

# **Pacific Heads of Health**

## **Réunion des directeurs de la santé du Pacifique**

### **Strengthening National and Regional Health Security:**

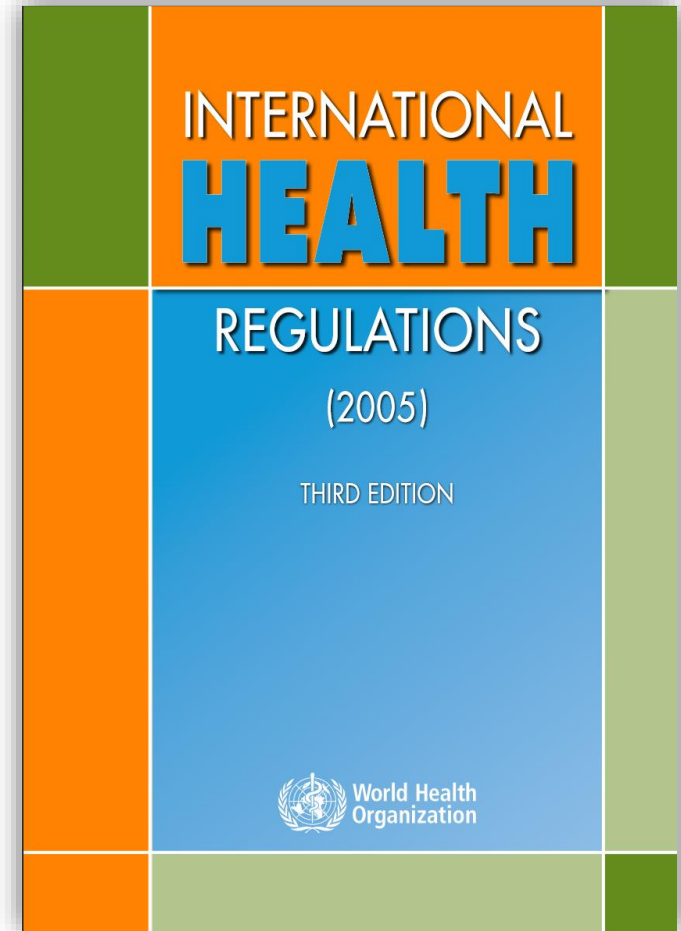
### **Emerging diseases and disaster preparedness and response**

**Prepared by WHO**

# Purpose of the briefing

To update the HoH on progress in:

- Progress on IHR core capacities in the Pacific, challenges and moving forward
- Strengthened coordination of partner support to PICs towards national and regional health security
- Issues for your consideration



# Acknowledgements

- All Pacific Ministries of Health and IHR National Focal Points
- Australian Department of Foreign Affairs and Trade (DFAT) and New Zealand Ministry of Foreign Affairs and Trade (MFAT) that have funded WHO's work in Pacific health security
- The **Pacific Health Security Coordination Plan, 2017-2022 (PaHSeC)** development partners' working group

- Centers for Disease Control and Prevention (CDC)
- DFAT Suva and Canberra offices
- Indo-Pacific Centre for Health Security (Canberra)
- MFAT Suva and Wellington offices
- Pacific Community (SPC)
- Pacific Islands Health Officers' Association (PIHOA)
- World Bank (WB)
- World Health Organization (WHO) Division of Pacific Technical Support (DPS, Suva)
- WHO Country Offices | Country Liaison Offices in the Federated States of Micronesia, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu

# PaHSeC **Areas of Action** for national and regional health security

**VIA**



Coordinating in-country support to fast track IHR implementation



Strengthening national responses to outbreaks & other health emergencies

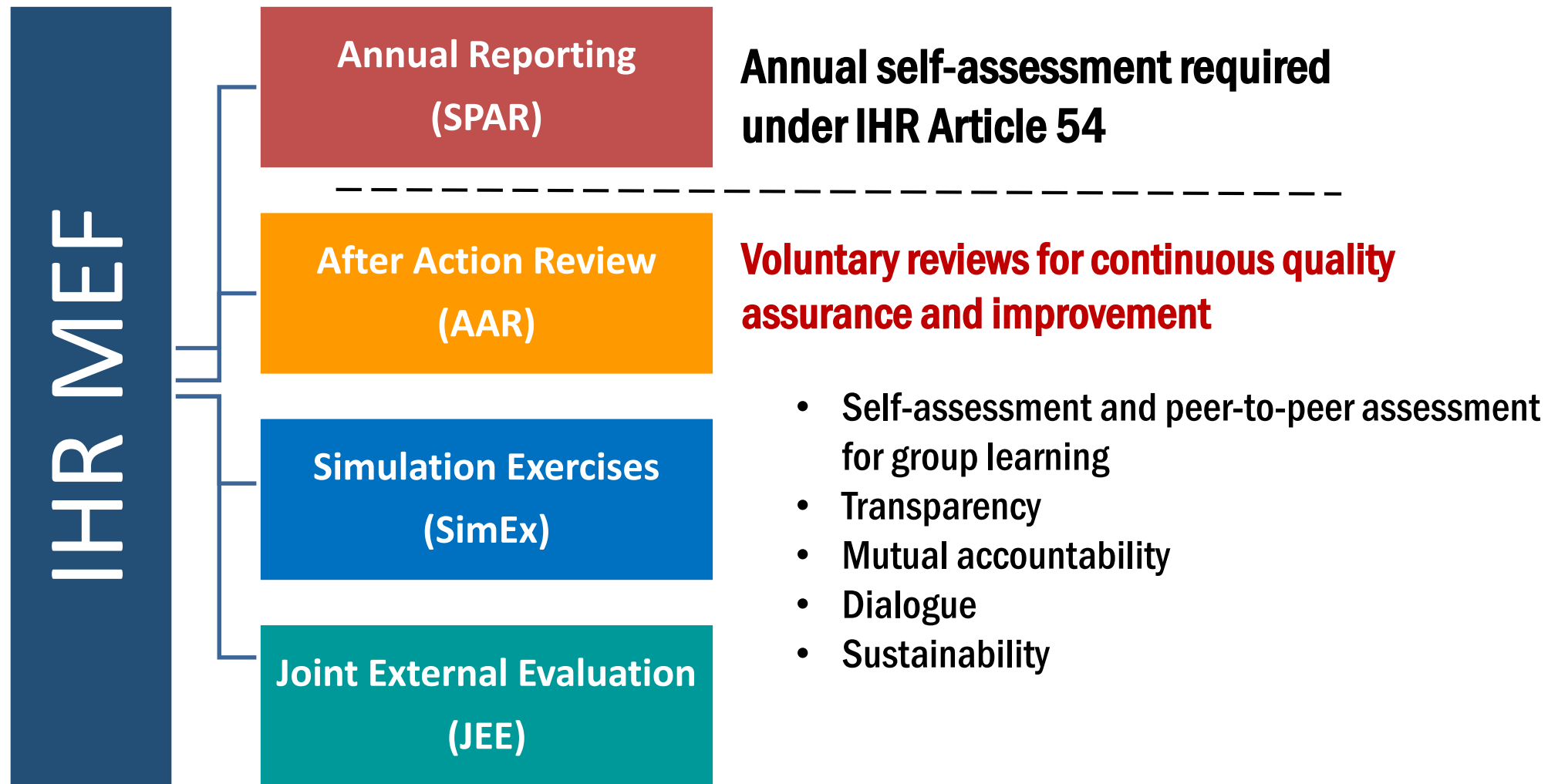


Strengthening regional preparedness, alert & response systems



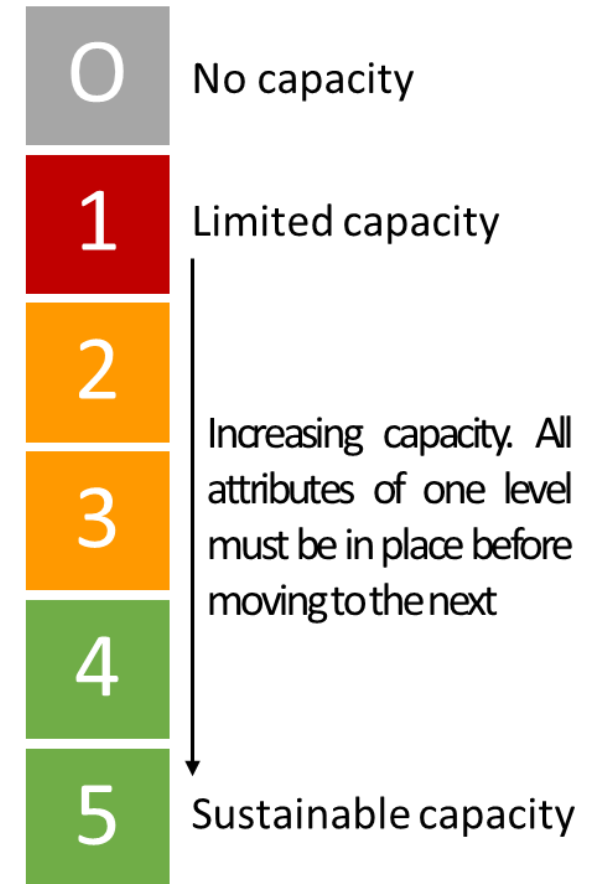
Implementing the IHR Monitoring & Evaluation Framework

# IHR Monitoring and Evaluation Framework

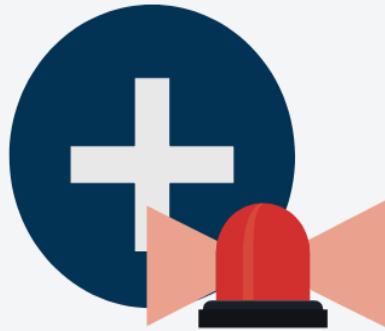


# IHR capacities assessed using the SPAR tool

- C1 Legislation and financing
- C2 IHR coordination and NFP functions
- C3 Zoonotic events at the human-animal interface
- C4 Food safety
- C5 Laboratory
- C6 Surveillance
- C7 Human resources
- C8 National health emergency framework
- C9 Health service provision
- C10 Risk communication
- C11 Points of Entry (POE)
- C12 Chemical Events
- C13 Radiation emergencies



# Pacific State Parties IHR MEF Implementation 2018



**14**  
**Simulations**



**12**  
**Annual  
Reports**



**3**  
**After Action  
Reviews**



**3**  
**Joint External  
Evaluations**



# Pacific State Parties Annual Reporting

## 2018 UPDATE



**12**  
**Annual Reports**



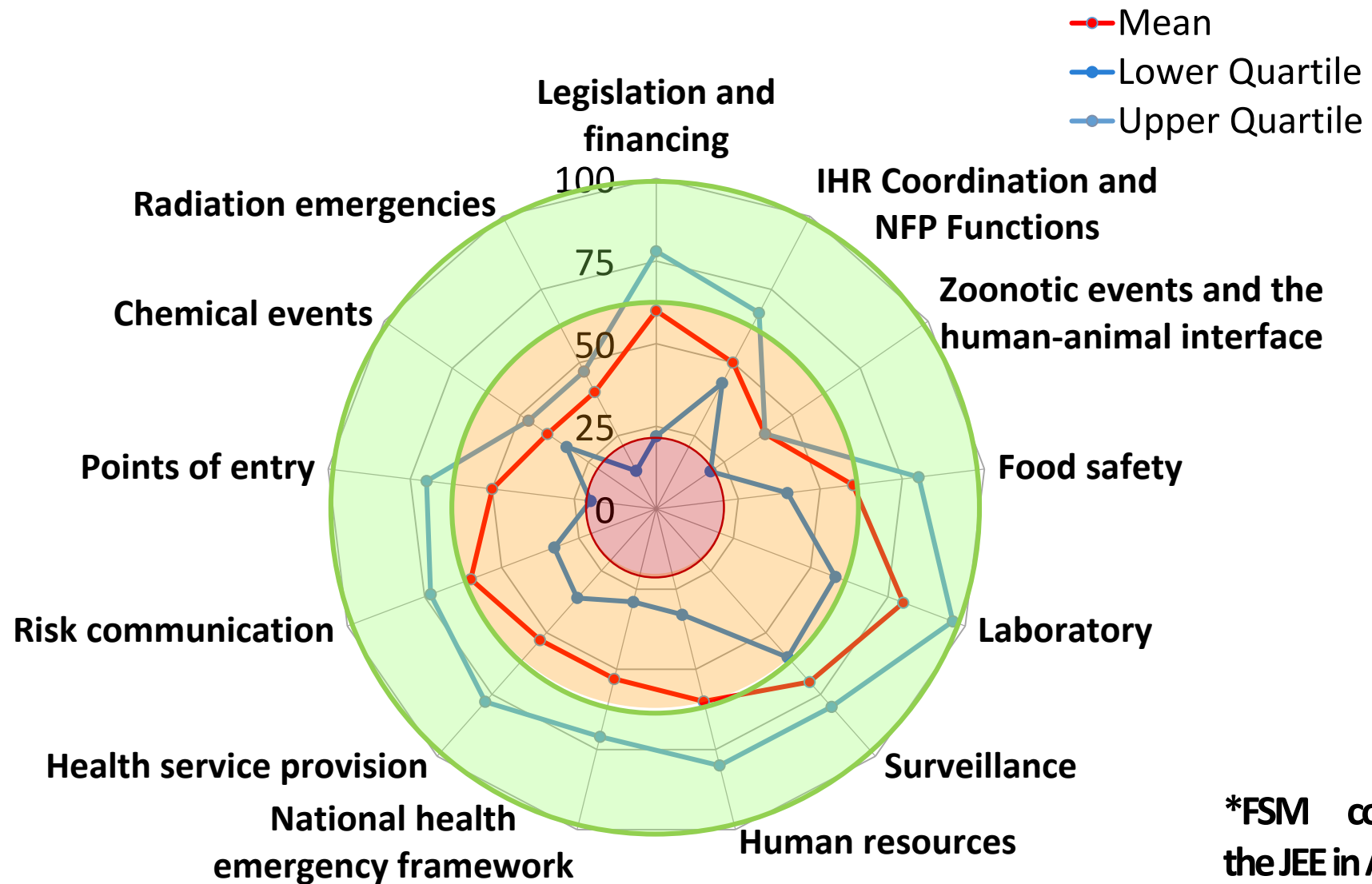
**2 = 58%**  
**Average scoring**  
**across all indicators**  
**Range of 1-3**  
**(36-72%)**



**1st Time for Many**  
**Multisector**  
**Approach!**



# 2018 SPAR results for 12\*/13 PIC States Parties to the IHR



\*FSM completed the JEE in Aug 2018

# Pacific 2018 SPAR Results

## Common Gaps & Strongest Capacities

### Lowest scoring



**C2: IHR Coordination and NFP functions**



**C3: Zoonotic events at the human-animal interface**

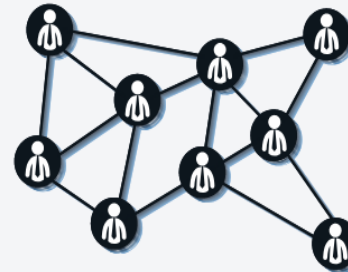


**C11: Points of Entry (PoE)**



**C12 & C13: Chemical Events & Radiation Emergencies**

### Highest scoring



**C6: Surveillance**

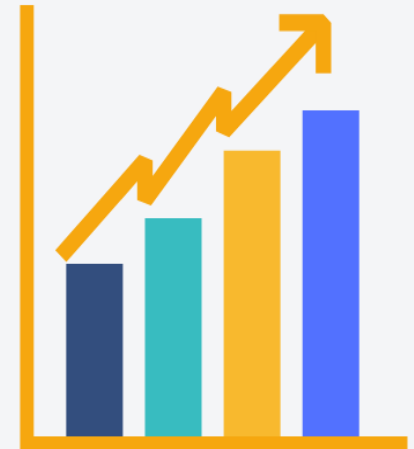
**&**



**C5: Laboratory**

# VISION FOR THE FUTURE BY 2022

- NFP (primary and team) continuously supports multisectoral communication and coordination
- All sectors know their role and contribute to IHR capacities strengthening
- SPAR assessment is annually undertaken, led by NFPs
- JEE is widely used for objective assessment of IHR capacities, resulting in enhanced investment in priority areas



# Timeline for strengthening IHR capacity assessment, 2018-2022

- **WHO facilitated**
- IHR capacity gaps
- Limited multisectoral engagement
- Inconsistent results over time
- SPAR introduced

- **Enhanced role for NFPs in facilitating self-assessments**
- Improved engagement of other sectors
- Established repository of evidence
- Improved process for assessment

- **NFPs leading & facilitating self-assessments**
- Sectors presenting on status of IHR capacities at the annual workshop
- Consistent evidence-based assessment
- IHR capacities strengthened through multisectoral action

Year

2018

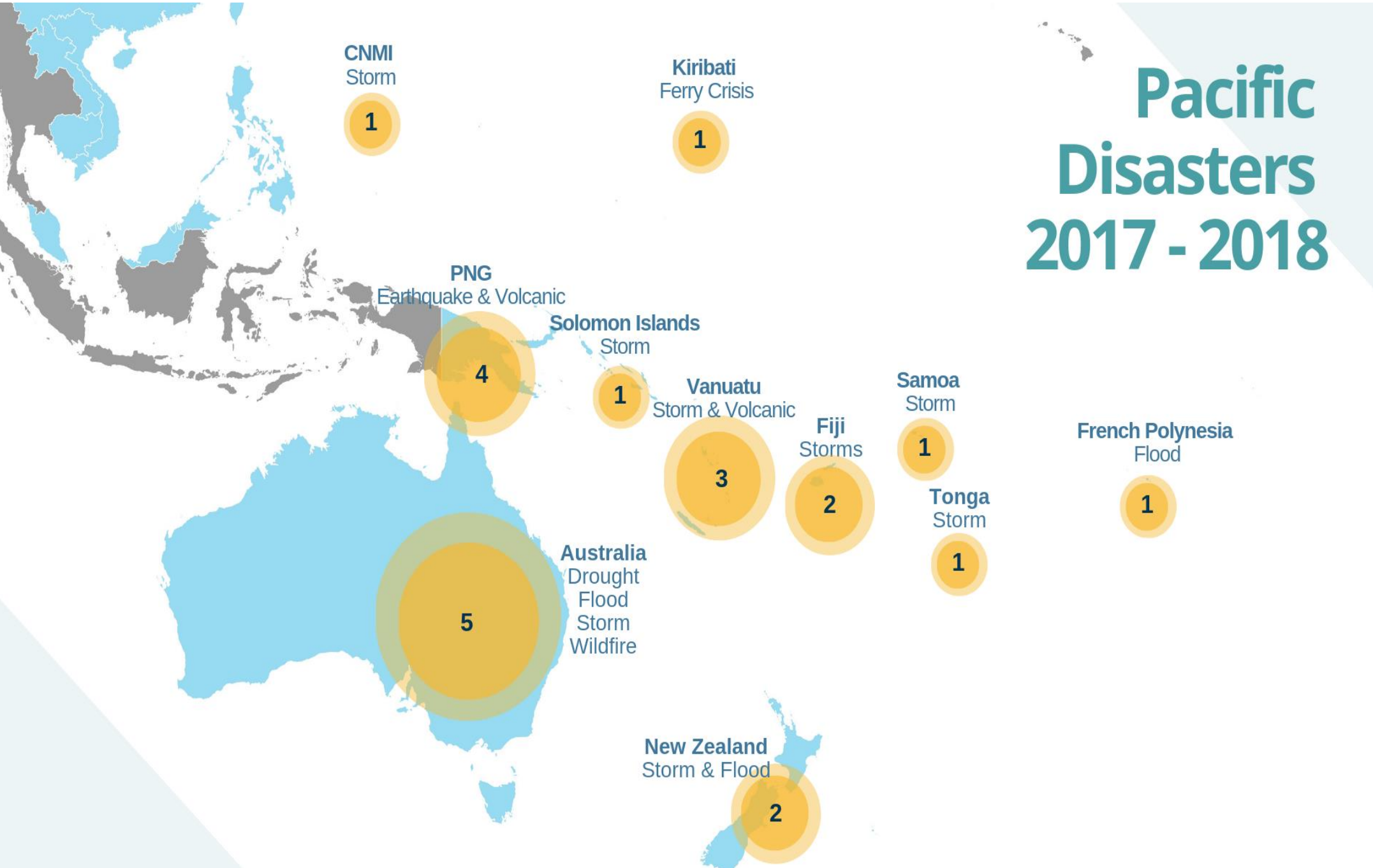
2019

2020

2021

2022

# Pacific Disasters 2017 - 2018

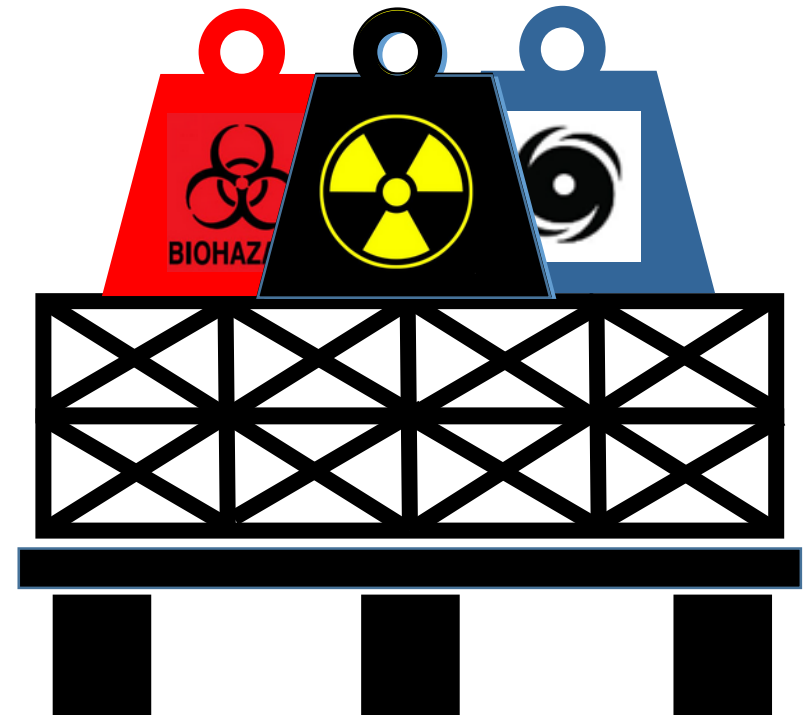


# Synergies between IHR capacities & emergency risk management (ERM)

- In the Pacific, the same people respond to outbreaks, other public health events & the health consequences of disasters, sometimes concurrently
- IHR and APSED III recognise the need for **common (all-hazards) intersectoral ERM arrangements and operational platform** for all public health emergencies and disasters

*Annex 2 summarises the conclusions and recommendations of the 2018 Pacific Health ERM Meeting*

**All-hazards platform ; different “payloads”**





# 2017 - 2018

## PaHSeC

### IMPLEMENTATION PROGRESS





# 2018\* Pacific national & regional health security activities

N=110 completed or in progress (Jan-Dec 18)



25

Trainings & Workforce Development



9

Policies, Plans, SOPs developed



18

Regional Activities (meetings/workshops /training)



35

Joint activities between PaHSeC development partners

**\*List not exhaustive**

**Do we need a  
regional online  
platform for health  
security?**



# Existing portal to access IHR progress reports



# Monitoring & Evaluation for **French Polynesia (France)**

JEE Countries

**SPH portal supports annual reporting by the Pacific overseas territories if desired**

## View by

- ☐ Joint External Evaluation (JEE)
- ☒ Annual Reporting (AR)

## Region

Western Pacific Region

## Country

French Polynesia (France)

# Do we need a Pacific regional health security dashboard?

## Benefits

- Localisation to the Pacific
- Local ownership e.g. Pacific MANA
- May increase utilisation by countries and partners
- May increase the range of health security materials shared for collective learning e.g. AARs, reports of SimEx
- Agnostic URL possible

## Risks

- Duplication of effort - SPH purpose built, offers a range of services, linked to IHR & ERM online training
- Governance – IHR has a global mandate and reach
- Website development and maintenance, HR costs – currently free
- Timeliness – SPH updated regularly
- No guarantee that utilisation will increase



# Recommendations for HoH

1. Ensure that IHR NFPs are appropriately resourced and actively engage with sectors beyond health to support IHR implementation
2. Consider inviting other sectors to act as associate NFPs to strengthen awareness, intersectoral collaboration and accountability to the IHR
3. Advocate for the Pacific overseas territories to participate in IHR MEF activities

# Recommendations to HoH (cont)

4. Adopt recommendations of the Pacific Meeting on Health Emergency Risk Management to strengthen all-hazards health emergency preparedness, readiness and response consistent with the IHR (2005) and APSED III
5. Consider whether a specific Pacific health security web-based dashboard is needed



# Recommendations to development partners

1. Continue to support IHR implementation and the IHR MEF with multi-year funding of PaHSeC
2. Ensure that projects and activities that strengthen Pacific health security align to the agreed PaHSeC Areas of Action, and the identified gaps and areas of need identified through IHR MEF results



# Pacific health security

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Vinaka vaka levu