the **detect area** include expanded laboratory capacity for detection of identified priority diseases, a specimen referral and transport system, an interconnected electronic reporting and surveillance data sharing system and improved workforce capacity through short term trainings, drill exercises, Field Epidemiology Training Program (FETP) expansion and front line FETP training programs. Key activities in the **respond area** include development of vulnerability, risk assessment and mapping (VRAM) and emergency preparedness and response plans (EPRP) for selected priority conditions, an improved rapid response team, development of procedures and protocols for Public Health Emergency Operations Centres (PHEOC) and establishment of PHEOC in all regions. In **other IHR-related hazards and Points of Entry (POE)** priority activities include community awareness activities at POEs and developing guidelines and SOP on proper management of cross-border movement.

PARTNERS' ROLE IN SUPPORTING HEALTH SECURITY IMPLEMENTATION

Dr Kathleen Gallagher, Program Director, Division of Global Health Protection at CDC Ethiopia, detailed CDC's history of nearly two decades in Ethiopia, starting with the President's Emergency Plan for AIDS Relief (PEPFAR) and subsequent work on the Global Health Security Agenda (GHSA). Dr Gallagher said CDC primarily provides technical, rather than financial support, in support of strengthening IHR (2005) capacities in Ethiopia. Dr Gallagher said CDC is committed to providing ongoing technical assistance through in-country staff, expert staff coming from

Atlanta or other locations, and financial support if it is available. She said the level of funding is uncertain beyond 2020, so CDC cannot make a firm financial commitment, but will continue to provide ongoing technical support and assist the government of Ethiopia in any way possible.

Mr John Forde, Senior Health Advisor-Ethiopia for Public Health England (PHE) said PHE is in Ethiopia partnering with EPHI with a focus on IHR (2005) strengthening. EPHI colleagues identify the areas of collaboration and the assistance is purely technical. For example, up to 15 technical staff have been in Ethiopia in recent weeks supporting EPHI in areas including surveillance and emergency response. A chemical assistance team was also in the country, working with EPHI as well as with St. Peter's Hospital in the establishment of a national poison and toxicology center. PHE is committed to aligning all the work with the NAPHS, with a philosophy of maximizing collaboration and resources. Mr Forde said the funding stream for PHE's activities in Ethiopia continues through 2021 and that there is hope to continue beyond then.

Dr Elias Walelign, One Health Focal Point, FAO-Ethiopia, said FAO is working on GHSA action packages in Ethiopia, including zoonotic diseases, biosafety and biosecurity, national laboratory systems, human resources strengthening and AMR. The work plans are based on the JEE and aligned with NAPHS implementation. For the zoonotic diseases action package FAO is supporting the Ministry of Agriculture in improving its passive surveillance system. FAO has also worked with the national animal health and diagnostic investigations center to install a laboratory information monitoring system that will be extended to the regional veterinary labs. FAO is supporting multisectoral collaboration on AMR with a One Health approach and, in the area of human resources strengthening, FAO supports development of a veterinary field epidemiology training program.

Dr Getnet Yimer, Regional Director, Eastern Africa, for the Global One Health initiative (GOHi), described GOHi, which is an initiative of The Ohio State University and has been in Ethiopia for a decade. GOHi is working with partners on the ground with a focus on building One Health capacities. Dr Yimer said the GOHi areas of work in Ethiopia include rabies, Brucellosis, AMR and leadership and workforce development, including twinning programs and summer institute courses.

Dr Aggrey Bategereza, WHO Ethiopia Health Emergencies Team Lead, said WHO has been in Ethiopia since the 1950s, and provides technical support to the Ministry of Health through a

development arm as well as an emergency component which assists in preparedness, prevention, mitigation and response, and in providing support in recovery from emergencies. There are about 300 WHO staff in the country, operating nationally and in every region of Ethiopia. Dr Bategereza affirmed WHO's commitment to continued support to the Ethiopia government.

In a Q and A session that followed partner presentations, several of the questions posed by workshop participants to partners focused on financial support for NAPHS implementation. Dr Kathleen Gallagher of CDC-Ethiopia noted that there are partners not present at the workshop who are either providing significant funding for health security activities in Ethiopia or have the potential to do so. Mr John Forde reiterated that the focus of PHE is technical support and said is he working to overcome obstacles such as visa issues with bringing Ethiopian professional staff to the United Kingdom for training. Dr Bategereza said WHO works through multisectoral partnership to mobilize funds to support the country, and that resource mapping will assist the NAPHS implementation through identifying needs and gaps and facilitating engagement with partners and donors.

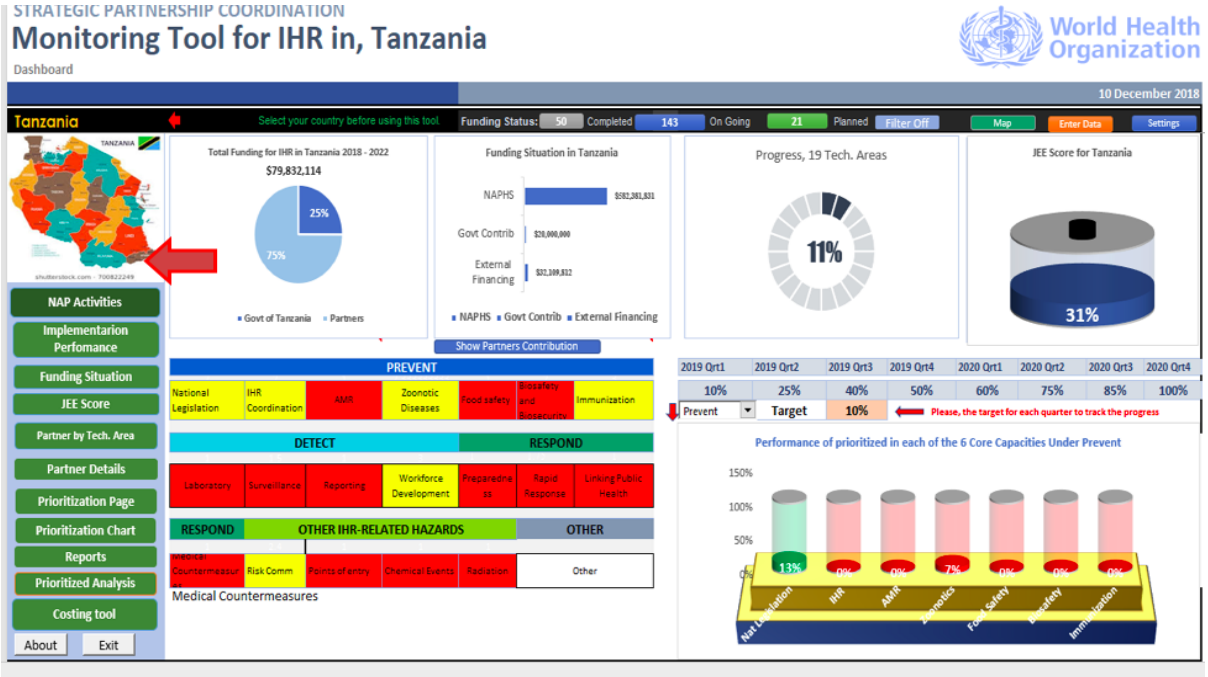
RESOURCE MAPPING WORK SESSIONS

Mr Glenn Lolong and Mr Bismarck Adusei of the WHO Strategic Partnership for IHR and Health Security (SPH) provided workshop participants with an introduction to the REMAP tool. Mr Adusei explained the tool can be used, for example, to identify whether partners are mostly supporting one area such as laboratory systems with little support for another area like zoonosis activities. Member States, partners and donors can use this information to make investment decisions.

The tool can also contribute to harmonization of a country's different health-security related plans. REMAP can be used to show which activities contribute to implementation of multiple plans, for example the same surveillance activity may be included in both NAPHS and an Ebola contingency plan.

The Excel-based tool can also be used to track implementation of the NAPHS and the completion of prioritized activities. In Tanzania, for example, the technical working group uses the tool at its regular meetings to monitor the progress of NAPHS implementation and discuss next steps.

The tool includes a dashboard for visualizing aspects such as partner support, funding, ongoing progress in the strengthening of IHR (2005) core capacities, and the completion of prioritized activities.



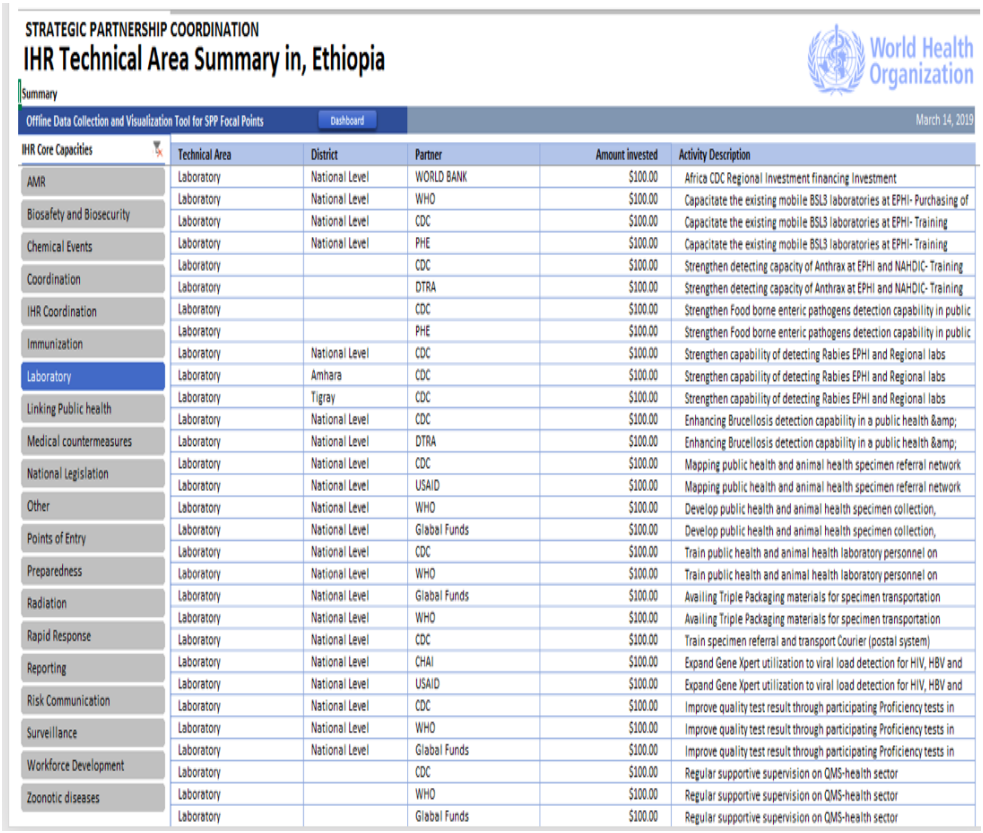
The tool is meant to be continually updated, with the resource mapping workshop just the beginning of the process.

The workshop participants were divided into four working groups (Prevent, Detect, Respond and other IHR) and asked to use the tool identify the ongoing health security investments and activities in Ethiopia, both from partners and the government, providing details such as how far along the project has progressed, the start and projected end dates, funding amount (if known), geographic area and main technical area supported. The working groups also identified potential new partners and donors that could be approached for discussions on supporting on NAPHS implementation.

The objective was to use the information from participants to map the donor and partner landscape in Ethiopia through the REMAP tool. Often health security investments and activities in countries are not well documented and the resource mapping is meant to foster dialogue between the government and partners on financial and technical assistance, facilitating collaboration and synergies through harmonization of country, donor and partner health security efforts.

The working groups, which included facilitators trained in the resource mapping process and rapporteurs, met throughout the afternoon of the first day of the workshop and the morning of the second day.

RESULTS OF WORKING GROUP PARTNER MAPPING



STRATEGIC PARTNERSHIP COORDINATION

IHR Technical Area Summary in, Ethiopia

World Health Organization

Summary

Offline Data Collection and Visualization Tool for SPP Focal Points — Dashboard — March 14, 2019

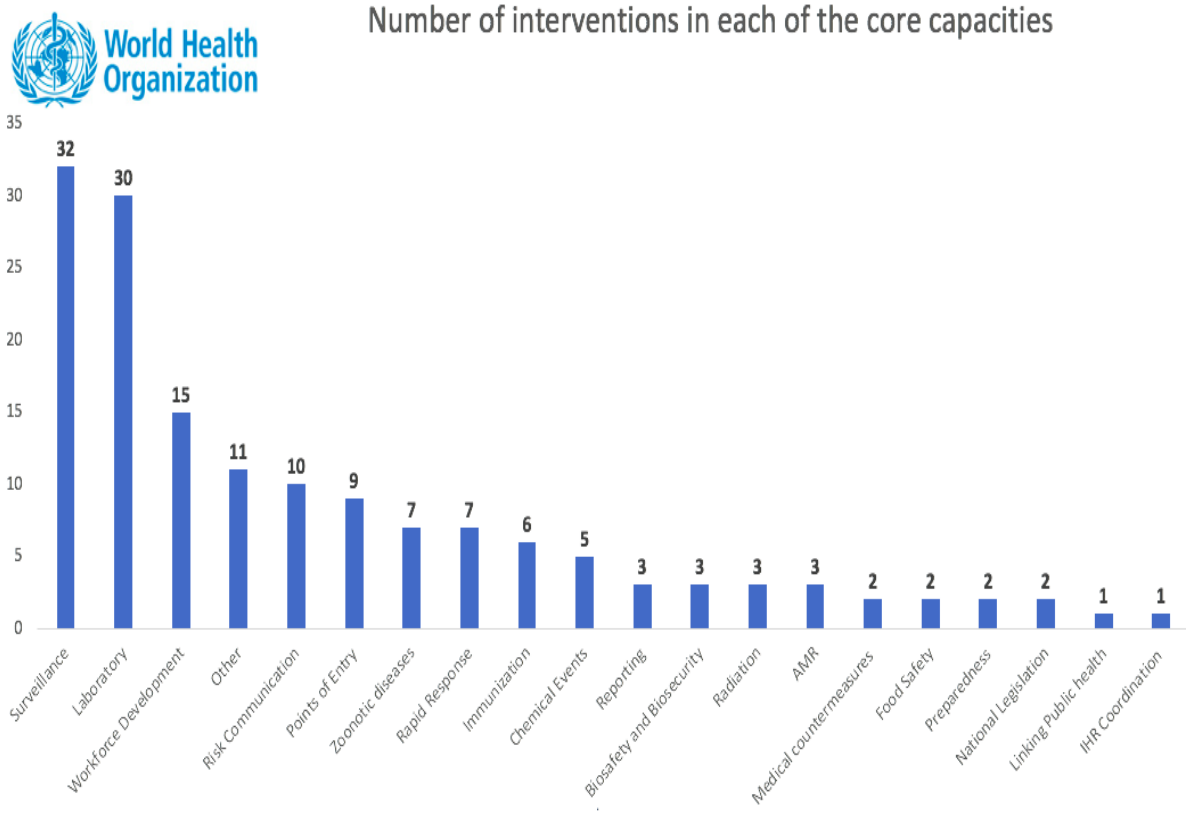
IHR Core Capacities: AMR; Biosafety and Biosecurity; Chemical Events; Coordination; IHR Coordination; Immunization; Laboratory; Linking Public health; Medical countermeasures; National Legislation; Other; Points of Entry; Preparedness; Radiation; Rapid Response; Reporting; Risk Communication; Surveillance; Workforce Development; Zoonotic diseases

Technical Area	District	Partner	Amount invested	Activity Description
Laboratory	National Level	WORLD BANK	$100.00	Africa CDC Regional Investment financing Investment
Laboratory	National Level	WHO	$100.00	Capacitate the existing mobile BSL3 laboratories at EPHI- Purchasing of
Laboratory	National Level	CDC	$100.00	Capacitate the existing mobile BSL3 laboratories at EPHI- Training
Laboratory	National Level	PHE	$100.00	Capacitate the existing mobile BSL3 laboratories at EPHI- Training
Laboratory		CDC	$100.00	Strengthen detecting capacity of Anthrax at EPHI and NAHDIC- Training
Laboratory		DTRA	$100.00	Strengthen detecting capacity of Anthrax at EPHI and NAHDIC- Training
Laboratory		CDC	$100.00	Strengthen Food borne enteric pathogens detection capability in public
Laboratory		PHE	$100.00	Strengthen Food borne enteric pathogens detection capability in public
Laboratory	National Level	CDC	$100.00	Strengthen capability of detecting Rabies EPHI and Regional labs
Laboratory	Amhara	CDC	$100.00	Strengthen capability of detecting Rabies EPHI and Regional labs
Laboratory	Tigray	CDC	$100.00	Strengthen capability of detecting Rabies EPHI and Regional labs
Laboratory	National Level	CDC	$100.00	Enhancing Brucellosis detection capability in a public health &
Laboratory	National Level	DTRA	$100.00	Enhancing Brucellosis detection capability in a public health &
Laboratory	National Level	CDC	$100.00	Mapping public health and animal health specimen referral network
Laboratory	National Level	USAID	$100.00	Mapping public health and animal health specimen referral network
Laboratory	National Level	WHO	$100.00	Develop public health and animal health specimen collection,
Laboratory	National Level	Global Funds	$100.00	Develop public health and animal health specimen collection,
Laboratory	National Level	CDC	$100.00	Train public health and animal health laboratory personnel on
Laboratory	National Level	WHO	$100.00	Train public health and animal health laboratory personnel on
Laboratory	National Level	Global Funds	$100.00	Availing Triple Packaging materials for specimen transportation
Laboratory	National Level	WHO	$100.00	Availing Triple Packaging materials for specimen transportation
Laboratory	National Level	CDC	$100.00	Train specimen referral and transport Courier (postal system)
Laboratory	National Level	CHAI	$100.00	Expand Gene Xpert utilization to viral load detection for HIV, HBV and
Laboratory	National Level	USAID	$100.00	Expand Gene Xpert utilization to viral load detection for HIV, HBV and
Laboratory	National Level	CDC	$100.00	Improve quality test result through participating Proficiency tests in
Laboratory	National Level	WHO	$100.00	Improve quality test result through participating Proficiency tests in
Laboratory	National Level	Global Funds	$100.00	Improve quality test result through participating Proficiency tests in
Laboratory		CDC	$100.00	Regular supportive supervision on QMS-health sector
Laboratory		WHO	$100.00	Regular supportive supervision on QMS-health sector
Laboratory		Global Funds	$100.00	Regular supportive supervision on QMS-health sector

The four groups (Prevent, Detect, Respond and other IHR) then presented the results of their work, noting that this is initial mapping and not all the partners participated in the workshop.

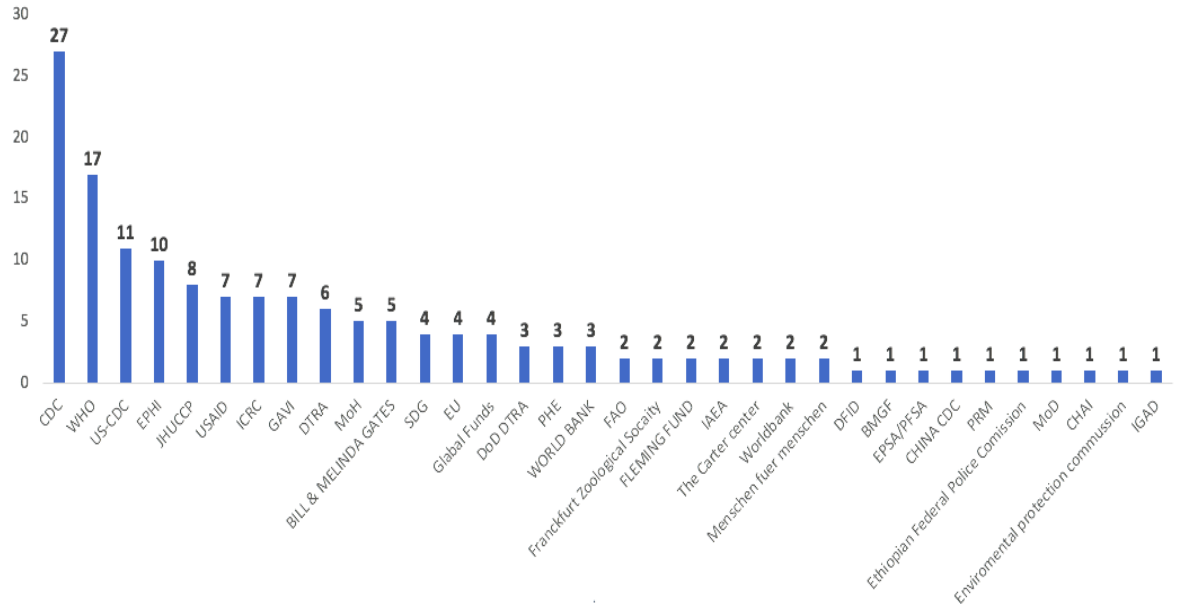
The mapping will be updated with additional partners invited to also share information for a coordinated multisectoral approach to strengthening IHR (2005) capacities in Ethiopia.

WHO SPH combined the results from the four different working groups for data visualization of the partner and donor landscape in Ethiopia. The data showed that partner interventions in Ethiopia are heavily weighted toward surveillance and laboratory, with little support being provided in areas including antimicrobial resistance (AMR), medical countermeasures, food safety and IHR coordination.



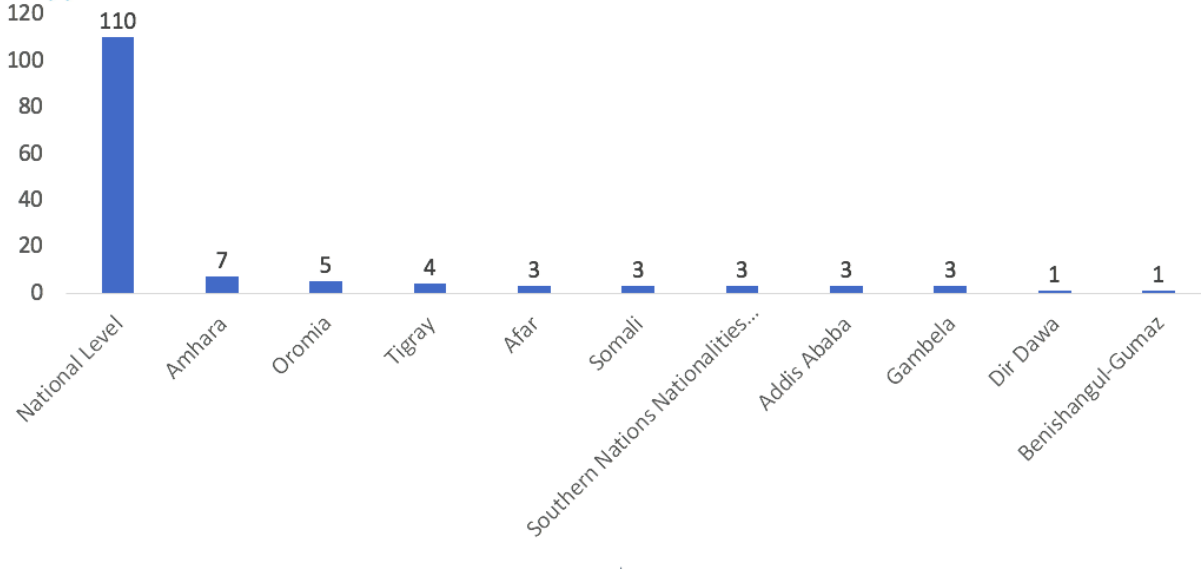
World Health Organization

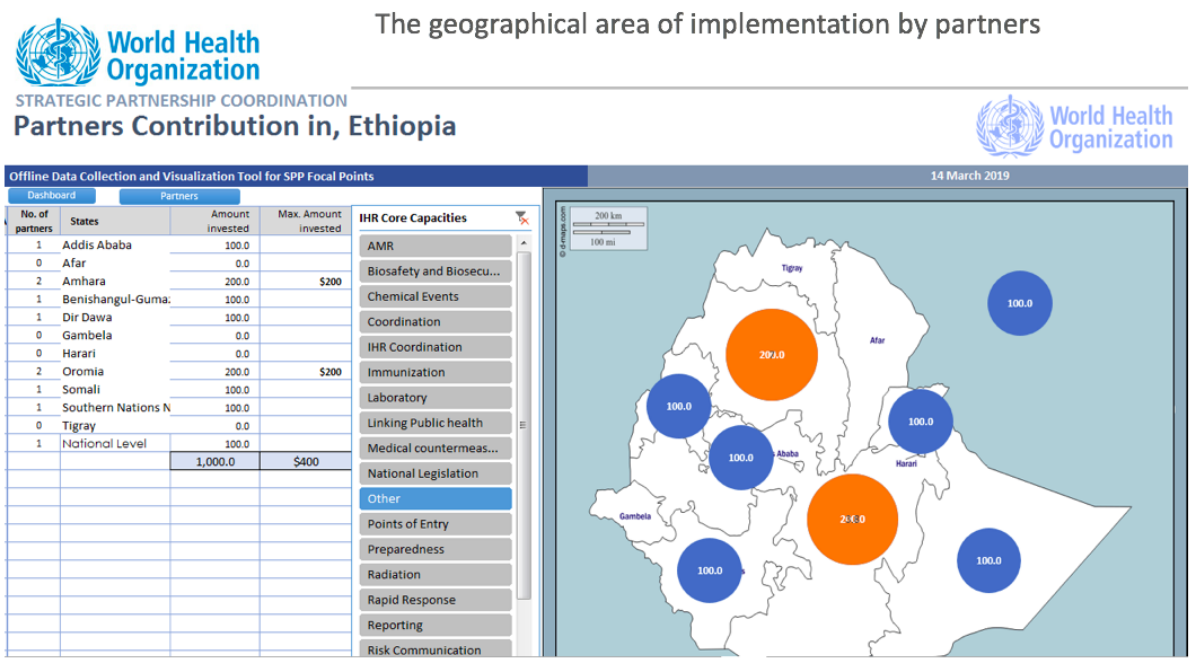
Number of interventions by each of the 35 partners mapped



World Health Organization

The geographical area of implementation by partners





Follow-up meetings with partners and donors will be held to continue the resource mapping process, including discussing the results and identifying areas of collaboration for filling gaps and strengthening preparedness.

Dr Aggrey Bategereza, WHO Ethiopia Health Emergencies Team Lead, told the workshop participants that their resource mapping work has helped create the foundation for a new strategic partnership for NAPHS implementation in Ethiopia and will enable an outreach campaign to bring in new partners for the joint effort to build IHR (2005) capacities for strengthening of the health system of Ethiopia.

Dr Bategereza said the resource mapping work over the two days revealed much about the existing partner and donor landscape in Ethiopia and identified new potential advocates and investors. Resource mapping will be used as a platform to reach out to these new partners and donors, showing them how their support can fit into the broader health security landscape of Ethiopia and fill gaps and needs.

KEY MESSAGES AND PROPOSED NEXT STEPS

- The workshop resulted in mapping of the donor and partner landscape and potential health security investments with an invitation for other partners to also share information

for a coordinated multisectoral approach in strengthening national IHR capacities of Ethiopia

- Mapping and investing resources in health security positions Ethiopia to contribute to the global goal to ensure one billion people better protected from health emergencies, enjoying better health and well-being and benefitting from universal health coverage .
- There is support for establishing the strategic partnership for NAPHS implementation in Ethiopia (government, donors and partners, WHO, FAO and others) with periodic review of the progress of implementation and identification of additional areas for support
- There are plans to set up a coordination mechanism between donors, WHO, and partners, for example a conference call (global, regional participation), and regular meetings at WHO or EPHI to advocate NAPHS implementation for Ethiopia and welcome non-traditional health security partners for further collaboration
- EPHI will use the resource mapping tool to monitor the progress of NAPHS implementation and to discuss the results at regularly scheduled meetings
- The Strategic Partnership for IHR and Health Security (SPH) Portal will be used for the sharing of information and as a platform for collaboration and advocacy for progress in implementing the NAPHS of Ethiopia https://extranet.who.int/sph/

NAPHS LAUNCHING

The Federal Democratic Republic of Ethiopia formally launched its NAPHS on 15 March, one day after the research mapping workshop concluded, with an event themed *Secure a Nation's Health, Benefit the Globe.* The event began with a moment of prayer for all of the lives that were lost on Ethiopian Airlines Flight 302 en route from Addis Ababa to Nairobi, Kenya on 10 March 2019. The focus of the event was on the benefits of preparedness for health emergencies, with high-level participation led by H.E Demeke Mekonnen, Deputy Prime Minister of Ethiopia.

Dr Amir Aman, Minister of Health, Federal Democratic Republic of Ethiopia, said the NAPHS is well aligned with Ethiopia's overall health policy and he expects it to facilitate significant improvements to capacities to prevent, detect and respond to health threats. **Mr Sani Redi**, State Minister for Agriculture, emphasized the One Health approach and said that health security is a prerequisite for the development of the nation and for ensuring the prosperity of

the people. On behalf of **Dr Chatora Rufaro**, WHO Representative in Ethiopia, **Dr Pamela Mitula** said NAPHS implementation will require a multisectoral approach to resource mobilization and all stakeholders chipping in together.

H.E Demeke Mekonnen, Deputy Prime Minister of Ethiopia, emphasized that global health security is a shared responsibility. He offered the resource mapping process, which involved partner participation and contribution, as an example of the coordinated approach that is needed to support Ethiopia's strengthening of national health security and contribution to regional and global health security. Deputy Prime Minister Mekonnen called for WHO to continue supporting Ethiopia in the coordination and strengthening of strategic partnership among all stakeholders within and outside of the health sector to support NAPHS implementation, and to use the NAPHS as a coordination platform to better protect the population from health emergencies.