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Provisional Agenda item 6.1

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### **Ministerial Roundtable: Emergency preparedness**

The WHO South-East Asia Region, prone to events from various hazards, requires a comprehensive approach to address these hazards in a strategic manner. Scaling up emergency risk management in countries is one of the Regional Flagship Priorities of since 2014. It currently follows a pragmatic approach of “sustain, accelerate and innovate” in all-hazard emergency preparedness, operational readiness and response for the safety and security of populations in the Region. Building on several successful interventions undertaken by Member States to strengthen emergency preparedness, enhancing the resilience of populations and national systems requires sustained efforts and investments. Adequate political and financial commitment for risk-informed development planning are yet to be garnered and it is in these areas that further innovation and action is required for comprehensive preparedness capabilities to be installed.

Member States need to align domestic and international investments with the priorities articulated in their national action plans for health security. The WHO Regional Office for South-East Asia, in consultation with Member States and partners, has developed a five-year Regional Strategic Plan to strengthen public health preparedness and response and an all-hazards Regional Risk Communication Strategy as a guide for use by Member States in the Region. A shift from “managing disasters to managing risks” needs to be implemented with a One Health approach, factoring in public–private partnerships, safety and vulnerability mapping of infrastructure for critical health services, and capacity-building of national emergency medical teams and national focal points (NFPs) for International Health Regulations (IHR).

A web-enabled online portal of the Regional Knowledge Network of IHR NFPs and partners will be established and hosted at the Global Knowledge Network for sharing knowledge, experiences and best practices relating to IHR implementation. Work in improving operational readiness and risk-informed planning is ongoing and needs to be scaled up. Further, to accelerate all-hazard health security, the preparedness stream under the South-East Asia Regional Health Emergency Fund will be consolidated to strengthen key aspects such as disease surveillance, development of a diverse health emergency workforce and emergency-resilient health facilities.

Investment in emergency risk management, emergency preparedness and operational readiness is a long-term prudent strategic action for sustaining gains from development processes.

The attached Working Paper was presented to the High-Level Preparatory Meeting for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for consideration by the Seventy-second Session of the Regional Committee:

**Actions by Member States**

- (1) Support strengthening of preparedness systems and capabilities in countries, especially at the subnational level, covering related aspects.
- (2) Advocate for and provide substantial domestic investment for preparedness.
- (3) Continue support for and consider contribution towards sustaining the preparedness stream of SEARHEF as committed under resolution SEA/RC69/R6.

**Actions by WHO**

- (1) Provide global guidance tools and facilitate implementation of NAPHS for better preparedness (e.g. EOCs, EMTs, mass casualty management, mock drills).
- (2) Facilitate the mobilization of resources, and garner support and foster partnerships with key stakeholders for preparedness in the Region.

## Introduction

1. With the overall goal of installing sustained capability and systems in countries, all-hazard emergency preparedness is a continuous process in which risk and vulnerability assessments, planning, action, funding, partnerships and political commitment at all levels must be sustained. It relies on all stakeholders working together effectively to plan, invest in and implement priority actions. It bridges the gap between health systems strengthening, disaster risk reduction and operational readiness for responding to emergencies.

2. Attaining health and well-being in any population requires assessment and understanding of the prevailing risks, hazards and vulnerabilities of different sections of the community for guiding actions to reduce the potential negative impact of health risks, make communities and systems resilient, and sustain the gains of health development.

3. Sound risk management is essential for safeguarding development and implementing local, national, regional<sup>1,2</sup> and global strategies in health and other sectors, in particular, for implementing the Sustainable Development Goals (SDGs).<sup>3</sup> These include the pathway to universal health coverage (UHC) and target 3.d of the SDGs (i.e. “strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks”),<sup>3</sup> the Sendai Framework for Disaster Risk Reduction 2015–2030,<sup>4</sup> International Health Regulations (IHR) (2005)<sup>5</sup> and the Paris Agreement on Climate Change.<sup>6</sup>

4. The WHO Regional Office for South-East Asia has identified and prioritized emergency risk management as one of the Regional Flagship Priorities since 2014 and is striving to achieve health security in all the 11 Member States of the Region through its current pragmatic approach of “sustain, accelerate and innovate”.

5. This document aims to elucidate the importance and significance of identifying, understanding and reducing health risks through intersectoral coordination and cooperation. It provides a broad view of the scope of work under emergency preparedness to make the population of each Member State safe and enjoy the maximum possible health and safety from all hazards and risks.

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<sup>1</sup>Asia-Pacific strategy for emerging diseases and public health emergencies (APSED III): advancing implementation of the International Health Regulations (2005). Manila: World Health Organization Regional Office for the Western Pacific; 2017 (<http://iris.wpro.who.int/handle/10665.1/13654>, accessed 06 May 2019).

<sup>2</sup>Response to emergencies and disasters. Delhi: World Health Organization Regional Office for South-East Asia; 2015 (Document SEA/RC68/R2) ([http://www.searo.who.int/about/governing\\_bodies/regional\\_committee/rc68-r2.pdf?ua=1](http://www.searo.who.int/about/governing_bodies/regional_committee/rc68-r2.pdf?ua=1), accessed 06 May 2019).

<sup>3</sup>Transforming our world: the 2030 Agenda for Sustainable Development. New York (NY): United Nations; 2015 (A/RES/70/1) (<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>, access 06 May 2019).

<sup>4</sup>Sendai framework for disaster risk reduction 2015–2030. Geneva: United Nations Office for Disaster Risk Reduction (UNISDR); 2015 ([https://www.unisdr.org/files/43291\\_sendaiframeworkfordren.pdf](https://www.unisdr.org/files/43291_sendaiframeworkfordren.pdf), accessed 6 May 2019).

<sup>5</sup>International health regulations (2005), third edition. Geneva: World Health Organization; 2016 (<http://www.who.int/ihr/publications/9789241580496/en/>, accessed 06 May 2019).

<sup>6</sup>Paris Agreement. Bonn; UNFCCC (United Nations Framework Convention on Climate Change); 2015 ([https://unfccc.int/sites/default/files/english\\_paris\\_agreement.pdf](https://unfccc.int/sites/default/files/english_paris_agreement.pdf), accessed 06 May 2019).

## Current situation, response and challenges

6. The South-East Asia Region has a high burden of outbreaks and epidemics of common infectious diseases, and emerging and re-emerging diseases, including zoonotic infections. Some of the recent outbreaks and threats faced by Member States were caused by high-threat pathogens such as pandemic/zoonotic influenza viruses (avian influenza A [H5N1], A [H9 N2]), Nipah virus, Zika virus, Middle East Respiratory Syndrome coronavirus (MERS-CoV), Japanese encephalitis virus and Crimean–Congo haemorrhagic fever (CCHF)-related tick-borne virus.<sup>7,8,9</sup> The presence of newer threats such as environmental (air pollution, extreme weather events, adverse climate changes), chemical and radiation emergencies as well as uncommon patterns of antimicrobial resistance (AMR) continue to add to regional health security threats.

7. The Region is also highly vulnerable to natural and human-induced disasters due to geological and climatic conditions, development activities and conflicts. Disasters caused by natural hazards, such as cyclones, floods, droughts, earthquakes, tsunamis and volcanoes, are reported from time to time and the frequency of such events has increased in recent years (Table 1).

**Table 1:** Snapshot of emergencies in the WHO South-East Asia Region (2001 - 2019)

Year	Public health emergency	SEA Member States affected	Morbidity	Mortality
2001	Gujarat earthquake (Richter scale 7.7) on 26 January	India	167 000 injured, 6.3 million affected	25 000 deaths
2004	Indian Ocean tsunami	Indonesia, India, Bangladesh, Sri Lanka, Thailand, Myanmar	125 000 injured	>230 210 deaths
2005	Kashmir earthquake (Richter scale 7.6) on 8 October	India	4 million homeless	86 000 deaths
2006	Yogyakarta earthquake (Richter scale 6.4), 27 May	Indonesia	37 000 injured	>5700 deaths
2007	Cyclone Sidr	Bangladesh	2.5 million affected 55 000 injured	3406 deaths
2008	Cyclone Nargis	Myanmar	2.4 million affected	138 000 deaths
2008	Koshi river floods	India, Nepal	2.5 million people affected	434 deaths

<sup>7</sup> Roots for resilience: a health emergency risk profile of the South-East Asia Region. New Delhi” WHO Regional Office for South-East Asia; 2017 (<https://apps.who.int/iris/handle/10665/258766>, accessed 22 May 2019).

<sup>8</sup> WHO. Zika sitrep. In: World Health Organization [website]. 10 March 2017 (<https://www.who.int/emergencies/zika-virus/situation-report/10-march-2017/en/>, accessed on 8 May 2019).

<sup>9</sup> WHO. Nipah virus outbreaks in the WHO South-East Asia Region. In: World Health Organization Regional Office for South-East Asia [website] ([http://www.searo.who.int/entity/emerging\\_diseases/links/nipah\\_virus\\_outbreaks\\_sear/en/](http://www.searo.who.int/entity/emerging_diseases/links/nipah_virus_outbreaks_sear/en/), accessed on 8 May 2019).

Year	Public health emergency	SEA Member States affected	Morbidity	Mortality
2013	North India floods	India, Nepal	More than 300 000 affected (mainly in Uttarakhand state of India)	More than 1 000 deaths
2015	Earthquake (Richter scale 7.8) on 25 April	Nepal	22 303 injured, 41 199 hospitalized, 462 health facilities completely damaged, 765 partially damaged	9 000 deaths
2016	Floods/typhoon Lionrock	DPR Korea	100 000 homeless	138 deaths
2016	Aceh earthquake (Richter scale 6.5) on 7 December	Indonesia	1 000 injured	100 deaths
2017	Dengue outbreak	Sri Lanka	More than 185 000 cases	250 deaths
2017	Cyclone storm Mora (May)	Bangladesh	3.3 million people affected, 260 000 internally displaced persons (IDPs), 17 000 houses damaged	6 deaths
2017	Influenza H1N1 outbreak	Maldives	277 laboratory confirmed H1N1 Positive	6 deaths
2017	Influenza H1N1 outbreak	Myanmar	1 198 cases of severe acute respiratory infection and 401 laboratory confirmed Influenza A(H1N1) pdm09	60 deaths
2017	Rohingya crisis Ongoing protracted Grade 2 emergency	Bangladesh/Myanmar	Approximately 1 million Rohingya people displaced to Bangladesh  Public health risk of outbreaks of cholera, measles, diphtheria, tuberculosis, malnutrition. Many cases of gender-based and sexual violence	391 deaths (110 under -5 years age group); 45 deaths from diphtheria (up to June 2019)
2018	Nipah virus outbreak (4 May–12 July)	Kerala/India	19 total cases, 18 laboratory confirmed cases	17 deaths (case-fatality rate 88.9%)
2018	Earthquake (July & August)	Lombok, Indonesia	7 733 injured, 3 512 689 affected, 431 416 displaced	463 fatalities
2018	Earthquake and Tsunami	Central Sulawesi, Indonesia	More than 4 400 injured; more than 170 000 displaced	More than 4,300 deaths
2019	Cyclone Fani (May)	India, Bangladesh	1.2 million people evacuated in time in Odisha, India  More than 1.2 million people evacuated in Bangladesh	64 deaths (India and Bangladesh)

8. Rapid, unplanned urbanization creates areas with high population density that are exposed to prevailing and potential health risks and hazards. In addition, migration and conflicts are increasing the frequency, severity and impact of many types of emergencies in the South-East Asia Region.

9. Apart from increasing morbidity, mortality and disability, emergencies may result in severe disruption to the health system. They interfere with health service delivery through damage and destruction of health facilities, interruption of health programmes, loss of health staff and overburdening of clinical services. A single emergency can set back development gains in the health and other sectors by decades.

10. Recently, a strong cyclone (category 4) named “Fani” (May 2019) originating from the north Indian Ocean hit the costal state of Odisha in India and southern coastal areas of Bangladesh. As of 12 May, 64 deaths were reported while nearly 2.4 million people were evacuated well in time from the affected coastal areas of India and Bangladesh. Without such a system of early warning and evacuation, the loss of life and damage to infrastructure could have been devastating. All this is an outcome of emergency preparedness, community capacity-building and more than 20 years of investment in risk management. Similarly, there are convincing examples of emergency preparedness from other Member States (Table 2).

**Table 2:** Examples of prioritizing emergency preparedness in Member States of the Region

Member States	Example of preparedness that worked well	Areas for further improving country preparedness significantly
<b>Bangladesh</b>	Cyclone shelters Early warning and evacuation	Seismic preparedness IHR core capacities, including chemical and radiation emergencies, antimicrobial resistance (AMR), emergency medical teams and emergency response operations
<b>Bhutan</b>	Hospital seismic assessment and non-structural interventions	Laboratory strengthening, food safety, points of entry (airports, seaports, land-crossings), risk communication, chemical, biological, radiological and nuclear (CBRN) hazards
<b>India</b>	Management of Nipah virus outbreaks Response to Kerala floods Early warning and evacuation for Cyclone Fani	Working at state level due to magnitude of size and population of the country Intersectoral coordination Ensuring preparedness capacities are measured and sustained at different levels
<b>Indonesia</b>	The investment in recovery and capacity building after tsunami of 2004 to preparedness and prevention at all levels Strengthening of IHR capacities after H5N1	Need for national action plan for health security (NAPHS) to be implemented down to local level – the framework exists but action and delivery are required
<b>DPR Korea</b>	Pandemic influenza preparedness planning, laboratory strengthening	IHR core capacities such as points of entry (airports, seaports and ground crossings), chemical events and radiation emergencies

Member States	Example of preparedness that worked well	Areas for further improving country preparedness significantly
<b>Maldives</b>	Management of H1N1 outbreak 2017	Installing specialized capacities for all areas may not be prudent (e.g. BSL4 laboratory); leveraging partnerships and referrals as well as pre-arrangements for surge are needed
<b>Myanmar</b>	Capacities in surveillance and links with DHIS-2	Sustained capacities at state and provincial levels
<b>Nepal</b>	Comprehensive earthquake risk mitigation and preparedness in health sector and its linkages to relevant sectors	Decentralization has created challenges Strengthening of surveillance and laboratory capacity
<b>Sri Lanka</b>	Strong public health interventions and systems – mental health in emergencies, legislation and policies for IHR; systems and capacities at district level	All-hazard capacities required Strategic investment and process required for NAPHS to be implemented
<b>Thailand</b>	Investment in IHR core capacities and their overall integration in health systems	Coordination mechanism between human and animal health sectors through periodic assessment of existing surveillance and response mechanisms, intersectoral collaboration and One Health approach
<b>Timor-Leste</b>	Recovery from the crisis of 1999 and setting up systems for preparedness at district level	Capacities need to be sustained Food safety needs to be strengthened

11. Shifting the focus from “managing disasters and emergencies” to “managing risks” is not an easy task. It requires a comprehensive understanding of the cyclical nature of unnoticed risks and facing the brunt of disasters and emergencies at times of un-preparedness. The risks, hazards and vulnerabilities of given geographical location and community need to be identified, mapped and corrective and/or mitigation measures to be integrated into sector-wide development processes and contingency planning.

12. The traditional indigenous wisdom of communities in South-East Asian countries has that experience and cumulative knowledge of risks and how to implement risk mitigation measures at the community and surrounding environmental levels. However, unplanned urban growth under pressure of inequitably implemented development disregarding known risks, hazards and vulnerabilities has upset the priorities of the system, governance and implementors’ trends and practices.

13. The following key challenges often impede progress in emergency preparedness:

- spending repeatedly for emergencies of a seasonal nature (e.g., floods, cyclones, landslides, etc.) and not investing enough to prevent, reduce and mitigate prevailing risks;

- hesitant financing for risk reduction, all-hazard emergency preparedness and “build-back better” for recovery because of:
  - competitive priorities within and outside the health sector and
  - not always rewarding the investor with results and better visibility within the limited time period;
- the multisectoral determinants of health emergencies are not yet fully understood and addressed at the local, provincial and national levels. It is very challenging to bring all sectors together to realize optimal policies, strategies, regulations and intersectoral coordination mechanisms;
- poor capacity for resilience of health systems at subnational and local levels;
- lack of risk-informed development planning for the long term at national and regional levels;
- lack of interest from private sector actors/stakeholders in building resilient systems, despite the law on corporate social responsibility in some countries;
- inadequate budgetary allocation for and domestic funding of the health sector;
- innovative financial instruments for financing preparedness have not yet been fully explored; and
- limited use of technology for preparedness and response in the health sector.

## **The way forward**

14. To continue strengthening efforts on health risk management, emergency preparedness and operational readiness, Member States of the Region need to consolidate the existing strategic interventions, adopt innovative approaches and practices and accelerate implementation of IHR (2005) to achieve health security through national action plans (Annex 1).

15. Operational readiness needs to be strengthened through risk-informed planning and capacity building in each country of the Region. Each ministry of health should map prevailing risks, hazards and vulnerabilities, conduct contingency planning and prepare business continuity plans, and have an early warning and response system in readiness. Operational readiness training has already been conducted by the Regional Office in the Democratic People’s Republic of Korea and similar capacity-building training needs to be further conducted in other countries.



16. The Bangkok Principles for implementation of the health aspects of the Sendai Framework recommend prioritizing coherent alignment of national, regional and global policies, strategies, legal frameworks, regulations and institutional arrangements.<sup>10</sup> The following are the **main priorities for the next five years** to further sustain and accelerate all-hazard health emergency preparedness and IHR implementation in the South-East Asia Region:

**A. Political and financial commitment to all-hazard emergency preparedness and health security:** Member States are encouraged to mobilize and garner political support and budgetary allocations for integrating risk-informed planning into intersectoral development streams. It will be a long-term investment for better gains in making the health system prepared for and resilient to any shocks and stresses due to natural hazards or human-induced emergencies. Domestic and international investments should be aligned with the priorities articulated in the national action plans.

**B. Regional initiatives:** The WHO South-East Asia Regional Office, in consultation with Member States and partners through a Regional Workshop of IHR national focal points (NFPs) conducted in New Delhi during 25–29 March 2019 has prioritized the following for the next five years:

- **National action plans for health security (NAPHS):** Five Member States (Indonesia, Maldives, Myanmar, Sri Lanka and Thailand) have already developed their NAPHS and are implementing them. WHO is committed to continuing to provide guidance and technical assistance to Member States for the development of their national action plans. Bhutan has developed its NAPHS and is in the process of costing and getting the plan endorsed by the Ministry of Health and relevant key stakeholders. Bangladesh and Timor-Leste will be finalizing their NAPHS in 2019. India and DPR Korea are considering the process for development of their NAPHS.
- **Regional Strategic Plan to Strengthen Public Health Preparedness and Response (2019–2023).** A draft five-year Regional Strategic Plan to Strengthen Public Health Preparedness and Response (2019–2023) has been prepared in consultation with the NFPs and partners, based on a situational analysis of the progress of IHR implementation in the Region and identified gaps and opportunities. It was aligned with the Global Strategic Plan following the “Three Pillars” approach and the principles laid out in the WHO’s Thirteenth General Programme of Work. It should serve the need for strategic vision in aligning and adapting country-specific priorities for achieving health security through:
  - building and maintaining IHR core capacities in Member States;
  - strengthening event notification and management; and
  - measuring progress (support monitoring and evaluation of implementing the IHR).

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<sup>10</sup> Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015–2030. UNISDR; 2016 ([https://www.who.int/hac/events/2016/Bangkok\\_Principles.pdf](https://www.who.int/hac/events/2016/Bangkok_Principles.pdf), accessed 22 May 2019).

- **Regional Risk Communication Strategy (2019–2023):** The Regional Strategy aims to ensure that each Member State builds and uses a multilevel, multisectoral and multifaceted risk communication plan for enabling individuals, families and communities to make informed decisions to mitigate the effects of emergencies and take protective and preventive actions. The draft all-hazards-based Regional Risk Communication Strategy was thoroughly discussed with the IHR NFPs and will work as a guiding document for the national risk communication plan for emergency situations.
  - **Regional Knowledge Network of IHR NFP+:** This will be an innovative online platform hosted at the Global Knowledge Network to facilitate a safe environment for IHR NFPs and identified technical experts from relevant stakeholders in enhancing their learning through interaction with peers, exchange of experiences and best practices, and consulting for any emerging issues in an informal way. The justification for establishing the Regional Knowledge Network of IHR NFP+ is derived from the Seventy-first World Health Assembly endorsement of the WHO “Five-Year Global Strategic Plan to Improve Public Health Preparedness and Response (2018–2023)”. Under Pillar 2, it aims to improve public health preparedness and response, with a focus on supporting and strengthening a global network of IHR NFPs through training and community-of-practice related activities. WHO is committed to strengthening and maintaining a robust knowledge network of IHR NFPs by holding regular meetings for training, peer-to-peer learning and sharing of best practices/lessons to accelerate IHR implementation.
- C. Strengthening national emergency medical teams:** The need to strengthen national Emergency Medical Teams (EMTs) as per the quality assurance and accreditation system of the WHO EMT Initiative was acknowledged by Member States. The Seventy-first session of the Regional Committee endorsed a resolution on “Strengthening EMTs in the South-East Asia Region” under SEA/RC/71/2018 in October 2018 and recommended the establishment of a Regional Working Group for EMT strengthening with Secretariat support of the Regional Office. The South-East Asia Regional Working Group for EMTs met for the first time in Bangkok during the Global EMT Working Groups Meeting in June 2019.
- D. Building resilient health facilities and systems:** Structural, non-structural and functional safety and viability of critical health facilities engaged in the provision of essential health services are important for acute medical, trauma and mental health care, as well as continuity of treatment for chronic diseases (e.g. diabetes, hypertension, epilepsy and chronic obstructive pulmonary disease) in an emergency.

Health facilities providing these essential services may get partially or completely damaged and unable to deliver services or become inaccessible in the aftermath of a natural disaster (e.g. earthquake, floods, cyclones). In addition to the adverse impacts on the health of people, extreme weather events also cause damage to health facilities, disrupt health service delivery through submersion of a part or the entire physical structure of the health facility in flood waters, or obstruct the access to a health-care facility or damage medicines, vaccines or equipment.

WHO has released a *Comprehensive safe hospital framework* and *Hospital safety index guide for evaluators*<sup>11,12</sup> to make hospitals safe and operational in disasters. WHO's collaboration with the World Meteorological Organization (WMO) to establish the WHO–WMO Climate and Health Office and implement the Global Framework for Climate Services to meet the climate information needs of the health sector will also contribute significantly to reducing risks to health of extreme weather and climate-related hazards and climate-sensitive diseases.<sup>13</sup> Investment in retrofitting and building emergency-resilient new health facilities have been experienced, particularly with respect to earthquakes, in countries in the Region.

The Sendai Framework also places strong emphasis on resilient health systems by recommending a shift from “managing disasters to managing risks” and building a resilient health system through improving intersectoral coordination and collaboration.

- E. One Health approach:** Identifying and reducing health risks are not limited to the health sector alone. Considering the multifactorial nature and multisectoral determinants of diseases and disasters, efforts at reducing risks should be synergistically coordinated among the areas of human health, animal health, wildlife and the environment. Human health is intrinsically linked to the health of animals and the environment. More than 75% of emerging infectious diseases are of zoonotic, or animal, origin. Foodborne diseases and antimicrobial resistance continue to emerge at the human-animal interface. Whether of human or animal origin, these diseases and how they can be transmitted are a significant threat to public health.

The most efficient way to address them is via a multisectoral, One Health approach. That is why strengthening collective and all-hazard preparedness and response capacities and developing a common strategic direction at the country, regional and global levels is very important. Member States should develop, strengthen and implement interministerial and intersectoral coordination, collaborative mechanisms and public-private partnerships.

It is necessary for the prevention and control of emerging and re-emerging infectious diseases; and for other risks and threats from adverse climatic conditions and multiple natural hazards. The areas of work in which the One Health approach is particularly relevant include food safety, entomology, control of zoonoses and antimicrobial resistance. WHO is a committed partner to the critically essential Tripartite collaboration (FAO, OIE and WHO) and to the promotion of One Health coordination at both country and regional levels.

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<sup>11</sup> Safe Hospitals Initiative. *Comprehensive safe hospital framework*, second edition. Geneva: World Health Organization; 2015 ([https://www.who.int/hac/techguidance/comprehensive\\_safe\\_hospital\\_framework.pdf?ua=1](https://www.who.int/hac/techguidance/comprehensive_safe_hospital_framework.pdf?ua=1), accessed 22 May 2019).

<sup>12</sup> Safe Hospitals Initiative. *Hospital safety index guide for evaluators*, second edition. Geneva: World Health Organization; 2015 ([https://www.who.int/hac/techguidance/hospital\\_safety\\_index\\_evaluators.pdf?ua=1](https://www.who.int/hac/techguidance/hospital_safety_index_evaluators.pdf?ua=1), accessed 22 May 2019).

<sup>13</sup> WHO. *Operational framework for building climate-resilient health systems*. Geneva: World Health Organization; 2015 ([https://apps.who.int/iris/bitstream/handle/10665/189951/9789241565073\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/189951/9789241565073_eng.pdf?sequence=1), accessed 22 May 2019).

- F. Public–private partnerships:** Private sector actors need to be approached for building operational partnerships in disaster risk reduction, health emergency preparedness, response and rehabilitation. There are various trade chambers and professional associations of commerce in the Region that may like to invest under corporate social responsibility in areas such as research and innovation, information technology support, improving the supply chain system, prepositioning and other emergency support functions (e.g., transport, refugee mobile tents with solar-powered electric supply, inflated mobile hospital tents). Some examples of private stakeholders are the Rockefeller Foundation, Bill and Melinda Gates Foundation, Reliance Health Foundation and Public Health Foundation of India. Mapping of partners should be updated regularly at the national and regional levels.
- G. The preparedness stream of SEARHEF:** The Sixty-ninth session of the Regional Committee endorsed resolution SEA/RC69/R6 on “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 the tranches for emergency funding from SEARHEF. It was anticipated that support for basic preparedness activities may cost US\$ 200 000 per country per biennium. Thus, the minimum corpus per biennium was set at US\$ 2.2 million. Implementation of the SEARHEF preparedness funding stream started on 1 January 2018. Thailand has contributed US\$ 200 000 towards the SEARHEF preparedness stream. Preparedness funds have been disseminated to Bhutan and Sri Lanka so far, based on the agreed-upon criteria during the establishment of the Fund. By pooling resources for demonstration projects, SEARHEF can leverage more domestic financing for preparedness initiatives and resources from donors for the expansion of projects.

## Conclusions

17. Member States of the South-East Asia Region can effectively minimize health risks, threats and consequences of disasters/emergencies by identifying, analysing and preventing or mitigating risks and hazards, reducing the exposure of communities to these and minimizing their vulnerabilities or strengthening their capacities and that of the whole system. It is a fact that cost of emergency response without preparedness is resource-intensive and is not cost-effective.

18. Varied actions are required to consolidate preparedness capacities in countries. Implementing NAPHS, the five-year Regional Strategic Plan to Strengthen Public Health Preparedness and Response, the Regional Risk Communication Strategy and national plans, and mobilization and networking of the IHR NFPs for improving IHR implementation through knowledge-sharing are key ways forward to step up health security in the Region. In addition, organizing operational readiness and strengthening national emergency medical teams are ongoing efforts. Member States and partner agencies should invest collaboratively in the preparedness stream of SEARHEF and operationalization of regional and national action plans.

19. WHO is committed to advocating, supporting and facilitating the development and implementation of a full range of actions relating to health emergency preparedness and IHR (2005), strengthening of national health systems and building the resilience of populations and countries. In addition, WHO supports national responses to emergencies from all types of hazards, including through its roles as Lead Agency of the Interagency Standing Committee's Global Health Cluster, as custodian of the IHR, and as the secretariat to the Global Outbreak Alert and Response Network (GOARN), Global Knowledge Network of IHR NFPs and the emergency medical teams (EMT) initiative.

### Annex 1: Health Emergencies Programme of the WHO South-East Asia Region: Sustain, Accelerate and Innovate in each Flagship Area

Technical areas	Sustain	Accelerate	Innovate
<p><b>Scaling up capacity in emergency risk management</b></p>	<ul style="list-style-type: none"> <li>• Five-year regional plan to strengthen preparedness and response               <ul style="list-style-type: none"> <li>○ Build and maintain IHR core capacities in countries</li> <li>○ Strengthen event notification and management</li> <li>○ Measure progress (support IHR M&amp;E)</li> </ul> </li> <li>• Comprehensive analysis of State Party annual reporting, joint external evaluations and national action plan for health security (NAPHS)</li> <li>• Mapping of IHR-related institutes/experts (includes setting up mechanisms to facilitate exchange and deployments)</li> <li>• Support for IHR NFP to establish knowledge networks and community of practice</li> <li>• One Health coordination mechanism – Regional Secretariat (Bangkok)</li> <li>• M&amp;E of implementation of national action plans for combating Anti-microbial resistance</li> <li>• WHO country office and regional operational readiness</li> <li>• Regional Committee resolution on emergency medical teams (EMTs)</li> <li>• Mapping partners on operational partnerships for emergency preparedness and response</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships and resource mobilization for countries focusing on:               <ul style="list-style-type: none"> <li>○ leveraging domestic funding;</li> <li>○ SEARHEF preparedness and response streams;</li> <li>○ other sources (e.g., donors, development banks)</li> </ul> </li> <li>• Support to achieve easy wins from gaps in joint external evaluations (JEEs), e.g. emergency operation centres (EOCs), expert networks and prepositioning medical camp kits</li> <li>• Implementation of NAPHS in countries – placement of staff from the WHO Health Emergencies Programme in priority countries</li> <li>• SEARHEF preparedness projects (EOCs and other capacity-building activities)</li> <li>• Joint readiness workshops with the MoH and partners in countries</li> <li>• Understanding threats and hazards in priority countries</li> <li>• Link/integrate pandemic preparedness plan with NAPHS</li> <li>• Emergency management and support in Cox’s Bazar Sub-Office in Bangladesh</li> <li>• Application of WHO standard operating procedures (SOPs)</li> <li>• Operational readiness of Member States</li> </ul>	<ul style="list-style-type: none"> <li>• Scale up the development of information and communication technology (ICT) apps for hospital preparedness, operations manual and Rapid Risk Assessment (RRA)</li> <li>• Conduct research as per regional priorities and risks (agenda to be defined)</li> <li>• Develop a model for a deployable mobile laboratory</li> <li>• Design an advocacy strategy across all media (e.g. BBC) and audiences for health emergency issues</li> <li>• Establish a regional knowledge network of International Health Regulations – national focal points (IHR NFPs)</li> <li>• Leverage information technology for emerging infectious diseases and antimicrobial resistance (AMR) surveillance</li> <li>• Develop rapid health assessment tool for public health emergencies</li> <li>• Cross-sectoral harmonization of AMR surveillance (human, animal and environment)</li> <li>• Contingency planning innovations in emergencies               <ul style="list-style-type: none"> <li>○ For instance, using plans to prepare for and respond to a cyclone in Cox’s Bazar, Bangladesh</li> </ul> </li> <li>• Innovations in protracted crisis               <ul style="list-style-type: none"> <li>○ This covers approaches that have been implemented in protracted settings which have never been done before, e.g. (1) establishment of a transition support team; (2) establishment of a sub-office in the field for managing emergency operations; (3) development of a medium-term plan for the sub-office; 4). establishment of SOPs for the emergency sub-office (referring to a WHO document, this kind of SOP has never been created and is not a part of the WHO e-Manual chapter XVII)-Health emergencies.</li> </ul> </li> </ul>

Technical areas	Sustain	Accelerate	Innovate
	<ul style="list-style-type: none"> <li>• Integration with the Country Health Emergencies Preparedness and IHR (CPI) unit on country preparedness and response planning</li> </ul>	<ul style="list-style-type: none"> <li>• EMT verification in:               <ul style="list-style-type: none"> <li>○ Thailand</li> <li>○ Indonesia</li> <li>○ Bhutan (2020)</li> <li>○ Sri Lanka (2020)</li> </ul> </li> <li>• Training on EMT coordination cells in countries</li> <li>• National EMTs in key countries</li> <li>• All MoHs with functional health emergency operations centres (HEOCs)</li> <li>• Strengthening of HEOC in SEARO</li> </ul> <p>Accelerate new partnerships in areas like HEOCs, EMTs, chemical, biological and radionuclear (CBRN) events, Global Outbreak Alert and Response Network (GOARN)</p> <ul style="list-style-type: none"> <li>• Accelerate implementation of logistics-related SOPs</li> </ul> <p>Strengthen chemical, biological and radio-nuclear emergencies preparedness in Member States based on IHR M&amp;E findings</p> <ul style="list-style-type: none"> <li>• Seamless and end-to-end health logistics system:               <ul style="list-style-type: none"> <li>○ supply chain</li> <li>○ procurement, shipment and delivery</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Emergency response manual app</li> <li>• Regional prepositioning system</li> <li>• Innovations for strengthening national EMTs               <ul style="list-style-type: none"> <li>○ National accreditation standards</li> <li>○ Military EMTs</li> </ul> </li> <li>• Develop e-learning platforms for various areas of work</li> <li>• Training in emergency response operations and development of deployment rosters               <ul style="list-style-type: none"> <li>○ Health Cluster coordination, info management</li> </ul> </li> <li>• Training consortium on operational partnerships</li> <li>• Training in regional health emergency response – coordinators, information management officer, incident management system team leads</li> <li>• GOARN 2.0</li> <li>• Innovative data management, analysis and decision-making tool rolled out</li> <li>• New health kits:               <ul style="list-style-type: none"> <li>○ medical camp kit (MCK), HEOC in a box, pre-deployment kit, laboratory kits, communication kit, NCD kits</li> </ul> </li> <li>• Guidance and support on emergency preparedness and prioritizing capacity building in areas of chemical, biological and radio-nuclear emergencies as per contextual needs of the Member States</li> <li>• Website with updates on response interventions as references for partnerships platform:               <ul style="list-style-type: none"> <li>○ products: annual highlights; state of readiness</li> </ul> </li> <li>• Organizing road shows for highlighting work on strengthening of emergency medical teams, global outbreak and alert response network, health emergency operation centres and regional knowledge network of IHR NFPs.</li> <li>• Organizing Health Emergency Forum in 2020 for highlighting emergency preparedness and response in the Region</li> </ul>