



# Developing APSED III



World Health  
Organization

South-East Asia Region Western Pacific Region

Information for Member State Consultation

April 2016

Public health emergencies are:

- **Inevitable**
  - But we can be caught by surprise (e.g. SARS, H1N1, Ebola, MERS, Zika)
- **Global**
  - Vulnerability is universal in our interconnected world
- **Complex**
  - Pathogens travel faster than ever before
  - But fear spreads even quicker than disease itself
  - Determinants and impacts go beyond the health sector – social, political and economic dimensions





And the landscape in which emergencies occur is evolving...



New threats and diseases



Urbanization and globalization (incl. int'l travel and trade)



Rapid improvements in technology



Huge increases in access to information



Financial crises, poverty, inequality



Climate change



Changing demographics



Threat of conflict



International and regional initiatives and obligations  
(e.g. SDG, UHC, IHR, Sendai Framework for Disaster Risk Reduction, GHSA, WHO Reforms, CCS)



Public health emergencies will continue to occur, they are increasingly global issues, and even more complex.

- **Global framework:**

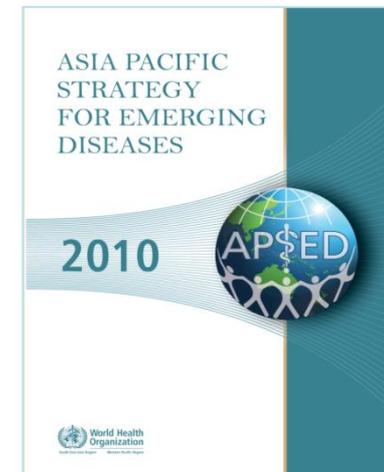
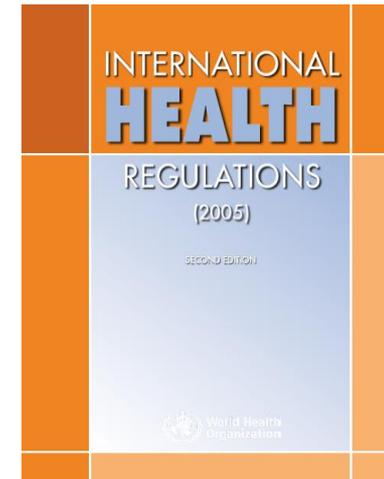
- **The International Health Regulations (IHR) 2005**

- Agreed legal mandate among all WHO member states for protecting global public health security
- Core capacity requirements, including national, regional and international alert and response systems
- Entered into force since June 2007

- **Regional framework:**

- **The Asia Pacific Strategy for Emerging Diseases (APSED)**

- A bi-regional tool to help two WHO Regions (SEAR and WPR) implement and strengthen IHR core capacity requirements
- Focus on strengthening and supporting preparedness of MS
- Developed in 2005 and updated in 2010
- Evaluation in 2015, and now developing next phase



# APSED 2010 - Structure



## Vision

An Asia Pacific region prepared to mitigate the risk and impact of emerging diseases and other public health emergencies through collective responsibility for public health security.

## Goal

To build sustainable national and regional capacities and partnerships to ensure public health security through preparedness planning, prevention, early detection and rapid response to emerging diseases and other public health emergencies.

**Objective 1**  
Reduce risk

**Objective 2**  
Strengthen early detection

**Objective 3**  
Strengthen rapid response

**Objective 4**  
Strengthen effective preparedness

**Objective 5**  
Build sustainable partnerships

## Focus Areas

Surveillance, Risk Assessment and Response

Laboratories

Zoonoses

Infection Prevention and Control

Risk Communications

Public Health Emergency Preparedness

Regional Preparedness, Alert and Response

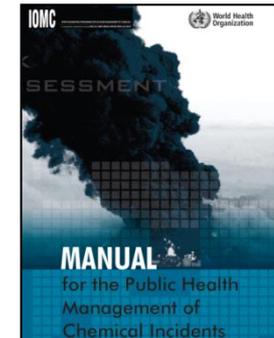
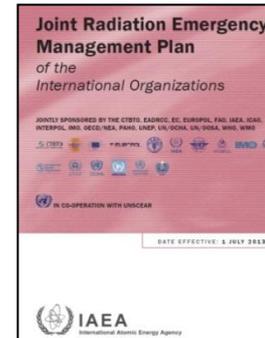
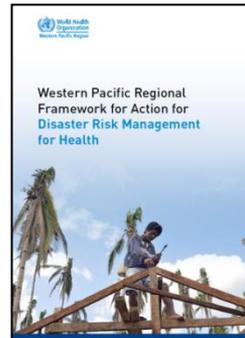
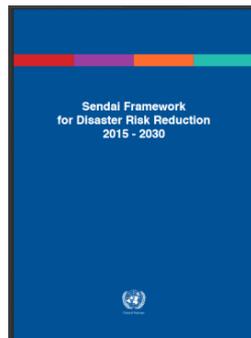
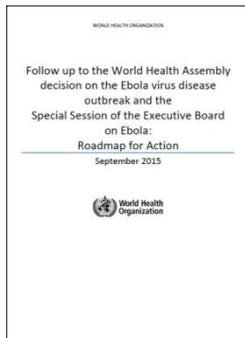
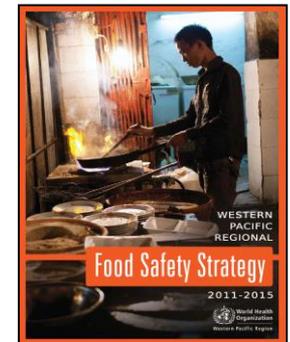
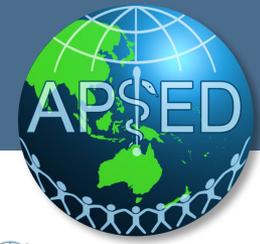
Monitoring and Evaluation

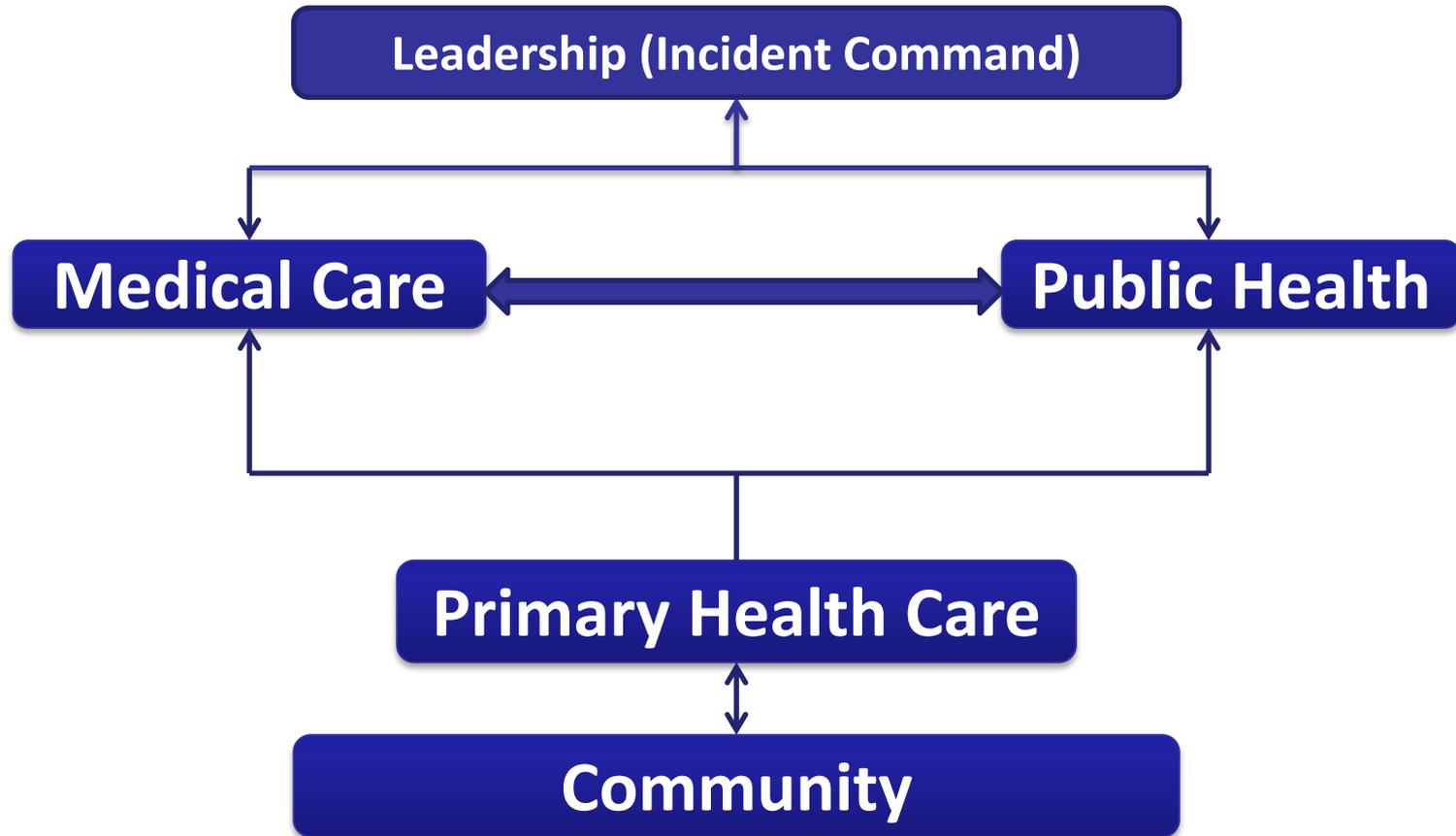
1 to 6 aimed at national capacity-building

7 is WHO regional preparedness alert + response systems

8 is monitoring and evaluation activities (IHR and APSED) both national and regional

# Wider context







- Takes into account lessons learned from the Ebola outbreak and response
- Six key areas:
  - 1. A Unified WHO emergency programme**  
increased use of the event/incident management system
  - 2. A Global health emergency workforce**
  - 3. IHR core capacities and resilient national health systems**
  - 4. Improvements to the IHR**  
improved transparency, effectiveness and efficiency
  - 5. Accelerated Research and Development**  
framework for R&D and enabling during emergencies
  - 6. International financing / contingency fund**  
for pandemics and other health emergencies



[www.who.int/about/who\\_reform/emergency-capacities](http://www.who.int/about/who_reform/emergency-capacities)



## Joint Member States-WHO review of nearly a decade of APSED

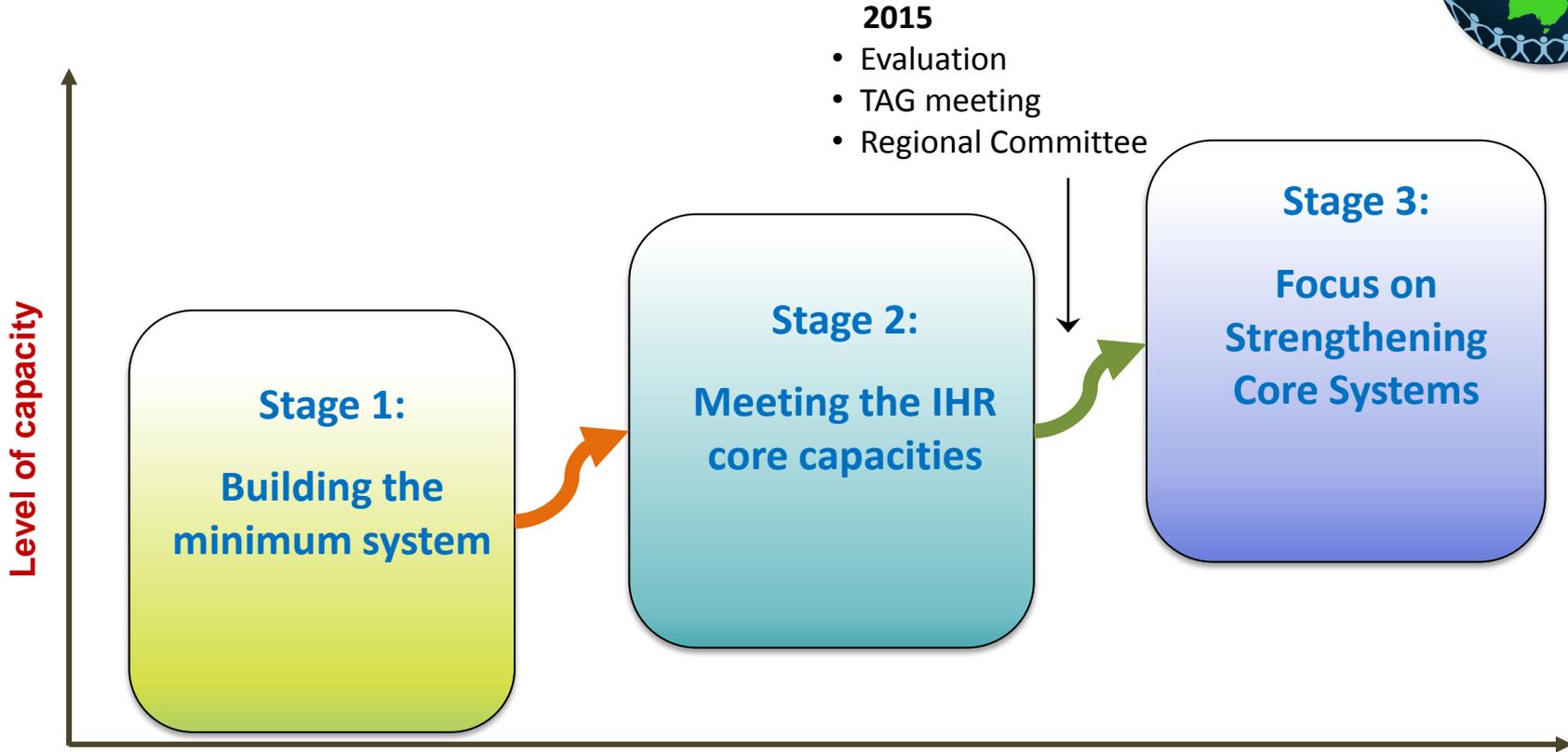
- Re-confirmed the **relevance** of APSED
- Demonstrated **achievements** in improving IHR core capacities
- Concluded we are **better prepared, but we are not safe** from more severe threats
  - must test systems regularly
  - need further investments in health security to upgrade the system and ensure sustainability (infrastructure, financial, technical, human resources)



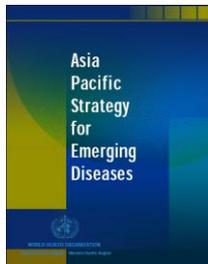
## APSED TAG meeting (July) and Regional Committee meeting (October)

- Recommended WHO **develop an updated strategy** (ie. next version of APSED)

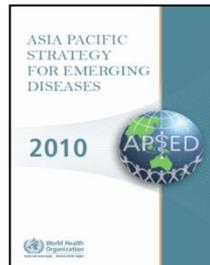
# APSED progression



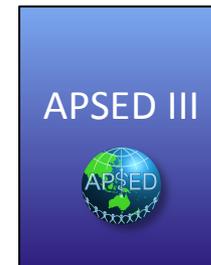
**2005**



**2010**



**Now**





- Not starting from a “blank slate”, but building upon:
  - previous iterations of the strategy
  - many years of implementation, feedback from countries, and expert input (TAG)
  - 2015 evaluation
- So...much of the work to shape APSED III already done
- But...need to ensure it is up-to-date on issues, and direction is in line with current and future needs of countries

**June 2015 – January 2016**  
**Evaluation and consultation**

**Review of APSED progress and discuss direction**

**January – June 2016**  
**Consultation and technical analysis**

**Review start of June and confirm direction**

**March – December 2016**  
**Drafting and finalizing APSED III document**

**Review June TAG / Endorse Oct RCM / Publish Dec**



- Feedback from member states and 2015 evaluation
  - overall APSED approach is robust, and no major change in direction needed.
- APSED III retains and builds upon key principles in APSED 2010.
  - Placing **countries at the centre**
  - Providing **generic platform** to strengthen IHR core capacities
  - Providing **ongoing flexible process** for review, planning and action
  - Strengthening **core systems** that enable other capacities
  - Importance of **good leaders** to make systems work well
  - **Looking to the future**, including predicting risks and investing in preparedness
  - **Collective partnership**, strong connectedness & coordination, incl non health sectors
  - Assessing **functionality** and **learning from real world events**



## Focus areas

1. Surveillance, risk assessment, and response
2. Laboratories
3. Risk communications
4. Public health emergency preparedness, including:
  - Zoonoses (coordination)
  - Infection prevention and control, clinical management and healthcare facility preparedness
  - Event/incident management and Emergency Operations Centres
  - Planning
  - National IHR Focal Points
  - Points of entry
  - National legislation
  - Links to other hazards (food safety, chemical, radiological)
5. Regional preparedness, alert and response
6. Monitoring and evaluation

Doing more but differently.  
Strengthening core generic systems to enable countries to do more, and better

Embed Zoonoses and IPC into established systems and programmes to increase effectiveness and sustainability

Concept of cross-sector coordination goes beyond animal health, and healthcare preparedness broader than IPC



- Also likely to be some changes within each focus area, considering
  - Current and future landscape
  - New directions, initiatives and technologies
  - Unfinished business that remains a priority
- For example:
  - **Surveillance, risk assessment and response**  
Multi-source approach, strengthening risk assessment function and link to decision-making
  - **Public health emergency preparedness**  
Strengthening coordination, and use of event/incident management systems (incl. EOCs)
  - **Monitoring and Evaluation (M&E)**  
Test ‘real world’ functionality, incl. use of joint in-country evaluations and after action reviews.  
Could be included in area four to better link planning, review and system strengthening.
- Proposal to keep APSED acronym but update name to better reflect all-hazards:  
*the Asia Pacific Strategy for Emergencies and Emerging Diseases.*



- APSED focuses on a generic and all-hazards approach
- But APSED doesn't aim to cover all issues; instead aims to link to existing systems, tools and strategies
- This includes being part of, and strengthening, health systems
- Other linkages include:
  - AMR
  - Environmental health
  - Food Safety
  - Disaster Risk Management
  - Chemical/radiological hazards
  - Bioterrorism
  - Non communicable diseases
  - Social and economic development



1. Reflecting on you country's experience, what have been the strengths and challenges of APSED?
2. What are your country's plans with regards to emerging diseases and public health emergencies over the next 5 to 10 years?
  - a) Most important core capacities
3. What are your comments on APSED III?
  - a) Vision, goal and objectives
  - b) Key principles
  - c) Acronym and name
  - d) Cross cutting areas/themes
4. How would you successfully implement APSED III?
  - a) Factors that support implementation
  - b) Financial mechanisms



# THANK YOU

