

Annex to resolution SEA/RC69/R6
South-East Asia Regional Health Emergency Fund (SEARHEF)
Preparedness Funding Stream

Background and Rationale

In July 2016, the High-Level Preparatory Meeting for the Sixty-ninth Session of the Regional Committee reviewed the progress of SEARHEF utilization. Member States suggested expanding the scope of SEARHEF to include a preparedness stream that would strengthen key aspects such as disease surveillance, health emergency workforce and health emergency teams. There was also an expressed need for increasing tranches for emergency funding from SEARHEF. With recent major global emergencies, there is a strong call for strengthening preparedness and readiness to emergencies from infectious diseases and natural hazards. WHO's Health Emergencies Reform, all the various Ebola Virus Disease outbreak reviews and the Sendai Framework for Disaster Risk Reduction have recommended national preparedness efforts.

The 5th SEARHEF Working Group meeting was convened together with technical experts. It discussed and proposed mechanics for expanding SEARHEF. On the basis of the proposed guidelines, a resolution entitled "Expanding the Scope of the South-East Asia Regional Health Emergency Fund (SEARHEF)" has been prepared for consideration of the Sixty-ninth Session of the Regional Committee.

Target date for implementation of preparedness funding stream

1 January 2018

Purpose of the Fund for preparedness

The Fund is designed to provide financial support for activities to strengthen the capacity of Member States of the WHO South-East Asia Region for preparedness and readiness of the health sector to emergencies.

It aims to complement, not replace, development programmes under the biennium workplans. Thus, activities under SEARHEF funding aim to provide short-term, bridging funds that may kickstart/initiate, add value and/or support larger preparedness projects.

Guiding principles

SEARHEF was created to build and manifest solidarity of Member States of the South-East Asian Region in times of emergencies. It is committed to provide support

to priority activities for preparedness to contribute to efficient and effective health sector response to any emergency. It will encompass activities at the subnational, national, subregional and regional levels on the context of priority preparedness needs. These should address contextual issues depending on the unique needs of countries of the Region to address gaps identified through risk/capacity assessments and supportive of IHR core capacities¹ and strengthening SEARO Benchmarks² for emergencies.

Governance of SEARHEF will be through transparent, participatory and efficient processes as those practiced in the response funding stream.

Criteria for allocations for preparedness from the Fund

A Member State may request funds to support priority country activities³ for preparedness to:

- Address a priority gap as found in the IHR capacity assessments and/or SEAR Benchmarks on Emergency Preparedness and Response assessments,
- Address gaps in core skills⁴ such as risk assessments or information management,
- Set up and strengthen Public Health Emergency Operations Centres (PHEOCs).

Scope of activities to be funded

Strengthen IHR core capacities⁵ (e.g., support regional and subregional collaboration among surveillance networks, risk assessments, situation awareness);

Strengthen capacities outlined in the SEAR Benchmarks for Emergency Preparedness and Response (e.g., safer health facility activities, such as hospital assessments, and preparedness training /planning);

Strengthen health emergency human resources⁶ management (e.g., Emergency Medical Teams (EMTs), public health teams, rapid response teams, management/coordination of EMTs) prior to deployment;

Support for components of health emergency supply chain⁷ for preparedness of health service delivery.

Types of activities

1. Development and strengthening of policies and capacities for health emergency preparedness;
2. Development and implementation of training courses related to health emergency preparedness;
3. Setting up systems for information and knowledge exchange across countries for exchange of vital and useful information for risk assessments, risk

communication and management (e.g., hazards; countries that are at risk to seismic events; at risk to cyclones, etc.);

4. Strengthening PHEOCs;
5. Strengthening capacity of health emergency supply chain management system.

Desirable criteria

Activities that:

1. Contribute to the improvement of preparedness capacity at the peripheral and subnational level and
2. Promote intercountry cooperation.

Exclusion criteria

The preparedness Fund will not support:

1. Major engineering interventions, such as structural retrofitting projects of health infrastructure;
2. Procurement of vehicles, specialized medical equipment (e.g., CT scans).

Minimum corpus of funds for preparedness: US\$ 2.2 million

It is anticipated that support for basic preparedness activity may cost US\$ 200 000 per country per biennium. Thus, minimum corpus per biennium may be set at US\$ 2.2 M.

This is further elaborated in the explanatory notes. For types of activities conducted for preparedness, the average minimum cost is US\$ 200 000.

Resource mobilization

Ministries of health shall initiate discussions with their respective Ministry of Finance, Ministry of External Affairs and related government agencies as to various options to be able to contribute to building the corpus of funds and endeavour to inform about progress of such efforts by December 2016.

Processing Requests and Reporting

1. The Member State concerned may submit a proposal through the WHO Country Office for preparedness activities that should not exceed the amount of US\$ 200 000⁸ in a biennium.
2. WHO Health Emergencies Programme (WHE)/SEARO will review the proposal and make recommendations through proper channels for approval of the proposal.
3. Final approval of the proposal should be within a maximum of 14 days.

4. The time period for incurring the expenditure will be for a maximum of eight (8) months from the date of release of funds from WHO. It should be implemented within a year including financial closure.⁹
5. Reporting requirements in relation to expenditure of the allocation of the Fund will follow the requirements as per the WHO mechanism chosen (e.g., APW, DFC).
6. Details of expenditures should be kept in the respective WHO Country Office for audits and records as per standard WHO practice.

Others

Should a country not request funds or should there be a balance at the end of the biennium, these will be used for pre-positioning emergency supplies and materials at SEARO.

Criteria may be reviewed and adjusted periodically. A review will be conducted at the end of every biennium. These principles, policies and guidelines will be modified/refined during the course of implementation of the Fund.

End Notes

¹ IHR core capacities

<http://www.who.int/ihr/procedures/monitoring/en/>

² SEARO Benchmarks

http://www.searo.who.int/entity/emergencies/topics/EHA_Benchmarks_Standards11_July_07.pdf

³ Priority country activities

Determination of priority activities will be based on an assessment process, e.g., IHR capacity assessment or the Benchmark assessment.

At present, with the new WHO Health Emergencies Programme (WHE), objective means of assessments including tools for risk assessment will be developed and these may be used to prioritize country activities.

⁴ Core skills

Examples of core skills: rapid health assessment, coordination of Emergency Medical Teams (EMTs), health emergency supply chain management

⁵ IHR core capacities

<http://www.who.int/ihr/procedures/monitoring/en/>

⁶ Health emergency human resources

To respond to emergencies, various health/medical teams can be deployed. For preparedness activities, a system for management of these teams would be needed to develop a cadre of appropriate experts that can be easily deployed in an emergency. Examples of such teams include:

Emergency Medical Teams (EMTs), public health teams, multi-disciplinary assessment and response teams, situation awareness teams, rapid response teams, quick reaction teams or surge teams.

⁷ Health emergency supply chain

The definition of supply chain includes goods (drugs, supplies, equipment) services, human resources, information, technologies, funding support, management systems, protocols/procedures and technical reference/guidance materials that have to be delivered in an emergency. An expanded health emergency supply chain model can be used as a framework for communication, planning, management, analysis, implementation and monitoring of supplies (material, skills, capacities, etc.) during response and recovery phases.

⁸ Estimation of basic preparedness activity

The estimate of US\$ 200 000 per biennium was calculated based on past experiences on preparedness for an outbreak (e.g., Zika virus). A review of recent activities for preparedness shows that these could be classified into sample categories. The following shows the breakdown of the basic package of preparedness activities:

⁹ Implementation covers completion of project activities including submission of approved technical and financial reports.

No	Description of activity	Cost (US\$)
Development and strengthening of policies and capacities for health emergency preparedness		
1	Assessment of Member State preparedness and response on Zika virus, Ebola virus disease and other pandemic potential diseases; followed by result dissemination. [The three-day assessment will be conducted in collaboration with the respective Member State and supported by three facilitators from WHO Regional Office and/or WHO headquarters]	32 500
2	National workshop for development of an all-hazards preparedness plan. [The three-day workshop will be attended by around 50 national participants and three international participants from WHO Regional Office and/or WHO headquarters]	77 840
Development and implementation of training courses related to health emergency preparedness		
1	Intercountry training on rapid response teams (RRT). [The four-day training will be attended by 36 participants from six Member States (six multidisciplinary teams from each Member State) and four international participants from WHO Regional Office and/or WHO headquarters]	93 660
2	Intercountry workshop on potential hazards risk assessment. [The three-day training will be attended by two participants from six Member States and three international participants from WHO Regional Office and/or WHO headquarters]	41 460

No	Description of activity	Cost (US\$)
Setting up a system for information and knowledge exchange across countries		
1	Inter-country workshop on event-based surveillance (EBS) and establishment of EBS network in Member States of SEA Region. [The three-day training will be attended by two participants from six Member States and three international participants from WHO Regional Office and/or WHO headquarters]	41 460
2	Inter-country workshop on emergency risk data management. [The three-day training will be attended by two participants from six Member States and three international participants from WHO Regional Office and/or WHO headquarters]	41 460
Strengthening public health emergency operation centres		
1	Inter-country workshop on public health emergency operations centre (PHEOC) and establishment of PHEOC network in Member States of SEA Region. [The three-day training will be attended by two participants from six Member States and three international participants from WHO Regional Office and/or WHO headquarters]	41 460
2	Procurement of v-SHOC for establishment of PHEOC for one Member State	11 500
3	Procurement of computers and supplies for setting up PHEOC for one Member State	10 000
Strengthening capacity of health emergency supply chain management system		
1	Prepositioning of one IEHK Complete Kit in Member State of SEA Region	28 940
2	Prepositioning of one DDK Complete Kit in Member State of SEA Region	9 937
3	Prepositioning of 10 000 tabs of Oseltamivir 75mg in Member States of SEA Region	12 000
4	Prepositioning of one Surgery Emergency kit (for 100 patients for the period of 10 days)	4 620
Strengthening disaster risk reduction through the Safe Hospitals Initiative		
1	Assessment by a geo-engineering-archi team	30 000
2	Nonstructural intervention with two planning workshops for planning and implementation of complimentary functional interventions	160 000

Some examples:

1. Strengthening Member State capacity on risk assessment and data management for all hazards as a package for a proposal would lead to the total amount of US\$ 200 000:

Intercountry workshop on potential hazards risk assessment	US\$ 41 640
Intercountry workshop on emergency risk data management	US\$ 41 640
Assessment on Member State preparedness and response on potential hazards and followed by result dissemination	US\$ 32 500
National workshop for development of all hazard preparedness plan	US\$ 77 840
Total	US\$ 193 620

2. Strengthening disaster risk reduction applied in health facilities

Technical assessment of a medium-sized hospital and engineering firm	US\$ 30 000
Nonstructural intervention and two workshops for planning and implementation of Complimentary functional interventions	US\$ 160 000
Total	US\$ 190 000