Implementation of the new Regional Health Security Roadmap 2023–2027

The Seventy-fifth Session of the WHO Regional Committee for South-East Asia at Paro, Bhutan, endorsed the ‘Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027’ and the WHO South-East Asia Regional Roadmap for diagnostic preparedness, integrated laboratory networking and genomic surveillance 2023–2027’.

The implementation of the technical components of the regional roadmaps at the national and regional levels have begun, utilizing the available, revised and newly developed International Health Regulations (2005) IHR Monitoring and Evaluation Framework tools for the relevant mandatory and voluntary assessments of multi-hazard risks, and strengths and gaps in core capacities. This is being followed by the development of evidence and risk-informed national action plans on health security with whole-of-government and whole-of-society engagement, aligned with interventions for health system strengthening and resilience to emergencies, and focused on primary health care with a ‘One Health’ orientation.

The Health Emergency Preparedness, Readiness, Response and Resilience (HEPR) Framework is being effectively utilized to enable the identification of critical systems and capacities that need to be developed at regional, national and subnational levels. This would be done through institutional strengthening and development of human resource through utilization of existing and planned global and regional capacity-building and training programmes that are in line with the regional strategic roadmaps.

Through national- and regional-level consultations with Member State nominees, experts and other internal and external stakeholders, regional action frameworks for implementation of interventions required to enhance specific IHR Core Capacities such as surveillance, laboratory networks, emergency operations, risk communication and community engagement and infodemic management (RCCE-IM), etc. are being developed and endorsed. Additionally, the regional mechanisms that are needed for country-level support, efficient sharing and transfer of best practices and enabling economies of scale in operations are also being developed or strengthened in collaboration with departments at the Regional Office.
As requested by the Regional Committee at its Seventy-fifth session in 2022, the proposal for the establishment of the Regional Health Emergency Council (RHEC) of Heads of Government/State was drafted by the Secretariat, extensively consulted with Member State officials and experts, and suggestions and feedback received and processed. Based on the feedback, the draft proposal on the Regional Health Emergency Council was fine-tuned and presented to the High-Level Preparatory Meeting for its observations, comments and guidance.

The HLP Meeting reviewed the Working Paper and the revised RHEC proposal and made the following recommendations of actions to be taken by Member States and WHO for the consideration of the Seventy-sixth Session of the Regional Committee:

**Actions by Member States**

(1) Continue to strengthen health emergency preparedness and response capacities, guided by both the regional roadmaps: ‘Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027’ and ‘South-East Asia Regional Roadmap for Diagnostic Preparedness, Integrated Laboratory Networking and Genomic Surveillance 2023–2027’.

**Actions by WHO**

(1) Continue to provide technical assistance to Member States for strengthening IHR core capacities and implementation of the National Action Plan for Health Security

(2) Continue to effectively implement the regional components of the ‘Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027’ and ‘South-East Asia Regional Roadmap for Diagnostic Preparedness, Integrated Laboratory Networking and Genomic Surveillance 2023–2027’.

This Working Paper and the RHEC proposal along with the HLP Meeting recommendations are submitted to the Seventy-sixth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Introduction

1. The Seventy-fifth Session of the WHO Regional Committee for South-East Asia in Paro, Bhutan, in 2022, endorsed the “Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027”, and a companion “WHO South-East Asia Regional Roadmap for diagnostic preparedness, integrated laboratory networking and genomic surveillance 2023–2027”.

2. The Committee, while endorsing the two regional roadmaps, prioritized the need for strong political commitment and leadership, multisectoral engagement through whole-of-society and whole-of-government approaches, and strengthening of health emergency preparedness and response capacities through the implementation of the national action plans for health security (NAPHS) as guided by these regional roadmaps.

3. The Committee expressed the crucial need for ensuring availability of a variety of critical emergency response logistics through regional, national and subnational stockpiles. It requested the WHO Regional Office to support the strengthening of multsource surveillance and field epidemiology capacity; diagnostic, public health laboratory and genomic surveillance capacity; and institutionalization of operational readiness; and harmonization of these initiatives with primary health care and “One Health” approaches.

4. The Committee requested for WHO’s support on securing equitable access for pandemic products such as vaccines, therapeutics and diagnostics, and critical equipment such as ventilators, while at the same time strengthening regional and local capacity for their manufacture, stockpiling and distribution.

5. Member States suggested that the WHO Regional Office take the initiative to have a region-specific approach towards capacity-building, surveillance and availability of medical countermeasures and collectively focus on institutionalizing the “One Health” approach within the Region under the broader framework of pandemic management. Institutionalization has to happen at community, subnational, national and regional levels, relying on shared governance, communication, collaboration and coordination mechanisms between the “one health” sectors – human, livestock, wildlife and the environment.

6. The Regional Committee during its Seventy-fifth session acknowledged the need for continued assessment of capacities, increased political commitment, enhanced investment and high-level partnerships. It welcomed and endorsed an enabling proposal to establish the Regional Health Emergency Council (RHEC) in consultation with Member States and in line with the Global Health Emergency Council.

7. The Regional Office has taken note of the intense deliberations between Member State governments engaged in the fourth round of discussions, on 24–28 July 2023, on over 300 proposed amendments to the International Health Regulations (2005) (IHR), under the aegis of the Working Group on Amendments to the IHR (WG-IHR). The Regional Office has also stressed on the importance of thoroughly considering the proposed amendments on their merit to fill critical gaps in the implementation of the IHR (2005) while adhering to the principles of equity, sovereignty and solidarity.
8. In parallel with the IHR amendments process, governments are also negotiating the draft of a WHO global instrument on pandemic prevention, preparedness and response through an Intergovernmental Negotiating Body (INB). The Bureau of the INB has prepared a text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (known as WHO CA+). At the Sixth Meeting (17–21 July 2023) of the INB, an open plenary and a closed drafting group session were held to negotiate the bureau’s text. The INB and WGIHR held a joint plenary on 21 and 24 July to discuss the relationship between the processes and instruments of the INB and WGIHR and topics of common interest to both processes.

**Current situation, response and challenges**

9. Member States in the WHO South-East Asia Region have made considerable progress in strengthening International Health Regulations (IHR) Core Capacities. The regional average score for the State Party Annual Reporting (SPAR) 2022 increased to 68 from 64 in SPAR 2021 while maintaining 100% reporting from all Member States.

10. Strengthening national IHR focal point (NFP) capacities remains a high priority goal for the Region and five virtual NFP-IHR periodic meetings were conducted to share best practices in response to COVID-19 and Mpox among the Member States; to disseminate and provided updates on the prevailing epidemiological situation, new approaches in response to COVID-19 and Mpox, and on the latest technical guidelines.

11. In addition, the Regional IHR Knowledge Network has served as a common online platform for informal sharing of information, experience and good practices; for peer-to-peer learning between NFPs and experts; and for conducting webinars and hosting virtual meetings.

12. Nepal, Thailand and Sri Lanka have conducted Joint External Evaluation (JEE) for the IHR Core Capacities on 31 October to 4 November 2022 and 28 November to 2 December and 4 September to 8 September 2023 respectively. Thailand is the first, and Nepal the second, Member State in the world to complete the JEE-IHR, utilizing the third edition of the JEE tool which was revised to incorporate the COVID-19 lessons and the recommendations of the IHR review committee.

13. The JEE allows countries to identify the most urgent needs and opportunities within their health security system for enhanced emergency preparedness, detection and response. It results in the generation of priority recommendations by consensus to frame or update the National Action Plan for Health Security (NAPHS) with the requisite allocation of resources. The JEE also identifies several good practices that can be adopted by other countries. The JEEs conducted so far have confirmed that continued investment in health security is recommended to sustain the gains achieved, close the gaps identified and rapidly implement the priority actions agreed upon to further enhance IHR Core Capacities.

14. Member States in the WHO South-East Asia Region were encouraged to regularly update their disaster and health emergencies risk (hazards, vulnerabilities and coping capacities) profile. National-level Strategic Assessment of Risks (STAR) workshop has been conducted using an all-hazards and whole-of-government approach in Nepal, Sri Lanka and Thailand in 2023.
15. Bangladesh had conducted a modified STAR limited to infectious hazards with pandemic or epidemic potential through a five-day virtual workshop in May 2021. A community risk perception assessment exercise was conducted in the most vulnerable setting of Cox’s Bazar in Bangladesh, focusing on forcibly displaced Myanmar nationals (FDMN) in refugee camps in September 2022. The inputs from this exercise has helped to consider the FDMN perception of emergency and disaster risks, to triangulate the community views with those of providers, and enable inclusive and people-centred planning for risk mitigation and resilience. The inputs from the community perception exercise would be further validated and incorporated in the STAR workshops planned at the district level in early 2024.

16. There is shared responsibility and synergistic potential for collaboration between the human and animal health sectors to deal with zoonotic diseases and other threats at the animal–human interface. The joint use of the IHR Monitoring and Evaluation Framework (IHRMEF) tools and Office International des Epizooties’ (OIE) Performance of Veterinary Services (PVS) Pathway can result in better alignment of capacity-building approaches and strategies between human and animal health services of a country.

17. The IHR-PVS National Bridging Workshop (NBW) was conducted in Thailand (2022) and in Sri Lanka (2023). It brought stakeholders from public health, animal health, food safety and environment sectors together to review their current collaboration and gaps in key technical areas. Following the workshops, joint roadmaps have been developed outlining corrective measures and strategic investments to improve interventions at the animal–human interface towards the prevention, detection and control of zoonotic diseases. So far, IHR-PVS NBWs have been conducted in Bangladesh, Bhutan, Indonesia, Myanmar and Thailand in the South-East Asia Region.

18. The Universal Health and Preparedness Review (UHPR) is envisaged as an innovative approach to enable a whole-of-government approach to strengthen national capacities for emergency preparedness and its linkages with UHC and healthier populations. The UHPR processes focus on engaging the highest levels of national leadership to commit themselves to strengthen national health security, enable regional and global solidarity and mutual accountability for health security capacity development.

19. Thailand conducted the UHPR pilot in April 2022. It is one of the first four countries to pilot this initiative globally and the very first from South-East Asia. The exercise highlighted some of Thailand’s notable assets such as strong multisectoral coordination, universal health coverage based on a robust primary health care system, a vibrant community of public health leaders and dedicated workforce.

20. Member States have undertaken several key activities to strengthen health security systems. Nepal trained rapid response teams (RRT) to deal with health emergencies and outbreaks in August 2022 by piloting the WHO RRT Training Implementation Package (TIP) in SE Asia. The WHO RRT-TIP was contextualized and used for the national level and for cascade training at subnational levels.
21. The regional priorities on risk communication, community engagement and infodemic management (RCCE-IM) are based on the findings and recommendations from the regional meeting to strengthen implementation of the “Risk Communication Strategy for public health emergencies in the South-East Asia Region” held in 2021 that took into consideration the learnings, best practices and gaps in the COVID-19 response in the Region. The first annual training RCCE-IM and an internal WHO workshop on regional and country priorities for implementing the Community Protection pillar of the WHO Health Emergency Preparedness and Response (HEPR) Framework, were held in May 2023 in Kathmandu, Nepal. The current regional and national strengths, opportunities and challenges for implementing RCCE-IM interventions were discussed in detail at these events, the regional RCCE-IM priorities were re-evaluated and recommendations generated to develop a regional action framework for RCCE-IM going forward.

22. The US Centers for Disease Control and Prevention’s (CDC) One Health Office has developed the One Health Zoonotic Disease Prioritization (OHZDP) process to bring together representatives from human, animal (domestic and wildlife), and environmental health sectors and other relevant partners to prioritize zoonotic diseases of greatest concern and to develop next steps and action plans to address the priority zoonotic diseases. The government representatives from human, animal, and environmental health ministries from SE Asia Region countries have been trained on the OHZDP methodology to prepare for, conduct, and facilitate OHZDP workshops at country level in the future.

23. Hospital Safety Index Assessment tools focused on the Fire Safety at hospitals and related software applications were developed and piloted in key COVID-19 treatment centres and field hospitals in Maldives and Nepal in 2022–2023.

24. A joint assessment of public health preparedness and response capacities at adjacent ground crossing Points of Entry (PoE) at Indonesia and Timor-Leste was undertaken in the last week of August 2023. WHO headquarters and regional office experts provided technical support to the WHO country offices and the Ministries of Health for this joint assessment and the development of a joint plan for strengthening of routine and emergency capacities at ground crossings and cross-border collaboration between Indonesia and Timor-Leste in the context of the COVID-19 pandemic and other health threats. Countries with similar ground crossing PoEs such as Bhutan, India and Nepal were invited as observers to this event to enable learning for replication of similar interventions in their context.

25. WHO launched a multi-year initiative in 2021 to accelerate public health and social measures (PHSM) research and strengthen evidence-informed and context-specific PHSM policies and implementation. The global meeting on PHSM in June 2023 has supported the establishment of a community of practice of public health institutes to strengthen PHSM policy and implementation; conduct review of four tools intended to support PHSM data, research and decision-making; and identify joint priority actions for strengthening PHSM responses and preparedness.
26. As part of benefit-sharing under the Pandemic Influenza Preparedness (PIP) Framework, for ensuring preparedness for responding to influenza pandemics, six SE Asia Region Member States were supported to implement country-specific workplans focussed on “laboratory surveillance” and “influenza pandemic preparedness plans” under the umbrella of the PIP High-Level Implementation Plan (HLIP)-II in 2022–2023. WHO headquarters and the Regional Office supported these countries to implement activities pertaining to “regulation” and “emergency deployment”. The regional office conducted the Annual Regional Meeting on implementation of the PIP-HLIP II interventions in the priority countries in October 2022. As the HLIP-II expires at the end of 2023, the Regional Office and Member States provided inputs to develop HLIP-III (2024–2030). The HLIP-III has been approved and is ready to be implemented from 2024. Under the HLIP-III, all Member States except Thailand are eligible for support in the areas of “policy and plans” and “collaborative surveillance” with country-specific biennium workplans.

27. The WHO South-East Asia and Western Pacific regions have jointly been engaged in developing and implementing the Asia Pacific Strategy for Emerging Diseases (APSED) for 16 years since 2006. APSED aims to improve preparedness and response to emergencies through the strengthening of IHR Core Capacities. The next version of the Strategy, named the Asia Pacific Health Security Action Framework (AP-HSAF), is being formulated taking into consideration the lessons learnt from the response to COVID-19 and the global developments to strengthen health emergency preparedness response and resilience.

28. In this context, a Meeting of the APSED Technical Advisory Group (TAG) was organized from 27–29 June in Manila, Philippines. The meeting enabled the refining and finetuning of the draft of the new Biregional Asia-Pacific Health Security Action Framework (APHSAF). The new action framework has been built through consensus on the strategic directions and main elements among Member States, experts and key partners identified using the lessons learnt from the implementation of the previous strategies and from national, regional and global experiences in managing public health emergencies including the COVID-19 pandemic.

29. The modalities for effective implementation of strategic roadmaps endorsed by the Regional Committee – the Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027 and the WHO South-East Asia Regional Roadmap for diagnostic preparedness, integrated laboratory networking and genomic surveillance 2023–2027 – needed to be discussed by the Member States of the WHO South-East Asia Region, taking into consideration the global and regional developments and the expectations of the Member States.

30. The WHO South-East Asia Regional Roadmap for diagnostic preparedness, integrated laboratory networking and genomic surveillance 2023–2027 highlights Member States’ commitment to maintaining the progress made for strengthening diagnostics and laboratory systems strengthening in preparation for future health emergencies and to achieve UHC. The Regional Roadmap would support the implementation of resolution WHA76.5 of the World Health Assembly in May 2023 on Strengthening diagnostics capacity. The resolution urges Member States to leverage international and/or regional collaboration for harmonizing and promoting twinning practices and reliance mechanisms for the regulation, manufacturing and supply of all types of diagnostics. It requests the Director-General to support Member States to strengthen national and regional regulatory systems for diagnostics. The Regional Roadmap will also enable WHO to deliver on the request of the Seventy-sixth World Health Assembly to the
Director-General to develop or strengthen national, regional and global laboratory networks and diagnostics initiatives and to support Member States in developing and implementing quality management systems for ensuring safe, affordable, accessible diagnostic services and quality assured diagnostics.

31. Apart from advocating for the establishment of the Regional Health Emergency Council (RHEC), the Regional Strategic Roadmap on Health Security and Health System Resilience for Emergencies 2023–2027 also outlines various “regional and global initiatives and linkages”. These initiatives and linkages are aimed at strengthening and improving information sharing through the Global Outbreak Alert and Response Network (GOARN) and the regional Detection, Verification and Assessment (DVA) mechanism; establishing the regional emergency operations centre network (EOC-NET); and facilitating networks of policy-makers, practitioners and researchers by enhancing the South-East Asia Regional Knowledge Network for IHR Focal Points, and also by supporting collaboration on production, procurement and distribution of drugs, consumables and vaccines.

32. Opportunities for financing are emerging as pandemic preparedness and response is considered a priority area for donors. Funding can be accessed by linking and aligning broader pandemic preparedness towards strengthening key components of health systems (strong, resilient and inclusive health systems) to counter potential future variants of SARS-CoV2 and reinforce pandemic preparedness.

33. Donors also fund areas considered important for pandemic preparedness and response and for activities that focus on causative factors for health emergencies. The Global Fund, the Pandemic Fund, Coalition for Epidemic Preparedness Innovations (CEPI), Fleming Fund, Climate Risk and Early Warning Systems Initiative (CREWS), and the Adaptation Fund are some of the key external entities with existing or planned funding streams for pandemic preparedness. Enhanced South-East Asia Regional Health Emergency Fund (SEARHEF) is a potential internal funding stream.

34. To initiate Member States’ discussion on the modalities of implementation of the regional strategic roadmap on health security, virtual informal consultations were organized on 20 March 2023 with WHO country office focal points and on 4 April 2023 with national focal points for IHR (NFP-IHR) and the key Ministry of Health officials responsible for national health emergency risk management. The key objective of virtual informal interaction was to re-sensitize important Ministry of Health officials about the roadmaps, present the operationalization elements for their consideration, and obtain their recommendations on the high-level officials from other sectors who attended the planned Regional Consultation on implementation of the regional roadmaps in July 2023.

35. Apart from the nominated officials from Member States, eminent technical experts from across the Region were invited to attend and deliberate at the Regional Consultation on implementation of the Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027 held on 11–12 July 2023 in New Delhi. The meeting was well represented by WHO country offices from the Region, and the Regional Office and WHO headquarters. A total of 95 participants attended the meeting in-person and online.
36. The general objective of the Regional Consultation on implementation of the Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027 was to discuss, strategize and agree with senior national government officials from the Ministry of Health and other key ministries and departments of Member States on its implementation.

37. The two-day of Regional Consultation involved detailed discussions on technical aspects of various components of the endorsed Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027; technical presentations on ongoing negotiations at the global level as relevant to the International Health Regulations (2005) and the upcoming WHO instrument on pandemic prevention, preparedness and response.

38. During the plenary at the Regional Consultation, Dr Viroj Tangcharoensathien, Vice-Chair, International Negotiating Body and Senior Adviser on Global Health to the Office of the Permanent Secretary, Ministry of Public Health, Thailand, presented the draft proposal for the Regional Health Emergency Council (RHEC). Through dedicated group work on the draft RHEC, important feedback and comments were obtained from the diverse group of participants.

39. WHO country office focal points were involved throughout the meeting in high-level advocacy under the guidance of their respective WHO representatives to facilitate interactions with the relevant Ministry of Health counterparts and other ministries for advancing the draft RHEC proposal, obtaining feedback and gaining concurrence on clear operationalization mechanisms that would be further consolidated and subsequently presented at the High-Level Preparatory Meeting and finally to the Regional Committee in 2023.

40. In the concluding session of the Regional Consultation, it was agreed by the Member State participants and experts that the feedback/comments as received during the consultation would be incorporated in the draft proposal on the Regional Health Emergency Council and shared with the Member State participants and experts. The deadline for receiving any final comments/feedback was set at 7 August 2023. The draft proposal incorporating all comments/feedback, thus far is attached as Annexure to this Working Paper.

The way forward

41. Based on the recommendations from the respective joint external evaluations, both Nepal and Thailand are progressing in the development of their national action plans for health security (NAPHS).

42. Technical and operational support is being provided to Member States of the Region that are due for their first or repeat joint external evaluations. The JEE for Indonesia is scheduled in the third week of October 2023.

43. The Regional Action Framework on Collaborative Surveillance is being finalized by aligning the common priority actions for the South-East Asia Region related to surveillance, risk assessment and field epidemiology that were identified at a regional meeting on “Strengthening public health surveillance and risk assessment for health security threats in the WHO South-East Asia Region” organized on 27–29 September 2022 with the regional strategic roadmaps.
44. Global WHO guidelines and checklists for assessment of emergency operational readiness capabilities at the level of WHO country offices and Member States are being finalized with contributions from relevant country- and regional-level stakeholders by the Regional Office. Support would be provided for implementation of these guidelines and with checklists at the country level.

45. The lessons learnt, assessment tools and software applications developed and piloted in key COVID-19 treatment centres and field hospitals in Maldives and Nepal for fire safety in 2022–2023, are to be implemented and scaled up in other Member States. This will be part of the regional contribution to the planned review and revision of the WHO Hospital Safety Index Assessment tool in 2024.

46. Regular consultations will be continued with national IHR focal points to share the best practices in response to COVID-19, Mpox and other public health emergencies of global/regional significance among the Member States. The updated epidemiological situation will be disseminated and lessons learnt applied in the approaches to COVID-19. Latest technical guidelines will be disseminated through virtual and regular meetings as well as through the Regional IHR Knowledge Network platform.

47. WHO will support national- or subnational-level disaster and health emergencies risk profiling in Bangladesh, India and Indonesia through the implementation of the Strategic Tool for Assessing Risks (STAR). This offers a comprehensive, easy-to-use methodology to enable national- and subnational-level governments to rapidly conduct a strategic and evidence-based assessment of public health risks for planning and prioritization of health emergency preparedness and disaster risk management activities.

48. The Regional Office will continue supporting Member States to review their current collaboration status, fill in the gaps in key technical areas, and develop a joint roadmap of corrective measures and strategic investments to improve work at the animal–human interface in the prevention, detection and control of zoonotic diseases through the National IHR Performance of Veterinary Services (PVS) Bridging Workshop.

49. The Regional Office will offer support in contextualization and implementation of the WHO rapid response team-training implementation package (RRT-TIP) in Maldives and Timor-Leste and help establish a Regional RRT Strengthening Support Platform.

50. The Regional Office will support Member States to roll out the resource mapping (REMAP) tool for NAPHS implementation, based on multiculturality and inclusivity for low- and middle-income countries (LMICs) in particular, and with the identification of financial and technical resources that will be necessary.

51. Competent capacities at the points of entry (PoEs) are needed to prevent and respond to both routine emergencies and to events that may constitute a public health emergency of international concern (PHEIC). Informal inter-connections and migration dynamics along the porous borders pose a unique public health challenge to implement PoE requirements as per IHR (2005) and also demand innovative ways for contact-tracing along border areas. The current COVID-19 pandemic has highlighted the importance of border health security, which reiterates the need of strong cross-border collaboration for surveillance and response to epidemics and pandemic-prone infectious diseases. Learnings from the joint-assessment of ground crossing PoEs will be disseminated. Cross-border collaboration between Indonesia and Timor-Leste is being planned with the support of the Regional Office and headquarters. Replication of similar interventions by groups of Member States is also planned with WHO support.
52. Civil–military collaboration on health has been historically underlined during crises. Advancing civil–military coordination for capacity-building for health emergency preparedness ahead of a crisis is an area with the potential to unlock substantial gains in national capacity to prevent, detect and respond to public health emergencies outlined by IHR (2005). In response to Member State requests, a workshop on “Operationalization of the national civil–military health collaboration framework/health security mapping tool” is planned in Nepal in September 2024. It will highlight the health security organizations and resources of the civilian and military health sectors and identify synergies and areas for potential collaboration. It will also map cross-sectoral civil–military capacities corresponding to the IHR Core Capacities relevant for strengthening health emergency preparedness.

53. In line with the proposed implementation of the Regional Strategic Roadmap on Health Security and Health Systems Resilience for Emergencies 2023–2027, further strengthening of risk communication and community engagement and infodemic management (RCCE-IM) continues to be a priority in the WHO South-East Asia Region. The Regional Office will support the WHO country offices and Member States to further enhance capacities in the area of all-hazards RCCE planning, coordination, behavioural insights and evidence generation, engagement with communities and other stakeholders, infodemic management, knowledge management and sharing, and human resource strengthening, all as per the recommendations from regional trainings in 2023.

54. Knowledge exchange and experience sharing must be facilitated, identifying and aiding translation of high-impact and scalable solutions, and advancing synergy in action along with joint advocacy for investment in primary health care through the WHO South-East Asia Regional Forum for PHC-oriented health systems.

55. The regulatory preparedness of the national regulatory authorities must be strengthened through enhanced emergency preparedness by addressing obstacles to risk-based regulation, capacity-building for existing needs, ensuring sufficient human and financial resources, timely development of adequate legal provisions and national medicine policies, confidential disclosure agreements, and coalition of parties. All this needs to be initiated before an emergency is reported or between emergency situations. Interventions during emergencies such as active surveillance of safety products, regulatory intelligence, capacity-building for emerging needs, etc. must be strengthened through the South-East Asia Regulatory Network (SEARN).

56. Current regional mechanisms on vaccination must be strengthened. These include ASEAN Vaccine Security and Self-Reliance (AVSSR), the SEAR Working Group comprising of donors and partners that regularly reviews preparedness, vaccine availability and forecasting to ensure continuous supply of quality vaccines and vaccine deployment, and the Regional Immunization Technical Advisory Group (SEAR-ITAG) that reviews the country situation on immunization systems including vaccines and supplies. There is a requirement of sustainable, collaborative and transnational collaboration and diplomacy at national and supranational levels. Having in place a broad portfolio of vaccines and vaccine deployment readiness is also a requisite to enhance regional vaccination mechanisms and strengthen regulatory mechanisms.

57. Investing in pandemic preparedness is now accepted as a global public good. Member States would be supported to access donor funding by helping them to prioritize pandemic preparedness and response interventions in their development plans while strengthening the resilience of health systems and focusing on addressing the causative factors for health emergencies.
58. Multisectoral collaboration for strengthening preparedness and response efforts must be facilitated. The scope of SEARHEF would be expanded in line with the recommendations at the Regional Consultation on implementation of the Regional Roadmaps including exploring funding support from non-State actors, the private sector and civil society organizations and multilateral development financing institutions.

59. The functionality of the Regional Health Emergency Council (RHEC) must be institutionalized as per the guidance of the Seventy-sixth Session of the Regional Committee after consideration of the revised proposal on the RHEC developed by the Regional Office through an intensive consultative process and incorporating the recommendations of the High-Level Preparatory Meeting, as outlined during the Seventy-fifth Regional Committee session in 2022.

Conclusions

60. The Seventy-fifth session of the Regional Committee at Paro endorsed the Regional Strategic Roadmap on health security and health system resilience for emergencies 2023–2027 and the WHO South-East Asia Regional Roadmap for diagnostic preparedness, integrated laboratory networking and genomic surveillance 2023–2027.

61. The implementation of the technical components of the regional roadmaps at national and regional levels have started, utilizing the available, revised and newly developed IHRMEF tools for the relevant mandatory and voluntary assessments of multi-hazard risks, strengths and capacity gaps; followed by development of evidence and risk-informed national action plans on health security with whole-of-government and whole-of-society engagement, with approaches aligned to health system strengthening and resilience to emergencies, ensuring the enablement of primary health care and one-health approaches.

62. The Health Emergency Preparedness, Readiness, Response and Resilience Framework is being effectively utilized to enable the identification of critical systems and capacities that need to be developed at regional, national and sub-national levels through institutional strengthening and capacity building with training programmes that are available (or being developed if unavailable) in line with the regional strategic roadmaps.

63. Through national- and regional-level consultations with Member State nominees, experts and other internal and external stakeholders, regional action frameworks for implementation of interventions required to enhance specific IHR core capacities such as surveillance, laboratory networks, emergency operations, RCCE-IM etc. are being developed and endorsed.

64. Additionally, the regional mechanisms that are needed for country-level support, efficient sharing and transfer of best practices and enabling economies of scale in operations are also being developed or strengthened in collaboration with the relevant non-WHE departments of the Regional Office.

65. As requested by the Regional Committee in 2022, the proposal for establishment of the Regional Health Emergency Council (RHEC) was drafted by the Secretariat following extensive consultation with Member State officials and experts.
Based on the feedback received including during and after the Regional Consultation of Member States and experts on the implementation of the regional roadmaps organized in July 2023, the draft proposal on RHEC has been fine-tuned. The RHEC proposal has been further revised as per the guidance of the High-Level Preparatory Meeting. It is being presented to the Regional Committee at its Seventy-sixth Session in 2023 for consideration and endorsement. The RHEC, including its supporting institutional arrangements, would be advanced and made functional in line with governance, structural and functional components outlined in the proposal following its endorsement by the Regional Committee at its Seventy-sixth Session in 2023.
Annexure
Proposal on a Regional Health Emergency Council (RHEC) of the WHO South-East Asia Region
Regional Health Emergency Council (RHEC) of the WHO South-East Asia Region

I. Background

The COVID-19 pandemic has demonstrated the need for all nations to work together to prevent and manage multihazard public health emergencies, since, given the global interconnectedness, no one is safe till all are safe. COVID-19 has also clearly shown that a large share of the effort required to prevent and manage pandemics lies beyond the domain of the health sector and beyond national borders. It has also highlighted that an emergency can be effectively managed only with adequate advance preparation and not when the crisis has begun to impact critical systems.

The cost of societal and economic disruption caused by a pandemic is several orders of magnitude more than the cost of advance preparation, thus demonstrating the cost-effectiveness of expenditure on preparedness. The political utility of devoting scarce financial and diplomatic resources for preparedness and readiness to deal with anticipated emergencies in the face of competing and pressing national development needs and cooperation demands at the international level is not readily obvious and calls for a high level of statesmanship.

These learnings and realizations suggest the need for a high-level council that engages the top political leadership of Member States to jointly set the policies and priorities for optimal international and national health emergency risk management systems and strengthen them as needed. This would perforce include much greater attention to key concepts and mechanisms such as the harmonization of health security systems and health system resilience for emergencies; intersectoral actions for health security; the development–humanitarian nexus; approaches to engage the whole of government and whole of society; and solidarity-based intercountry cooperation.

At the global level, this is envisaged to consist of the Global Health Emergency Council (GHEC), linked and aligned with the Constitution and governance of WHO, which takes into consideration the agreement and resolutions supported by Member States on the Pandemic Treaty or similar instrument, and the amendments to the International Health Regulations (IHR) 2005 that are being discussed and shaped by the Inter-governmental Negotiating Body (INB+) and the Working Group on IHR amendments (WG-IHR) and the Health Emergency Preparedness, Response and Resilience (HEPR) framework. Similarly, at the level of the WHO South-East (SE) Asia Region, there is a need to set up a corresponding Regional Health Emergency Council (RHEC).

The vision and intent to set up a regional governance mechanism such as the RHEC would be guided by the highest level of political leadership of Member States to facilitate whole-of-government and whole-of-society approaches to health emergency risk management. This would be enabled by strong intersectoral actions and intercountry cooperation, following in the footsteps of pioneering initiatives such as the South-East Asia Regional Health Emergency Response Fund (SEARHEF) set up by the WHO SE Asia Region. This pioneering financing mechanism addresses the need for an urgent response to emergencies on a collective regional basis. SEARHEF was established in 2008, preceding by several years the setting up of the Global Health Emergency Contingency Fund as part of the reforms of the WHO Health Emergencies Programme (WHE).

Since its inception, SEARHEF has rapidly disbursed, within two days of the request being received from the Ministry of Health after the onset of an emergency, more than US$ 6.7 million of immediate financial assistance in the aftermath of 43 emergencies and has since 2016 also incorporated a funding stream for preparedness. This innovative emergency financing platform...
with immense potential to accelerate Regionwide improvements in all-hazard emergency preparedness and response was possible only due to the sagacity and solidarity of the leaderships of Member States of the Region and the WHO Regional Office. The same pioneering spirit is driving the initiative to set up the RHEC for the Region.

This will ensure enhanced regional health security and health system resilience for emergencies. These are critically needed to face the ever-increasing multihazard health emergency risks in the Region, including interventions to address climate change adaptation and climate-related severe adverse events, which Member States will continue to encounter with increasing frequency.

The Regional Strategic Roadmap on Health Security and Health System Resilience for Emergencies (2023–2027) (Regional Roadmap), adopted by the WHO SE Asia Regional Committee, states that WHO shall:

“Support the establishment of the Regional Health Emergency Council of Heads of States of the Region to address obstacles to equitable and effective preparation and response, ensuring collective, whole-of-government and whole-of-society action, aligned with global and regional health emergency goals, priorities and policies; to foster compliance with and adherence to global and regional health agreements, norms and policies; and to identify needs and gaps, swiftly mobilize resources, and ensure their effective deployment and stewardship.”

This revised proposal lays out the simplified objectives, structure, relationships and functioning of the Regional Health Emergency Council of the WHO SE Asia Region, incorporating the feedback received from nominated Member State participants and invited experts during the “Regional meeting on implementation of the Regional Strategic Roadmap on Health Security and Health System Resilience for Emergencies 2023–2027” at New Delhi, India from 11 to 12 July 2023.

II. Objectives of the Regional Health Emergency Council

The objectives of the Council will be as follows:

A. During the interemergency/interpandemic period:

1. to provide strategic leadership and high-level guidance and oversee the progressive realization of the capacities for regional and national health security and health system resilience synchronized with the relevant international instruments;

2. to foster and facilitate mutual support between countries of the Region for addressing national-level gaps in health security and health system resilience for emergencies;

3. to enable the establishment and oversee the effective functioning of critical regional platforms and mechanisms for coordinated health emergency risk management in the spirit of regional solidarity;

4. to steer and sustain joint research for the development of diagnostic technologies, medical countermeasures, and vaccines to address pathogens with pandemic potential that exist or are likely to emerge in the Region and enable equitable benefit-sharing mechanisms.
B. **During a public health emergency of international concern (PHEIC), pandemic or a regional public health emergency:**

1. to provide strategic recommendations to the national and regional emergency response systems, WHO Regional Office, country offices, and other relevant stakeholders to support and facilitate an effective, evidence-informed and equitable intersectoral response in affected Member States of the Region in a concerted manner;

2. to steer regional solidarity, mobilize regional resources, and activate regional platforms and mechanisms to drive a synchronized regional response in compliance with international instruments to support affected Member States of the Region and beyond.

III. **Membership, governance, alignment with global mechanisms and convening of the Regional Health Emergency Council**

A. **Membership and governance**

1. The Heads of Government/State of Member States of the SE Asia Region will constitute the RHEC.

2. The governance of the RHEC will be integrated with the existing governance structures and mechanisms of the WHO SE Asia Region.

3. The Chair of the RHEC will be the Head of Government/State of the same Member State whose Minister of Health is the Chair of the WHO Regional Committee for the year.

B. **Synergy with global health emergency governance mechanisms**

The governance of the RHEC for the WHO SE Asia Region will operate in synchrony and will be synergized with the ongoing related global and regional accountability and development cooperation mechanisms, such as:

- Standing Committee of the WHO Executive Board on Health Emergency, Prevention, Preparedness and Response (EB151/CONF./1), which will meet twice a year.

- IHR Review committee, which under Article 50 of the IHR (2005), the WHO Director-General has an obligation to convene to undertake the following functions:
  1. make technical recommendations to the Director-General regarding amendments to the IHR;
  2. provide technical advice to the Director-General with respect to standing recommendations, and any modification or termination thereof; and
  3. provide technical advice to the Director-General on any matter referred to it by the Director General regarding the functioning of the IHR.

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1 With executive function/role
• Emergency risk management or health security and health system resilience mechanisms of regional bodies such as the South Asian Association for Regional Cooperation (SAARC), the regional organization of Bangladesh, Bhutan, India, Myanmar, Nepal, Sri Lanka and Thailand (BIMSTEC) and the Association of Southeast Asian Nations (ASEAN); and other relevant regional cooperation mechanisms facilitated by multilateral development partners.

• The governance mechanisms of the RHEC will also subsequently align, when they are finalized, with the following mechanisms currently being discussed by Member States:

1. the Implementation and Compliance Committee of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response (WHO CA+);

2. the Global Health Emergency Council (GHEC) and/or the new Committee E (Emergency) of the World Health Assembly to be established by a resolution, if needed, which may synchronize the annual monitoring of progress related to pandemic preparedness, response and recovery (PPRR) capacities as outlined by the relevant international instruments.

C. Convening

1. In cognizance of the relevant global and regional governance mechanisms of WHO, during the interemergency or interpandemic period, the RHEC will meet at least once a year, in-person if feasible, or online, on Day 1 of the annual Regional Committee session to monitor progress of the regional and national PPRR capacities.

2. When an alert or declaration of a PHEIC, pandemic, or regional public health emergency is made, an RHEC meeting will be immediately convened online, to trigger harmonized actions for a regional response, and meet subsequently as desired to take stock of response outcomes.
IV. Institutional arrangements for the Regional Health Emergency Council

A. Standing Committee

1. A Standing Committee will be constituted by the RHEC to facilitate its governance; enable implementation of the recommendations of the RHEC; monitor and review the progress achieved at regional and national levels; and make recommendations to the RHEC on future actions needed.

2. The Standing Committee will consist of one member with high-level expertise in governance and public service delivery, including emergency risk management, from each of the Member States of the Region, nominated by the RHEC members and endorsed by the RHEC as a whole and acknowledged by the WHO SE Asia Region Regional Committee.

3. The tenure of the members of the Standing Committee would be for a period of two years, extendable for an additional term of two years by the RHEC to ensure continuity.

4. The rules of procedure of the Standing Committee will be discussed and decided by its members and formally endorsed by the RHEC, including subsequent amendments, if any.

5. A specific subcommittee of the Standing Committee focused on Financing will assist the Standing Committee and the RHEC in mobilizing the resources needed to fulfil the objectives during the interemergency/interpandemic period and during the PHEIC, pandemic or regional public health emergency.
   a. Enhancing the corpus, sustainability and effective utilization of SEARHEF – especially the preparedness stream, will be one of the key objectives of the Financing Subcommittee.
   b. The tenure of the Financing Subcommittee will be for two years and would be co-terminus with the tenure of the Standing Committee of the RHEC.
   c. The composition, terms of reference and rules of procedure of the Financing Subcommittee would be decided by the Standing Committee of the RHEC.

6. Nominees from relevant regional bodies; multilateral and bilateral development partners; and germane regional risk management platforms will be included as observers with RHEC approval.
B. **Ad hoc expert committee(s)**

1. The RHEC may direct its Standing Committee to constitute ad hoc Expert Committee(s) based on critical topical issues as per contingent need with specific tenures and terms of reference.

2. The composition, specific terms of reference and rules of procedure of the ad hoc expert committee(s) shall be elaborated by the Standing Committee of the RHEC.

3. The expert committee(s) so constituted will select a chair and a co-chair from among the constituent members for the tenure of the committee(s).

4. The Standing Committee would endorse the workplan, resource needs and reports of the Expert Committee(s) before it is presented to the Regional Committee and/or the RHEC.

5. An ad hoc expert committee could be constituted to serve as the Regional Expert Review Commission of the Universal Health and Preparedness Review (UHPR), if Member States of the Region adopt this review mechanism.

C. **Secretariat/support cell of the RHEC**

1. A Secretariat/support cell for the RHEC, with key core personnel headed by a senior professional with extensive experience of public health and emergency health leadership in the WHO SE Asia Region, would be formed in the WHE Department of the WHO Regional Office, and function under the overall guidance of the Regional Director. The Regional Emergency Director (RED) and the WHE Department will facilitate the functioning of the RHEC Secretariat and its committee(s) and support a streamlined liaison process between the RHEC and the Regional Committee.

2. The cost of the functioning of the Secretariat/Support Cell will be borne by the earmarked resources of the WHE Department of the Regional Office and supplemented by SEARHEF.

V. **Conclusion**

The primary focus of the Regional Roadmap is on actions at the national level. However, each individual Member State and the Region would benefit from a regional collaborative effort that leverages their combined strengths and capacities to support Member States that need them most. While some emergencies may affect all Member States in the Region, many emergencies may be confined to a few of them. This allows for Member States to support each other in the event of a crisis. Sharing of knowledge and best practices between Member States will be useful, irrespective of the health security status of individual Member States.

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2 Key topical issues for which ad hoc expert committees may be constituted as directed by the RHEC are: Collaborative Surveillance and Joint Risk Assessment; Genomic Surveillance and Diagnostic Preparedness; Health Emergency/ Pandemic Countermeasures and Products; Vaccine Security; Community and Social Protection; Continuity of Care and Health System Resilience; Emergency Coordination Platform; Innovations, Technology Transfer and Research; Knowledge Management Platforms and Communities of Practice; among others.
Effective collaboration as envisaged by the Regional Roadmap would be facilitated by aligning the relevant policies; regulatory, information, communication and other appropriate systems of Member States. The RHEC, composed of the Heads of Government/State of Member States of the Region, will be a powerful governance mechanism during a regional health emergency to address these needs and ensure that such regional collaboration based on solidarity will be aligned with the relevant international instruments for enhanced global health emergency governance.

VI. Next steps

The Regional Health Emergency Council (RHEC) proposal, following its review by the High-Level Preparatory Meeting in September 2023, is being placed for consideration of the Seventy-sixth Session of the WHO Regional Committee for South-East Asia. The elements of the proposal will be reviewed and further revised as per the recommendations of the Regional Committee Session and the developments related to the INB+, WG-IHR, HEPR and the GHEC at the global level, as well as pertinent developments related to health emergency risk management at the regional level.

The proposal for establishment of the RHEC as endorsed by this Regional Committee will remain as a “living document” and will be revisited and revised, as required, by subsequent Regional Committee sessions.

This RHEC proposal document is being tabled for the consideration and endorsement of the Seventy-sixth Session of the Regional Committee.