COVID-19 Response to Strengthen Health Security and Resilience of Health Systems in WHO South-East Asia Region: Lessons Learned

The COVID-19 pandemic has caused extensive loss of life, destroyed livelihoods, disrupted trade within and across countries, and undermined economies globally. As of early December 2021, over 44 million cases and over 700,000 deaths have been reported by the Member States of the South-East Asia region of the WHO, making it the third most affected region globally.[1]

The economic and social disruption caused by the pandemic is devastating. Tens of millions of people are at risk of falling into extreme poverty. Loss of jobs, school closures, social distancing, psychosocial stress, and burden on health-care systems have led to significant impact on society. The Asian Development Bank estimated global losses at 5.5%–8.7% of the world gross domestic product (GDP) in 2020 and 3.6%–6.3% of the world GDP in 2021, with the corresponding losses for developing Asia amounting to 6.0%–9.5% and 3.6%–6.3% of regional GDP in 2020 and 2021, respectively.[2]

These consequences of the COVID-19 pandemic indicate that the level of preparedness and response readiness that prevailed before the pandemic were not sufficient to effectively manage such a severe health emergency. To respond better to the ongoing pandemic and prepare for future pandemics and emergencies, it is crucial to identify the key learnings from COVID-19 response thus far to further strengthen health security and resilience of health systems.

The 74th WHO Regional Committee (RC) Meeting for South-East Asia held in September 2021 recommended “further synthesis of the lessons learned from the COVID-19 response at a regional level” and “to develop a regional roadmap to strengthen health security in the South-East Asia Region.”[3] Responding to these recommendations, the WHO Regional Office for South-East Asia (SEARO) organized meetings with Member States, partners, and experts in October 2021.[4,5] These consultations provided important insights based on experiences, analyses, and reflections in our region.

Through the regional meeting, Member State delegates shared crucial lessons for the technical areas covered in the WHO Strategic Preparedness and Response Plan for COVID-19.[6] The key lessons include:

- **Coordination, planning, financing, and monitoring:** High-level, multisectoral leadership that fosters a whole-of-government and whole-of-society response, a strong incident management system, functional emergency operation centers, and accountability framework is crucial. More diverse workforce needs to be mobilized. Learning, e.g., through intra-action reviews, informs continuous improvement of response.
  - **Risk communication and community engagement (RCCE) and infodemic management:** A functional national action plan and Standard Operating Procedures (SOPs) including coordination mechanisms for proactive and responsive communication are very important. Listening to and engaging with communities and key influencers should be strengthened. Government authorities communicating with a single voice while acknowledging uncertainty are particularly important in the evolving science and knowledge about a new disease.
  - **Surveillance, epidemiological investigation, and contact tracing:** Existing surveillance systems at subnational levels and field epidemiology training programs provided an important foundation. More systematic synthesis of multiple information sources for risk assessment, as well as decision-making, and having a workforce plan including for surge capacities are priority. Capacities at district and primary health-care levels for surveillance were considered critical.
  - **Points of entry (PoE), international travel, and transport:** Improved multisectoral coordination and partnerships for efficient and safe mobility management at PoE and ability to rapidly surge, based on risk assessment, over a foundation of optimal standing capability at PoE, and strengthening cross-border collaboration and information sharing are critical priorities.
  - **Laboratories and diagnostics:** Existing national policies and laboratory systems positively contributed to the enhanced response. Formalizing workforce surge mechanisms and establishing a Diagnostic Technical Advisory Group at national and regional levels, including strengthening collaborative platform for genomic surveillance, were recommended.
  - **Infection prevention and control (IPC):** An integrated national IPC strategy and a national program that encompasses health-care-associated infection surveillance; water, sanitation, and hygiene; and health-care waste management is crucial to guide IPC implementation and as a basis for enhanced response during an emergency or pandemic. Timely and sustained supplies of personal protective equipment need to be ensured.
  - **Case management, clinical operations, and therapeutics:** The capacity to scale up health-care systems through surge staff was critical. Adaptable care pathway, referral mechanisms, and coordinated continuum for prehospital, hospital, and posthospital...
rehabilitative care were foundational for pandemic surge response. Community-based and home-based care models supported by home visits and telemedicine made important contributions

- **Operational support and logistics and supply chains:** Significant disruptions and increased demand for essential goods posed a major challenge. This pillar should be better financed as a key component of emergency response system. Strengthening of public–private partnerships, subnational emergency logistic warehouses, national and regional stockpiles, contingency plans for supply chain management, and real-time logistic information management systems were recommended

- **Maintaining essential health services and systems:** Innovative mechanisms to maintain health services and access were adopted, such as telemedicine, home delivery of treatment, and multimonth dispensing. Evaluation of best practices and regulatory framework for new service delivery models are suggested. National programs with contingency plans and tested modalities for maintaining services during emergencies were able to adapt these tools during the pandemic

- **Vaccination:** High-level political commitment, multisectoral oversight bodies, a vaccine deployment plan, and mechanisms to expedite emergency use authorization were key factors for success. Ensuring RCCE to address vaccine demand issues and hesitancy, systems to facilitate evidence-based corrective actions, and functional Adverse Event Following Immunization (AEFI) surveillance was recommended.

The consultations with the Expert Working Group and Member States also identified policy and system enablers for more effective preparedness, response, and resilience.

- **Primary health care (PHC)-oriented resilient health systems:** A robust primary health-care system that enables multisectoral action, community empowerment, and integrated health services with an emphasis on essential public health functions is critical to mount an effective pandemic response and maintain essential health services

- **Public and private partnerships:** More effective engagement of the private sector has major potential to improve pandemic response, from provision of health care, production of pandemic products, mobilization of surge capacity, logistic and supply management to risk communication

- **Digital technology for surveillance and response:** Digital and information technology should be further applied to improve surveillance, data management, contact tracing, care and treatment (telemedicine), and planning for public health and social measures and vaccination

- **Psychosocial care and support:** Mental health and psychosocial services should be an integral part of the emergency response from the very beginning of any health emergency. The roles of partners have been critical to reach vulnerable populations and address a range of psychosocial issues

- **Regional platform for alert, preparedness, and response:** The mechanisms for regional surveillance and timely information sharing across countries in the region must be improved. Regional stockpiling and supply chain systems should be explored and established

- **Local manufacturing and equitable access to emergency products:** More robust mechanisms for equitable distribution of emergency products are crucial. Strengthening of local manufacturing capacities for quality-assured pandemic products for supply chain resilience within the region needs to be explored

Ensuring a highly secure and safe South-East Asia region with countries effectively prepared for and ready to detect and respond to public health emergencies and the next pandemic is the vision espoused in a recommendation from the WHO-SEARO’s 74th RC (RC74) Meeting.[3] Such vision reinforces the region’s aspiration and high-level commitment in the past decade. WHO-SEARO has prioritized Health Emergency Risk Management as one of the flagship programs since 2014.[7] The Delhi Declaration on Emergency Preparedness in the South-East Asia region, the ministerial-level political commitment, was endorsed at the 72nd session of the WHO RC for South-East Asia in 2019.[8]

Nevertheless, building regional and national health security systems requires long-term vision, political leadership, and sustainable financing. To more effectively respond to the ongoing pandemic and prepare for future pandemics and emergencies, we—countries, partners, and WHO—must work together in a coordinated manner. As recommended by the RC74 Meeting,[3] WHO-SEARO will work closely with the Member States to develop regional roadmaps to further strengthen health security and health system resilience as informed by the key lessons identified through COVID-19 response. At the Ministerial Roundtable on COVID-19 and measures to “build back better” during the RC74, the Ministers agreed to reorient their health systems toward comprehensive primary health care through increased public investments as the foundation for an effective response to public health emergencies, strengthening of International Health Regulations (IHR) core capacities, and the achievement of universal health coverage (UHC) and the health-related Sustainable Development Goals. The RC74 also tasked SEARO with developing a Regional Strategy on Primary Health Care that builds on lessons learned from the ongoing pandemic in the region.[3] Accordingly, WHO-SEARO developed the regional PHC strategy and launched it on December 13, 2021, in the presence of the Ministers of Member States. The strategy encompasses 12 strategic actions for countries
to use in developing PHC-oriented health systems for UHC and health system resilience.

We are now at a critical juncture, facing a once-in-a-century opportunity to trigger major reforms in our policy and systems and mobilize investment toward more effective health emergency preparedness and UHC. We must take this momentum to guide our collective efforts toward a safer and more secure WHO South-East Asia region.

Poonam Khetrapal Singh, Randeep Guleria
Regional Director, WHO South-East Asia, Director, All India Institute of Medical Sciences, New Delhi, India

Address for correspondence: Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia. E-mail: serdo@who.int

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