

FINAL TECHNICAL REPORT - JVC 2019-2020

Division of Health Security and Emergencies / WHO Health Emergencies Programme Pandemic Preparedness

Implementation period: 1 April 2019–31 March 2020
Implementation site: Western Pacific Region

Addressed to the Government of Japan

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WHO Award number: 68968

Award budget: USD 150 000

WHO Category: Category 12: Health Emergency Programme

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Final technical report: Overview

From:	WHO Regional Office for the Western Pacific (WPRO), Health Emergencies Programme
To:	Government of Japan
Title of the project:	WHO Health Emergency Programme (Under Regional Director's Office Initiative)
Implementation period:	1 April 2019—31 March 2020
Implementation site:	Western Pacific Region
Implementing partners:	US-CDC, Korea CDC, JICA
WHO Category:	Category 12: Health Emergency Programme
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1. Background

In the Western Pacific Region, health security is continuously threatened by emerging infectious diseases and outbreak-prone diseases, natural disasters and unsafe foods. Health security threats are not new, but the nature and range of threats are increasingly complex. Issues such as climate change and antimicrobial resistance will pose serious threats to security and stability in the medium and long-term if left unaddressed.

Advance planning and preparedness are the key to mitigate the adverse impact of health security threats. The Region has made considerable progress in strengthening health emergency preparedness. Building on lessons from SARS epidemic and learning from other real events, the Region has developed and implemented Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED) to advance implementation of the International Health Regulations (IHR) (2005) for health security. However, recent experiences have shown that Countries – both high and low income countries – are still vulnerable for severe infectious disease outbreaks and public health emergencies.

Influenza pandemics have been considered the greatest threat to global public health. In 2018, the world observed the centenary of the start of the 1918-19 influenza pandemic, which claimed estimated toll of up to 50 million people's lives. Another pandemic is inevitable, but we do not know when and where it may emerge. Once the next pandemic occurs, the health and socio-economic consequences will be significant. According to the World Bank, a severe pandemic can reduce the global GDP by up to 1% even with the most conservative estimates. Preparedness for a next pandemic will drive the Region's efforts to further advance health security systems, as guided by the APSED, currently with its third iteration (APSED III).

Figure 1. Two tier approach to advance public health emergency preparedness



APSED has adopted “two-tier” approach for health emergency preparedness, including for pandemics (Figure 1). The first tier is emerging planning. Health emergency plans need to be developed, practiced, evaluated and updated, through coordinated mechanisms, engaging relevant stakeholders. The second tier is system readiness. For emergency plans to be effectively and efficiently implemented, systems, capacities and resources have to be in place. Countries require a multi-year plan, such as national action plan for health security, to strengthen “system readiness”. The system readiness consists of actions specific to events (hazard-specific capacities), those based on routine activities (all-hazard core capacities), broader resilient health systems, and those capacities beyond health sectors. Activities implemented through this grant are to reinforce the *two-tier* approach.

The funds were allocated to support countries to strengthen pandemic preparedness. WPRO provided technical and financial support to those countries, to strengthen response planning and system readiness and to optimize the national action plan to upgrade health security systems.

2. Outcomes

JVC-funded activities contributed in advancing countries’ pandemic preparedness as well as overall health security systems. These activities were designed to make sustainable progress in countries’ system strengthening. The activities implemented by countries support the WHE/WPRO in its efforts to achieve overall efforts to achieve safer and more secure Western Pacific Region. The JVC-funded activities supported achievement of following outcome and output of the Programme Budget 2019-2020.

Country Health Emergency Preparedness and the International Health Regulations (2005)

Outcome 12.2. All countries assess and address critical gaps in preparedness for health emergencies, including in core capacities under the International Health Regulations (2005) and in capacities for all-hazard health emergency risk management.

Output 12.2 Critical core capacities for health emergency preparedness, disaster risk management and the International Health Regulations (2005) strengthened in all countries.

3. Activities

Output 12.2.2. Critical core capacities for health emergency preparedness, disaster risk management and the International Health Regulations (2005) strengthened in all countries

Activities 1 to 3 were planned in late 2019 and early 2020; however, we have to reconsider these activities due to the needs to prioritize health emergency responses, including for measles outbreak in the Pacific, Taal volcano eruption in Philippines, and COVID-19 outbreak. We focused our efforts on the “*Activity 4 Country support to advance pandemic preparedness*” to advance pandemic preparedness, which also included preparedness for community transmission of COVID-19.

Activity 1: Meeting to advance pandemic preparedness in ASEAN + three Countries.

- The proposed meeting to advance pandemic preparedness in ASEAN + three Countries was not held due to the needs to prioritize health emergency responses, including for measles outbreak, Taal volcano eruption, and COVID-19 outbreak.

Activity 2: Meeting of regional clinical management network for emerging infectious diseases

- WHE/WPRO proposed to reactivate regional network of key clinicians working for emerging infectious diseases (EIDs), including pandemic influenza. The proposed meeting was not held due to the needs to prioritize health emergency responses, including for measles outbreak, Taal volcano eruption, and COVID-19 outbreak.

Activity 3: Informal consultation on improving access to pandemic influenza vaccines and antivirals

- The proposed informal consultation on improving access to pandemic influenza vaccines and antivirals was not held due to the needs to prioritize health emergency responses, including for measles outbreak, Taal volcano eruption, and COVID-19 outbreak.

Activity 4: Country support to advance pandemic preparedness

WHO provided technical and financial support to those countries, to strengthen response planning and system readiness and to optimize the national action plan to upgrade health security systems. Six priority countries were supported to advance pandemic preparedness

Cambodia

- **Review and update of National Pandemic Preparedness and Response Strategy:** Consultative workshop was organized to review existing Health Sector National Pandemic Preparedness and Response Strategy, and to develop updated response plan on 17-18 December 2019. The workshop was attended by key departments, national programmes, hospitals and stakeholders. During the workshop, roles and responsibilities of key implementers and institutions were highlighted, and arrangement of key stakeholders for pandemic preparedness and response were discussed. The participants identified gaps and issues of the existing document, and next steps in updating the plan were discussed.
- **Introducing Epidemic Analysis for Response Decision-making (ERD):** The ERD is the new approach of risk assessment to inform response decision making synthesizing multiple sources of information. It is considered important approach to inform critical decisions during a pandemic. A two-day ERD workshop was held on 19–20 December 2019 at a private venue in Kampong Cham, Cambodia. The workshop aimed to rollout the ERD concept to Member States, to advocate for systematic decision-making during epidemics, and to increase the use of epidemiologic concepts in routine surveillance work. Twenty-seven participants, all of whom were Applied Epidemiology Training graduates or Rapid Response Team members, attended. WPRO facilitated the workshop together with National Institute for Public Health, Cambodia CDC, and WHO Cambodia country office. Participants demonstrated competency for using ERD by completing a scenario in small groups with some facilitator support. The scenario used mock national data to answer the decision question, *Should the EOC be activated to coordinate responses for an influenza-like illness outbreak?*

Lao People's Democratic Republic

- **Strengthening of risk and severity assessment using multiple sources of information:** A workshop on Epidemic Analysis for Response Decision-Making (ERD) was planned to be conducted from 3-7 February 2020 for core staff of Public Health Emergency Operation Center (PHEOC), Ministry of Health. However, due to COVID-19 situation, MOH suggested to postpone this activity to be conducted on 28-29 March 2020. The purpose of this workshop has been to strengthen the country's capacity for informing epidemic response decision making by conducting risk assessment using existing surveillance data and others source of information and communicating the synthesized findings to decision makers.

Papua New Guinea

- **Infectious substance shipping training (ISST):** In pandemic response, surveillance including timely laboratory testing is critical. Laboratory specimen shipment has been identified as one of the critical gaps. WPRO organized four in-country workshops on infectious substance shipping training (ISST) in Papua New Guinea, which were held in September 2019. The workshops were co-funded with funds from the United States Center for Disease Control and Prevention. During trainings, the participants were introduced to the principles and practice of shipping infectious substances in compliance with international regulations for the transport of dangerous goods. Based on the results of the final examination, 43 participants received certification for two years as shippers of infectious substances, which is recognized by the International Civil Aviation Organization (ICAO) and the International Air Transport Association (IATA). The certified participants will be enrolled in the WHO's online refresher course, through which they could renew their certification every two years, free of charge.

Philippines

- **Simulation exercise to inform revision of pandemic preparedness planning:** Interagency tabletop exercise was supported, with over 50 participants from key government agencies and Red Cross, in preparation for updating the 2012 National Pandemic Influenza Preparedness Plan in November 2019. The workshop was aimed at testing the 2010 Pandemic Avian Influenza Preparedness and Response Plan to inform the revision of the plan. The exercise was attended by different DOH Offices, partner agencies as the Department of Agriculture, Department of Environment and Natural Resources, Philippines National Police, and other stakeholders that have roles in pandemic response.

- **Strengthening of surveillance for respiratory diseases:** WHO supported Philippines National Influenza Centre (PNIC) Stakeholders Consultative Meeting, bringing together over 40 key staff from sentinel sites throughout the country in September 2019. The workshop gathered all stakeholders of influenza surveillance in the Department of Health (DOH) system with an aim of enhancing and strengthening the existing influenza laboratory surveillance system. Hospital directors and laboratory supervisors of sub-national laboratories (SNLs), regional directors, Regional Epidemiology Surveillance Unit (RESU) heads and staff, and Emerging and Re-emerging Infectious Disease (EREID) program coordinators from all over the country participated in the workshop facilitated by technical staff from the DOH-Epidemiology Bureau and the WHO Regional Office for the West Pacific and the WHO Country Office. During the break-out sessions, the participants were divided into three groups and were respectively tasked to (1) establish enabling and sustainable environments for Global Health Security and enhance collaboration mechanisms for preparedness and response to Emerging Infectious Diseases (EIDs); (2) strengthen surveillance systems for global health security, specifically influenza; and (3) improve laboratory detection strategies for future pandemics.

Mongolia

- **Strengthening pandemic preparedness planning.** Pandemic preparedness planning has been integrated into national and local general disaster management planning, processes and structures, involving multiple sectors, civil society, NGOs, private sector and health cluster partners. Priority actions identified in the pandemic preparedness and response plan includes: 1) Identify risks and factors associated with health service accessibility, referral and quality of care, health workforce development, financing and medicines, 2) Address socio-economic, environmental, political, demographic factors in the plan, 3) Conduct resource mapping, 4) Establish and maintain emergency stockpile, 5) Align and integrate national action plan for health security and pandemic preparedness plan with broader national plan on disaster risk management for health and 6) Establish M&E framework for disaster management system.
- **A two-day Epidemic Analysis for Response Decision-making (ERD) workshop** was held on 3 and 4 December 2019 at the National Centre for Communicable Diseases, Ulaanbaatar, Mongolia. The workshop was convened to rollout the ERD concept to Member States, to advocate for systematic decision-making during epidemics, and to increase the use of epidemiologic concepts in routine surveillance work. Twenty-nine participants from national and capital organizations attended (see list next page), as well as Ariuntuya Ochipurev (WHO Mongolia), who organized the workshop, and Matthew Griffith (WHO RO), who designed and facilitated the workshop. Participants demonstrated competency for using ERD by completing a scenario in small groups without facilitator guidance. The scenario used national data to answer the decision question, Should the Health Minister extend the school holiday to prevent the spread of influenza?

Multiple countries

- **Infection Prevention and Control (IPC) strengthening in the context of the coronavirus disease (COVID-19) epidemic:** WHO has proactively supported strengthening preparedness for community transmission of COVID-19. Responding to high demand from the Member States to strengthening IPC in the context of COVID-19, WPRO organized the regional IPC support plan as a part of the regional COVID-19 support package. In March 2020, WPRO supports holding of the three-days IPC train-the-trainer workshop in Brunei Darussalam, Papua New Guinea, Laos PDR, Philippines, and potentially for Malaysia to support strengthening IPC practice in the region as a whole, identify gap and support planning to fulfil that gap.
- **The deployment of risk communication experts** to various countries in the context of coronavirus pandemic was supported. Further support provided to the Ministry of Health included the drafting of joint press releases, talking points, posters, leaflets, social media posts and infographics. The approach is opening the door to more genuine two-way engagement with affected communities and dynamic listening -- which will be critical in maintaining trust and facilitating rapid containment during COVID-19 response.

Additional **laboratory test kits** for COVID-19 testing was procured to support the response to the ongoing COVID-19.

4. Communications and visibility - see Annex

Please see the Annex for the photographs of the activities.

5. Conclusions

Influenza pandemics have been considered the greatest threat to global public health. Ongoing COVID-19 epidemic is also causing health and socioeconomic impact as a pandemic. WPRO has been proposing to use pandemic preparedness as a driver to further advance health security systems, as guided by the APSED, adopting “two-tier” approach for health emergency preparedness, consisting of response planning and system readiness. With this framework, the JVC funds supported strengthening pandemic preparedness in priority countries. This included supporting review and update of the national pandemic response plan, and strengthening of system components, such as surveillance systems, risk assessment capacities for response decision making, and laboratory specimen shipment capacities. IPC capacity building was also supported in as preparedness for community transmission of COVID-19 which is moving towards a pandemic. All efforts are enhancing country capacity to address COVID-19 pandemic and future ones.

6. Annexes

Activity 4. Country support to advance pandemic preparedness

Cambodia - Workshop to review National Pandemic Preparedness and Response strategy



Philippines - National Table Top Simulation Exercise on Pandemic Preparedness and Response in PHL



Stakeholders of influenza surveillance in the Department of Health (DOH) system discussing strategies and issues in enhancing and strengthening the existing influenza laboratory surveillance system in the Philippines.



Pandemic preparedness planning in Mongolia

Integrating seasonal/pandemic influenza preparedness and response plan, health security plan into health sector DRM plan

