MEETING OF THE BIREGIONAL TECHNICAL ADVISORY GROUP ON THE ASIA PACIFIC STRATEGY FOR EMERGING DISEASES AND PUBLIC HEALTH EMERGENCIES (APSED III)

27–29 June 2023
Manila, Philippines
MEETING REPORT

MEETING OF THE BIREGIONAL TECHNICAL ADVISORY GROUP ON THE ASIA PACIFIC STRATEGY FOR EMERGING DISEASES AND PUBLIC HEALTH EMERGENCIES (APSED III)

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
27–29 June 2023

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

July 2024
NOTE

The views expressed in this report are those of the participants of the Meeting of the Biregional Technical Advisory Group on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Meeting of the Biregional Technical Advisory Group on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) in Manila, Philippines from 27 to 29 June 2023.
CONTENTS

SUMMARY ................................................................................................................................. 4

1. INTRODUCTION ...................................................................................................................... 5
   1.1 Meeting organization ........................................................................................................ 5
   1.2 Meeting objectives .......................................................................................................... 5

2. PROCEEDINGS ....................................................................................................................... 6
   2.1 Opening session ............................................................................................................... 6
   2.2 Plenary 1: APSED and health security strengthening in the Asia Pacific region ............ 6
   2.3 Plenary 2: Asia Pacific Health Security Action Framework ............................................ 8
   2.4 Plenary 3: Readiness and resilience ................................................................................ 8
   2.5 Plenary 4: Global health security updates ...................................................................... 10
   2.6 Breakout and feedback sessions (Plenaries 5 and 6) ...................................................... 12
   2.7 Plenary 7: Implementation ............................................................................................. 16
   2.8 Plenary 8: Behaviour change ......................................................................................... 17
   2.9 Closing session .............................................................................................................. 18

3. PARTNERS FORUM ............................................................................................................... 19

4. CONCLUSIONS AND RECOMMENDATIONS ..................................................................... 21
   4.1 Conclusions ..................................................................................................................... 21
   4.2 Recommendations ......................................................................................................... 22
      4.2.1 Recommendations for Member States ..................................................................... 22
      4.2.2 Recommendations for WHO .................................................................................. 22
      4.2.3 Recommendations for partners ............................................................................. 23

ANNEX 1. PROGRAMME OF ACTIVITIES .................................................................................. 24

ANNEX 2. LIST OF PARTICIPANTS .......................................................................................... 29

ANNEX 3. SUMMARIES OF LUNCH SESSIONS ...................................................................... 38
   Artificial intelligence: Opportunities and threats for health security, 27 June 2023 .............. 38
   Strengthening national public health agencies: Building resilience to health emergencies and
   transforming response, 28 June 2023 .................................................................................. 39
   Pacific Focus: Joint External Evaluations and IHR strengthening, 29 June 2023 .................. 40

KEYWORDS:

Communicable diseases, emerging / Disease outbreaks / Emergencies / Public health / Risk management
SUMMARY

The Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) serves as the common framework for countries and areas in the WHO South-East Asia and Western Pacific regions (here referred to as the Asia Pacific) to collectively strengthen public health capacities for health security. This biregional framework has guided efforts to implement and advance the revised International Health Regulations (2005) (IHR), strengthen capacities and build systems to detect and respond to public health emergencies in the region since 2006. Annual meetings of the APSED Technical Advisory Group (TAG) continue to provide an important opportunity for countries and areas, World Health Organization (WHO) and partners in the Asia Pacific to share experiences, monitor progress and identify collective priorities for regional health security strengthening.

The 2023 APSED III TAG Meeting was held in Manila, Philippines from 27 to 29 June 2023. This was the first meeting held in-person since the start of the COVID-19 pandemic and involved the participation of 36 Asia Pacific countries and areas. Updates were provided on regional health security threats and progress in implementing APSED III over the past year. A Partners Forum was also held on 29 June for partners attending the meeting as representatives and observers, in parallel with the main meeting agenda. Partners shared strategies and priorities in health security, provided feedback on the draft Asia Pacific Health Security Action Framework (APHSAF) and discussed ways to enhance sustainable investments and coordination.

As recommended by the 2022 APSED III TAG Meeting, the draft APHSAF was presented for discussion. While building on the proven strengths of APSED and recognizing the multisectoral scope and multi-hazard nature of public health emergencies, the draft Framework presents a new conceptual approach to regional health security. This approach focuses on system-wide outcomes and is structured around six domains of activity, namely: (1) Lead and Coordinate; (2) Plan and Prepare; (3) Assess and Respond; (4) Readiness and Resilience; (5) Support and Enable; and (6) Monitor, Evaluate and Improve. Within each domain, sub-domains and priority activities are identified that can be adapted as required, enabling users to tailor capacity-strengthening and system-building efforts as appropriate to their individual contexts, resources and priorities.

Participants discussed and reviewed the technical content of each domain and how the new approach may be adopted and implemented. Participants overall were supportive of the draft Framework, which builds on the approach and achievements of APSED and incorporates shared lessons and experiences from responding to public health emergencies in the region over the past two decades. They also reflected on challenges and achievements during the COVID-19 pandemic and other emergencies. Participants recognized the need to prioritize, maintain and advance key capabilities that have been developed or enhanced over the last three and a half years. This includes promoting the use of evidence-based approaches for decision-making; identifying, adopting and using innovative technologies; and establishing or strengthening national public health agencies or centres for disease control.

Participants concluded that significant progress has been achieved under APSED’s step-by-step approach, which highlights the importance of sharing lessons and experiences from public health emergencies to strengthen regional, national and subnational capacities and systems. However, the COVID-19 pandemic’s widespread impact on health systems, societies and economies highlights the increasingly complex nature of public health threats and the need for more comprehensive, integrated and forward-looking approaches to health security that go beyond the health sector. APHSAF has been developed based on the achievements and experiences of the region, to provide a framework to envisage and plan comprehensive health security systems that encompass IHR core capacities as well as the multisectoral health security capacities needed to strengthen resilience to public health threats and emergencies of the future.
1. INTRODUCTION

1.1 Meeting organization

The Meeting of the Biregional Technical Advisory Group (TAG) on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) was held in Manila, Philippines from 27 to 29 June 2023 in hybrid (in-person and virtual) format. Participants included Member State representatives from the World Health Organization (WHO) South-East Asia and Western Pacific regions, TAG members, temporary advisers, partners, observers and WHO staff from headquarters, regional and country offices. A total of 196 participants attended the meeting with 113 in-person and 83 virtual attendees. Eight countries from the South-East Asia Region and 28 countries from the Western Pacific Region were represented at the meeting.

The meeting consisted of a series of plenary sessions, presentations, panel discussions and breakout working groups. A Partners Forum was held on 29 June 2023 in parallel with Plenary 7 of the APSED III TAG Meeting. During lunch break on each day, optional lunch sessions were held on the following topics: Day 1 – Artificial intelligence: opportunities and threats for health security; Day 2 – Strengthening national public health agencies: building resilience to health emergencies and transforming response; and Day 3 – Pacific focus: Joint External Evaluations and International Health Regulations (IHR) strengthening.

The programme of activities and list of participants are provided in Annexes 1 and 2, respectively. Summaries of the lunch sessions are provided in Annex 3.

1.2 Meeting objectives

The objectives of the meeting were:

(1) to consult Member States and key partners on inputs to refine and finalize a draft biregional health security action framework, for consideration by the seventy-fourth session of the WHO Regional Committee for the Western Pacific in October 2023;

(2) to build consensus on the strategic directions and main elements of the draft biregional health security action framework among Member States and key partners; and

(3) to identify, gather and share among Member States and key partners experiences and lessons from public health emergencies, including the COVID-19 pandemic, at national, regional and global levels.
2. PROCEEDINGS

2.1 Opening session

Dr Zsuzsanna Jakab, Acting Regional Director of the WHO Western Pacific Region, welcomed participants to the meeting and to Manila. Dr Jakab highlighted that the APSED strategy has served WHO, Member States and partners in the Asia Pacific region well for the past two decades. Beyond APSED being a strategy, it serves as a platform for collaboration and fosters the exchange of knowledge and experiences in response to multiple hazards, including infectious disease outbreaks and natural hazards. The years of investment in APSED put the Asia Pacific in a strong position to respond to the COVID-19 pandemic, especially during the early phase. However, COVID-19 also exposed weaknesses and vulnerabilities and demonstrated the ability of health emergencies to claim lives, disrupt societies, impact economies and exacerbate social and health inequities.

At the APSED TAG III meeting in 2020, recommendations were made to review the region’s experiences, identify areas requiring long-term solutions, incorporate global discussions and support the development of a new health security framework. The draft Asia Pacific Health Security Action Framework (APHSAF) is a new, domain-based approach that identifies six domains of a comprehensive health security system. This reflects the cross-cutting, integrated and intersectoral nature of health emergencies. The draft Framework has been shaped by the cumulative lessons and experiences of responding to public health emergencies in the region over the past two decades. With the continued support and input from APSED TAG members, APHSAF will build on the strengths and achievements of APSED to improve health security in the region so that Member States will be better prepared to face the public health threats of the future.

Dr Edwin Salvador, Regional Emergency Director, WHO Regional Office for South-East Asia, delivered opening remarks on behalf of Dr Poonam Singh, Regional Director of the WHO South-East Asia Region. Dr Salvador noted that the South-East Asia and Western Pacific regions have been jointly implementing APSED since 2006. The draft Framework has been formulated to incorporate lessons identified from the pandemic and global developments in health emergency prevention, preparedness, response and resilience (HEPR); to strengthen whole-of-government and whole-of-society approaches; and to enhance health security and resilience to multi-hazard emergencies. Feedback from consultations with Member States, experts, partner organizations and funding agencies from both regions have been included in the draft, and Dr Salvador expressed his gratitude for their support and input. He welcomed further feedback on the Framework through the TAG meeting and thanked participants for their commitment to ensuring health security in the Asia Pacific region.

2.2 Plenary 1: APSED and health security strengthening in the Asia Pacific region

Chair: Dr Wenjie Wang, APSED III TAG Member

Health security threats in the Asia Pacific

Dr Sandip Shinde, Country Preparedness and IHR Officer, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia

Health security threats to the Asia Pacific region are constant and multi-hazard. The last three public health emergencies of international concern (PHEIC), including COVID-19, mpox and the ongoing poliomyelitis PHEIC, have greatly affected both the South-East Asia and Western Pacific regions. Dr Shinde summarized the impacts of COVID-19 and mpox to date. He cited examples from seasonal influenza, avian influenza HxNy, other zoonotic diseases, the resurgence of vaccine-preventable diseases, outbreaks of arboviral diseases, waterborne diseases, and disasters caused by natural hazards, as evidence of the increasingly frequent and complex health threats in the Asia Pacific.
Collective efforts to innovate and further strengthen core capacities using whole-of-society and risk-based approaches are therefore key to ensuring health security in the region.

**APSED: Keeping the region safe**

*Dr Babatunde Olowokure, Regional Emergency Director, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific*

Over the past 75 years WHO has been at the front line of public health emergencies. Each time these occur the Organization’s unique role, technical expertise and partnerships are activated to respond rapidly and at scale to protect communities from the impact of epidemics, pandemics and disasters. Approximately 20 years ago, WHO alerted the world to an outbreak of severe acute respiratory syndrome (SARS). Dr Olowokure acknowledged the people who were involved in the SARS response, including infectious disease expert Dr Carlo Urbani from the WHO Viet Nam country office, who helped to identify and alert the world to the outbreak and sadly passed away from the disease on 29 March 2003 in Bangkok, Thailand. Following SARS, the IHR were revised and the first APSED strategy developed. APSED has been instrumental in building capacities, strengthening public health systems, establishing effective multi-source surveillance, communications and regional mechanisms, and enabling strong responses from countries in the Asia Pacific region to the COVID-19 pandemic. The draft Framework is the next evolution of APSED and promotes values of equity, inclusivity, and connecting coherent health security systems taking a One Health approach. The Asia Pacific region has always been future-facing and that will continue to put it ahead of the curve as it implements a new strategic framework for health security that will support making the region the healthiest and safest in the world.

**APSED III progress 2022–2023**

*Dr Tamano Matsui, Programme Area Manager, Health Information and Risk Assessment, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific*

The APSED TAG meeting is an annual opportunity to review achievements, challenges and lessons identified in countries and areas in the Asia Pacific region. Dr Matsui provided an overview of progress in implementing TAG recommendations and APSED from 26 countries and areas in the region. This included: the institutionalization of incident management systems; establishment of emergency operations centres; improved multisectoral collaboration on points of entry; use of multi-source surveillance for decision-making; expansion of national and international laboratory networks; adoption of the learn-and-improve mechanism; and establishment of national emergency management teams. For WHO, progress on TAG recommendations included the provision of platforms for Member States to share, analyse, evaluate and learn from their experiences and the development of the new Framework, which has involved consultations with WHO collaborating centres, technical experts, partners and Member States over the past year. For partners, significant progress on TAG recommendations has been made in the areas of engagement through networks such as the emergency medical teams initiative and the Global Outbreak Alert and Response Network, and in strengthening multisectoral and multilateral collaboration through IHR Performance of Veterinary Services National Bridging Workshops and joint meetings of the One Health Quadripartite.

*The Chair invited comments and questions:*

- Significant health security threats in the Asia Pacific region were acknowledged, including antimicrobial resistance and Nipah virus, that may have epidemic or pandemic potential. It was noted that specific health threats are likely to differ by country and need to be considered from a local as well as regional perspective.
A comment was made on the need to capture the paradigm shift regarding border measures over the course of the pandemic (that is, from being discouraged due to impacts on travel and trade, to being an accepted strategy in pandemic control and response) in the discussion on health security. The panel discussed examples of Pacific island countries and areas (PICs) that used border measures to buy time to prepare for and respond to COVID-19.

2.3 Plenary 2: Asia Pacific Health Security Action Framework

Chair: Dr Wenjie Wang, APSED III TAG Member

Introduction to the Asia Pacific Health Security Action Framework

Ms Qiu Yi Khut, Technical Officer – Public Health Emergency Preparedness, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific

Investments in Asia Pacific health security guided by APSED served countries and areas of the region well in responding to the COVID-19 pandemic. However, more needs to be done to prepare for pandemics and other public health emergencies of the future. Lessons from COVID-19 are now informing developments in health security nationally and internationally. In the Asia Pacific region, the 2021 APSED TAG Meeting recommended the development of a new biregional framework to guide further investments in health security. At the 2022 APSED TAG Meeting, an approach to structure the new framework on broad, systems objectives were identified. Ms Khut provided an overview of the draft APHSAF, which was based on this approach and uses six domains to visualize and plan health security preparedness and response. These are: (1) Lead and Coordinate; (2) Plan and Prepare; (3) Assess and Respond; (4) Readiness and Resilience; (5) Support and Enable; and (6) Monitor, Evaluate and Improve. Within each domain, sub-domains and priority actions have been highlighted to assist countries and areas to plan and develop health security capacities. The Framework supports a broad range of regional and global public health and development initiatives, and is consistent with ongoing global developments in health security.

The Chair invited comments and questions:

- Participants asked how to use and adopt the new Framework, and how to move from the eight technical areas to the six domains. As existing plans to strengthen health security capacities are reviewed and revised (such as national action plans for health security [NAPHS]) the new Framework can be integrated into the process to inform these revisions. The decision on how and when to transition to the new Framework is to be made by individual countries and will be supported by WHO.
- Participants also commented on the importance of including One Health approaches in the Framework and how to best address the context and needs of PICs.

2.4 Plenary 3: Readiness and resilience

Chair: Professor Mahmudur Rahman, APSED III TAG Member

Health emergencies readiness and resilience

Dr Nedret Emiroglu, Director, Country Readiness Strengthening, Health Emergency Preparedness and Response, WHO headquarters

“Readiness” refers to the status of specific functional capabilities, which includes pre-positioning of supplies and personnel or rapid activation to anticipate and to reduce the impacts of threats. Readiness sits between “preparedness” and “response”. “Resilience” encompasses the ability of individuals, communities and health systems to adapt, recover and continue functioning during and after an
emergency. By integrating readiness and resilience in health systems, communities can be operationally ready for health emergencies. This means that they can respond earlier and more effectively to mitigate the impact of the emergency and to improve their capacity to withstand it. Through this, communities can also recover more quickly and build their resilience to emergencies. Lessons from the COVID-19 pandemic showed that functional readiness capabilities are crucial for responses building on IHR capacities. Some countries, even those with high-capacity scores, lacked key readiness functions to convert their laboratory capacity into effective point-of-care testing regimens or to be able to link their systems and interventions to the communities. For example, establishing an emergency operations centre with equipment, standard operating procedures and trained staff can be considered as “preparedness” activities, while updating staff rosters, revising procedures and conducting simulation exercises can be considered as “readiness” activities. Preparedness, readiness and response can be applied to all areas, including planning and coordination, workforce, community protection, clinical care and more. WHO has developed a series of tools to support countries to address gaps in their capacities for health emergency preparedness and readiness (https://partnersplatform.who.int).

**Bhutan readiness and resilience against COVID-19 pandemic**

Dr Rixin Jamtsho, Chief of Communicable Disease Division, Department of Public Health, Ministry of Health, Bhutan

Bhutan is exposed to a range of natural hazards and has long recognized the importance of multisectoral preparedness and response capabilities. Leadership is a decisive factor in effective responses. During the COVID-19 pandemic, Bhutan had a relatively low mortality rate. A command structure comprising senior experts from various disciplines and sectors was established over the course of the pandemic and supported by working teams for operational functions. Existing surveillance and laboratory capabilities were enhanced; for example, reverse transcription polymerase chain reaction testing was expanded from one to six sites. A genomic sequencing facility was also established and, over time, Bhutan achieved greater than 90% immunization coverage. Challenges included workforce shortages, new variants of SARS-COV-2, complacency of the public and frontliners, illegal border entry and uncertainty over contingency funding. Public solidarity and multisectoral coordination are paramount to the success of an emergency response, with the latter underlining the importance of having a common incident management system and unified command structure.

**Panel discussion**

Dr Salvador moderated the panel discussion. Representatives from Mongolia, Solomon Islands, Sri Lanka and Viet Nam were invited to be panellists and responded to one question each.

- **Considering the unpredictable nature of emerging threats, what is your country prioritizing in order to maintain a state of constant readiness and adaptability to respond?**
  Mongolia (Dr Jantsansengee Baigalmaa, Ministry of Health): Mobilizing multiple sectors with clear expectations and maintaining ongoing coordination are a key focus. This starts with understanding the roles and responsibilities of different agencies in “peace time”. Simulation exercises are also important to ensure that different sectors can work together in high-pressure situations. During the COVID-19 pandemic, additional measures to access resources were implemented and escalated to ensure that ongoing essential health services could continue.

- **Considering your previous experiences in public health emergency response, what key factors have enabled you to quickly launch a response operation?**
Solomon Islands (Dr Nemia Bainivalu, Ministry of Health and Medical Services): With nearly 500 islands and 80% of the population living in rural and often remote locations, Solomon Islands faces many logistical and other challenges. The country has previously dealt with cyclones, volcanoes, tsunamis and other hazards. With limited resources available, it is vital to maximize their use. This inevitably requires close coordination across the wider government sector to enable human resources and information technology systems to be shared across agencies. The country has also often deployed multidisciplinary rapid assessment teams to gather information at field level.

- **How have regional platforms or mechanisms helped you in the past? What type of regional support would be useful in the future?**

Viet Nam (Dr Vu Ngoc Long, Ministry of Health): Viet Nam faces a range of health threats, including infectious diseases, and employs rapid response teams and tests their capabilities using simulation exercises. The country uses the technical support provided by WHO through APSED and other technical guidance to strengthen its national action plan to respond to health emergency. The national action plan, including legislative documents, is refined and updated regularly. Viet Nam is currently updating its NAPHS based on lessons learnt during the COVID-19 pandemic.

- **Increasing the resilience of health systems will require long-term support and investment. How is your country deciding what to prioritize, and how are you making the argument for these investments?**

Sri Lanka (Dr Thilanga Ruwanpathirana, Ministry of Health): Resilience is a long-term goal that starts with the review and revision of the pandemic plan. This reflects requirements at both national and subnational levels. Sri Lanka also considers global threats as well as local and regional events. In particular, the country has recognized the need to build laboratory capacity, which is one of its leading priorities.

### 2.5 Plenary 4: Global health security updates

*Chair: Professor Mahmudur Rahman, APSED III TAG Member*

**Amendments to the IHR (2005)**

*Dr Carmen Dolea, Unit Head, IHR, Emergency Preparedness, WHO headquarters*

Dr Dolea reminded participants that the IHR are a legally binding agreement between all 196 State Party signatories, including all WHO Member States. The IHR were first adopted in 1951, updated in 1969 and then significantly revised in 2005. At that time the scope was expanded to all hazards, national IHR focal points were established, reporting of significant public health events became mandatory, and the concept and requirements of PHEICs were established. During the COVID-19 pandemic, the World Health Assembly agreed on a process to review and propose amendments to the IHR via a Member State-led Working Group on Amendments to the International Health Recommendations (2005) (WGIHR). To date, more than 300 amendments have been proposed and are available on the WHO website ([https://apps.who.int/gb/wgihr/index.html](https://apps.who.int/gb/wgihr/index.html)). The proposed amendments have been grouped into themes, which are then considered at WGIHR negotiating sessions in April, July and October 2023. The WGIHR is expected to complete its work and submit a package of proposed amendments to the World Health Assembly in May 2024.

**WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response**

*Mr Kenneth Piercy, Senior Legal Officer, Office of the Legal Counsel, International, Constitutional and Global Health Law Unit, WHO headquarters*
In 2021 the World Health Assembly also agreed to establish an Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. Similar to the WGIHR, the INB is composed of WHO Member State representatives. To date, five meetings have been held and more are planned in coming months. The fifth meeting conducted in April 2023 focused on reviewing a zero draft of the instrument. The current draft includes articles on pandemic prevention, surveillance, research, supply chains, and access and benefit-sharing. The INB is also scheduled to report its findings to the World Health Assembly in May 2024. The WGIHR and INB hold joint meetings to discuss common themes. Further information can be found on the WHO website (https://inb.who.int/).

Health emergency prevention, preparedness, response and resilience (HEPR) and the Pandemic Fund

Mr Scott Pendergast, Director, Strategic Planning and Partnership, Health Emergencies Preparedness and Response, WHO headquarters

Mr Pendergast observed that outbreaks, epidemics and other types of public health emergencies are increasing in both frequency and intensity. Delays in progress towards achieving the United Nations Sustainable Development Goals have also led to significant burdens faced by vulnerable populations in resource-limited countries and settings. WHO is working to coordinate global leadership initiatives at WHO headquarters and at the United Nations General Assembly in New York. The HEPR framework has distilled key, generic capabilities needed to address public health emergencies into what are called the “five Cs”: collaborative surveillance; community protection; emergency coordination; access to countermeasures; and safe and scalable care.

The Pandemic Fund was launched in November 2022 to provide dedicated and catalytic financing for pandemic prevention, preparedness and response. The Pandemic Fund also promotes coordination among key agencies working on HEPR and incentivizes countries and partners to increase their investments. The first call for proposal was closed on 19 May 2023 with 179 applications from 129 low- and middle-income countries. The initial priorities of the first call focused on strengthening disease surveillance, laboratory systems and public health workforce.

The Chair invited comments and questions:

- What is the situation of the Universal Health and Preparedness Review (UHPR) and how will the IHR Monitoring and Evaluation Framework be placed under the revised IHR?
  The UHPR initiative has been piloted in six countries and a concept note has been discussed at the World Health Assembly. Some Member States have requested alignment or consolidation of this initiative under the current IHR Monitoring and Evaluation Framework (MEF) tools. Member States have been invited to participate in a consultation in July to discuss the methodology of UHPR peer-to-peer review, which will be piloted in one or two countries in October 2023. An update on the UHPR will be reported at the next World Health Assembly.

- Is the pandemic instrument expected to be binding on signatories?
  The pandemic instrument may provide some overarching provisions relating to matters such as sustainable funding and increasing domestic financing for core capacities in all countries to strengthen preparedness and resilience. The Pandemic Fund could be one mechanism to facilitate implementation of the pandemic instrument.

- Given that several overlapping issues are being discussed in both the INB and the WGIHR, what mechanisms are being used to ensure that there is no inappropriate duplication or inconsistency?
In addition to regular coordination processes there are also joint coordination meetings between the INB and WGIHR bureaus.

- **How will priorities for subsequent Pandemic Fund funding rounds be considered?**
  A review of the first funding round will be held, which will inform the design of the second round. The process may be more streamlined and aligned to country-level priorities. WHO is an observer on the Pandemic Fund Board and so does not participate in its decisions. WHO chairs the Fund’s Technical Advisory Panel, which provides technical advice to the Governing Board.

- **Is pandemic prevention actually possible?**
  Full primary prevention may not always be possible, but there are many steps that countries, WHO, the Food and Agriculture Organization of the United Nations (FAO), World Organisation for Animal Health (WOAH), United Nations Environment Programme (UNDP) and other stakeholders can take to minimize the opportunities for zoonotic spillover events. These include improving or addressing agricultural practices, food insecurity, food safety, animal husbandry, animal welfare and habitat destruction.

### 2.6 Breakout and feedback sessions (Plenaries 5 and 6)

*Chairs: Dr Tomoya Saito (Plenary 5) and Dr Sujeeet Kumar Singh (Plenary 6), APSED III TAG Members*

The purpose of these sessions was to provide participants with opportunities to provide dedicated feedback to the draft APHSAF and contribute to its completion. Participants were placed into six breakout groups – one for each framework domain – based on their submitted preferences. Each group discussed and reviewed the domain in depth. The breakout groups were repeated in the morning and afternoon, enabling each individual to participate in discussions on two domains. Each breakout group comprised approximately 20 participants including Member State representatives, TAG members, observers, WHO Secretariat and facilitators.

In each session, participants answered the following questions:

1. How can this framework contribute to the health security of your country?
2. Recognizing the complexity and interconnectivity of health security, should any of the sub-domains be moved?
3. Have any important issues been left out or deserve more emphasis?
4. Currently, Member States are asked to provide a short annual report on the eight technical areas in APSED III. For the new framework we propose to continue this frequency and method, with Member States providing a brief summary of progress in each domain, and a summary for at least one sub-domain in each domain. Is this suggestion acceptable? Would you like to propose an alternative to monitor and evaluate framework implementation?

After the breakout sessions, rapporteurs from each breakout group presented a summary of their group’s discussions to plenary feedback sessions (Plenaries 5 and 6). The reports were followed by questions and answers from the floor. Summaries of the breakout group discussions are presented below, organized by discussion question.

**Group 1 – Lead and Coordinate**

*Rapporteurs: Ms Wendy Williams, Acting Manager, National Surveillance, Research & Emergency Response Unit, Public Health, Ministry of Health, Vanuatu (Breakout 1) and Dr Harriette Carr,*
Deputy Director of Public Health, Public Health Agency, Ministry of Health, New Zealand (Breakout 2)

- The participants felt that the Framework elevates health security as a major national security issue in countries and promotes whole-of-government and whole-of-society approaches to tackle public health threats. They also reported that the Framework supports the idea of “one-country-one-health” in leadership and decision-making by defining roles, responsibilities and accountabilities across the entire society.

- Participants suggested moving the legal and regulatory frameworks sub-domain to the first sub-domain in Plan and Prepare. They suggested that hyperlinks be used to highlight linkages and cross-references between domains, potentially in a more interactive document. Participants also discussed in some detail sub-domain 1.4 – Coordinate regional health security, and suggested that more emphasis should be placed on communication between countries.

- Participants noted that leadership and mentorship training for people with responsibilities for health security in countries is very important. They also suggested more emphasis on leveraging trusted leaders to communicate messages to the public within sub-domain 1.1 – Leadership, governance and partnerships.

- Participants suggested that reporting be on an annual basis through a simple qualitative tracking tool and that where possible this should be aligned with other existing health security monitoring instruments and mechanisms. They requested that WHO provide feedback to countries on these reports and potentially produce case studies or country profiles.

Group 2 – Plan and Prepare

Rapporteurs: Ms Metuakore Bates, Acting Director, Public Health, Public Health Directorate, Ministry of Health, Cook Islands (Breakout 1) and Dr Bouaphanh Khamphaphongphane, Deputy Director, National Center for Laboratory and Epidemiology, Department of Communicable Disease Control, Ministry of Health, Lao People’s Democratic Republic (Breakout 2)

- Participants agreed that overall, the Framework can help countries to strengthen health security. However, they suggested that the importance of legal and regulatory frameworks could be more strongly emphasized and potentially across two domains (1 and 5). They felt that further guidance was needed for countries on how to operationalize the new Framework, including on how to improve collaboration and integration of stakeholders involved in emergency responses.

- Participants suggested that some sub-domains be reordered within the domain. The need for cross-linkages was also highlighted, as sub-domains often encompass cross-cutting issues and may need to be included in multiple domains. It was felt that sub-domain 2.1 – Health security planning and preparedness would benefit from more detail, such as guidance on the development of NAPHS, and could consider the engagement of communities in public health emergency planning processes.

- Participants suggested that linkages with other global instruments be included in the Framework.

- Participants suggested using existing IHR MEF tools (State Party Self-Assessment Annual Report [SPAR], Joint External Evaluation [JEE], etc.) to avoid duplication, and questioned the value of an additional reporting mechanism. Reporting was also suggested to be conducted annually to avoid overburdening countries.
**Group 3 – Assess and Respond**

Rapporteurs: Dr Andre Wattiaux, Physician, Office of Health Surveillance and Response, Ministry of Health, French Polynesia (Breakout 1) and Dr Marou Tikataake, Acting Communicable Disease Specialist, Public Health Department, Ministry of Health and Medical Services, Kiribati (Breakout 2)

- Participants from this group agreed that the Framework is important for guiding countries and that NAPHS could be updated or created using the Framework. They felt that the document supports rapid evidence-based decision-making, but that capacity development and support are still needed for countries to conduct assessment and detection.

- Participants felt that there were some elements that overlapped between the Assess and Respond domain and Readiness and Resilience domain. For example, surveillance activities included in Assess and Respond also cover functions of operational readiness for imminent threats.

- Several suggestions were made for issues that could be better covered or included. These were: clarification of terminology; greater emphasis on risk assessment and detection; addition of response measures to this domain, such as infection, prevention and control and pharmaceutical interventions; and the role of the private sector (add to the Support and Enable domain).

- Similar to other groups, the participants recommended annual reporting using existing reporting methods and highlighting strengths and weaknesses in progress. They also suggested a mixture of qualitative and quantitative reporting across the Framework.

**Group 4 – Readiness and Resilience**

Rapporteurs: Dr Aalisha Sahukhan, Head of Health Protection, Ministry of Health and Medical Services, Fiji (Breakout 1) and Ms Mele Mose-Tanielu, Assistant Chief Executive Officer, National Health Surveillance & IHR Division, Ministry of Health, Samoa (Breakout 2)

- Participants agreed that the domain was useful, particularly as an advocacy tool with policy- and decision-makers, and that it highlighted the importance of communities and the need to include readiness into contingency plans. They felt that there could be more guidance on priorities within the domain, especially in contexts where resources are limited.

- Participants recommended that the placement of sub-domain 4.2 – Deliver essential and emergency health care be reconsidered, and that greater linkages be made between sub-domains.

- Participants noted that while sub-domain 4.3 – Prioritize measures for groups at-risk and with vulnerabilities identifies at-risk groups, it does not refer to monitoring these groups during an emergency; this could be expanded upon in the Monitor, Evaluate and Improve domain. More emphasis could also be placed on mental health and the incorporation of spiritual and pastoral care in line with cultural beliefs. Strengthening intersectoral collaboration and building consensus with other sectors was suggested as an added priority. In sub-domain 4.1 – Prevention and risk reduction, all hazards (for example, chemical and radiation capacities) could be more emphasized. Priority actions for risk communication and community engagement could highlight multisectoral collaboration and consensus-building.

- Participants suggested that monitoring and reporting be multisectoral, but again that existing mechanisms should be used.

**Group 5 – Support and Enable**

Rapporteurs: Ms Rebecca Jostin, Acting Manager, Intelligence and Data Analytics, Public Health Agency, Ministry of Health, New Zealand (Breakout 1) and Dr Kin-hang Kung, Principal Medical
Participants concurred that the Framework would help to institutionalize training for the health security workforce and support sustainability, as well as to engage with stakeholders to mobilize resources. At the same time, it may be difficult to engage stakeholders given the need for long-term investment.

Participants discussed that sub-domain 5.4 – Promoting research, technology and innovation could also be considered in the Monitor, Evaluate and Improve domain.

Issues that could be better covered in the Framework include how to deal with multisectoral coordination; encouraging and promoting community mobilization; financing health security (cutting across all domains); and how resources can be assured at subnational level. Additionally, the inclusion of electronic systems, global partnerships, strengthening of global stockpiles and capacity for procurement were also proposed.

Participants agreed that reporting is resource-heavy and that simplifying any reporting requirements by using existing mechanisms and streamlining with other frameworks is encouraged. More detailed reporting on a less frequent basis (for example, every two years) would be acceptable.

Group 6 – Monitor, Evaluate and Improve

Rapporteurs: Ms Felicity Boyd, Assistant Director, Border Health Section, Health Emergency Management Branch, Department of Health and Aged Care, Australia (Breakout 1) and Ms Janlyn Kemoi-Kumbu, Acting Laboratory Manager, Central Public Health Laboratory, National Department of Health, Papua New Guinea (Breakout 2)

Important concepts to include in the Framework for it to contribute to health security in-country include high-level commitment, a national public health agency lead or focal point, and an emphasis on NAPHS. Participants agreed that whole-of-government and whole-of-society approaches are important, but that implementation of these approaches is challenging. The group suggested considering the professionalization of simulation exercises and development of dedicated human resources, with a centre or unit to design, conduct and evaluate exercises.

No suggestions were made regarding the movement of sub-domains from one domain to another.

Suggestions included: a list of priorities for simulation exercises and more details on the design, conduct and evaluation of exercises including development of regional-level materials; monitoring and evaluation at subnational levels; more robust follow-up on recommendations from previous monitoring and evaluation activities (for example, SPAR, JEE); engagement with academic institutions; reinforcement of intra- and after-action review implementation and follow-up of lessons learnt; and regular review and revision of policy and legislation.

Participants suggested that additional tools for monitoring and evaluation could be developed for the subnational level and agreed that annual reporting was acceptable; however, whether this should be a country-led or peer-review process was debated. Domain-based versus overall Framework reporting was also debated. It was recommended that online platforms be optimized for better visibility and transparency of reporting data (for example, the e-SPAR platform).

The Chair invited comments and questions:

It was noted that one of the major challenges of the COVID-19 pandemic was the need to deal with large surges in cases and the concern about the health system collapsing. Surge capacity
planning and health system resilience need to be more prominent or perhaps their own sub-domain.

- It was observed that the Framework is somewhat biased towards experiences from the COVID-19 pandemic. While there is an important opportunity to learn from COVID-19, there is also a need to plan for the future and for all public health threats. One of the best features of the Framework document are the examples highlighted in blue boxes, which demonstrate how the concepts apply to real situations and make the document more reader-friendly. However, these examples only highlight successes, while much can be learnt from failures as well.

### 2.7 Plenary 7: Implementation

**Chair: Dr Sujeet Kumar Singh, APSED III TAG Member**

**Implementation of the Asia Pacific Health Security Action Framework**

*Ms Qiu Yi Khut, WHO Regional Office for the Western Pacific*

Ms Khut invited Member States to contribute to deciding how the new Framework should be rolled out in the Region and their countries. APSED has had a technical and perhaps more practical focus, and while the new Framework may be more complex, the Region has collectively agreed that it is necessary and important. The Asia Pacific is a highly diverse region and successful implementation of the Framework in countries and areas will need to be adapted to local contexts and priorities, guided by the vision, principles and approaches as outlined in the document. Overall, the Framework is consistent with global strategies and existing mechanisms. The Framework also maps out suggested roles and responsibilities for Member States, WHO and partners. Countries and areas are at the centre and the role of WHO and partners is to support them in implementing the Framework, in line with their needs and priorities. Progress towards implementation, common challenges and success stories within the Region will continue to be shared through annual meetings. Monitoring and evaluation of the Framework – while still being defined – will take into consideration feedback received during the current meeting.

*The Chair invited comments and questions:*

- It was noted that when a framework becomes very broad there is a risk that it will not be taken up. Focus has shifted beyond the national level to the subnational level; therefore, implementation needs to reach and be applicable to these levels. Ensuring health security at subnational level will help to account for in-country differences, such as differing health needs between urban and rural areas. It was also noted that while focus has been on administrative levels (subnational, national, regional, etc.), the occurrence of multiple events at these levels should also be considered.

- The importance of governance and gaining high-level political support for the Framework were raised as key areas and opportunities for discussing its implementation. The designation of a responsible person, office or department for implementation of the Framework may be beneficial but is up to the country or area. It was suggested that mechanisms such as biregional support and shared learning may be further included in the Framework.

- Representatives from the PICs spoke on the utility of the Framework, generally agreeing that it is a useful tool but that it would take time to implement. Some countries are drafting national security plans and hope to link these with the framework domains. Common challenges for implementation include sustainable human, financial and other resources, as well as difficulties in taking a multisectoral approach.
2.8 Plenary 8: Behaviour change

Chair: Dr Jeffery Cutter, APSED III TAG Member

Addressing behaviour change before and during emergencies
Ms Lieke Visser, Technical Officer, Risk Communications, Country Health Emergency Preparedness and IHR, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific

Ms Visser presented an overview of behavioural insights for health, highlighting its role in supporting decision- and policy-making for public health emergencies. Behavioural sciences require a multidisciplinary approach and should centre on communities and promote equity, inclusivity and coherence. There have been many efforts to apply behavioural insights in the region, including digital listening, quantitative surveys, qualitative focus groups, local observation data and feedback, and message testing.

Behaviour change by design: Making healthy choices the easier choice
Dr Alfonso Miguel R. Regala, Chief, Division of Behaviour Change and Social Mobilization, Health Promotion Bureau, Department of Health, Philippines

Dr Regala presented on how behaviour change mechanisms have strengthened health emergency response in the Philippines. Equity-based interventions that prioritized marginalized and disadvantaged groups were essential to supporting risk communication for COVID-19 vaccination. He also highlighted some of the challenges faced and the importance of recalibrating risk communication and response strategies during the pandemic.

Risk communication and community engagement efforts for COVID-19 in Timor-Leste
Dr Josefina Clarinha Joao, National IHR Focal Point, Ministry of Health, Timor-Leste

In Timor-Leste, timely and transparent messaging proved to be essential for risk communication and engaging the community in the COVID-19 pandemic response. Dr Joao discussed the role of infodemic management and targeted communication to debunk myths and spread awareness.

Panel discussion
Ms Liv Lawe-Davies, Communications Manager, Office of the Regional Director, WHO Regional Office for the Western Pacific, moderated the panel discussion. Representatives from Bangladesh, Malaysia and Papua New Guinea joined as panellists. Some of the highlights from the discussion are summarized below:

- How have you used behavioural science in your country during the COVID-19 response and what was the main motivation?

Ms Komathi Perialathan, Health Education Officer, Institute of Health Behavioural Research, Malaysia, shared the importance of prompt communication based on the latest information available. Communication efforts are based on gaining feedback, understanding how people react to messages and what common messages are being spread within a population. Mr Barry Ropa, Program Manager, Surveillance and Emergency Response, National Department of Health, Papua New Guinea, highlighted how crucial it was to partner with leaders to speak directly to communities during emergencies. Professor Dr Md Nazmul Islam, Director, Disease Control, Directorate General of Health Services and National IHR Focal Point, Bangladesh, highlighted how behavioural insight has been used to identify social and environmental factors to support evidence-informed decision-making.
• How do we ensure that communities are at the centre of health security interventions and create equitable and human-centred policies?

Mr Ropa highlighted that involving individuals from the beginning in risk communication is essential, using transparent messages that begin at the community level. Both Mr Ropa and Dr Islam highlighted that community members’ voices should be centred and consistently involved in policies.

2.9 Closing session
Chair: Dr Jeffery Cutter, APSED III TAG Member

Next steps
Ms Qiu Yi Khut, WHO Regional Office for the Western Pacific

The current draft of the Framework has been sent to all countries and areas via the national IHR focal points and contact points, with comments invited by 21 July 2023. The draft would be revised based on feedback received and the discussions held at this APSED TAG III meeting. The final draft will be submitted to sessions of the regional committees for the Western Pacific in October and South-East Asia in November 2023. Minor revisions may be made taking into account Member State feedback.

Closing remarks
Dr Salvador thanked the Member State representatives, TAG members, advisers, technical experts, observers, representatives from partner organizations and WHO colleagues for their contributions and feedback and comments to improve the draft Framework. APSED has helped improve Member States’ capacity to respond to health emergencies over the past two decades; however, the time has come to move forward and build upon lessons learnt. The new Framework will help countries and areas in the Asia Pacific continue to build a resilient health security system together to make the region safer from future emergencies.

Dr Olowokure expressed his appreciation for the participants’ insights and comments on the draft Framework. APHSAF and its domain approach is an evolution from APSED and integrates technical areas into a broad, systems perspective that recognizes the complexity of public health emergencies and the need for multisectoral, collaborative and coordinated approaches. Sharing experiences and lessons continues to be a key feature of the regional approach that has been further expanded through various APSED TAG meetings. The collective experiences and lessons of countries and areas of the region have helped to strengthen regional health security. Dr Olowokure closed by thanking APSED TAG members for their contribution, dedication and support to APSED and regional health security in their current term. Due to recently adopted WHO policy, a new group of TAG members will be required for APHSASF, which offers an opportunity to address the current gender imbalance within the TAG membership.
3. PARTNERS FORUM

The APSED TAG Partners Forum was convened on 29 June 2023 in parallel with the main APSED III TAG Meeting and was chaired by Dr Patrick Osewe, Chief, Health Sector Group, Asian Development Bank (ADB).

In opening the session, Dr Osewe remarked that this is an opportunity to reflect on lessons from the pandemic, review the new Framework and discuss how it can be implemented, and to think more broadly about how partners can support Member States to strengthen health security.

Partners shared their strategies and priorities in health security. Dr Stephanie Williams, Ambassador, Regional Health Security, Indo-Pacific Center for Health Security, Department of Foreign Affairs and Trade, Australia, shared insights on the significant efforts to strengthen health security that have been made both within and by Australia as a funding partner. To assist countries to move from technical areas to domains, Dr Williams made three suggestions: (1) link APSED technical areas to the new framework domains; (2) reconsider a dedicated section for the Pacific; and (3) elaborate further on the implementation section. Australia plans to increase funding for health security in the next five years, including to PICs, core emergency programmes, new lines of support in outbreak investigation and response, product development partnerships for new technology in communicable disease control, and cross-cutting priorities such as climate change.

Dr Ben Coghlan, Senior Health Specialist, Health Security, ADB, discussed the Bank’s 2030 strategy and the importance of pandemic preparedness and response in the strategy. Dr Coghlan identified many links between the new Framework and ADB’s priorities. These include stepping up systems for outbreak response, strengthening partnerships between the ADB and national health institutes, building the capacity of vaccine manufacturing and human resources within countries, developing a regional vaccine advisory group for national regulation, developing a digital health toolkit with WHO, and climate change discussions through the G20 mechanism.

Dr Osewe presented on sustainable investment and coordination in health security. Some partners see health security as a cost rather than an investment, and available funding is mostly short-term. The new Framework links with health systems and therefore makes a strong case for strengthening health systems and thereby health security. Going forward, it will also be important to utilize the Pandemic Fund and the international instrument on pandemic prevention, preparedness and response to influence investment and coordination.

The Chair invited comments and questions:

- Several comments were made by partners on approaches to health security. Partners mentioned using a health systems-strengthening approach to improve health security that aligns with the new Framework. Others suggested that to achieve a multisectoral approach, the involvement of non-health sectors would need to be further delineated in the Framework, and that partnerships with the private sector could be given more emphasis. It was also noted that the Framework is a good tool to guide calls for funding and project proposals. More support for Member States was recommended on how to apply whole-of-government and whole-of-society approaches, especially at subnational and local levels. It was noted that moving the focus beyond epidemiology to behavioural and environmental factors affecting the spread and control of public health emergencies is important, as is emphasizing legal and policy frameworks in the new Framework.
• In terms of research and collaboration, it was observed that much of the research during the COVID-19 pandemic was performed by universities and collaboration was primarily between the global south and north. The ADB is discussing how to establish a network of clinical trial scientists in Asia to build research and partnerships in the region. Other organizations are focusing on improving access to vaccines and noted the need to develop a research network to perform clinical trials. Studies of the economic impacts of the pandemic were also recommended to be considered.

• Strengthening the community component of the new Framework and ensuring health security is localized and contextualized was raised as an important issue by partners and one that could be further highlighted in the document. This was considered important by Pacific island representatives, along with factors such as workforce, funding, food and water safety and climate change.

• In general, it was noted that APSED is not just a name but a brand. Partners discussed the name of the new Framework, with some advocating for calling it “APSED IV”.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

- APSED III and its earlier iterations have served the Asia Pacific region well in guiding Member States, the Secretariat and partners in their collective action to implement the IHR and strengthen regional preparedness and response to multiple public health threats.

- However, given the lessons identified during the response to the COVID-19 pandemic, it is appropriate to review the current APSED and develop a new biregional health security action framework that incorporates learnings from responses to past emergencies, including COVID-19.

- The draft Framework was developed using a robust methodology that included identifying and reviewing recommendations from previous TAG meetings; consideration of HEPR initiatives; detailed analysis of the findings from independent reports; and consultations with Member States, experts, partners and others.

- Synthesis of these reviews, combined with the need to build on the proven strengths of APSED, led to a new conceptual model of health security focused on system-wide outcomes and structured around six domains.

- This TAG meeting provided a valuable opportunity for Member States, TAG members, partners and WHO to share their experiences of health security activities, discuss challenges faced and progress made, and to review the draft Framework and contribute to its content and structure.

- The Framework should take a One Health, multi-hazard and multisectoral systems approach to guiding Member States, taking into consideration public health emergencies caused by natural hazards, outbreaks, epidemics and pandemics, and other health security threats.

- The Framework should recognize the vulnerabilities, strengths and particular circumstances of small island developing states.

- Moving from the APSED focus areas to the new domain-based approach may take some time. How and when this occurs should be determined by each Member State considering their own unique circumstances.

- Member States noted that they are already subject to a variety of mandatory and optional monitoring and reporting requirements related to health security. These are increasing in number and complexity and while the tools comprising the IHR MEF are useful, further additional assessment tools and frameworks should be minimized.

- In this light, any monitoring and reporting arrangements associated with the draft Framework should not exceed the reporting requirements already in place for APSED III.

- The Framework should encourage evidence-based approaches, the use of innovative technologies and appropriate coordinating infrastructure such as national public health agencies or centres for disease control to support public health emergency prevention, preparedness, readiness, response and resilience.

- Meeting participants acknowledged the vital importance of engaging with partners on technical issues and the need for sustainable and predictable financing for health security activities.
• It is important to ensure compatibility between the Framework and global and regional frameworks, including demonstrating the complementary nature of the core capacity-building approach together with the domain-based approach.

• Following consideration of adjustments made because of this meeting, participants expressed that they were looking forward to the revised Framework being submitted to the respective sessions of the Regional Committees later this year for endorsement and adoption.

4.2 Recommendations

4.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

(1) Build on the near two decades of experience and achievements of the APSED approach, including learn-and-improve and step-by-step system building, to expand and strengthen the necessary capacities and systems for health security.

(2) Leverage the momentum from the COVID-19 pandemic and other public health emergencies to reinforce the need for lessons to be identified, and to result in measurable improvements in capacities and systems.

(3) Work with WHO, partners and sectors beyond health to take a coordinated One Health, multi-hazard and multisectoral systems approach to strengthen subnational and national health capacities and systems.

(4) Apply the new Framework to develop or update pandemic plans and NAPHS, or their equivalent, taking a multisectoral approach, and include adequate and sustainable financing in the plans.

(5) Adopt evidence-based approaches to decision-making, identify and use contextually appropriate innovative technologies and establish appropriate coordinating infrastructure such as national public health agencies or centres for disease control to support public health emergency prevention, preparedness, readiness, response and resilience.

(6) Continue to conduct IHR monitoring and evaluation activities, including SPAR, JEE, intra- and after-action reviews, and simulation exercises in collaboration with WHO and partners.

(7) Continue to monitor global developments with regard to proposed amendments to the IHR; drafting and negotiation of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response; and strengthening the global architecture for HEPR.

4.2.2 Recommendations for WHO

WHO is requested to provide the following support to Member States:

(1) Maintaining the APSED approach and principles, finalize the Framework, taking into consideration suggestions and amendments proposed by participants at this meeting and reflecting these as appropriate in the final draft.

(2) Submit the revised Framework to the sessions of the WHO regional committees for the Western Pacific and South-East Asia in October and November 2023, respectively, for endorsement and adoption.

(3) Ensure the Framework and its implementation recognize the vulnerabilities, strengths and particular circumstances of small island developing states.
(4) Continue to support Member States to achieve, maintain and advance the IHR capacities with emphasis on conducting APSED monitoring and evaluation activities (SPAR and JEE) and using the results to update their NAPHS.

(5) Taking a One Health approach, strengthen national, regional and international partnerships with other intergovernmental stakeholders such as FAO, UNDP, other United Nations agencies, WOAH and others involved in strengthening health security.

(6) Continue to share information and foster relationships with partners with a view to identifying synergies and leveraging financial and technical resources.

(7) Provide technical support and guidance to Member States to improve prevention, preparedness, readiness, response and resilience to emerging infectious diseases and other public health emergencies in the region through the Framework’s domain-based approach to health security.

(8) Develop an annual report to assess implementation of the Framework that is mindful of similar and related reporting requirements, aligned with existing APSED reporting and relatively straightforward. Provide feedback to Member States at annual TAG meetings.

(9) Ensure the revised Framework considers global and regional health security strategies and initiatives, such as the proposed amendments to the IHR; drafting and negotiation of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response; and strengthening of the global architecture for HEPR.

(10) Continue the cycle of annual TAG meetings, with alternating regional and biregional formats, to monitor and share experiences of implementing the Framework and to agree on priorities for the future.

(11) Support Member States to promote the use of evidence-based approaches, adopt contextually appropriate innovative technologies and strengthen subnational and national health security through the establishment or enhancement of national public health agencies or centres for disease control.

4.2.3 Recommendations for partners

Partners are requested to consider the following:

(1) Maintain support and engagement with WHO and Member States to strengthen public health emergency prevention, preparedness, readiness, response and resilience.

(2) Support Member States to implement the new Framework after it has been endorsed, including providing adequate and predictable financial and technical support.

(3) Continue to support and participate in meetings of the Partners Forum, including providing updates of contributions to regional health security.

(4) Work together taking a coordinated One Health, multi-hazard and multisectoral systems approach to achieve improved public health outcomes at subnational, national and regional levels.
ANNEX 1. PROGRAMME OF ACTIVITIES

Day 1: Tuesday, 27 June 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 09:00</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>09:00 – 09:40</td>
<td>Opening session</td>
<td><strong>Dr Zsuzsanna Jakab</strong>, Acting-Regional Director, WHO Regional Office for the Western Pacific (WPRO)</td>
</tr>
<tr>
<td>09:00 – 09:40</td>
<td>Welcome and opening remarks</td>
<td><strong>Dr Edwin Salvador</strong>, Regional Emergency Director, WHO Health Emergencies Programme (WHE), WHO Regional Office for South-East Asia (SEARO), on behalf of Dr Poonam Singh, WHO Regional Director for South-East Asia</td>
</tr>
<tr>
<td>09:40 – 10:10</td>
<td>Group photo</td>
<td></td>
</tr>
<tr>
<td>10:10 – 11:15</td>
<td>Plenary 1: APSED and health security strengthening in the Asia Pacific region</td>
<td>Chair: <strong>Dr Wang Wenji</strong>, APSED III TAG Member</td>
</tr>
<tr>
<td>10:10 – 10:25</td>
<td>Health security threats in the Asia Pacific</td>
<td><strong>Dr Sandip Shinde</strong>, Country Preparedness and IHR Officer, WHE, WHO SEARO</td>
</tr>
<tr>
<td>10:25 – 10:40</td>
<td>APSED: Keeping the region safe</td>
<td><strong>Dr Babatunde Olowokure</strong>, Regional Emergency Director, WHE, WHO WPRO</td>
</tr>
<tr>
<td>10:40 – 10:55</td>
<td>APSED III Progress 2022-2023</td>
<td><strong>Dr Tamano Matsui</strong>, Programme Area Manager, Health Emergency Information and Risk Assessment, WHE, WHO WPRO</td>
</tr>
<tr>
<td>10:55 – 11:15</td>
<td>Q&amp;A / Discussion</td>
<td></td>
</tr>
<tr>
<td>11:15 – 12:15</td>
<td>Plenary 2: Asia Pacific Health Security Action Framework</td>
<td>Chair: <strong>Dr Wang Wenji</strong>, APSED III TAG Member</td>
</tr>
<tr>
<td>11:35 – 12:15</td>
<td>Q&amp;A / Discussion</td>
<td></td>
</tr>
<tr>
<td>12:15 – 13:45</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:30 – 13:30</td>
<td>Lunch Session</td>
<td>Artificial Intelligence: Opportunities and threats for health security</td>
</tr>
<tr>
<td>13:45 – 15:00</td>
<td>Plenary 3: Readiness and Resilience</td>
<td></td>
</tr>
</tbody>
</table>

Introductions
Overview of meeting and objectives
Nomination of Chairs and Rapporteur
Administrative announcements
### Day 1: Tuesday, 27 June 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:45 – 14:05</td>
<td>Presentation</td>
<td><strong>Dr Nedret Emiroglu</strong>, Director, Country Readiness Strengthening, Health Emergencies Preparedness &amp; Response, WHO Headquarters (HQ)</td>
</tr>
<tr>
<td>14:05 – 14:20</td>
<td>Bhutan readiness and resilience against the COVID-19 pandemic</td>
<td><strong>Dr Rixin Jamtsho</strong>, Ministry of Health, Bhutan</td>
</tr>
</tbody>
</table>
| 14:20 – 15:00 | Panel discussion                                     | **Dr Jantsansengee Baigalmaa**, National Centre for Communicable Diseases, Ministry of Health, Mongolia  
**Dr Nemia Bainivalu**, Ministry of Health and Medical Services, Solomon Islands  
**Dr Vu Ngoc Long**, General Department of Preventive Medicine, Ministry of Health, Vietnam |
| 15:00 – 15:25 | Mobility break                                       |                                                                         |
|               | Coffee break                                         |                                                                         |
| 15:25 – 17:00 | Plenary 4: Global health security updates            | **Chair: Prof Mahmudur Rahman**, APSED III TAG Member                    |
| 15:40 – 15:55 | WHO Convention, Agreement or other International Instrument on Pandemic Prevention, Preparedness and Response (WHO CA+) | **Mr Kenneth Piercy**, Senior Legal Officer, WHO Office of the Legal Counsel, International, Constitutional, and Global Health Law Unit, WHO HQ |
| 15:55 – 16:15 | Health emergency prevention, preparedness, response and resilience (HEPR) and Pandemic Fund | **Dr Scott Pendergast**, Director, Strategic Planning and Partnership, Health Emergencies Preparedness & Response, WHO HQ |
| 16:15 – 17:00 | Q&A / Discussion                                    |                                                                         |
| 17:00         | End of Day 1                                         |                                                                         |
| 17:30 - 19:00 | Cocktail reception                                   |                                                                         |

### Day 2: Wednesday, 28 June 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:15 – 09:00</td>
<td>Secretariat meeting</td>
<td></td>
</tr>
<tr>
<td>09:00 – 09:10</td>
<td>Recap Day 1</td>
<td><strong>Mr Andrew Forsyth</strong>, Temporary Adviser</td>
</tr>
<tr>
<td>09:10 – 11:40</td>
<td>Breakout 1: Review of Framework Domains</td>
<td><strong>Ms Qiu Yi Khut</strong>, WHO WPRO</td>
</tr>
<tr>
<td>09:10 – 09:15</td>
<td>Introduction to group work</td>
<td></td>
</tr>
</tbody>
</table>
09:15 – 09:25 Move to breakout rooms
09:25 – 09:40 Domain presentation
09:40 – 11:30 Discussion including coffee break
11:30 – 11:40 Wrap up
11:40 – 13:10 Lunch
12:00 – 13:00 Lunch Session | Strengthening National Public Health Agencies: Building resilience to health emergencies and transforming response
13:10 – 14:45 Plenary 5: Feedback from Breakout 1
13:10 – 13:20 1. Lead and Coordinate
   Ms Wendy Williams, Acting Manager, National Surveillance, Research & Emergency Response Unit, Public Health, Ministry of Health, Vanuatu
   Ms Metuakore Bates, Acting Director Public Health, Public Health Directorate, Ministry of Health, Cook Islands
13:30 - 13:40 3. Assess and Respond
   Dr Andre Wattiaux, Physician, Office of Health Surveillance and Response, Ministry of Health, French Polynesia
   Dr Aalisha Sahukhan, Head of Health Protection, Ministry of Health and Medical Services, Fiji
13:50 – 14:00 5. Support and Enable
   Ms Rebecca Joslin, Acting Manager, Intelligence and Data Analytics, Public Health Agency, Ministry of Health, New Zealand
14:00 – 14:10 6. Monitor, Evaluate and Improve
   Ms Janlyn Kemoi-Kumbu, Acting Laboratory Manager, Central Public Health Laboratory National Department of Health, Papua New Guinea
14:10 – 14:45 Q&A / Discussion
14:45 – 17:00 Breakout 2: Review of Framework Domains
14:45 – 14:55 Move to breakout rooms
14:55 – 15:10 Domain presentation
15:10 – 16:50 Discussion including coffee break
16:50 – 17:00 Wrap up
17:00 End of Day 2
17:00 – 18:00 Secretariat meeting
Day 3: Thursday, 29 June 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 09:10</td>
<td>Recap Day 2</td>
<td>Mr Andrew Forsyth, Temporary Adviser</td>
</tr>
<tr>
<td>09:10 – 10:45</td>
<td>Plenary 6: Feedback from Breakout 2</td>
<td>Chair: Dr Sujeet Kumar Singh, APSED III TAG Member.</td>
</tr>
<tr>
<td>09:10 – 09:20</td>
<td>1. Lead and Coordinate</td>
<td>Dr Harriette Carr, Deputy Director of Public Health, Public Health Agency, Ministry of Health, New Zealand</td>
</tr>
<tr>
<td>09:20 – 09:30</td>
<td>2. Plan and Prepare</td>
<td>Dr Bouaphanh Khamphaphongphane, Deputy Director, National Center for Laboratory and Epidemiology, Department of Communicable Disease Control, Ministry of Health, Lao People’s Democratic Republic</td>
</tr>
<tr>
<td>09:30 - 09:40</td>
<td>3. Assess and Respond</td>
<td>Dr Marou Tikataake, Acting Communicable Disease Specialist, Public Health Department, Ministry of Health and Medical Services, Kiribati.</td>
</tr>
<tr>
<td>09:40 – 09:50</td>
<td>4. Readiness and Resilience</td>
<td>Ms Mele Mose-Tanielu, Assistant Chief Executive Officer, National Health Surveillance &amp; IHR Division, Ministry of Health, Samoa</td>
</tr>
<tr>
<td>09:50 – 10:00</td>
<td>5. Support and Enable</td>
<td>Dr Kin-hang Kung, Principal Medical and Health Officer, Surveillance Division, Communicable Disease Branch, Centre for Health Protection, Department of Health, Hong Kong SAR, China</td>
</tr>
<tr>
<td>10:00 – 10:10</td>
<td>6. Monitor, Evaluate and Improve</td>
<td>Ms Felicity Boyd, Assistant Director, Border Health Section, Health Emergency Management Branch, Department of Health and Aged Care, Australia</td>
</tr>
<tr>
<td>10:10 – 10:45</td>
<td>Q&amp;A / Discussion</td>
<td></td>
</tr>
<tr>
<td>10:45 – 11:10</td>
<td>Mobility break</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>11:10 -12:15</td>
<td>Plenary 7: Implementation</td>
<td>Chair: Dr Sujeet Kumar Singh, APSED III TAG Member</td>
</tr>
<tr>
<td>11:10 – 11:25</td>
<td>Presentation</td>
<td>Ms Qiu Yi Khut, WHO WPRO</td>
</tr>
<tr>
<td>11:25 – 12:15</td>
<td>Q&amp;A / Discussion</td>
<td></td>
</tr>
<tr>
<td>12:15 – 13:45</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:30 – 13:30</td>
<td>Lunch Session</td>
<td>Pacific Focus: JEEs and IHR strengthening</td>
</tr>
<tr>
<td>13:45 – 15:00</td>
<td>Plenary 8: Addressing behaviour change before and during emergencies</td>
<td>Chair: Dr Jeffery Cutter, APSED III TAG Member</td>
</tr>
<tr>
<td>13:45 – 14:00</td>
<td>Presentation</td>
<td>Ms Lieke Visser, Technical Officer – Risk Communications, WHE, WHO WPRO</td>
</tr>
</tbody>
</table>
14:00 – 14:15 Behaviour change by design: Making healthy choices the easier choice  
Dr Alfonso Miguel R. Regala, Health Promotion Bureau, Department of Health, Philippines

14:15 – 14:30 Risk communication and community engagement efforts for COVID-19 in Timor-Leste  
Dr Josefina Clarinha Joao, Ministry of Health, Timor-Leste

14:30 – 15:00 Panel discussion  
Professor Dr. Md Nazmul Islam, Director, Disease Control & Line Director CDC, DGHS & IHR Focal Point, Bangladesh  
Ms Komathi Perialathan, Health Education Officer, Institute of Health Behavioral Research, Malaysia  
Mr Barry Ropa, Program Manager, Surveillance and Emergency Response, National Department of Health, Papua New Guinea

15:00 – 16:00 Closing Session  
Chair: Dr Jeffery Cutter, APSED III TAG Member  
Ms Qiu Yi Khut, WHO WPRO

11:00 – 11:10 Welcome and introductions  
Dr Patrick Osewe, Chief, Health Sector Group, Asian Development Bank

11:10 – 11:15 Opening Remarks  
Dr Babatunde Olowokure, WHO WPRO

11:15 – 11:50 Sharing partner strategies and priorities in health security  
Dr Stephanie Williams, Ambassador, Regional Health Security, Indo-Pacific Center for Health Security, Department of Foreign Affairs and Trade, Australia

11:50 – 12:25 Feedback on Asia Pacific Health Security Action Framework  
Dr Ben Coghlan, Senior Health Specialist, Health Security, Asian Development Bank

12:25 – 12:50 Sustainable investment and coordination in health security  

12:50 – 13:00 AOB  

13:00 Close
ANNEX 2. LIST OF PARTICIPANTS

PARTICIPANTS

Ms Felicity Boyd, Assistant Director, Border Health Section, Health Emergency Management Branch, Department of Health and Aged Care, Canberra, Australia

Dr Md Mazmul Islam, Director, Center for Disease Control, Directorate General of Health Services, Dhaka, Bangladesh

Dr Rixin Jamtsho, Chief of Communicable Disease Division, Department of Public Health, Ministry of Health, Thimphu, Bhutan

Dr Zainun Binti Haji Zaini, Assistant Director, Department of Laboratory Services, Ministry of Health, Bandar Seri Begawan, Brunei Darussalam

Dr Shareefah Koh Kai Shing, Medical Officer, Disease Control Division, Ministry of Health, Bandar Seri Begawan, Brunei Darussalam

Dr Ly Sovann, Director, Communicable Disease Control Department, Ministry of Health, Phnom Penh, Cambodia

Dr Teng Srey, Deputy Director, Communicable Disease Control Department, Ministry of Health Phnom Penh, Cambodia

Dr Tu Wenxiao, Deputy Chief, Branch for Surveillance, Alert and Risk Assessment, Public Health Emergency Center, Chinese Center for Disease Control and Prevention, Beijing, People’s Republic of China

Dr Li Xun, Level II Bureau Rank Official, Division of Emergency Response, Department of Emergency Response, National Disease Control and Prevention Administration, Beijing, People’s Republic of China

Dr Kung Kin-hang, Principal Medical and Health Officer, Surveillance Division, Communicable Disease Branch, Centre for Health Protection, Department of Health. Hong Kong SAR, China

Dr Chim Pak Wing, Senior Port Health Officer, Communicable Disease Branch / Port Health Division, Department of Health / Centre for Health Protection, Hong Kong SAR, China

Dr Pang Fong Kuong, Assistant to Medical Board, Medicine Division, Centro Hospitalar Conde de Sao Januario, Macao SAR, China

Dr Cheong Cheng Man, Senior Technician, Center for Disease Control and Prevention, Health Bureau, Government of Macao SAR, Macao SAR, China

Ms Metuakore Bates, Acting Director Public Health, Public Health Directorate, Ministry of Health, Rarotonga, Cook Islands

Ms Karen Nathania Ngamata, Manager, Health Intelligence Unit, Public Health, Ministry of Health, Rarotonga, Cook Islands

Dr Aalisha Sahukhan, Head of Health Protection, Ministry of Health and Medical Services, Suva, Fiji

Dr Daniel Brian Faktaufon, Principal Medical Officer, Health Protection Unit, Centre for Disease Control, Ministry of Health and Medical Services, Suva, Fiji

Dr Andre Wattiaux, Physician, Office of Health Surveillance and Response, Ministry of Health, Papeete, French Polynesia

Dr Pradeep Khasnobis, Deputy Director General, Disease Management Cell, Ministry of Health and Welfare, Delhi, India

Dr Puneet Singh, Technical Officer, Ministry of Health and Welfare, Delhi, India

Dr Miyuki Uchiyama, Deputy Director, International Health Emergency Management Health Science Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Japan
Ms Nikarawa Nanimatang, Senior Health Inspector, Environmental Health Unit, Ministry of Health and Medical Services, South Tarawa, Kiribati. E-mail: nika.bwaueri@gmail.com

Dr Marou Tikataake, Acting Communicable Disease Specialist, Public Health Department, Ministry of Health and Medical Services, South Tarawa, Kiribati

Dr Bouaphanh Khamphaphongphane, Deputy Director, National Center for Laboratory and Epidemiology, Department of Communicable Disease Control, Ministry of Health, Vientiane, Lao People’s Democratic Republic

Dr Viengsavanh Kittiphong, Chief of Surveillance and Response Division, Department of Communicable Disease Control, Ministry of Health, Vientiane, Lao People’s Democratic Republic

Dr Siti Nor binti Mat, Senior Principal Assistant Director, Disease Surveillance Sector Disease Control Division, Ministry of Health, Kuala Lumpur, Malaysia

Dr Zainal Abidin bin Abu Bakar, Head, Disease Surveillance Sector, Disease Control Division, Ministry of Health, Kuala Lumpur, Malaysia

Ms Komathi Perialathan, Health Education Officer, Institute of Health Behavioral Research, Kuala Lumpur, Malaysia

Dr Ibrahim Ashraf, Associate Public Health Specialist, Ministry of Health, Male, Maldives

Dr Ibrahim Nishan Ahmed, Associate Public Health Specialist, Ministry of Health, Maldives

Dr Baigalmaa Jantsansengee, Deputy Director, National Center for Communicable Diseases, Ministry of Health, Ulaanbaatar, Mongolia

Dr Bayarbold Dangaa, Head of Public Health Response, Communicable Disease Control and Prevention, Ministry of Health, Ulaanbaatar, Mongolia

Mr Mohammed Don Razeem Kadir, Acting Director of Public Health, Ministry of Health, Nauru

Dr Anu Shakya, Section Chief, Disease Surveillance and Research, Epidemiology and Disease Control Division, Ministry of Health and Population, Kathmandu, Nepal

Ms Laura Dupont, Head of the Health Monitoring Office, Public Health Service, Ministry of Health and Social Affairs, Noumea, New Caledonia

Dr Clément Filisetti, Public Health Medical Doctor, Public Health Service, Ministry of Health and Social Affairs, Noumea, New Caledonia

Dr Harriette Carr, Deputy Director of Public Health, Public Health Agency, Ministry of Health, Wellington, New Zealand

Ms Rebecca Joslin, Acting Manager, Intelligence and Data Analytics, Public Health Agency, Ministry of Health, Wellington, New Zealand

Mr Warren Flores Villagomez, Director, Public Health & Hospital Emergency Preparedness Program, Commonwealth Healthcare Corporation, Saipan, Northern Mariana Islands

Ms Tiffany Crisostomo, Chief of Business Operations, Commonwealth Healthcare Corporation, Saipan, Northern Mariana Islands

Ms Sherilynn Madraisau, Director, Bureau of Public Health and Human Services, Ministry of Health and Human Services, Koror, Palau

Ms Ritter Udui, Program Manager, Emergency Health Program, Bureau of Public Health and Human Services, Ministry of Health and Human Services, Koror, Palau

Mr Barry Ropa, Program Manager, Surveillance and Emergency Response, Public Health, National Department of Health, Port Moresby, Papua New Guinea

Ms Janlyn Kemoi-Kumbu, Acting Laboratory Manager, Central Public Health Laboratory National Department of Health, Port Moresby, Papua New Guinea
Dr Raffy Deray, Medical Officer IV, Disease Prevention and Control Bureau, Department of Health, Manila, Philippines

Dr Alfonso Miguel Regala, Chief, Division of Behaviour Change and Social Mobilization, Health Promotion Bureau, Department of Health, Manila, Philippines

Ms Kim Seung Yun, Deputy Director, International Affairs, Korea Disease Control and Prevention Agency, Seoul, Republic of Korea

Dr Kim Jungyeon, Deputy Director, Division of Emerging Infectious Diseases Response Korea Disease Control and Prevention Agency, Seoul, Republic of Korea

Dr Robert Edward Thomsen, Deputy Director General, Public Health Services, Ministry of Health, Apia, Samoa

Ms Mele Mose-Tanielu, Assistant Chief Executive Officer, National Health Surveillance & IHR Division, Ministry of Health, Apia, Samoa

Assistant Professor Ho Zheng Jie Marc, Director, Contact Tracing and Epidemiology, Communicable Diseases Division, Ministry of Health, Singapore

Ms Lim Georgina, Assistant Director, Communicable Diseases Policy and Preparedness Division, Ministry of Health, Singapore

Dr Nemia Bainivalu, Deputy Secretary Health Improvement, Health Headquarters, Ministry of Health and Medical Services, Honiara, Solomon Islands

Mr Rolly Viga, Supervising Manager, National Public Health Emergency and Surveillance Unit, National Health Emergency Operations Centre, Honiara, Solomon Islands

Dr Thilanga Ruwanpathirana, Consultant Community Physician, Epidemiology Unity, Ministry of Health, Colombo, Sri Lanka

Dr Dilhani Samarasekera, Quarantine Unit, Ministry of Health, Colombo, Sri Lanka

Dr Chuleeporn Jiraphongsa, Officer, Advisory Level, Office of the Senior Expert Committee, Department of Disease Control, Ministry of Public Health, Bangkok, Thailand

Dr Wanna Hanshaoworakul, Senior Expert, Department of Disease Control, Ministry of Public Health, Bangkok, Thailand

Dr Josefina Clarinha Joao, National IHR Focal Point, Ministry of Health, Dili, Timor-Leste

Dr Ofakikokalani Tukia, Public Health Specialist, Public Health/Health Promotion Unit, Ministry of Health, Tofoa, Tonga

Ms Lesieli Mahe, Senior Health Inspector, Environmental Health, Climate Change and Disaster Section, Public Health Division, Ministry of Health, Tofoa, Tonga

Dr Katalina Filipo, Senior Medical Officer, Curative Department, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, Tuvalu

Mr Vine Sosene, Health Inspector, Public Health Department, Ministry of Health, Social Welfare and Gender Affairs, Funafuti, Tuvalu

Ms Wendy Williams, Acting Manager, National Surveillance, Research & Emergency Response Unit, Public Health, Ministry of Health, Port Vila, Vanuatu

Ms Lola Iavro, Senior Health Security Officer, Public Health, Ministry of Health, Port Vila, Vanuatu

Dr Vu Ngoc Long, Vice Chief, Communicable Disease Control Division, General Department of Preventive Medicine, Ministry of Health, Hanoi, Viet Nam

Dr Khuong Anh Tuan, Vice Director, Health Strategy and Policy Institute, Ministry of Health, Hanoi, Viet Nam
TECHNICAL ADVISORY GROUP
Dr Jeffery Cutter, Associate Professor / Senior Consultant, Public Health Group, Ministry of Health, Singapore
Dr Paul Effler, Senior Medical Advisor, Communicable Disease Control Directorate, Western Australia Department of Health, Perth, Australia
Dr Sujeet Kumar Singh, Director, National Center for Disease Control, New Delhi, India
Dr Wang Wenjie, 1st Level Inspector, Hygiene and Immunization Department, National Bureau of Disease Control and Prevention, Beijing, China

TEMPORARY ADVISORS
Mr Andrew Forsyth, Manager, Public Health Strategy, Public Health Agency, Ministry of Health, Wellington, New Zealand
Dr Tomoya Saito, Director, Center for Emergency Preparedness and Response, National Institute of Infectious Diseases, Tokyo, Japan

OBSERVERS
Ms Riko Kimoto, Manager for International Public Health, Governance and Sustainable Development Department, Asia-Europe Foundation
Dr Patrick Osewe, Chief, Health Sector Group, Asian Development Bank
Dr Ben Coghlan, Senior Health Specialist, Health Security, Asian Development Bank
Dr Eduardo Banzon, Principal Health Specialist, Southeast Asia Department, Asian Development Bank, Maryland, United States of America
Dr Ferdinal Fernando, Assistant Director & Head of Health Division Governance and Sustainable Development Department, Association of Southeast Asian Nations Secretariat, Association of Southeast Asian Nations Human Development Directorate
Mr Aris Schuler-Shah, Policy Officer, Border Health Section Health Emergency Management Branch, Emergency Management Division, Australian Government, Department of Health and Aged Care
Professor Tony Stewart, Director, Applied Epidemiology Program, Canberra, Australian National University
Dr Amy Parry, Deputy Director, Australian Field Epidemiology Training Program, Department of Applied Epidemiology, National Centre for Epidemiology and Population Health, Australian National University
Dr Stephanie Williams, Ambassador Regional Health Security Indo-Pacific Center for Health Security, Department of Foreign Affairs and Trade, Australia
Dr Yin Aye, Regional One Health Specialist, Food and Agriculture Organization of the United Nations
Dr Shum Kin Cheong John, Senior Medical Officer, Risk Assessment Centre for Food Safety, Food and Environmental Hygiene Department, Hong Kong SAR, China
Dr Wong Kin Ho Philip, Senior Medical Officer, Emergency Response Centre for Food Safety, Food and Environmental Hygiene Department, Hong Kong SAR, China
Professor Wu Fan, Deputy Dean, Fudan University, Shanghai Public Health Clinical Centre, Shanghai, China
Mr Rajeev Sadanandan, Chief Executive Officer, Health Systems Transformation Platform, New Delhi, India
Dr Nirupama Ay, Assistant Professor, Indian Institute of Public Health—Hyderabad, India
Dr Rajan Shukla, Additional Professor, Indian Institute of Public Health—Hyderabad, India
Dr Sushma Bhusal, Regional Thematic Lead, Health and Care, International Federation of Red Cross and Red Crescent Societies
Dr Nasir Ahmed Khan, Senior Advisor IHR and Migration Health Center for Disease Control, Directorate General of Health Services, Ministry of Health, Dhaka, Bangladesh

Ms Sally Gilbert, Manager, Environmental and Border Health, Ministry of Health, New Zealand

Ms Xiu Xiu Chua, Assistant Director, Anticipatory Operations, Crisis Strategy and Operations Group, Ministry of Health, Singapore

Dr Athiwat Primsirikunawut, Deputy Director, National Institute of Health, Department of Medical Sciences, Ministry of Public Health, Thailand

Dr Komchaluch Taweeseneepitch, ASEAN Plus 3 FETN Coordinator, Division of Epidemiology, Department of Diseases Control

Dr Tri Tunis Wahyono, ASEAN Plus 3 FETN Coordinator, Division of Epidemiology, Department of Diseases Control, Thailand

Dr Jonathan Abrahams, Director, Monash University Disaster Resilience Initiative, Australia

Professor Kouichi Morita, Director, Department of Virology, Institute for Tropical Medicine, Nagasaki University, Japan

Dr Norio Ohmagari, Director, Disease Control and Prevention, National Center for Global Health and Medicine Hospital

Dr Kenichi Komoda, Senior Assistant Director, Global Health Programs Division, National Center for Global Health and Medicine, Japan

Dr Yoshikawa Toru, Senior Researcher, WHO Collaborating Centre for Occupational Health, National Institute of Occupational Safety and Health, Japan

Dr Megumi Yamamoto, Head, WHO Collaborating Centre for Studies on the Health Effects of Mercury Compounds, National Institute for Minamata Disease, Japan

Ms Le Ha Thai, Vice Head, WHO Collaborating Centre for Occupational Health, National Institute of Occupational and Environmental Health, Vietnam

Ms Stephanie Kern-Alley, Regional Communicable Diseases Epidemiologist, Pacific Islands Health Officers Association, Hawaii

Dr Kosuke Okada, Director, WHO Collaborating Centre for Reference, Research and Training on Tuberculosis, Research Institute of Tuberculosis, Japan

Professor Sandeep Juneja, Dean, School of Technology and Computer Science, Tata Institute of Fundamental Research

Dr Jojo Merilles, Epidemiologist - Project Coordinator, The Pacific Community

Mr Basil Rodrigues, Regional Adviser, United Nations Children’s Fund

Dr Khin Devi Aung, Chief Executive Officer, United Nations Children’s Fund

Dr Sonoe Mashino, Director, Research Institute of Nursing Care for People and Community, University of Hyogo, Japan

Professor Paul Jagals, Head, World Health Organization Collaborating Center for Children's Health and the Environment, University of Queensland, Australia

Dr Meru Sheel, Associate Professor, Infectious Diseases, Immunisation and Emergencies, University of Sydney, Australia

Professor Julie Leask, Sydney Nursing School, Faculty of Medicine and Health, Sydney, Australia

Dr Jennifer Torralba Paguio, Associate Professor, World Health Organization Collaborating Centre for Leadership in Nursing Development, University of the Philippines, Manila, Philippines
Dr Hirofumi Kugita, Regional Representative for Asia and the Pacific, World Organization for Animal Health, Asia and the Pacific, South-East Asia
Dr Ami Katagawa, Regional Veterinary Officer, World Organization for Animal Health, Asia and the Pacific, South-East Asia

SECRETARIAT

WHO Regional Office for the Western Pacific

Dr Babatunde Olowokure, Regional Emergency Director, WHO Health Emergencies Programme and Director, Division of Health Security and Emergencies, WHO Regional Office for the Western Pacific, Manila, Philippines
Ms Qiu Yi Khut (Responsible Officer), Technical Officer, Public Health Emergency Preparedness, Country Health Emergency Preparedness and IHR, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines
Dr Tamano Matsui, Programme Area Manager, Health Information and Risk Assessment, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines
Mr Sean Casey, Health Emergency Officer, HCC and Readiness, Emergency Operations, WHO Health Emergencies. WHO Regional Office for the Western Pacific, Manila, Philippines
Dr Manilay Phengxay, Epidemiologist, Health Emergency Information and Risk Assessment, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines
Mr Jan-Erik Larsen, Technical Officer, Emergency Operations, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines
Dr Sharon Salmon, Technical Officer, Global Outbreak Alert and Response Network Emergency Operations, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific. Manila, Philippines
Mr Nguyen Phuong Nam, Technical Officer, Pandemic Influenza Preparedness, Country Health Emergency Preparedness and IHR, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines
Ms Lieke Visser, Technical Officer, Risk Communication, Country Health Emergency Preparedness and IHR, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines
Dr Viema Biaukula, Technical Officer, Health Emergency Information and Risk Assessment, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines
Dr Jessica Kayamori-Lopes, Technical Officer, Food Safety and Zoonotic Diseases, Division of Health Security and Emergencies, WHO Regional Office for the Western Pacific, Manila, Philippines
Dr Ariuntuya Ochirpurev, Technical Officer, Surveillance, Health Emergency Information and Risk Assessment, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines
Ms Ashley Arashiro, Technical Officer, Western Pacific Surveillance and Response Journal, Country Health Emergency Preparedness and IHR, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines
Ms May Kristine Nacion, Program Area Manager, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines
Dr Akeem Ali, Head of Office, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region, Seoul, Republic of Korea
Dr Mengjuan Duan, Technical Officer, Health Information and Intelligence, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, Manila, Philippines
Ms Sally Edwards, Coordinator, Health and the Environment, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, Manila, Philippines

Ms Liv Lawe-Davies, Communications Manager, Communications, Office of the Regional Director, WHO Regional Office for the Western Pacific, Manila, Philippines

Dr Rajesh Narwal, Coordinator, Universal Health Coverage, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, Manila, Philippines

Dr Takeshi Nishijima, Technical Officer, Essential Medicines and Health Technologies, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, Manila, Philippines

Dr Yoshihiro Takashima, Coordinator, Vaccine-preventable Diseases and Immunization, Division of Programmes for Disease Control, WHO Regional Office for the Western Pacific, Manila, Philippines

Ms Nguyen Thi Minh Thu, Consultant, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines

Ms Emma Sell-Goodhand, Consultant, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines

Mr Victor Pena Arias, Consultant, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines

Mr Koen Hulshof, Consultant, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines

Ms Wenyajing Zhang, Consultant, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific, Manila, Philippines

Ms Andrea Lucas, Consultant, Health Law and Ethics, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, Manila, Philippines

**WHO Regional Office for South-East Asia**

Dr Edwin Salvador, Regional Emergency Director, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Dr Sandip Shinde, Country Preparedness and IHR Officer, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Ms Abigail Generalia, Consultant, Risk Communication and Community Engagement, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Mr Francis Yesurajan Inbanathan, Technical Officer, Laboratory, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Dr Hannah Brindle, Consultant, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Ms Tshewang Dorji, Medical Epidemiologist, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Dr Muang Muang Htike, Technical Officer, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Dr Amarnath Babu, Medical Officer Epidemiologist, WHO Health Emergencies Programme, WHO Office for South-East Asia, New Delhi, India

Dr Manish Kakkar, Medical Officer WHO Health Emergencies WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Mr Susheel Lekhak, Project Management Officer, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India
Dr Masaya Kato, Programme Area Manager, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Ms Dhamari Naidoo, Public Health Laboratory Scientist, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Dr John Prawira, Technical Officer, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Mr Tika Ram Sedai, Technical Officer, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Dr Sourabh Sinha, Technical Officer WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Dr Saveen Semage, Consultant, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

Dr Kumar Rajan, Consultant, WHO Health Emergencies Programme, WHO Regional Office for South-East Asia, New Delhi, India

WHO Regional Office for the Eastern Mediterranean

Dr Richard John Brennan, Regional Emergency Director, WHO Health Emergencies Programme, WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt

WHO Country Representative Offices

Dr Anthony Eshofonie, Team Leader, Office of the WHO Representative in Bangladesh, World Health Organization, Dhaka, Bangladesh

Mr Kencho Wangdi, National Professional Officer, Office of the WHO Representative in Bhutan, World Health Organization, Thimphu, Bhutan

Dr Sarika Patel, Technical Officer, Office of the WHO Representative in Cambodia, World Health Organization, Phnom Penh, Cambodia

Dr Lee Chin Kei, Medical Officer, Office of the WHO Representative in China, World Health Organization, Beijing, China

Dr Anupurba Roy Chowdhury, Technical Officer, WHO Representative Office in Democratic People’s Republic of Korea

Dr Nuha Mahmoud, Team Coordinator, Pacific Health Security, Communicable Diseases and Climate Change, Division of Pacific Technical Support, World Health Organization, Suva, Fiji

Dr Ritu Singh Chauhan, National Professional Officer – IHR, WHO Representative Office in India, Delhi, India

Dr Mushtofa Kamal, National Professional Officer – Surveillance, WHO Representative Office in Indonesia, Jakarta, Indonesia

Dr Endang Widuri Wulandari, National Professional Officer – Epidemiologist, WHO Representative Office in Indonesia, Jakarta, Indonesia

Dr Satoko Otsu, WHO Health Emergencies Lead, Office of the WHO Representative in the Lao People's Democratic Republic, World Health Organization, Vientiane, Lao People's Democratic Republic

Dr Narin Dadar Singh, Technical Officer (Epidemiologist), Office of the WHO Representative in Brunei Darussalam, Malaysia and Singapore, World Health Organization, Selangor, Malaysia

Dr Jozica Skufca, Consultant, Office of the WHO Representative in Mongolia, World Health Organization, Ulaanbaatar, Mongolia
Ms Dulamragchaa Buyanbaatar, Consultant, Office of the WHO Representative in Mongolia, World Health Organization, Ulaanbaatar, Mongolia

Dr Mya Yee Mon, National Professional Officer – Disease Surveillance and Epidemiology, WHO Representative Office in Myanmar, Yangon, Myanmar

Dr Rabin Gautam, Health Emergency Officer, Office of the WHO Representative in Nepal, World Health Organization, Kathmandu, Nepal

Dr Joaquim Da Silva, Team Coordinator, Office of the WHO Representative in Papua New Guinea, World Health Organization, Port Moresby, Papua New Guinea

Dr Yui Sekitani, Technical Officer, Office of the WHO Representative in Philippines, World Health Organization, Manila, Philippines

Dr Kathleen Ryan, Technical Officer (Surveillance), Office of the WHO Representative in Philippines, World Health Organization, Manila, Philippines

Dr Sapumal Dhanapala, National Professional Officer, Office of the WHO Representative in Sri Lanka, World Health Organization, Colombo, Sri Lanka

Dr Aguedo Troy Gepte, Consultant, Office of the WHO Representative in Solomon Islands Honiara, Solomon Islands

Dr Philippe Guyant, Medical Officer, WHO Country Liaison Office in Vanuatu, Port Vila, Vanuatu

Dr Sangjun Moon, Team Coordinator, Office of the WHO Representative in Viet Nam, Hanoi, Viet Nam

Dr Hien Thi Hong Do, Epidemiologist, Office of the WHO Representative in Viet Nam, Hanoi, Viet Nam

**WHO Headquarters**

Dr Nedret Emiroglu, Director, Country Readiness Strengthening, Health Emergencies Preparedness & Response, WHO Headquarters, Geneva, Switzerland

Dr Gérard Krause, Director, Surveillance Systems, WHO Headquarters, Geneva, Switzerland

Dr Oliver Morgan, Director, Pandemic & Epidemic Intelligence Systems, Health Emergencies Preparedness & Response, WHO Headquarters, Geneva, Switzerland

Mr Scott Pendergast, Director, Strategic Planning and Partnership, Health Emergencies Preparedness & Response, WHO Headquarters, Geneva, Switzerland

Dr Carmen Dolea, Unit Head, International Health Regulations, Emergency Preparedness. WHO Headquarters, Geneva, Switzerland

Dr Gina Samaan, Unit Head, Pandemic Preparedness Global Platforms, WHO Headquarters, Geneva, Switzerland

Dr Xing Jun, Unit Head, Health Emergencies Preparedness & Response, WHO Headquarters, Geneva, Switzerland

Mr Kenneth Piercy, Senior Legal Officer, Office of the Legal Counsel, International, Constitutional and Global Health Law Unit, WHO Headquarters, Geneva, Switzerland
Artificial intelligence: Opportunities and threats for health security, 27 June 2023

Introduction

Artificial intelligence (AI) is already ubiquitous – it is used by search engines, spellchecking and translation software and for online advertising. Within health security, it is a new and emerging area with inherent opportunities and challenges.

This session was comprised of short presentations by Dr Oliver Morgan, Director, Pandemic & Epidemic Intelligence Systems, Health Emergencies Preparedness & Response, WHO Headquarters on considerations and uses of AI including surveillances; country experiences from Assistant Professor Marc Ho, Director, Contact Tracing and Epidemiology, Communicable Diseases Division, Ministry of Health, Singapore and Dr Miyuki Uchiyama, Deputy Director, International Health Emergency Management Health Science Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Japan; and Ms Lieke Visser, Technical Officer, Risk Communication, WHO Health Emergencies Programme, WHO Regional Office for the Western Pacific. The presentations were followed by questions and answers.

Discussion

To better understanding what AI is, four key terms were defined:

- artificial intelligence: concept that machines are able to reason and make sense of the world
- machine learning: the application of AI to extract and learn from data autonomously
- natural language processing combines linguistics and statistics to understand text and speech
- generative AI: generate new outputs that are similar but different from the raw data

Areas in public health surveillance where AI is already being applied include 1) early warning algorithms, using historic data and learning to detect statistical anomalies over time; 2) hotspot mapping; 3) disease forecasting/prediction, such as epidemic intelligence which uses machine learning; 4) event-based surveillance using text-based analysis; and 5) contact tracing during the COVID-19 pandemic.

AI was used in Singapore for contact tracing and cluster identification during COVID-19. Contact tracing is labour intensive and unlikely to be sustainable when there are many cases and chains of contact need to be identified and broken quickly. Bluetooth technology and algorithms were utilized to identify contacts and send automated messages to those recently exposed. India also created an integrated database of historic data and applied AI to help determine thresholds and send alerts to local teams if thresholds were passed. In Japan, AI supports preparedness activities for disasters such as earthquakes. AI is used to forecast the magnitude of an earthquake to determine the scope of the response, including resources and support likely to be required in the field.

Beyond surveillance and response, AI is also routinely used for communication. For example, AI is used by search engines such as Google to provide extra information, suggestive text and other ‘nudges’ that may affect behaviour. These platforms can also, however, provide incorrect information. For example, generative AI can be used to write press releases by combining large quantities of information on a topic but can incorrectly synthesize and relay this information back.

Potential future health security uses of AI include 1) multisource surveillance data synthesis; 2) summarizing and displaying information (e.g., routine reporting); 3) generating scenarios to plan response and resource allocation; and 4) integrating One Health and climate data into early warning systems.
Ethical issues such as governance and data security are of global concern as the expanded use of AI will require significant computing capacity, likely maintained outside of the government sector. Data sharing is already a challenge for public health. It was noted that many communities readily share personal data with social platforms but are hesitant to share for public health. This is linked to public trust and how we communicate with the populations we serve - trust is central to facilitate communication. Agencies could consider a “Chief Information Officer” to ensure the right questions are being asked and the right information communicated.

Conclusion

The application of AI is an emerging area in health security. Although there are good examples of how AI can be labour-saving, human interventions are still needed. AI outputs are only as good as the available data and there will always be a need for good quality, timely and accessible public health data. The effective use of AI requires new technical skills – in health security these may have to be supplied through new partnerships or the development of new public health workforce competencies. There are many considerations for AI as we chart our way forward, especially ethical issues on security, transparency and trust.

Strengthening national public health agencies: Building resilience to health emergencies and transforming response, 28 June 2023

Introduction

Many Member States in the Asia Pacific region have long-standing national public health agencies (NPHAs), while others are in the process of establishing an NPHA or do not currently have a NPHA. For many Member States, the COVID-19 pandemic has been a learning experience and catalyst to (re)consider their current and future needs and NPHA model. This session provided an opportunity to discuss different models, their advantages and disadvantages, and changes Members States have made or are considering after the COVID-19 pandemic.

The moderator, Dr Gérard Krause, Director, Surveillance Systems, WHO Headquarters, gave an overview of common roles and scopes of NPHAs. Following this introduction of NPHAs, panellists Ms Felicity Boyd, Assistant Director, Border Health Section, Health Emergency Management Branch, Department of Health and Aged Care, Australia; Dr Aalisha Sahukhan, Head of Health Protection, Ministry of Health and Medical Services, Fiji; and Ms Seung Yun Kim, Deputy Director, International Affairs, Korea Disease Control and Prevention Agency, presented on the role of the NPHA in their country. The presentations were followed by questions and answers.

Discussion

The relationship between the NPHA and Ministry of Health was a main point of discussion. All panellists mentioned recent changes or proposals where the agency gained more independence from the Ministry. A higher level of independence can support the scientific integrity of a NPHA’s activities, such as presenting scientific evidence to support recommendations to the Ministry. However, full independence may not always be feasible depending on a country’s capacity, historical context and how the agency is constituted.

In discussing the scope of a NPHA, panellists commented on how integrating divisions on environmental health, non-communicable disease, laboratory and others can facilitate a multisectoral approach. From the audience, delegates from Singapore and Mongolia indicated that their countries are currently considering integrating multiple public health divisions. In Singapore this has led to a
dilemma for the current infectious diseases entity which currently has both a clinical care and public health scope – separating these two areas will come with its own drawbacks.

A third topic discussed was the mandate of a NPHA to lead and coordinate a health emergency response. Ms Boyd elaborated on Australia’s federated structure and how its constitution clearly divides federal and subnational responsibilities. Ms Kim provided insight into the Republic of Korea’s more centralized procedures. Dr Sahukhan discussed how Fiji’s small island context favours concentrated expertise and specialization within the NPHA to support sub-national level activities.

Conclusions
Dr Krause summarized the different viable models for effective NPHAs, with the features depending on a country’s capacity, constitutional and historical context. The session provided an opportunity for participants to learn from each other and exchange experiences, considerations, and guidance. Lastly, the audience agreed that NPHAs have a role to play in all six proposed domains of the Asia Pacific Health Security Action Framework, most evidently in the ‘Lead and Coordinate’, ‘Plan and Prepare’ and ‘Assess and Respond’ domains. Participants expressed a desire for further regional knowledge exchanges on the different models and functioning of NPHAs.

Pacific Focus: Joint External Evaluations and IHR strengthening, 29 June 2023

Introduction
The IHR Joint External Evaluation (JEE) is a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to all types of public health risks. The JEE helps countries identify the most critical gaps within their human and animal health systems to prioritize opportunities for enhanced preparedness and response. Three Pacific Island countries have conducted a JEE – the Federated States of Micronesia, Palau and the Republic of the Marshall Islands. Samoa plans to conduct a JEE in late 2023.

The session was moderated by Dr Nuha Mahmoud, Team Coordinator, Pacific Health Security, Division of Pacific Technical Support, WHO Regional Office for the Western Pacific. Mr Nguyen Phuong Nam, Technical Officer, Pandemic Influenza Preparedness, WHO Regional Office for the Western Pacific, provided an overview of the objectives, methodology and expected outcomes of the JEE process. Ms Sherilynn Madraiasu, Director, Bureau of Public Health and Human Services, Ministry of Health and Human Services, Palau shared her in-country experience of conducting a JEE. Dr Robert Edward Thomsen, Deputy Director General, Public Health Services, Ministry of Health, Samoa shared his country’s experiences of taking the initial steps to conduct the JEE later in 2023.

Discussion
The JEE process involves six steps major steps: 1) official request from the country to WHO; 2) initiating the planning process; 3) multisectoral, country self-evaluation using the JEE tool and country implementation guide; 4) logistical planning by the host country; 5) the JEE mission involving a team of international experts to assess capacities, usually lasting between five to eight days; and 6) completion of a final JEE report that assesses current capacity levels and identifies areas to strengthen.

Palau conducted a JEE in 2019. In 2016, discussions with the Minister were initiated to receive high level support. The country then focused on engaging other sectors to ensure multisectoral involvement in the process. The self-evaluation lasted about two months due to debates on evaluation scoring. This proved to be a valuable learning experience to highlight gaps that were not previously identified and
was also an opportunity to advocate with leadership. This experience was useful to document gaps and weaknesses and to identify key priorities to strengthen IHR core capacities.

Samoa is currently in the initial stages of the JEE process. A JEE was formally requested from WHO in April 2023 and in May an orientation was held for stakeholders including health care workers. During this time, focal points were identified for each technical area. Meetings will be held to discuss self-evaluation through July. Samoa plans to complete the JEE between October and November 2023. Currently, Samoa is restructuring the Ministry of Health and the JEE will be a useful process to support this restructuring.

**Conclusion**

The JEE is a voluntary process starting with an official request from Member States to WHO. The process involves six major steps from start to completion, which takes about six months. WHO and partners can support countries through this process. Palau has utilized the JEE to identify gaps in their health security systems and to facilitate multisectoral collaboration. Samoa is in the initial stages of the JEE and will use the process to support restructuring of the Ministry of Health and multisectoral engagement.