

# Protecting People from Health Emergencies Together

High-level Technical Meeting and Ministerial Consultation on the Implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region

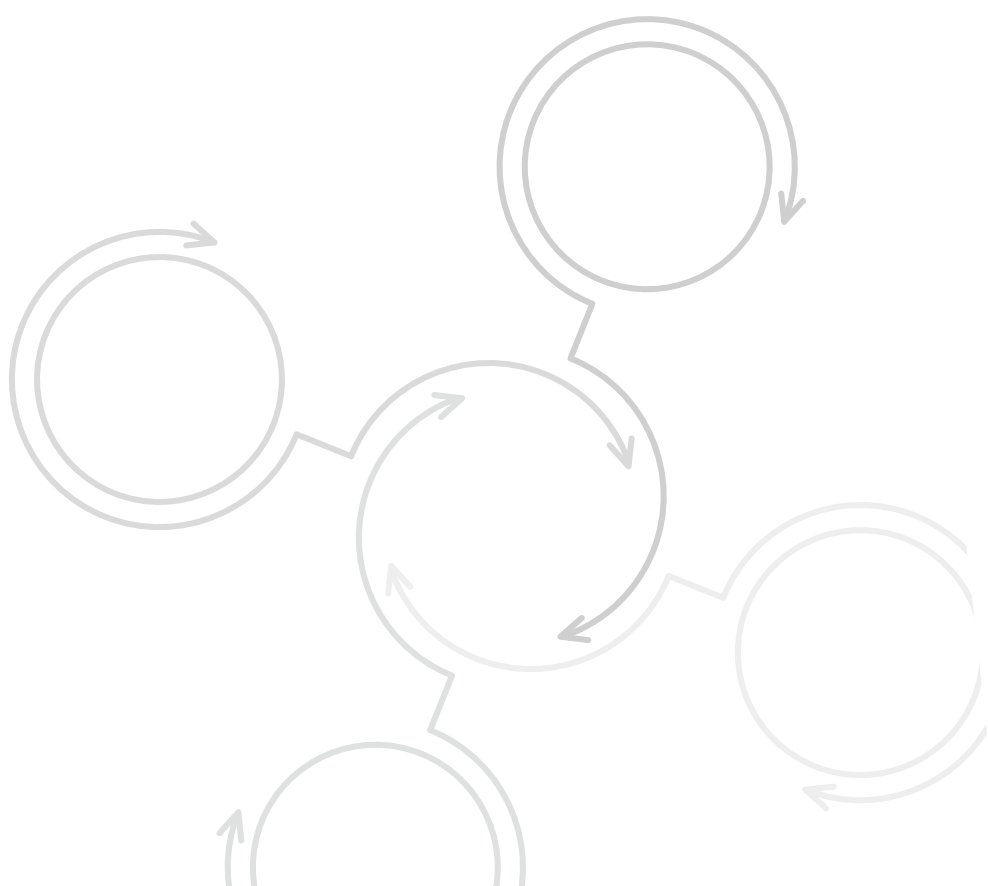
## Meeting report



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**Meeting report**



# Abstract

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The *High-level Technical Meeting and Ministerial Consultation on the Implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region* was held in Istanbul, Turkey, on 12-14 February 2019. The three-day meeting brought together Ministers, Deputy Ministers and high-level representatives from 36 Member States of the WHO European Region, as well as partners, with the overall aim to discuss how to ensure high-level political commitment to strengthen joint action for the protection of people from health emergencies through the full implementation of the regional Action Plan. The meeting also served as a starting point and a first step to discuss the establishment of a technical follow-up process to accelerate the implementation of the regional Action Plan, by creating opportunities for dialogue and exchange of experiences on relevant issues. There was consensus throughout the meeting that emergencies know no borders; and that building, maintaining and strengthening adequate capacities throughout the whole emergency cycle – across its four stages of prevention, preparedness, response and recovery – requires close collaboration among key stakeholders, both within and outside of the health sector.

## Keywords

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EMERGENCY MANAGEMENT  
EMERGENCY PREPAREDNESS  
EMERGENCY RESPONSE  
INTERNATIONAL HEALTH REGULATIONS

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# Abbreviations

<b>AAR</b>	After Action Review
<b>AMR</b>	anti-microbial resistance
<b>BLBH</b>	Better Lab for Better Health Initiative
<b>CBRN</b>	chemical, biological, radiological and nuclear
<b>CCHF</b>	Crimean Congo Haemorrhagic Fever
<b>EBS</b>	Event-based surveillance
<b>EC</b>	European Commission
<b>EEA</b>	European Economic Area
<b>EOC</b>	Emergency Operations Centre
<b>ECDC</b>	European Centre for Disease Prevention and Control
<b>EDCARN</b>	Emerging Diseases Clinical Assessment and Response Network
<b>EIS</b>	Event Information Site
<b>EMS</b>	Emergency Management System
<b>EMT</b>	Emergency Medical Team
<b>ERC</b>	Emergency Risk Communications
<b>EU</b>	European Union
<b>EVAP</b>	European Vaccine Action Plan
<b>EWRS</b>	Early Warning Response System
<b>GDO</b>	Geographically Dispersed Office
<b>GHPP</b>	Global Health Protection Program (Germany)
<b>GHPP</b>	Global Health Preparedness Program (Norway)
<b>GHSA</b>	Global Health Security Agenda
<b>GIPC</b>	Global Infection Prevention and Control Network
<b>GOARN</b>	Global Outbreak Alert and Response Network
<b>GPW</b>	General Programme of Work
<b>IHR</b>	International Health Regulations (2005)
<b>IOM</b>	International Organization for Migration
<b>IPC</b>	Infection Prevention and Control
<b>JEE</b>	voluntary Joint External Evaluation
<b>NATO</b>	North Atlantic Treaty Organization
<b>NFP</b>	National Focal Point
<b>PHEIC</b>	Public Health Emergency of international concern
<b>PIP</b>	Pandemic Influenza Preparedness framework
<b>R&amp;D</b>	Research and Development
<b>SEEHN</b>	South Eastern European Health Network
<b>Simex</b>	Simulation Exercise
<b>SOP</b>	Standard Operating Procedure
<b>SPAR</b>	State Party Self-Assessment Annual Reporting
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>UNSCR</b>	United Nations Security Council Resolution
<b>WHE</b>	WHO Health Emergencies programme
<b>WHO</b>	World Health Organization
<b>WNV</b>	West Nile Virus

# Executive summary

The High-level Technical Meeting and Ministerial Consultation on the Implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region gathered over 140 participants from the WHO European Region's Member States, partners and WHO for a three-day event organized in Istanbul, Turkey, to share experiences, good practices and common challenges, and identify priorities for improving the protection of people from health emergencies.

Through facilitated panel discussions and working groups, participants identified cross-cutting issues that posed a challenge for the implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region (hereinafter referred to as regional Action Plan), such as insufficient mechanisms to enable and sustain intersectoral collaboration; lack of capacity to retain trained health workforce; the need for better means for communication and information sharing among sectors, levels of government, countries and partners; the need to involve decision-makers to prioritize public health preparedness and response; or the need to define modalities for community engagement in the context of health emergencies. Multiple experiences were shared to overcome these challenges, such as the establishment of multisectoral task forces, special sub-committees and memoranda of understanding to enhance collaboration across sectors; or the use of voluntary IHR (2005) evaluation tools to assess capacity gaps, identify capacities and learn from previous experiences. In addition, experts from WHO and other UN agencies and international organizations provided a comprehensive overview of the tools available to support countries to better prepare for and respond to health emergencies.

On the final day of the meeting, a ministerial consultation brought together Ministers, Deputy Ministers and high-level representatives from 32 Member States to report on the deliberations of the previous days and discuss how to best ensure the high-level political commitment necessary for the implementation of the regional Action Plan. Participants recognized the leading role of WHO on coordinating international efforts for public health preparedness and response and for the implementation of the IHR (2005). Participants reinforced the importance of both regional and sub-regional cooperation in these areas and welcomed the opportunity to advance policy dialogue.

The three-day meeting resulted in the agreement of an outcome summary (annex 5), which recognized the need to realize the vision of the regional Action Plan and move forward with its goal and actions, by:

- a. Ensuring high-level political commitment to sustain investment throughout the implementation of the regional Action Plan.
- b. Accelerating the implementation of the regional Action Plan by creating opportunities for dialogue and exchange of experiences.
- c. Monitoring progress on the implementation of the regional Action Plan regularly in accordance with the requirements of the IHR (2005), without additional reporting requirements.

# Background

Adequate protection against health threats requires high-level political and financial commitment to address the full cycle of emergency management with its four phases of prevention, preparedness, response and recovery, through whole-of-government and whole-of-society approaches, as well as effective partnerships, as appropriate.

This was the rationale behind the development of the regional Action Plan, whose resolution EUR/RC68/R7 was adopted by the 53 Member States of the European Region at the 68<sup>th</sup> session of the WHO Regional Committee for Europe in September 2018.

The regional Action Plan builds upon the five-year Global Strategic Plan to Improve Public Health Preparedness and Response, 2018–2023 (hereinafter referred to as global Strategic Plan) and is aligned with the Thirteenth General Programme of Work (GPW 13), 2019–2023. The regional Action Plan contributes particularly, although not exclusively, to the GPW13 target of 1 billion people better protected from health emergencies. Furthermore, other key policy frameworks used as a reference for the development of the regional Action Plan include the International Health Regulations (IHR 2005), the 2030 Agenda for Sustainable Development, the Sendai Framework for Disaster Risk Reduction 2015–2030, and the European health policy framework, Health 2020.

With the overarching aim of discussing how to ensure high-level sustained political commitment to strengthen joint action for the protection of people from health emergencies, the WHO Regional Office for Europe convened a High-level Technical Meeting and a Ministerial Consultation on the Implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region on 12-14 February 2019 in Istanbul, Turkey.

This three-day event served as the starting point and a key step for the establishment of a technical follow-up process to accelerate the implementation of the regional Action Plan, by creating opportunities for dialogue and exchange of experiences on relevant issues and among key stakeholders.

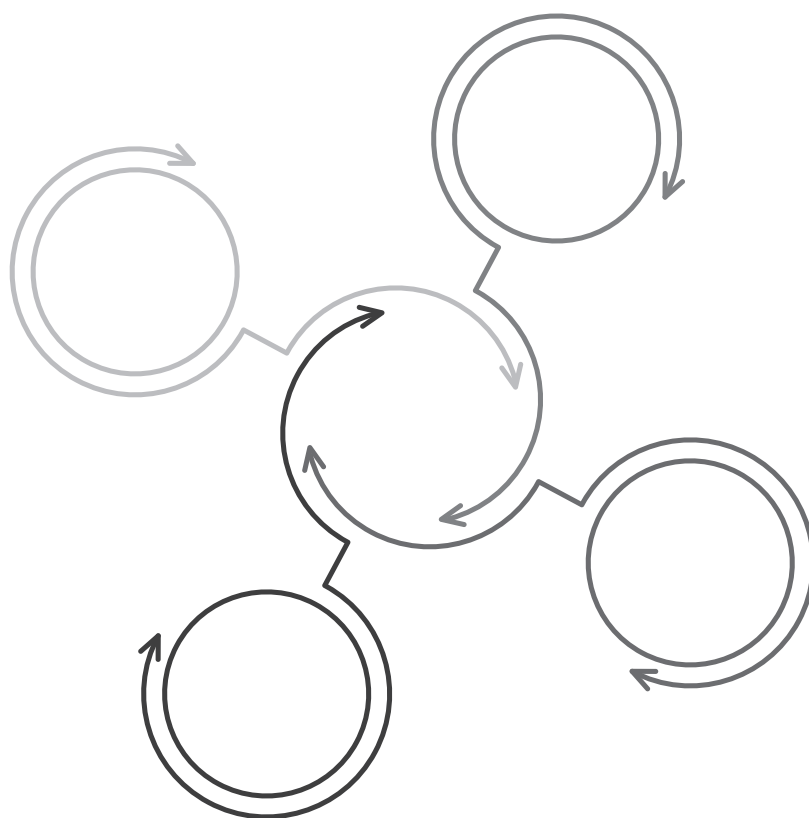
The discussions held in Istanbul built upon previous high-level meetings organized in St Petersburg, Russian Federation, in 2017, and in Munich, Germany, in 2018, on accelerating the implementation of the IHR (2005) and strengthening emergency preparedness in the WHO European Region. As a result, the high-level technical meeting and ministerial consultation organized in Istanbul sought to seek consensus on the usefulness of convening similar annual opportunities for policy dialogue among technical experts on public health preparedness and response among all 53 Member States of the WHO European Region.





# High-level Technical Meeting on the Implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region

12-13 February 2019



# Introduction

The WHO Regional Office for Europe convened a high-level technical meeting hosted by the Turkish Ministry of Health in Istanbul, Turkey, on 12-13 February 2019. The two-day meeting brought together around 140 representatives from 36 countries in the European Region, as well as partner organizations, including United Nations (UN) agencies, European Union (EU) agencies, and other international, regional and sub-regional organizations.

The programme of the high-level technical meeting is shown in Annex 1. The scope and purpose, communication and advocacy strategy, and list of participants for the three-day event, including both the high-level technical meeting and the ministerial consultation, are included in Annexes 3, 4 and 5, respectively. A summary of the evaluation of the high-level technical meeting is shown in Annex 6.

## Aim and objectives of the high-level technical meeting

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The objectives of the high-level technical meeting were:

- to align efforts to improve public health preparedness and response across the WHO European Region around a common vision on the way forward and shared accountability;
- to discuss the establishment of a jointly agreed technical follow-up process for accelerating the implementation of the regional Action Plan, and the monitoring of progress on the implementation of the plan;
- to share experiences and promote dialogue on synergies, good practices and common challenges between Member States, WHO and partners for the implementation of the regional Action Plan; and
- to identify priority areas where support is required from WHO and partners, as well as innovative approaches for the improvement of public health preparedness and response in ways that contribute to the attainment of related objectives, and the reduction of vulnerability towards health risks.

To open the meeting, a video on the work of the WHO Health Emergencies (WHE) programme was shown to participants<sup>1</sup>.

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<sup>1</sup> Video *We are there*: <https://youtu.be/aUx9OHm8mNU>

# Keynote presentation

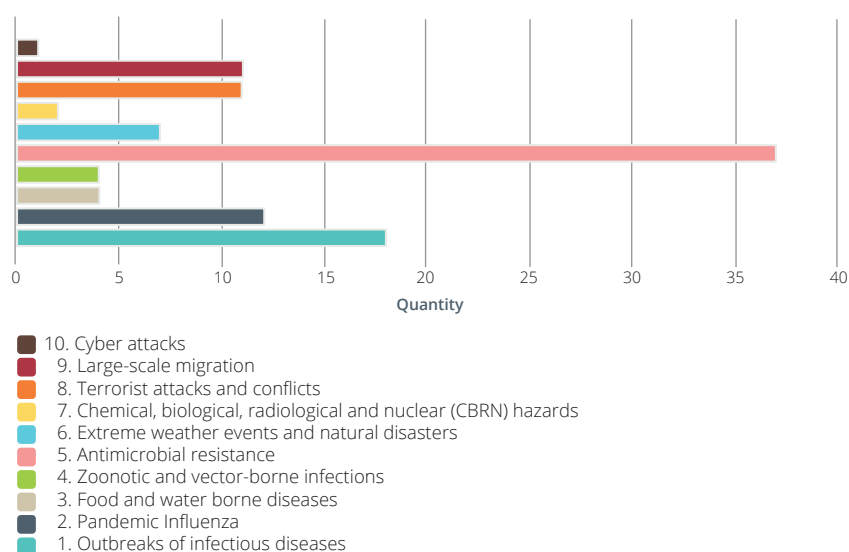
## The journey from the five-year Global Strategic Plan to the regional Action Plan and its implementation – Overview of the state of public health preparedness and response in the WHO European Region

Presenter: Dr Dorit Nitzan, Coordinator of the WHE Programme at the WHO Regional Office for Europe

An overview of the various types of health risks to which countries in the European Region were exposed was provided, such as natural disasters, humanitarian crises, outbreaks of infectious hazards, or a rise of vector-borne diseases and extreme weather events driven by the effects of climate change. It was stressed that a better understanding of the specific risk profile of the European Region, both at regional and country levels, was needed in order to ensure that preparedness activities were informed by rigorous evidence and tailored according to the specific risks and vulnerabilities of each country.

Asked about their opinion on the most important health hazards for the people in the European Region, participants ranked antimicrobial resistance (AMR) first, followed by extreme weather events and natural disasters, and pandemic influenza (figure 1).

**Fig. 1.** Which of the below do you feel are the biggest health hazards to the people in the European Region? (Please select 2)



To realize its vision of a WHO European Region where the impact of health emergencies was prevented or minimized, the regional Action Plan aims at strengthening and maintaining adequate capacities to effectively prevent, prepare for, detect and respond to public health threats, and to provide assistance to affected countries, when necessary, through action in fifteen areas under three strategic pillars (table 1).

**Table 1.** Strategic pillars of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region

<p><b>Strategic pillar 1</b></p>	<p><b>Build, strengthen and maintain States Parties' core capacities required under the International Health Regulations (2005)</b></p> <ul style="list-style-type: none"> <li>▪ National policies, plans and legislation</li> <li>▪ IHR (2005) coordination, communication and advocacy</li> <li>▪ National laboratory systems</li> <li>▪ National surveillance systems</li> <li>▪ Human resources</li> <li>▪ Risk communication</li> <li>▪ Points of entry</li> <li>▪ Synergies between emergency preparedness and response, health system strengthening and essential public health functions</li> <li>▪ One Health</li> <li>▪ Sustainable financing of IHR implementation</li> </ul>
<p><b>Strategic pillar 2</b></p>	<p><b>Event management and compliance with the requirements under the International Health Regulations (2005)</b></p> <ul style="list-style-type: none"> <li>▪ Notification and information sharing</li> <li>▪ Emergency preparedness and response operations</li> <li>▪ Medical countermeasures and personnel deployment</li> </ul>
<p><b>Strategic pillar 3</b></p>	<p><b>Measuring progress and promoting accountability</b></p> <ul style="list-style-type: none"> <li>▪ Mandatory annual reporting by States Parties</li> <li>▪ Assessment of capacities through use of voluntary tools</li> </ul>

The regional Action Plan was developed based on a series of guiding principles, including all-hazards and whole-emergency-cycle approaches; the interdependence of health emergency preparedness, health systems strengthening, and the essential public health functions; capacity development based on the assessment of needs, risks, hazards and vulnerabilities; One-Health, whole-of-government, and whole-of-society approaches; country ownership, drawing on domestic sources of funding to ensure sustainability; and WHO leadership in coordinating the provision of assistance by stakeholders to support countries in health emergencies, as per the IHR (2005).

According to the assessment of hazards, vulnerabilities and the maturity of health systems, the WHE programme focuses on the provision of support to: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, the Republic of North Macedonia, Serbia, Tajikistan, Turkey, Ukraine and Uzbekistan.

Support to countries is being provided throughout the four phases of the emergency cycle: prevention, preparedness, response and recovery.

In the prevention phase, efforts on immunization are guided by the European Vaccine Action Plan (EVAP) 2015-2022. While the European Region has maintained an overall high coverage for infectious diseases such as diphtheria, a rise of infections in others such as measles reveals vaccination gaps across the Region. Furthermore, insufficient capacities for adequate infectious prevention and control (IPC) in human health care continue to pose a challenge in many countries.

Nonetheless, much work has already been undertaken in the European Region to protect people from infectious hazards through initiatives such as Better Labs for Better Health (BLBH). For example, 44 out of 53 countries in the European Region have a WHO-recognized National Influenza Centre. However, no country has reached yet the WHO target of 75% of elderly vaccinated against influenza, as per 2015 data.

In the preparedness phase, the WHE Programme conducts regular assessments of regional and national capacities using annual data reported by Member States in the frame of the IHR Monitoring and Evaluation Framework. This framework consists of one mandatory reporting mechanism, the State Party Self-Assessment Annual Reporting (SPAR) tool, as well as voluntary instruments, including Joint External Evaluations (JEE), simulation exercises (SimEx), and after action reviews (AAR). So far, thirteen JEEs have been requested by Member States and completed in the European Region, while preparations for six more are ongoing. Data gathered through SPAR showed that much progress is still needed for countries in the Region to achieve an adequate level of preparedness; for instance, only 55% of countries have reported having preparedness and response plans at all levels.

The Emergency Management System (EMS) of WHO has recorded a total of 880 public health events in the past 18 years in the European Region, most of which were caused by infectious hazards, followed by food safety. Every year, around 40 to 60 significant public health events are verified in the Region. Nonetheless, the number of events screened annually amounted to 20,000, of which 2,000 required initial analysis.

In the response to health and humanitarian emergencies, the WHE programme works closely with partners through various platforms including the Health Cluster, the Global Outbreak Alert and Response Network (GOARN), the Emergency Medical Team (EMT) initiative, and the Standby Partnership. In the European Region, the GOARN network is composed of 103 partners, 20 of which have participated in emergency response activities in 7 missions in 2018 only. In addition, 12 EMTs have been already certified in the Region, and an additional 27 are under mentorship and verification process. Furthermore, 105 centres specialized in natural, human-induced and general hazards have been officially designated as WHO Collaborating Centres.

Two protracted emergencies are located in the European Region. In Ukraine, health authorities have provided around 200,000 consultations with the support of WHO in 2017 and 2018. In addition, 140 trauma care specialists and 170 laboratory staff have been trained. The overall number of people in need of assistance is estimated at 2.5 million.

Through the UN whole-of-Syria approach (UNSCR 2449), assistance to Syrian refugees is being provided in Turkey, as well as in north west Syria through the WHO field office in Gaziantep. In addition to the around 4 million Syrian refugees being hosted in Turkey, 2.7 million people are estimated to be population in need in north west Syria, where cross-border humanitarian assistance is being provided through collaboration with non-governmental health organizations.

Lastly, the recovery phase offers an opportunity to build back better and operationalize the humanitarian-development-peace nexus.

The four stages of the cycle must be considered a continuum, in which the capacity to respond to and recover from future emergency depended to a large extent on the investment made in prevention and preparedness.

# Operationalizing the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region

To discuss more in depth how to operationalize the regional Action Plan, panel discussions and working groups were organized for each of its three pillars. The various panel discussions aimed at providing an opportunity for countries to share experiences, while the working groups offered a platform for the identification of challenges, solutions and enablers in selected priority areas of the regional Action Plan.

When asked why they found it critical for their country to operationalize the regional Action Plan, most participants identified all options provided as key reasons (figure 2).

**Fig. 2.** Why is it critical for your country to operationalize the action plan?

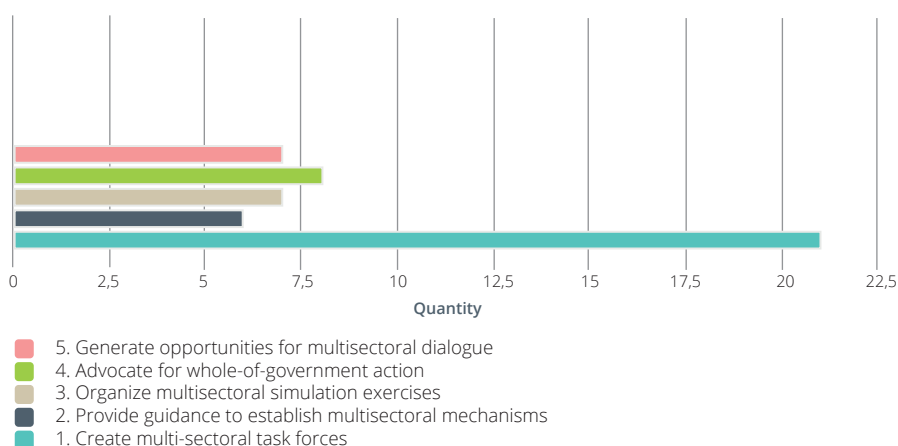


# Pillar 1. Build, strengthen and maintain States Parties' core capacities required under the IHR (2005)

Pillar 1 of the regional Action Plan notes that establishing the capacities required to respond effectively and in a timely manner to potential public health emergencies of international concern (PHEIC) is an obligation for States Parties under the IHR (2005). The development of these capacities should include efforts to strengthen health systems and to coordinate stakeholders through multisectoral action plans.

Asked what action they thought was the most important in ensuring that relevant sectors implement the regional Action Plan together, most participants answered the creation of multi-sectoral task forces, followed by advocacy for whole-of-government action, organization of multi-sectoral simulation-exercises, and generation of opportunities for multi-sectoral dialogue (figure 3).

**Fig. 3.** Which do you think is the most important in ensuring relevant sectors implement the Action Plan together?



A panel discussion and three working groups were organized to discuss selected technical areas under Pillar 1 of the regional Action Plan.

## Panel discussion

<b>Facilitator</b>	Dr Caroline Brown, Programme Manager and High Threat Pathogens Team Leader for the WHE Programme at the WHO Regional Office for Europe
<b>Panelists</b>	<p>Mr Ihor Kuzin, Deputy General Director of the Public Health Center at the Ministry of Health of Ukraine</p> <p>Ms Ana Kasradze, Head of the Public Health Emergency Preparedness and Response Division at the National Centre for Disease Control and Public Health in Georgia</p> <p>Dr Silva Bino, Head of the Institute of Public Health in Albania</p> <p>Dr Maria an der Heiden, Deputy Head of the Surveillance Unit at the Department for Infectious Disease Epidemiology of the Robert Koch Institute in Germany</p> <p>Dr Abdykadyr Zhoroev, Head of the Subdivision for Infectious Disease Prevention and Control at the National Department for Disease Prevention and State Sanitary Epidemiological Surveillance in Kyrgyzstan</p>



A snapshot of the work on infectious hazard management of the WHO Regional Office for Europe was provided. In order to identify priority pathogens for which prevention and control strategies should be developed, as well as response plans, a review of surveillance data provided by Member States to WHO since 2006 is underway. A report will be shared with the Member States once the data have been validated. The importance of high quality surveillance data to inform decision-making on infectious disease management was emphasized; a good example of which is Flu News Europe, the joint weekly influenza update of the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe. In the area of national surveillance systems, capacity-building support for the management of infectious hazards is being provided to five priority countries (Armenia, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) through the Pandemic Influenza Preparedness (PIP) framework benefit-sharing mechanism, the Partnership Contribution. Support to improve national laboratory systems, including through the establishment of inter-sectoral working groups and the development of plans integrated into national strategies, is being delivered through the Better Labs for Better Health Initiative. In addition, a new regional laboratory task force is being established to work on priority high-threat pathogens across the European Region. Other expert networks in the Region with which WHO partners include the WHO Emerging Diseases Clinical Assessment and Response Network (EDCARN) and the Global Infection Prevention and Control (GIPC) Network. Lastly, eleven countries have been trained on emergency risk communication (ERC) under the PIP framework using the 5-step capacity building package developed by the WHO Regional Office for Europe.

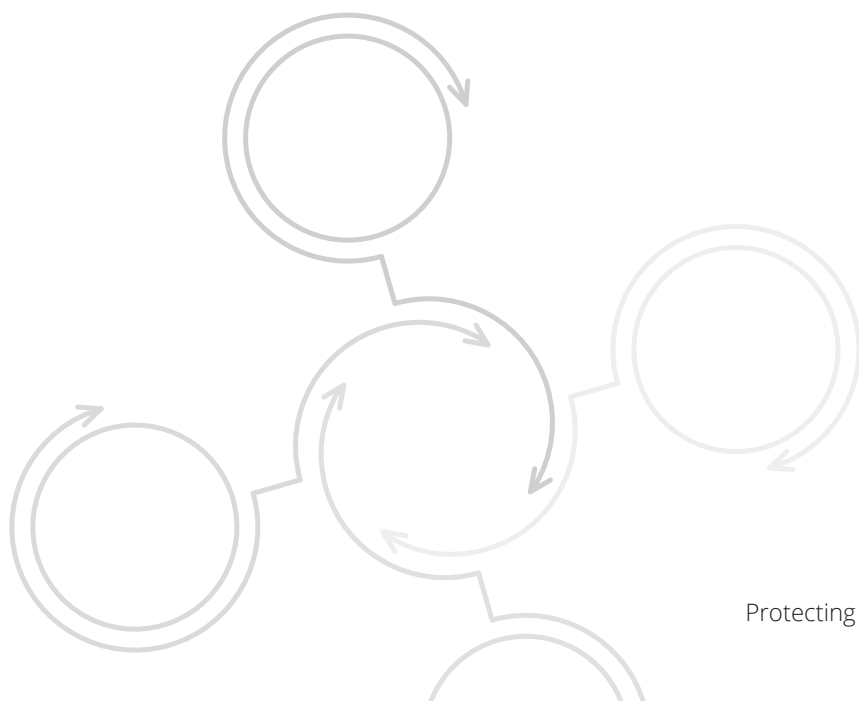
Panellists identified several priority areas under Pillar 1 including biosafety and biosecurity, improving inter-sectoral collaboration, particularly through the organization of SimEx, and risk communication as an essential part of the overall preparedness for and response to emergencies. Cross country cooperation such as the collaboration between Germany and Albania under the framework of the German Global Health Protection Programme (GHPP) was mentioned as a good mechanism for supporting countries in the Region in assessing their needs and providing additional capacity when necessary in areas such as the development of standard operating procedures (SOPs), guidelines, or trainings. Such collaborations are also a mutual learning process, which benefits the countries providing assistance as much as the countries receiving it.

## Working groups

Challenges, solutions and existing mechanisms were identified in three working groups, focused on the following technical areas under pillar 1 of the regional Action Plan:

### Working Group 1. National legislation, policies and plans for intersectoral coordination, including One Health

Challenges	Solutions	Existing mechanisms
Lack of awareness about legislation among public health professionals, in areas such as contact tracing and the protection of personal data, migration, cross-border collaboration, vaccinations, emergency response deployment, pharmaceutical liability and federalism.	<p>Linking health and justice sectors to identify and propose areas for legislative review.</p> <p>Establishing protocols to facilitate interaction with other sectors, including possible placement of an IHR-NFP outside of the Ministry of Health.</p>	<p>The WHO “IHR Toolkit for implementation in national legislation: Questions and answers, legislative reference and assessment tool and examples of national legislation” should be further used to help guiding the process of IHR implementation and the understanding of legal frameworks.</p> <p>Legal epidemiology project led by WHO to review implementation of IHR in 3 pilot countries.</p>
Lack of capacity of IHR National focal points (NFPs) to engage with other sectors, due to limited knowledge and coordination.	<p>Developing inter-ministerial or intersectoral committees to update plans regularly and facilitate coordination among sectors.</p> <p>Conducting more regular national and international exercises such as SimEx and joint trainings or using less-traditional methods of group communication.</p>	<p>Brief regular (i.e. weekly) intersectoral meetings.</p> <p>Within smaller countries, familiarity among focal points across sectors facilitated coordination.</p>



**Working Group 2.** Strategies and modus operandi to increase the involvement of the clinical sector in public health

Challenges	Solutions	Existing mechanisms
<b>Contextual factors</b>		
<p>Health care reforms that defy and/or delay the streamlining of preparedness and response modalities.</p> <p>Lack of clarity on roles and responsibilities (centralization versus decentralization).</p> <p>Inadequate power of the Ministry of Health to coordinate health responses.</p>	<p>Assess advantages and disadvantages of centralized versus decentralized contexts.</p> <p>Contextualizing all solutions and improving AARs.</p> <p>Developing modest models that foster information exchange.</p> <p>Ensuring that sufficient funding is made available for intersectoral coordination.</p> <p>Establishing a crisis fund at national level to ensure rapid response.</p> <p>Adopting laws at national and regional level and defining clear areas of intervention and coordination.</p> <p>Involving clinicians in the revision of the legal basis.</p>	<p>Networks for high threat infectious diseases.</p> <p>Physicians reached through professional associations; meetings held to ensure early detection of cases.</p> <p>Working groups established by Ministries of Health, which include clinical societies.</p>
<b>Health care work force</b>		
<p>Lack of capacity to mitigate the phenomenon of brain drain.</p> <p>Low salaries and outdated national health infrastructures.</p> <p>Lack of continuous trainings of health care workers.</p>	<p>Establishing networks across sectors and levels (national to local); using professional associations and organizations (scientists, academia, community-based organizations, clinicians).</p> <p>Monitoring availability of skills and distribution thereof among health care workforce.</p> <p>Promoting access to specialists in epidemiology for the clinical sector.</p> <p>Involving lower-level staff and ensuring continuous education and trainings at all levels to mitigate loss of know-how and to maintain core capacities.</p> <p>Developing and implementing a needs-based workforce strategy; and mapping and understanding skill distribution as a result of brain drain.</p>	<p>Health emergency preparedness plans with dedicated teams trained; SimEx organized every 5 years by each territorial level, including public health services, and organized field exercises.</p> <p>Response plans including preparedness and education on IHR at all levels; simulation exercises conducted annually.</p> <p>Medical simulation centre and medical staff trained in case of a public health emergency.</p> <p>SOPs developed to strengthen core capacities at airport and for passengers with communicable diseases.</p>

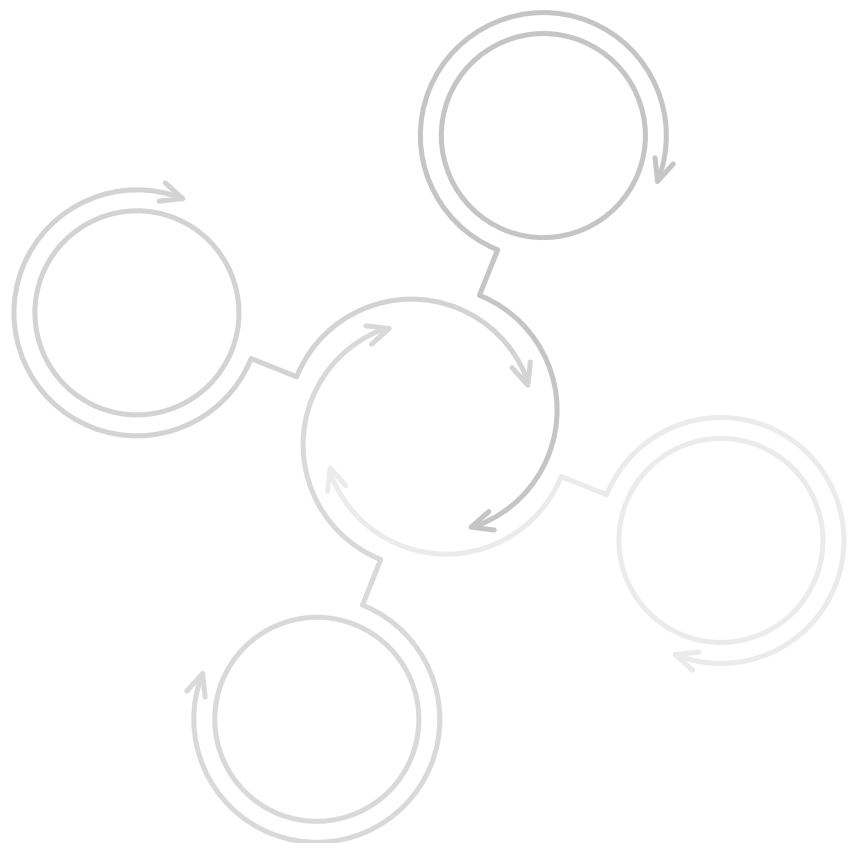
Challenges	Solutions	Existing mechanisms
<b>Coordination across sectors</b>		
<p>Lack of timely coordination across sectors (lead with Ministry of Health, public health, Ministry of Interior, Ministry of Defence).Lack of financial resources for coordination.</p> <p>Lack of clear roles and responsibilities across sectors.</p>	<p>Including clinicians into the SimEx, training and testing.</p> <p>Promoting speedy exchange of information in a crisis.</p> <p>Establishing a mechanism at WHO to collect and disseminate reports on best practices.</p> <p>Mobilizing key associations to participate in preparedness activities (e.g. scientific, academia, civil society).</p>	<p>Ongoing discussion on how to involve the public health care community, focusing on preparedness with other sectors, such as police and security, internal affairs, customs, and veterinary sectors.</p> <p>Means to speed up exchange of information – ensuring R&amp;D, prepositioning – for rapidly license of new products.</p> <p>Targeted networks: clinicians involved in surveillance, with reports being prepared every one, three and six months and presented to Parliament.</p>

### Working Group 3. Strengthening health systems for emergency preparedness and response

Challenges	Solutions	Existing mechanisms
<b>Leadership/Governance/Coordination</b>		
<p>Coordination of health stakeholders, particularly in federal countries, for lab services, identification of surge capacity in emergency hospitals, or blood banking.</p> <p>Provision of surge capacity by health partners, such as non-governmental organizations (NGOs) and private health providers, and non-health partners during emergencies.</p> <p>Coordination across levels of governance, from national to local, particularly with regards to the consistency of emergency plans, and delivery of services across areas with unequal levels of access.</p>	<p>Developing sectoral assessment tools and standardizing methodologies for information management; enhancing legislation, simulations, and cross-border collaboration; and developing SOPs and protocols for sharing resources for various sectors.</p> <p>Using every-day situations as a preparedness opportunity; applying a long-term approach to preparedness in the context of IHR implementation; establishing institutional preparedness coordination mechanisms; and registering NGOs to enable coordination.</p> <p>Strengthening collaboration with neighboring countries to promote interoperability of preparedness plans across borders.</p> <p>Establishing coordination mechanisms within countries to address complexities of federal systems.</p>	<p>Sharing resources across countries, such as specimens by countries that lack biosafety level 4 labs. Regional coordination mechanism linked to aviation services used to repatriate specific cases.</p> <p>Regular meetings held with NGOs; inclusion of NGOs in IHR committees; accreditation processes for national and international NGOs; regular meetings held with donors to align priorities.</p> <p>Coordination programmes enabling the sharing of resources through virtual stockpiles.</p> <p>Village volunteer committees set up to provide trainings on emergencies.</p>

Challenges	Solutions	Existing mechanisms
<b>Human resources, Health workforce</b>		
<p>Need to ensure readiness of specialized services when required.</p>	<p>Regulating SimEx, trainings, AARs and embedding them in routine emergency management processes of all levels to ensure common understanding on preparedness and response among all stakeholders.</p> <p>Putting in place and enforcing regulations, tools and SOPs.</p> <p>Ensuring active and well-coordinated networks of specialized services at national level, such as high level isolation units.</p> <p>Mapping capacities nationally and exploring mechanism for resource and capacity sharing with neighbouring countries.</p> <p>Ensuring that health professionals are certified (and re-certified after a certain period, 5-10 years) and maintaining a register for surge purposes.</p> <p>Developing action plans in hospitals and health centres to ensure provision of appropriate services during emergencies.</p> <p>Developing protocols between public health institutes, hospitals and labs to identify gaps.</p>	<p>National medical rescue teams trained by emergency health services for surge capacity.</p> <p>Hospital and health facility emergency response plans.</p> <p>Certification and verification of health workers, to maintain their registration and ensure surge capacity.</p>
<b>Service Delivery</b>		
<p>Access to services by risk groups including women and girls, youth, migrants, refugees, and vaccine hesitant groups due to lack of knowledge, limited availability or cultural and religious differences.</p> <p>Moving from emergency to stronger health service delivery and ensuring that international support and assistance takes into consideration local capacities to ensure sustainability.</p>	<p>Involving ministries and sectors and other stakeholders in the planning, delivery and implementation of emergency preparedness and response.</p> <p>Engaging representatives of risk groups in emergency preparedness activities.</p> <p>Conducting AARs.</p>	<p>Village committees responsible for advocating, mobilizing and supporting community members to access essential services.</p> <p>Government updated protocols on high threat pathogens in health facilities to improve overall systems.</p> <p>Operational research conducted during outbreaks to inform and improve preparedness and response.</p>

Challenges	Solutions	Existing mechanisms
<b>Information System</b>		
Lack of effective information systems that link all aspects of the health system and services including facilities and labs, which delays decision-making processes.	<p>Providing tools and training human resources to utilize information systems</p> <p>Developing legislation and policies to support the flow of information, engaging policy makers.</p>	
<b>Cross cutting: Emergency Risk Communication (ERC)</b>		
Trust in the health authorities, and public resistance to guidance.	Promoting a coordinated approach to communicating in a timely, transparent, accurate, understandable, accessible and relevant way with targeted audiences by engaging key stakeholders and selecting effective channels, including media, and social media.	Emergency Risk Communication 5-step capacity building package developed by WHO Regional Office for Europe

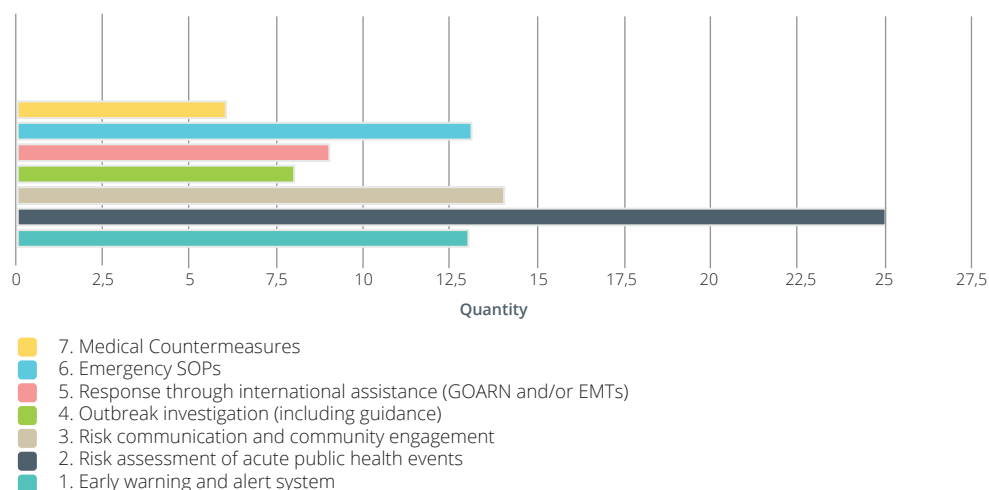


## Pillar 2. Strengthen event management and compliance with the requirements under the IHR (2005)

Pillar 2 of the regional Action Plan emphasizes that States Parties and the Secretariat should continue to fulfil their obligations under the IHR (2005) in relation to the detection, assessment and notification of, and response to, public health risks. The sustainable and effective functioning of NFPs are essential to fulfilling this obligation. In addition, it is critical that regionally coordinated processes, partnerships and mechanisms to provide assistance where necessary are led by the Regional Office in partnership with key stakeholders.

Questioned as to which areas States Parties would welcome the support of WHO and partners, participants listed risk assessment of acute public health events as their priority, followed by early warning and alert systems and emergency SOPs (figure 4).

**Fig. 4.** In which areas would you most welcome WHO's and partners' support?



### Panel discussion

<b>Facilitator</b>	Dr Jukka Pukkila, Programme Area Manager of Health Emergency Information and Risk Assessment at the WHE Programme of the WHO Regional Office for Europe
<b>Panelists</b>	<p>Dr Fernando Simón Soria, Director of the Centre for Coordination of Health Alerts and Emergencies of the Ministry of Health, Consumption and Social Welfare in Spain</p> <p>Dr Frode Forland, Director of Infectious Diseases and Environmental Health at the Norwegian Institute of Public Health</p> <p>Dr Natalia Caterinciuc, Head of the Department for Prevention and Control of Communicable Diseases at the National Agency for Public Health in the Republic of Moldova</p> <p>Dr Roei Singer, Deputy Director of the Division of Epidemiology at the Ministry of Health of Israel</p> <p>Dr Yulia Demina, Deputy Head of the Department of Epidemiological Surveillance at the Rospotrebnadzor in the Russian Federation</p> <p>Mr Inanc Sogut, Coordinator of SIHHAT (Strengthening Immigrant Health Activities in Turkey) Project</p>

The role of NFPs was stressed by the WHO Regional Office for Europe as the primary source for sharing information on public health events; its use has been increasing in recent years, as noted in the volume of activity registered in the Event Information Site (EIS). In the area of medical countermeasures, countries of the European Region are playing a large role globally both through the EMT initiative and the GOARN network. The impact of climate change is driving the recent increase of vector-borne diseases across the Region, such as dengue, chikungunya or WNV.

Panellists reflected on the benefits of bilateral and multilateral cooperation frameworks in the area of public health such as the Norwegian Global Health Preparedness Program (GHPP) in Moldova. Such initiatives use peer-to-peer collaborations to support IHR (2005) implementation in key areas such as outbreak investigation, infection control in health care, laboratory strengthening, chemical preparedness, and epidemic intelligence, through twinning and networking activities such as workshops.

Panellists also spoke on the challenges posed by the rise of vector-borne diseases in countries across the European Region. Diseases that were once only active a few months a year are now active year-round, and others have been newly introduced, such as chikungunya, zika and dengue. Main drivers include climate change as well as the movement of people, especially tourists, and goods. For example, in 2016, Spanish health authorities responded to a Crimean Congo Haemorrhagic Fever (CCHF) crisis, a disease that was unfamiliar in the country and unexpected. Such crises require multisectoral task forces to be established to conduct a joint risk assessment with team members across multiple areas, such as communications, veterinary, environment and research. Considerable efforts on ERC often have to be prioritized targeting the media to address public concerns, as well as engagement with communities and risk groups.

On the topic of international support to respond to health emergencies globally, panellists reflected on the importance of preparedness for the procurement of international resources in situations of emergency response. Many countries in the European Region play a crucial role in the response to public health emergencies worldwide through the deployment of EMTs. For example, Israel has the first and only level 3 EMT in the world. Other countries such as the Russian Federation have increasingly deployed EMTs to neighbouring countries through bilateral cooperation projects. Nonetheless, large emergencies for which international assistance is required may affect any country. For this reason, some countries in the European Region have developed centralized medical care systems with a supreme health authority and emergency operations centres (EOCs) that oversee the national health system. In the event of a large emergency, a cell would be opened in the EOC to manage and coordinate the receipt of humanitarian and life-saving medical assistance. To prepare for such scenario, plans must be in place that enable the receipt of EMTs when necessary, their integration into hospitals, and operationalization.

In responding to the health needs of Syrian refugees in Turkey, multilateral cooperation projects such as the SIHHAT (Strengthening Immigrant Health Activities in Turkey) have provided a good platform for collaboration between national health authorities, UN agencies and other international organizations. With the financial support of the EU, the SIHHAT project has employed Syrian refugees as health care staff to overcome cultural and language differences in the provision of care and reduce the burden of the local health workforce. Main challenges encountered during the implementation of the SIHHAT project included the need to implement legislative changes, and to establish training modules for Syrian health workers. The latter has been overcome with the technical support of the WHO Regional Office for Europe through an EU-financed project.



## Working groups

**Working Group 4.** Notification and information sharing: Processes for multi-sectoral coordination for timely detection, investigation, risk assessment and information sharing

Challenges	Solutions	Existing mechanisms
<b>Detection and information sharing – communicable disease surveillance systems</b>		
<p>Labour intensive transition from paper-based surveillance systems to electronic systems; and lack of motivation to comply with additional reporting.</p> <p>Linking detection to actual response, particularly with regards to applying privacy considerations.</p> <p>Lack of staff and resources.</p>	<p>Innovative tools, such as electronic, real-time reporting systems for health data, as well as for data sharing among labs and healthcare workers to provide sufficient support to users and streamline the process when finished.</p> <p>Sensitizing frontline workers about the importance of immediate and informal reporting where procedures for lab confirmation are not available.</p> <p>International support to help drive change through high-level political involvement.</p>	<p>Links developed between epidemiological, laboratory and clinical surveillance.</p> <p>A 24/7 telephone hotline established for HCWs to seek advice in unclear situations, particularly with regards to unusual events or when lab confirmation is not available.</p>
<b>Intersectoral collaboration between the veterinary sector and food safety authorities</b>		
<p>Inter-sectoral collaboration for events caused by environmental and CBRN hazards.</p> <p>Cooperation and communication between sectors in decentralized countries.</p>	<p>Organizing regular multisectoral meetings to discuss events and risks, and link national plans to local response to ensure consistency.</p> <p>Providing lists of all 24/7 duty officers across all key sectors to streamline communication.</p>	<p>Regular high-level intersectoral meetings on event information sharing involving decision-makers.</p> <p>National and international exercises for intersectoral collaboration at all levels of response.</p>

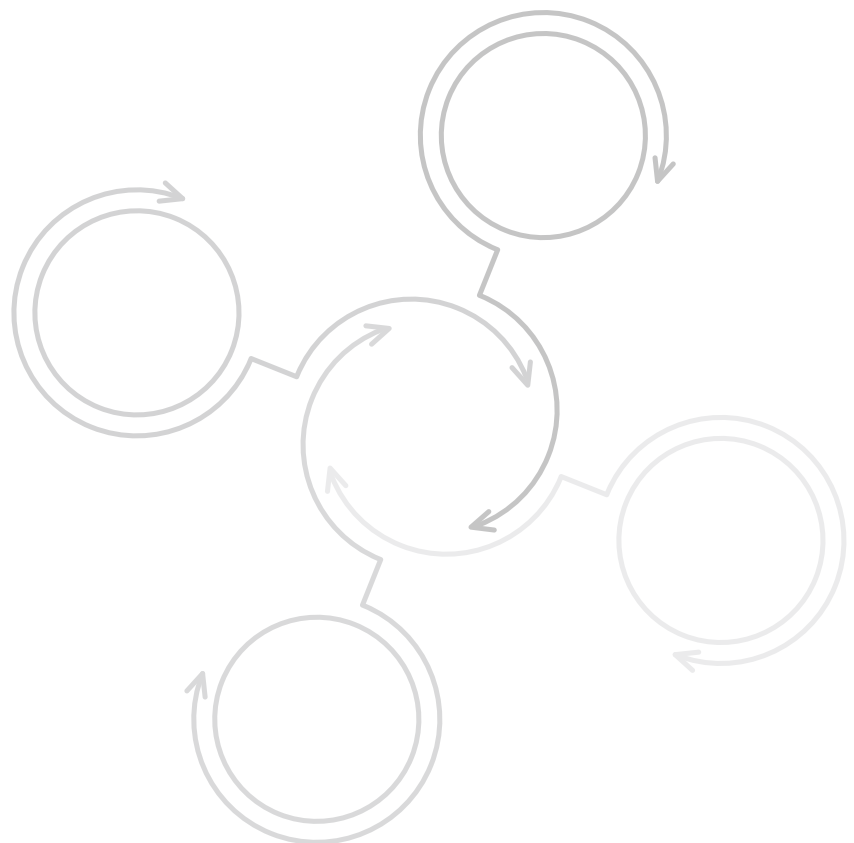
Challenges	Solutions	Existing mechanisms
<b>Risk assessments</b>		
<p>Lack of multisector approaches for risk assessment of communicable diseases.</p> <p>Ensuring the quality of the risks assessment conducted, and a gap in “predictive risk assessment”<sup>2</sup> ability.</p>	<p>Using the ECDC Rapid Risk Assessments distributed among EU accession and pre-accession countries as well as through WHO EIS postings, and the WHO manual for Rapid Risk Assessment of Acute Public Health Events.</p> <p>Systematic evaluations of existing tools and past risk assessments conducted to ensure quality and consistency.</p> <p>Convening risk assessment teams with relevant expertise across sectors to discuss prospective epidemiological studies.</p>	<p>WHO manual for Rapid Risk Assessment of Acute Public Health Events, ECDC Rapid Risk Assessments and WHO IHR EIS postings.</p> <p>Internal Risk Assessment Standard Operating Procedures and templates to conduct risk assessments developed by some institutions.</p>
<b>International contact tracing</b>		
<p>Contact tracing of cases of communicable diseases for most methods of transportation – including but not limited to flights, trains and buses and other methods of sea travel.</p> <p>Existing guidelines, such as ECDC RAGIDA were useful and widely used, but not detailed enough and actual responsibility for contact tracing was not been clearly defined.</p> <p>Challenges posed by the new European Generic Data Protection Regulation (GDPR) in force since May 2018.</p>	<p>WHO taking a stronger lead in contract tracing.</p> <p>Building into IHR EIS a section for bilateral, confidential information sharing and sharing of guidelines and best practices in EC EWRS.</p> <p>Clarifying roles and responsibilities to enable systematic decision-making.</p>	<p>ECDC RAGIDA (although improvement was required).</p> <p>EC EWRS “selective exchange” feature as a model.</p>

2 Predictive risk models and assessments use advanced data analytics to categorize and extract information from digital sources according to different criteria and calculate statistics to help users detect emerging threats early, or before an outbreak has occurred.

**Working Group 5.** Enabling rapid and appropriate response: Mechanisms for emergency response and coordination of deployment and receipt of international aid

Challenges	Solutions	Existing mechanisms
<b>Conduct and regularly update all-hazard risk mapping that will serve as the basis of national preparedness planning</b>		
<p>Conducting and regularly updating all-hazard risk mapping as the basis for natural emergency planning.</p> <p>Delegating risk mapping procedures.</p> <p>Lack of clarity regarding methodology for risk assessment.</p> <p>Lack of cultural knowledge on roles and responsibility.</p> <p>Lack of risk assessment from local to national levels.</p>	<p>Facilitating peer-to-peer collaboration among participants such as regular training workshops, including the development of competency-based skills to implement whole of government and all-hazards approaches.</p> <p>Developing SOP's or MOU's during non –crisis time.</p>	<p>Weekly health security meeting to address issues such as risk mapping.</p> <p>Evaluation of risk mapping procedures assessed by joint external evaluators.</p>
<b>Develop and regularly update national multisectoral, all-hazard emergency preparedness and response activities and supporting policies and procedures with dedicated financial and human resources</b>		
<p>Weak technical infrastructure, lack of technical knowledge, low involvement of the clinical sector in preparation and response, and lack of simulation exercises involving other sectors in health and non-health response.</p> <p>Need to regularly update plans and update policies with dedicated human resources, such as Public Health Emergency response officers.</p> <p>Lack of international knowledge and experience.</p> <p>Need to involve chemical sector in charge of emergency response in preparedness and response planning.</p> <p>Lack of transparency in emergency response and preparedness plan including the clear delineation of roles and responsibilities.</p>	<p>Regular simulation exercises to test plans, SOPs and tools and update and improve from lessons learned.</p> <p>Increasing cross border cooperation between neighbouring countries, including planning for surge capacity.</p> <p>Putting in place procedures to access international aid and public health deployments, including a regional pool fund for countries with limited resources.</p>	<p>Alert mechanisms regulated by law.</p> <p>Financing Emergency Response based on needs assessment.</p> <p>A global list of all EMTs that meet the WHO EMT minimum standards for deployment.</p>

Challenges	Solutions	Existing mechanisms
<b>Establish or strengthen emergency response coordination mechanisms including incident management systems and EOCs.</b>		
<p>Lack of coordination mechanism between sectors during national and international emergency responses.</p> <p>Lack of country-specific emergency kits for response.</p> <p>Lack of cultural understanding among different sectors.</p> <p>Fragmented service delivery responsibilities.</p>	<p>Conducting inter-sectoral group simulation exercises.</p> <p>Developing SOPs and MOUs during peace time.</p> <p>Creating country-specific emergency response kits.</p>	<p>Weekly health security meetings at strategic level or weekly teleconferences with all sectors and districts.</p> <p>National emergency coordination committees and government task forces on emergencies.</p> <p>Multisectoral SimEx and working groups.</p> <p>National and regional preparedness plans and special emergency funds.</p>
<b>Implement appropriate policies and SOPs to ensure the continuous delivery of essential health services packages.</b>		
<p>Identification of risk groups who require essential services.</p> <p>Absence of SOP's and appropriate polices for the provision of essential health services.</p>	<p>Contingency planning, including the strengthening of risk communication.</p>	<p>Cross-country collaborative projects and agreements.</p>

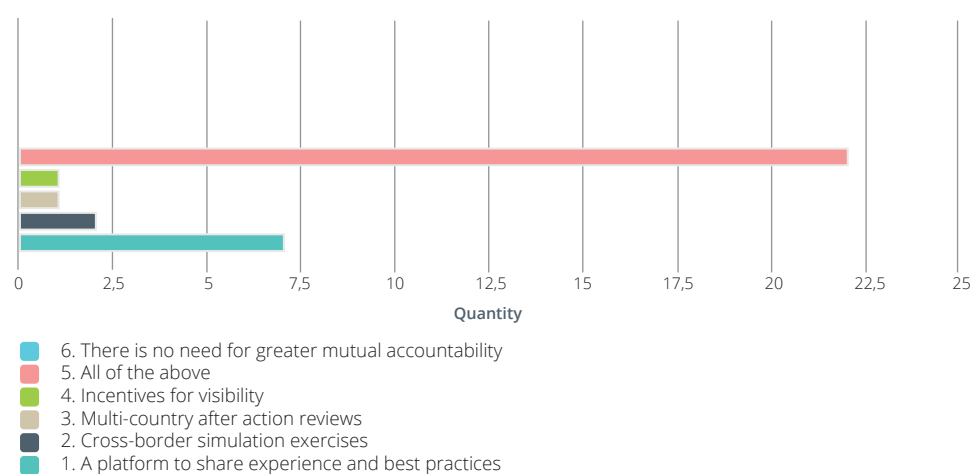


## Pillar 3. Measure progress and accountability

Pillar 3 focuses on measuring progress and promoting accountability, requesting Member States to establish and maintain adequate capacity for effective preparedness and response. Progress must be continuously monitored and periodically evaluated including through annual reporting to the WHA as per the IHR (2005), as well as through voluntary forms of qualitative and quantitative assessments, which can assist in the development of comprehensive national action plans.

Asked what would contribute most to mutual accountability for emergency preparedness and response, most participants indicated that all options provided were valuable contributions to Member States (figure 5).

**Fig. 5.** What will contribute most to mutual accountability for emergency preparedness and response?



### Panel discussion

<b>Facilitator</b>	Nicolas Isla, Team Lead for Country Health Emergency Preparedness and IHR at the WHE Programme of the WHO Regional Office for Europe
<b>Panelists</b>	<p>Mr Ayubkhon Kayumov, Head of International Department at Ministry of Health in Uzbekistan</p> <p>Mika Salminen, Director of Health Security at the National Institute for Health and Welfare (THL) in Finland</p> <p>Corien Swaan, Head of the Department for Prevention and Control of the National Coordination Centre for Communicable Disease Control at the RIVM in the Netherlands</p> <p>Ms Dorothee Roßkamp, Senior Policy Advisor for Preparedness &amp; IHR at the National Institute for Public Health and Environment (RIVM) of the Netherlands</p> <p>Ludy Suryantoro, Team Lead for Core Capacity Assessment, Monitoring and Evaluation of IHR at WHO headquarters</p>

The importance of mandatory annual reporting by State Parties and of the use of voluntary assessments, such as JEEs, AARs and SimEx, was emphasized by the WHO Regional Office for Europe. These tools provide a comprehensive picture of country capacities to inform the development of national action plans for health security (NAPHS), for which guidelines have been recently developed by WHO. In addition, they also contribute to transparency and mutual accountability for the implementation of the regional Action Plan. It was noted that in 2018, 73% of Member States in the WHO European Region submitted their mandatory

reporting. Moreover, 13 JEEs were conducted upon request of Member States, and six were in preparation.

On the topic of facilitating submission of the mandatory reporting requirement, panellists identified the establishment of an intersectoral task force for its submission as a good practice. Some countries had established intersectoral working groups with the participation of focal points across sectors, under the leadership of the Ministry of Health, and terms of reference had been developed with the support of WHO and other international organizations. The transition from paper-based to electronic documentation remained a challenge.

Panellists praised the JEE as an opportunity to engage with other sectors. The presence of an external evaluation team for the exercise often served as an incentive to involve participants from all relevant Ministries and agencies. As a result of the exercise, recommendations are provided to strengthen capacity in areas such as coordination, command and control, surveillance, risk communications and community engagement, biosafety and biosecurity. To implement these recommendations, some countries had established high-level intersectoral steering groups and technical coordination groups. The recommendations are implemented through the NAPHS.

Implementing the lessons learnt after conducting a SimEx in at-risk municipalities to improve the management of outbreaks of water-borne diseases, vaccine preventable diseases, or food safety, had proven effective, as some countries benefitted from higher preparedness capacities when real-life scenarios occurred, such as measles infections. Similarly, panellists acknowledged the usefulness of AARs in providing recommendations for the development of guidelines, protocols and procedures, such as for spill-over scenarios.

To map and analyse results from previous and ongoing SimEx and AARs conducted in the European Region, the WHO Regional Office for Europe was collaborating with the National Institute for Public Health and Environment (RIVM) of the Netherlands.

Lastly, WHO headquarters gave an overview of the Strategic Partnership for Health Security (SPH). Originally established in 2015, the portal was expanded in 2018 beyond a monitoring tool for health security and into a platform for collaboration and partnership. SPH worked to ensure that activities on health security conducted by Member States, partners and donors were aligned and coherent, as well as to facilitate technical assistance and collaboration among all actors. The guiding principle of the platform was to ensure that the implementation of IHR (2005) was based on country ownership, WHO leadership, and close partnerships.

## Working group

**Working Group 6.** Enabling rapid and appropriate response: Mechanisms for emergency response and coordination of deployment and receipt of international aid

Challenges	Solutions	Existing mechanisms
<p>Fear of shame and blame for gaps and problems across countries and sectors, and fear of comparison between countries.</p> <p>Prioritizing and collecting evidence and lessons learned.</p> <p>Corrective actions, when decided upon, were not a unilateral decision and other sectors capacity level was sometimes not shared.</p> <p>The focus of assessments and follow up actions was often at the national level and ignored the local level.</p> <p>Absence of multisectoral action plans for preparedness and response.</p>	<p>Developing MoUs between sectors, and cross-sectoral working groups with an established mandate.</p> <p>Developing “informal” inter-country platforms to share experiences as an alternative to formal IHR channels and expert meetings.</p> <p>Increasing advocacy and awareness of shared responsibility to support implementation of IHR (2005)</p> <p>Establishing SPAR-based dialogues among countries and bringing M&amp;E activities and actions needed to the attention of decision makers.</p>	<p>Anonymized country data collection, with an emphasis on non-comparison between countries</p> <p>Cross-border collaboration on priority health preparedness aspects.</p> <p>Identification of priority events for recommended AAR</p>

# Regional initiatives for public health preparedness and response

<b>Co-facilitator</b>	<p>Dr Dorit Nitzan, Coordinator of the WHE Programme at the WHO Regional Office for Europe</p> <p>Dr Wolfgang Philipp, Head of the Crisis Management and Preparedness in Health Unit at the European Commission</p>
<b>Panelists</b>	<p>Dr Mira Jovanovski Dasic, Head of the SEEHN</p> <p>Dr Massimo Ciotti, Head of the Country Preparedness, Public Health Capacity and Communication Unit at the ECDC</p> <p>Mr Brandao Co, lead for global health security and public health emergencies at UNICEF</p> <p>Mr Ian McFarlane, Deputy Regional Director for the UNFPA Eastern European and Central Asia Regional Office</p> <p>Dr Jaime Calderon, Regional Migration Health Adviser of the IOM Regional Office for South-Eastern Europe and Central Asia</p>

Many fruitful initiatives have emerged in recent years that bring together international organizations, national governments, academia, and the private sector, to improve jointly the management of emergencies across the whole emergency cycle. To learn from these and contribute to ensuring that all efforts are coherent and build on each other, a panel was organized comprising representatives from international organizations across the European Region.

Some of the priorities highlighted in the panel included the need to enhance multisectoral collaboration, including the understanding of the different objectives and priorities across sectors; the importance of multi-country networks in the preparedness and response towards common health threats; the need to better define institutional engagement with communities; the need to develop a more systematic approach for the implementation of the NAPHS; and the need to ensure sexual and reproductive and family planning services during emergencies.

The EC is mandated to support and complement health policies of EU countries, such as the Decision 1082/2013/EU on serious cross-border threats to health. The EC works with the 28 Member States of the EU as well as with countries that have applied to the EU enlargement process, and other countries of the European Economic Area (EEA). In addition, the EC collaborates with Europol, the European Medical Association, and the WHO Regional Office for Europe, among many other organizations. EU structures in the area of health security and health emergencies include, among others, the networks for epidemiological surveillance set up by the ECDC; the Health Security Committee, including its sub-groups on specific themes such as preparedness; the Early Warning Response System (EWRS) of the EU; the EU Health Programme, which provides training on IHR implementation, and develops and implements joint actions in a variety of areas such as health emergency preparedness, immunization, and response to high threat pathogens; and the Civil Protection Mechanism of the EU, which deploys emergency teams to third countries following the request from Member States or WHO. In addition, EC collaborates on health security matters with other initiatives such as the G20 or the GHSA.

The SEEHN is composed of nine Member States, including Albania, Bulgaria, Bosnia and Herzegovina, Israel, Moldova, Montenegro, the Republic of North Macedonia, Romania and Serbia. In 2018 in Tel Aviv, Israel, the network has signed its sub-regional cooperation strategy for 2018-2023, which includes strong links across the work on health emergencies, humanitarian crises, peace and development. Furthermore, in 2017 the SEEHN countries have signed the Chisinau Pledge to strengthen collaboration for public health in line with the implementation of the SDGs in the sub-region.

The relevance of intersectoral collaboration for emergency preparedness and response was highlighted by several partners, as the health sector alone sometimes lacks the necessary capacity. In this regard, surge capacity is often provided by civil protection units under ministries of internal affairs. For this reason, training modules were being developed for non-health staff such as front-line protection workers by partners such as ECDC. Nonetheless, the difficulties that sometimes arise from the identification of the different objectives pursued by different sectors were acknowledged. It was also noted that institutions must come to a better common understanding on how to work on community engagement.

UN partners such as UNICEF, UNFPA and IOM highlighted the work on preparedness and response through the full implementation of the IHR (2005) as one of their priorities and welcomed the adoption of the regional Action Plan as a means to step up efforts in this direction. Stronger collaboration in conducting JEEs and AARs and developing NAPHS was called for. In addition, the importance of focusing on the health needs of population groups in special situations of vulnerability, such as providing sexual and reproductive health and family planning services for women and children, or comprehensive health care and prevention services for refugees and migrants during emergencies, was emphasized.

The WHO Regional Office for Europe welcomed the strong partnerships with all organizations, both at regional and global levels, and called for WHO and partners to explore joint opportunities to enhance collaboration with civil society.



# Moving forward – next steps towards 2023

To accelerate the implementation of the regional Action Plan, a proposal to establish a technical follow-up process was presented. In addition, participants were informed of the ongoing efforts of the WHO Regional Office for Europe to monitor progress on the implementation of the regional Action Plan. These discussions culminated in the discussion of an outcome summary of the meeting.

## **Accelerating the implementation of the regional Action Plan**

Presenter: Haris Hajrulahovic, Programme Area Manager of the Health Emergencies Programme at the WHO Regional Office for Europe

The WHO Regional Office for Europe presented a proposal for discussion on the establishment of a technical follow-up process to accelerate the implementation of the regional Action Plan. The technical follow-up process would serve as an instrument to enhance technical collaboration through annual consultations, which would provide an opportunity for key stakeholders across the 53 countries in the European Region to meet and discuss specific technical priorities and emerging themes in the field of public health preparedness and response.

The convening power of the WHO Regional Office for Europe would be used to draw on the diversity of the Region and contribute to the overall enhancement of its preparedness and response capacities for health emergencies. The technical follow-up process would also provide an opportunity for systematic and sustained collaboration and communication among the many initiatives that have emerged in the field of health security in recent years.

The establishment of the technical follow-up process would enable:

1. The support and empowerment of Ministries of Health to position public health preparedness and response as a priority both within the health sector and when working with other sectors.
2. The better coordination of action in countries, using the expertise, knowledge and resources across the European Region, as well as existing partnerships.
3. The creation of regular opportunities for dynamic dialogue on technical topics prioritized in the field of preparedness and response, focusing particularly on bringing sectors and key stakeholders together.

For the functioning of the technical follow-up process, it was proposed to convene annual technical consultations on public health preparedness and response to sustain commitment and dialogue among stakeholders in the framework of the implementation of the regional Action Plan. Each annual consultation would focus on specific topics. When asked about what topics would participants like to discuss in these consultations, they identified One Health as the main priority, followed by health systems strengthening and community resilience (figure 6).

**Fig. 6.** What is the most important topic to discuss in an annual expert consultation?

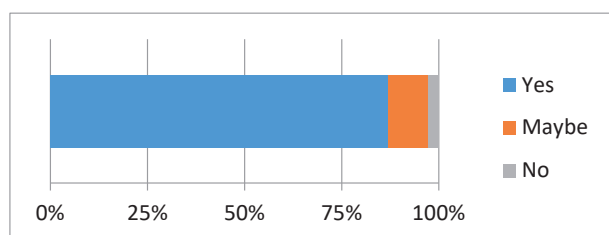


To support the work of the technical follow-up process throughout the year, several work streams were proposed to be established. For example, one work stream would focus on strengthening technical and scientific collaboration by:

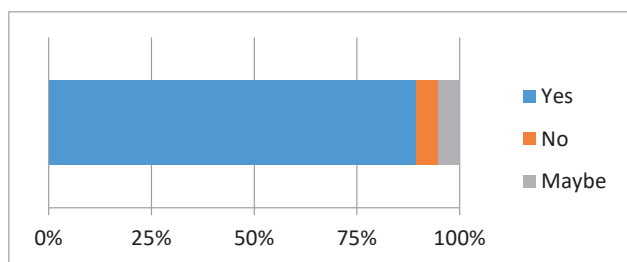
- Improving collaboration among IHR focal points in the European Region.
- Conducting regional and sub-regional exercises on public health preparedness and response.
- Shedding light on how to operationalize the interlinkages between health security and health-system strengthening.
- Producing an annual risk profile for the WHO European Region that would ensure that actions at regional and country level were informed by rigorous evidence.
- Sharing experiences and lessons learnt, including through online tools.

With regards to the latter, participants were asked about their opinion about and interest in the establishment of an online forum – WHEN, standing for WHO Health Emergencies Network – that would allow professionals in the health emergency and response field to interact, raise questions, share experiences and rapidly access selected know-how. The responses from participants are summarized in figures 7-12.

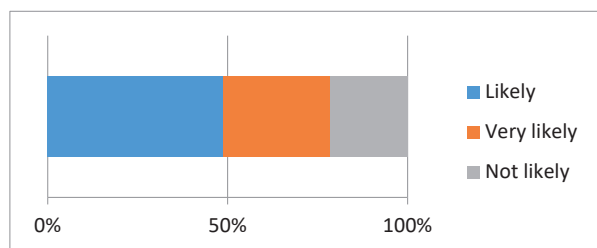
**Fig. 7.** Do you think health sector experts from your country would be interested in using an online forum to share knowledge on health emergency preparedness and response?



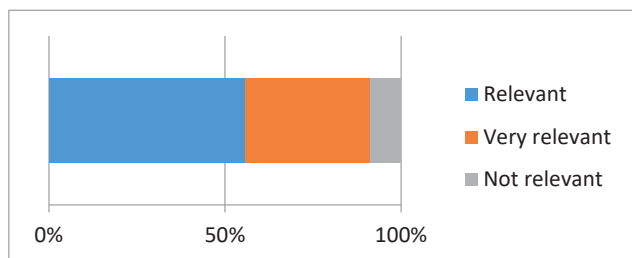
**Fig. 8.** Do you think health sector experts from your country would be interested in using an online forum to gain knowledge on health emergency preparedness and response?



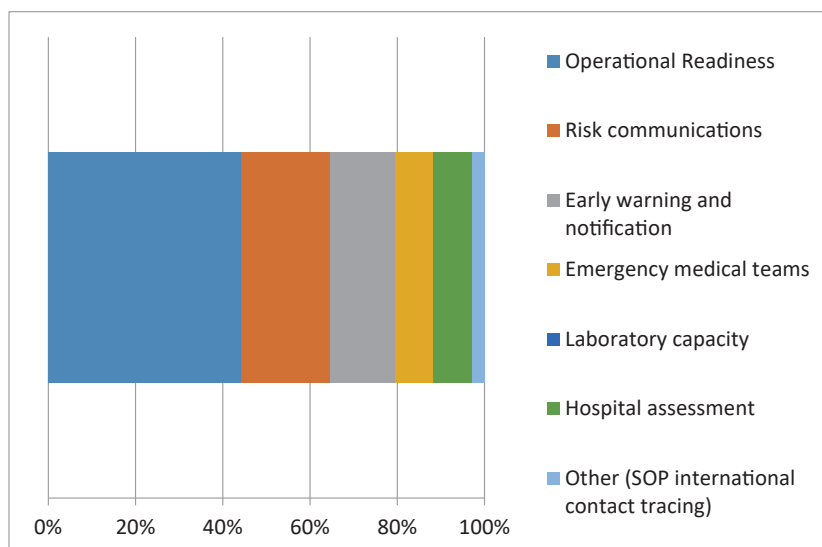
**Fig. 9.** How likely do you think a forum would be used by other governmental bodies in your country, such as different ministries, or agencies?



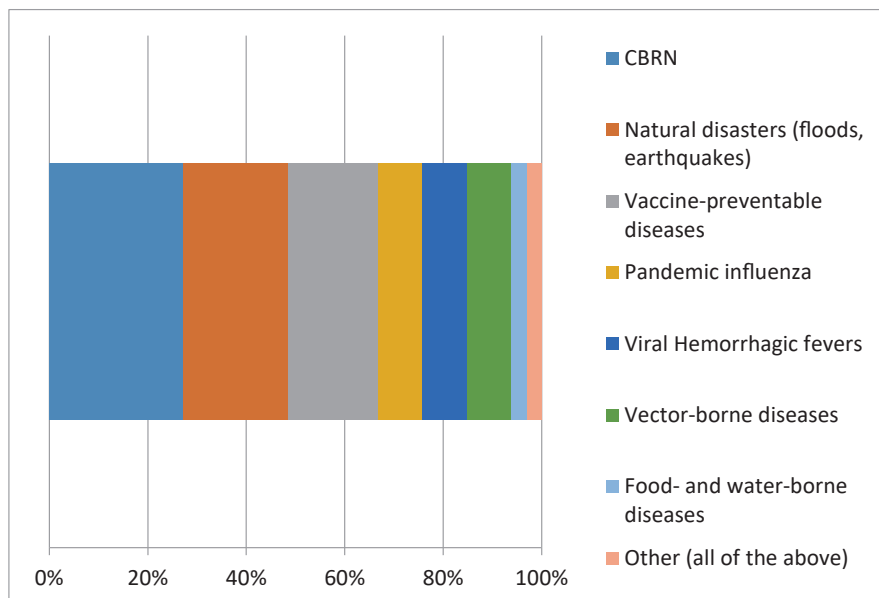
**Fig. 10.** How relevant do you think an online forum would be to support your country' preparedness and readiness to respond capacity?



**Fig. 11.** What topics would you be interested in joining an online forum to discuss?



**Fig. 12.** What health hazards would you be interested in joining an online forum to discuss?



A second work stream was proposed to focus on partnership coordination, communication and intersectoral cooperation, to ensure that the regional Action Plan is implemented through joint and coordinating efforts. This could be done by maximizing inter-country activities for capacity building or ensuring that efforts among sub-regional networks, such as the SEEHN or the Eurasian Economic Union, on public health preparedness and response are aligned and build on each other.

## Monitoring the implementation of the regional Action Plan

Presenter: Mr Nicolas Isla, Team Lead of the Health Emergencies Programme at the WHO Regional Office for Europe

The WHO Regional Office for Europe presented a proposed approach to monitor the implementation of the regional Action Plan. While no additional reporting requirements would be included, monitoring the implementation of the plan is relevant to ensure accountability for the commitments agreed. The regional Action Plan is in line with the vision, mission and strategic shifts of the GPW13, including the focus on country impact, the framing of public health preparedness and response as a global public good, and the need to step up leadership on this area.

The implementation of the regional Action Plan would serve as a vehicle for the WHO Regional Office for Europe to contribute to the attainment of the GPW13 target of 1 billion more people protected from health emergencies, and its three outcomes: countries prepared for health emergencies; epidemics and pandemics prevented; and health emergencies rapidly detected and responded to.

The results chain developed for the GPW13 presents the joint accountability of WHO and Member States for the outcomes and impacts outlined by the triple billion target. It was noted that the process for measuring the impact of the GPW13 was under discussion, following the 144<sup>th</sup> session of the Executive Board (EB) of the WHO held in Geneva, Switzerland, in January 2019; and that the WHO Regional Office for Europe would continue monitoring those discussions at the global level to align the monitoring of the implementation of the regional Action Plan as necessary.

The implementation of the regional Action Plan would also contribute to the attainment of the SDGs in the WHO European Region, specifically for target 3.d. on strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks. Nonetheless, the regional Action Plan would also contribute indirectly to progress in other areas such as SDG 1 on ending poverty in all its forms, or SDG 13 on taking urgent action to combat climate change and its impacts.

## Discussion

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During discussion it was stressed that this was the first occasion that a proposal to establish a technical follow-up process had been presented to participants. The aim of the session was therefore to have a preliminary discussion on the topic. It was mentioned that many challenges had been discussed in the previous panels and working groups, including the need to find a balance between acting at community level and addressing cross-border threats that require inter-country approaches. Action to address these challenges had to be prioritized and aligned with existing initiatives.

Several representatives expressed their support to the work of WHO on coordinating the implementation of the IHR (2005) through the regional Action Plan and in collaboration with partners. They agreed that any action to take forward this work should be done in collaboration with existing initiatives to avoid duplication and build synergies. In addition, it was emphasized that both technical capacity and political commitment were needed to fully implement the IHR (2005); in this regard, the WHO Regional Office for Europe was congratulated for organizing a ministerial consultation following the technical discussions in Istanbul. Efforts to align the future work on the implementation of the regional Action Plan with the GPW13 framework were appreciated. It was reminded that any proposal for WHO action that requires a financial and administrative commitment would need to be discussed by the WHO Governing Bodies. In addition, the global platform of the WHO Strategic Partnership for IHR (2005) and Health Security (SPH) was highlighted as a good example to enhance coordination and advance technical cooperation.

The WHO Regional Office for Europe provided assurance that every effort by the WHO Regional Office for Europe to implement the regional Action Plan would be made in alignment with all levels of the organization. Comments and suggestions from Member States on the value of the proposed technical follow-up process, as well as the way forward to monitor the implementation of the regional Action Plan, were welcomed both at and after the meeting. Summarizing the discussion, the WHO Regional Office for Europe emphasized the role of a technical follow-up process as a means to share experiences and good practices on public health preparedness and response at technical level, while discussions that require political commitments would continue in the context of the WHO Governing Bodies.

## Outcome Summary discussion

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Participants emphasized the need for better coordination and common understanding on the management of health emergencies, including the use of resources. The proposed technical follow-up process was welcomed as a means to fill these gaps and promote the sharing of experiences. Strengthening legislative frameworks, improving the knowledge based on risks and related drivers for informed decision-making, and advancing the sharing of information and communication were highlighted as areas where progress was needed.

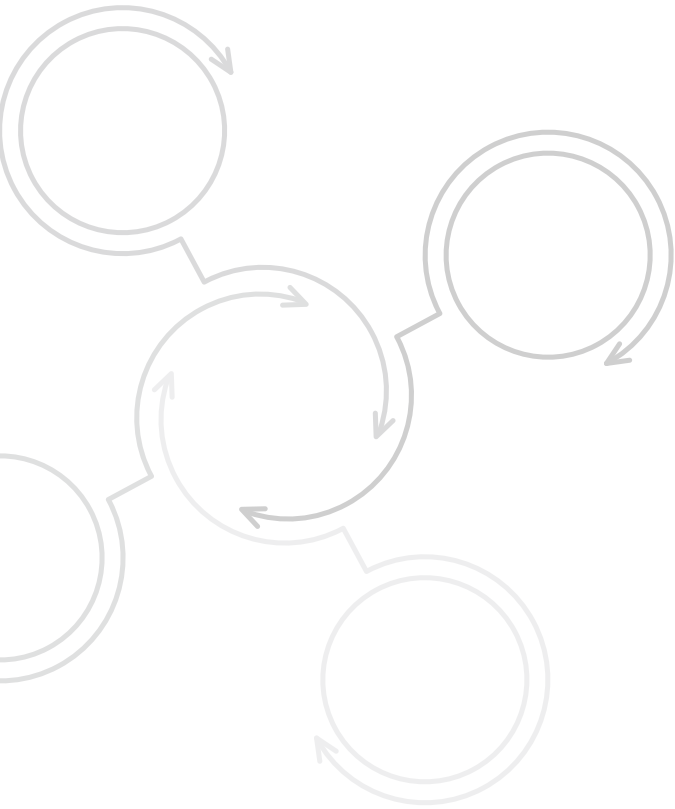
The WHO Regional Office for Europe presented the draft of the outcome summary of the discussions held at the high-level technical meeting, which would be presented at the ministerial consultation. Contributions from Member States were acknowledged and appreciated, and countries were encouraged to submit any additional comments or suggestions. Various representatives suggested that the risks and related drivers included in the outcome summary should be framed as examples, and proposed the inclusion of AMR. Furthermore, they suggested an explicit mention clarifying that no additional reporting requirements were to be included for the monitoring of the implementation of the regional Action Plan.

The outcome summary agreed as a result of these discussions, as well as those held in the ministerial consultation on 14 February 2019 and through a consequent consultation, is shown in annex 5. It recognizes the need to realize the vision of the regional Action Plan and move forward with its goal and actions, by:

- a. Ensuring high-level political commitment to sustain investment throughout the implementation of the regional action plan.
- b. Accelerating the implementation of the regional Action Plan by creating opportunities for dialogue and exchange of experiences.
- c. Monitoring progress on the implementation of the regional Action Plan regularly in accordance with the requirements of the IHR (2005), without additional reporting requirements.

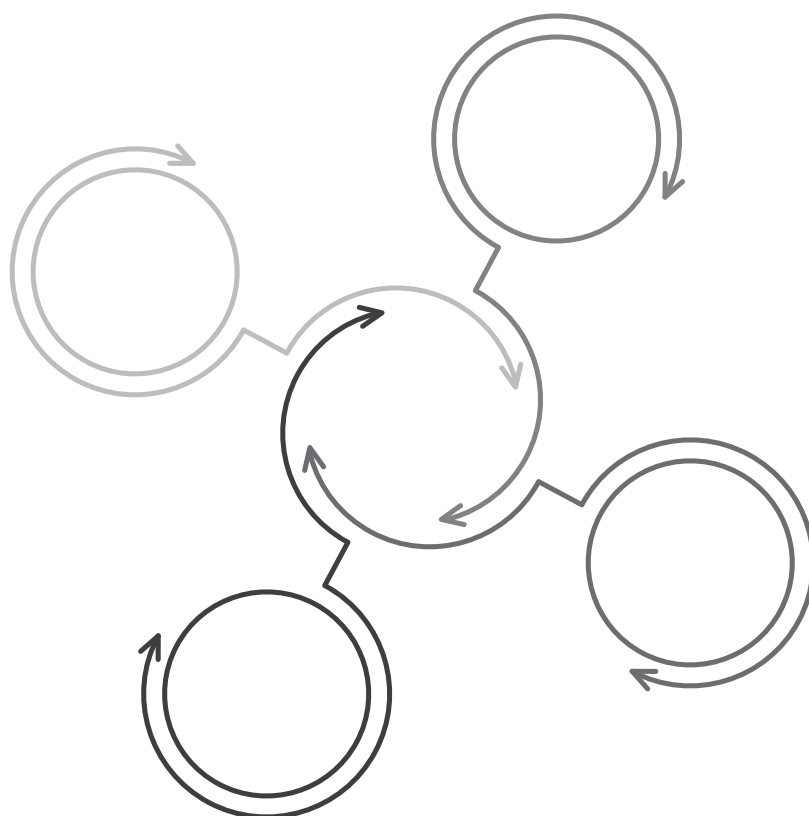
## Closing remarks

The WHO Regional Office for Europe emphasized the richness of the discussions held during the two-day high-level technical meeting, and the strong commitment demonstrated by Member States and partners for public health preparedness and response at all levels. Further comments and suggestions on the establishment of a technical follow-up process to accelerate the implementation of the regional Action Plan, as well as on priority technical areas, were welcomed. It was acknowledged that much progress was made since similar discussions were held in St. Petersburg in 2017 and Munich in 2018, and WHO remains committed to support Member States and partners in the process of advancing a common understanding and collaboration on health emergencies. It was reiterated that any future work on the implementation of the regional Action Plan would not incur duplication of efforts among different levels of the organization. The ministerial consultation being held on the following day would offer an opportunity to bring the technical issues discussed during the previous two days to the attention of policy-makers, as per request of participants at the high-level technical meeting organized in Munich in 2018.



# Ministerial Consultation on the Implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region

14 February 2019





# Introduction

Following the high-level technical meeting, a ministerial consultation brought together Ministers, Deputy Ministers and high-level representatives from 32 countries with the aim to report on the deliberations of the previous days and discuss how to best ensure the high-level political commitment necessary for the implementation of the regional Action Plan. The ministerial consultation was chaired by Norway. The programme of the ministerial consultation is shown in Annex 2.

## Welcome addresses

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The WHO Regional Director for Europe opened the ministerial consultation by expressing her gratitude to the Ministry of Health of Turkey for its hospitality, and to the Ministry of Health of Germany for its financial support to the work of WHO in health emergencies. The discussions held during the previous two days at the high-level technical meeting on how to translate the commitments agreed in the regional Action Plan into action at regional and country levels were welcomed.

The Minister of Health of Turkey stressed the relevance of addressing health and humanitarian emergencies as a central component of global health. While every region and country have faced their own specific health risks, many were common to all. To address the latter, the global community has built strong international bodies and institutions to enable international cooperation, good governance and resilient health systems. In this regard, the GPW 13 and the regional Action Plan offer a new opportunity at global and regional levels, respectively, to improve collaboration on health emergencies. Much work is ongoing in Turkey, where improving access to health services and strengthening public health preparedness and response are priorities for investment.

## Keynote addresses

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### **Protecting people from health emergencies in the WHO European Region**

Presenter: Dr Zsuzsanna Jakab, Regional Director for Europe

The WHO Regional Director for Europe congratulated the Government of Turkey for its humane response, particularly from the health sector, to the large increase of refugees arriving from Syria in recent years. This provides an excellent example of achieving the goal of UHC as laid out in the GPW13.

It was noted that the organization of the ministerial consultation was a proof in itself of the unprecedented momentum to join forces for the protection of people from health emergencies. To do so, the many political commitments on public health preparedness and response agreed in the regional Action Plan, as well as many other global frameworks, have to be translated into action. For example, the 2030 Agenda for Sustainable Development includes for the first time a specific target to strengthen capacities for the full implementation of the IHR (2005). Similarly, it was noted that the UN Reform and the new Resident Coordinator system provide new opportunities to enhance collaboration among partners and sectors for the protection of public health.

The need to improve collaboration in health emergencies has been increasingly recognized in recent years, also in political fora, such as the G20. In addition, many fruitful initiatives have emerged in the field of health security and health emergencies, such as under the auspices of the EU, the SEEHN, or the Eastern Economic Forum. In this regard, the regional Action Plan presents an opportunity to ensure that all these initiatives build on each other.

It was stressed that the European health policy framework, Health 2020, has already paved the way to improve the work on health emergencies in a comprehensive and transformative manner. The link between strengthening health systems and improving emergency preparedness, surveillance and response, was included as one of the four priority areas of the framework. Furthermore, the two strategic objectives of Health 2020 are central to the work on health emergencies. Firstly, reducing inequities in the capacity to prepare for, respond to, and recover from emergencies is essential, as emergencies often affected disproportionately to the poorest and most vulnerable populations. Secondly, leadership and governance of health must be improved in the context of health emergencies through the implementation of whole-of-government and whole-of-society approaches

Lastly, participants were reminded of the central role that the European Region played in responding to health emergencies not only within its own borders, but also beyond, by funding preparedness and response activities, developing new vaccines, or sending professionals to the frontline in support of response operations in third countries. In this regard, all Member States were congratulated for their continuous commitment to protect public health regardless of where the risks originated. At a time when international cooperation was being challenged in many fronts, it was stressed that the health sector should lead by example.

### **The case for investing in public health preparedness and response: a call for joint action in the European Region**

Presenter: Dr Nedret Emiroglu, Director of Programme Management and Director of the Division of Health Emergencies and Communicable Diseases, WHO Regional Office for Europe

The WHO Regional Office for Europe provided an overview of the diverse health risks impacting countries in the European Region, such as natural disasters, extreme weather events, exposure to unsafe food, increase of vector-borne diseases, outbreaks of infectious diseases, or socio-economic and political fragility. Past events in the European Region, such as the outbreak of E.coli in 2011 that caused 53 deaths, 3,950 infections and an estimated US \$ 1.3 billion of economic losses for farmers and industries, showed that all countries, without exception, are vulnerable to the impact of health emergencies.

According to the WHO Investment Case for 2019-2023, a total investment of US \$ 28.9 billion is needed to meet the global GPW13 target of 1 billion people better protected from health emergencies. This investment is expected to result in 1.5 million lives saved, and US \$ 240 billion of economic gains. As a result, every US \$ 1 invested in health emergencies would produce an economic return of US \$ 8.3.

Having the technical and programmatic instruments in place, and knowing the social and economic return of investing in health emergencies, the WHO Regional Office for Europe highlighted that the main bottlenecks to improving public health preparedness and response are fundamentally political, financial and institutional. The regional Action Plan aims to support countries in overcoming these obstacles by identifying priority actions across the whole emergency cycle. These include:

- ensuring the political and financial commitments for the implementation of IHR (2005) are in place;
- using the mapping of hazards and assessment of capacities to inform preparedness planning;
- strengthening health systems, including through a fit-for-purpose workforce;
- improving collaboration through multisectoral approaches, including by empowering the IHR NFPs to work across sectors;
- implementing national laboratory strategies with quality assurance;
- ensuring timely detection, assessment and notification of epidemiological data for risk communication and informed decision-making; and
- ensuring readiness to respond to national and international health emergencies.

## Presentation of the outcome summary

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To undertake these actions and realize the vision of the regional Action Plan, the WHO Regional Office for Europe introduced three key points that were proposed as per the previous discussions on the draft outcome summary. These three actions include:

- ensure high-level political commitment to sustain investment throughout the implementation of the regional Action Plan;
- accelerate implementation of the regional Action Plan by creating opportunities for dialogue and exchange of experiences; and
- monitor progress on the implementation of the regional Action Plan regularly in accordance with the requirements of the IHR (2005), and without additional reporting requirements.

The draft document was presented and comments from participants welcomed during and after the ministerial consultation to ensure it reflected the consensus among all participants.

# Ministerial Roundtable

A ministerial roundtable was organized with the participation of 32 Member States in the European Region to discuss challenges and priorities at the strategic and policy levels for the implementation of the regional Action Plan. The following four topics in the area of public health preparedness and response were identified for discussion:

- the importance of regional dialogue and coordinated action, for which the establishment of a technical follow-up process that would create regular opportunities for discussion and collaboration at technical level was proposed;
- sustainable financing and resource mobilization;
- delivery of essential health services throughout the emergency management cycle; and
- the improvement of evidence for decision-making.

## Summary of the roundtable discussion

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Representatives emphasized the great progress that WHO has made in the management of health emergencies in the European Region since the 2009 influenza pandemic, particularly with regards to the use of scientific evidence to inform decision-making processes on preparedness and response. The scope and in-depth of the discussions held at the high-level technical meeting were welcomed, which called for a scale up of collaboration at regional and country levels.

Several representatives congratulated WHO for building upon the discussions held in previous meetings in St Petersburg and Munich and welcomed the organization of similar consultations on an annual basis. The leading role of WHO to convene policy dialogues was noted as essential to implement article 44 of the IHR (2005) on international collaboration.

Representatives applauded the regional Action Plan, and the coordination and leading role of WHO in its implementation. The need to address health emergencies comprehensively, implementing the IHR (2005) for better preparedness, while ensuring effective prevention to reduce vulnerabilities and an effective response, was emphasized. It was reminded that the IHR (2005) is a legally binding document, the implementation of which is subject of annual sessions at WHA.

The health response to the influx of Syrian refugees in Turkey was mentioned as an example of how emergencies need to be addressed in a comprehensive and humane manner, providing full access to health services. Resilience was noted as a key feature of health systems that are able to protect people from the impact of emergencies. It was emphasized that public health preparedness and response activities should contribute to the strengthening of health systems, as well as adopt an all-hazard approach. In addition, the universal nature of health emergencies highlights the need to strengthen collaboration among all countries, and particularly those that are in a situation of vulnerability.

WHO was encouraged to continue facilitating opportunities for the exchange of experiences and best practices between Member States, including through the use of sub-regional networks such as SEEHN. WHO was also urged to invite other sectors to participate at similar meetings on public health preparedness and response. Collaboration among health and non-health sectors was recognized as vital, both at national and international levels. The strengthening of capacities for public health preparedness and response is needed at all levels of the health system, and especially at points of entry and with the tourism sector. Advocacy efforts must be scaled up to sustain financial support in this area.

Other specific areas where WHO support was sought for the implementation of the regional Action Plan were enhancing legislation; conducting capacity-building activities; using voluntary monitoring and evaluation tools such as JEEs, SimEx and AARs; and supporting the identification of roles and responsibilities among various sectors and stakeholders.

Representatives also welcomed the support of WHO in improving the capacities of the NFPs. The important role of WHO Lyon office for the implementation of IHR (2005) was highlighted. For example, it was noted that a high-level meeting was organized in Lyon in 2018 to highlight the need for multisectoral collaboration in the context of health emergencies and at all levels of governance.

## Concluding remarks and next steps

The WHO Regional Office for Europe thanked all participants for their commitment to translate the regional Action Plan into action, moving ahead with its operationalization. Solidarity was emphasized as central to the work of health emergencies, as no country can address these by its own. The involvement of other sectors was unanimously agreed as a crucial factor for the successful implementation of the regional Action Plan. This would also be encouraged at the level of the UN system through the renewed role of the UN Resident Coordinator function. Finally, while political discussions on public health preparedness and response would continue at the upcoming sessions of the RC, more opportunities were needed to strengthen collaboration at the technical level. The establishment of a technical follow-up process would enable stronger technical collaboration, involving all relevant sectors and actors.

# Annex I.

## Programme of the High-level Technical Meeting on the Implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region

In September 2018, Member States of the WHO European Region adopted Resolution EUR/RC68/R7 of the Action Plan to improve public health preparedness and response in the European Region at the 68th session of the WHO Regional Committee for Europe.

Moving forward with the operationalization of the Action Plan requires that those working in the health sector, at the highest political and technical levels, make a full commitment to its vision and goals. Furthermore, it requires that a process be agreed upon and set in motion for engaging Member States, partners and other stakeholders from the health sector and beyond in order to ensure sustained political commitment, coordinated implementation, and shared accountability.

At this critical juncture, the WHO Regional Office for Europe has called for a high level meeting followed by a ministerial consultation.

### Aim of the meeting

**Ensure sustained commitment and leadership of all Member States for the full implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region.**

The agenda is designed around four objectives:

- **To align** efforts to improve public health preparedness and response across the WHO European Region around a common vision on the way forward and shared accountability.
- **To discuss** the establishment of jointly agreed platforms for accelerating the implementation of the action plan, and a related monitoring framework.
- **To share** experiences and promote dialogue on synergies, good practices and common challenges between Member States, WHO and partners for the implementation of the action plan.
- **To identify** priority areas where support is required from WHO and partners, as well as innovative approaches for the improvement of public health preparedness and response in ways that contribute to the attainment of related objectives, such as the strengthening of the resilience of health systems and communities, intersectoral collaboration, and the reduction of vulnerability to health risks.

# Provisional programme

## DAY 1 – TUESDAY, 12 FEBRUARY 2019

*Moderator:* Cristiana Salvi, Programme Area Manager, WHO Health Emergencies Programme, WHO Regional Office for Europe

8:00 – 9:00	<b>Welcome coffee &amp; registration</b>
9:00 – 9:30	<b>Opening addresses</b> Pavel Ursu, WHO Representative to Turkey Deputy Minister of Health, Turkey Nedret Emiroglu, Director of Programme Management and Director, Division of Health Emergencies and Communicable Diseases, WHO Regional Office for Europe
9:30 – 9:35	WHE Video
9:35 – 9:45	<b>Aim and objectives of the meeting</b> Tanja Schmidt, Technical Officer, WHO Health Emergencies Programme, WHO Regional Office for Europe
	<b>Session 1: Setting the scene – Advancing public health preparedness and response in the WHO European Region</b> <i>This session will highlight the vision, values and principles of the Action plan to improve public health preparedness and response in the WHO European Region, and how these align with the principles and commitments made in the Five-year global strategic plan to improve public health preparedness and response, and WHO's 13th Global Programme of Work (GPW13). The session will also provide an overview of the state of public health preparedness and response capacities across the WHO European Region.</i>
9:45 – 10:15	<b>Presentations</b> <i>The journey from the Five-year Global Strategic Plan to the Regional Action Plan and its implementation – Overview of the state of public health emergency preparedness and response in the WHO European Region</i> Dorit Nitzan, Coordinator Health Emergencies Programme & Programme Area Manager Emergency Operations, WHO Regional Office for Europe
10:15 – 10:45	<b>Coffee break</b>



## DAY 1 – TUESDAY, 12 FEBRUARY 2019

### **Session 2: Operationalizing the action plan – Maximizing synergies to address common challenges**

*This session will provide an opportunity to share experiences and highlight solutions to common challenges for the implementation of the actions committed in the three pillars of the action plan. Special attention will be paid to how the action plan can help addressing cross-cutting issues such as One Health, the integration of the health security and health system strengthening approaches, the operationalization of the humanitarian-development nexus, and the protection of vulnerable populations in emergencies, among others. Emphasis will also be placed on the need to enhance joint collaboration and shared accountability among regional partners for better country impact. Additionally, the session will provide an update on progress done on priority activities identified at the High-level meeting on accelerating implementation of the International Health Regulations (IHR) (2005) and strengthening emergency preparedness in the WHO European Region held in Munich, Germany.*

10:45 – 11:45

#### **Panel discussion on strategic pillar 1: Build, strengthen and maintain States Parties' core capacities required under the IHR (2005)**

*Facilitator:* Caroline Brown, Programme Manager, WHO Health Emergencies Programme, WHO Regional Office for Europe

*Panel discussants:* TBC

11:45 – 12:45

#### **Panel discussion on strategic pillar 2: Strengthen event management and compliance with the requirements under the IHR (2005)**

*Facilitator:* Jukka Pukkila, Programme Manager, WHO Health Emergencies Programme, WHO Regional Office for Europe

*Panel discussants:* TBC

12:45 – 14:00

#### **Lunch**

### **Continuation Session 2: Operationalizing the action plan – Maximizing synergies to address common challenges**

14:00 – 15:00

#### **Panel discussion on strategic pillar 3: Measuring progress and promote accountability**

*Facilitator:* Nicolas Isla, Team Lead, WHO Health Emergencies Programme, WHO Regional Office for Europe

*Panel discussants:* TBC

15:00 – 15:30

#### **Coffee break**

15:30 – 16:30

#### **Panel discussion on regional initiatives for public health preparedness and response**

*Facilitator:* Dorit Nitzan, Coordinator Health Emergencies & Programme Area Manager Emergency Operations, WHO Regional Office for Europe and Wolfgang Philipp, Head, Crisis Management and Preparedness in Health, European Commission

*Panel discussants:* TBC



## DAY 2 – WEDNESDAY, 13 FEBRUARY 2019

*Moderator:* Cristiana Salvi, Programme Area Manager, WHO Health Emergencies Programme, WHO Regional Office for Europe

### Session 3: Operationalizing the action plan – identifying solutions for better impact

*This session will seek to promote the identification of enablers and solutions that will drive the successful implementation of the action plan. Building upon previous discussions held in Munich, Germany, priority cross-cutting areas have been identified. Participants will be distributed across six working groups that will explore solutions to overcome barriers in these four cross-cutting areas for specific critical actions of each pillar of the action plan. Every 60 minutes, participants will rotate working groups. Each working group will have two permanent facilitators, who will drive the discussions and debrief all participants at the end of the session.*

9:00 – 9:15

#### Introduction to the working groups

Adrienne Rashford, Team Lead, WHO Health Emergencies Programme, WHO Regional Office for Europe

9:15 – 13:00

#### 6 parallel working groups on the following selected priority topics of the Action Plan

Participant will be able choose 3 topics from the list below

##### Pillar 1



National legislation, policies and plans for intersectoral IHR coordination, including One Health



Strategies and modus operandi to increase the involvement of the clinical sector in public health



Strengthening health systems for emergency preparedness and response

##### Pillar 2



Notification and information sharing: Processes for multisectoral coordination for timely detection, investigation, risk assessment and information sharing



Enabling rapid and appropriate response: Mechanisms for emergency response and coordination of deployment and receipt of international aid

##### Pillar 3



Evidence-based actions- Addressing gaps identified through mandatory and voluntary reporting in the national action plans for health security

13:00 – 14:00

*Lunch*

14:00 – 15:00

**Report back of working groups discussions**

15:00 – 15:30

*Coffee break*

## DAY 2 – WEDNESDAY, 13 FEBRUARY 2019

### **Session 4: Promoting joint and sustained commitment and measuring progress and impact**

*This session will introduce the proposed platforms designed to accelerate the implementation of the action plan in a coordinated and inclusive way, through sustained political commitment, and close collaboration among all relevant sectors and partners. It will also present the proposed monitoring framework for the implementation of the regional Action Plan. It will stress ongoing efforts to maximize existing reporting mechanisms, avoid duplications, and promote joint accountability among global and regional initiatives. In particular, the session will focus on how progress in the implementation of the regional Action Plan may contribute to the achievement of the target of 1 billion people protected from health emergencies set forth in the GPW13, as well as to other global commitments such as the 2030 Agenda for Sustainable Development.*

**15:30 – 16:10**

#### **Presentation**

*Platforms to accelerate the implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region – Haris Hajrulahovic, Programme Manager, WHO Health Emergencies Programme, WHO Regional Office for Europe*

*Monitoring framework for the implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region – Nicolas Isla, Team Lead, WHO Health Emergencies Programme, WHO Regional Office for Europe*

**16:10 – 16:40**

#### **Open floor for discussion**

### **Session 5: Moving forward – next steps towards 2023**

*This session will introduce the outcome summary that will be presented at the Ministerial Consultation on 14 February 2019. This summary aims at reaffirming the joint commitment and high-level leadership of all Member States for the improvement of public health preparedness and response capacities in the European Region. The session will close with a brief of the discussions held during the meeting, and next steps.*

**16:40 – 17:00**

#### **Presentation of outcome summary**

*Dorit Nitzan, Coordinator Health Emergencies & Programme Area Manager Emergency Operations, WHO Regional Office for Europe*

**17:00 – 17:30**

#### **Open floor for discussion and**

**17:30 – 17:45**

#### **Closing Remarks**

*Nedret Emiroglu, Director of Programme Management and Director, Division of Health Emergencies and Communicable Diseases, WHO Regional Office for Europe*

# Annex II.

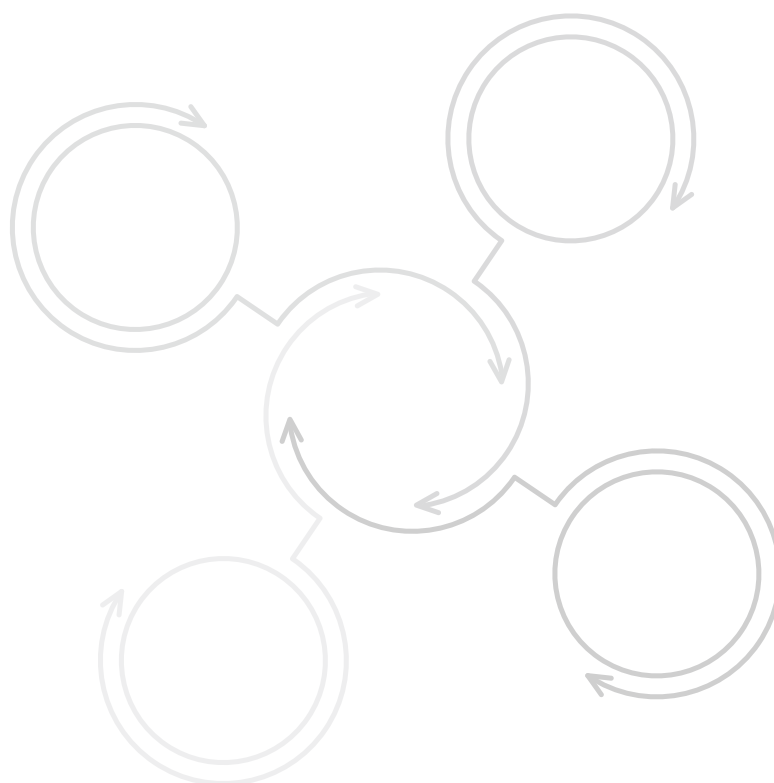
## Programme of the Ministerial Consultation on the Implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region

### Provisional programme

Thursday, 14 February 2019

09:00 – 09:30	Arrival of the Ministers of Health and delegations
09:30 – 09:40	<b>Welcome addresses</b> (media presence expected) <ul style="list-style-type: none"><li>▪ Dr Zsuzsanna Jakab, WHO Regional Director for Europe</li><li>▪ Dr Fahrettin Koca, Minister of Health of Turkey</li></ul>
09:40 – 10:10	<b>Keynote addresses</b>  <b>Protecting people from health emergencies in the WHO European Region</b> Dr Zsuzsanna Jakab, WHO Regional Director for Europe  <b>The case for investing in public health preparedness and response: A call for joint action in the European Region</b> Dr Nedret Emiroglu, Director of Programme Management and Director, Division of Health Emergencies and Communicable Diseases, WHO Regional Office for Europe  <b>Presentation of the outcome summary and remarks by participants</b> Dr Dorit Nitzan, Coordinator Health Emergencies Programme, WHO Regional Office for Europe
10:10 – 10:15	WHE Video

10:15 – 10:30	<i>Coffee break</i>
10:30 – 12:00	<p><b>Ministerial Roundtable Discussion</b> Facilitated by Dr Nedret Emiroglu, WHO Regional Office for Europe</p> <p>Introduction of roundtable topics by Member States followed by discussions</p> <ul style="list-style-type: none"> <li>▪ The importance of regional dialogue and coordinated action</li> <li>▪ Sustainable financing and resource mobilization</li> <li>▪ Delivery of essential health services throughout the emergency management cycle</li> <li>▪ Improving evidence for decision making</li> </ul>
12:00 – 12:10	<p><b>Concluding remarks and next steps</b> Dr Nedret Emiroglu, Director of Programme Management and Director, Division of Health Emergencies and Communicable Diseases, WHO Regional Office for Europe</p>
12:10 – 12:15	W(H)E are there
13:00 – 14:00	Ministerial Lunch



# Annex III.

## Scope and purpose

### Scope and purpose

#### Background

Adequate protection against health threats requires high-level political and financial commitment to address the full cycle of emergency management, including prevention, preparedness, response and recovery, supported by multisectoral engagement, and, as appropriate, whole-of-society approaches and effective partnerships. This was the rationale behind the development of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region, which was welcomed with appreciation at the 68th session of the WHO Regional Committee for Europe in September 2018 through unanimous adoption of resolution EUR/RC68/R7. It is thus the collective responsibility of all Member States to ensure health emergency preparedness and, when necessary, a joint response.

The Action Plan aims to strengthen and maintain national capacities in the WHO European Region to effectively prevent, prepare for, detect and respond to public health threats, and to provide assistance to affected countries, when necessary, through three strategic pillars:

- Strategic pillar 1. Build, strengthen and maintain States Parties' core capacities required under the International Health Regulations (IHR) (2005);
- Strategic pillar 2. Strengthen event management and compliance with the requirements under the IHR (2005);
- Strategic pillar 3. Measure progress and promote accountability.

Moving forward immediately with operationalization of the Action Plan requires that those working in the health sector, at the highest political and technical levels, make a full commitment to its vision and goals. Furthermore, it requires that a process, based on a technical consultation, be agreed upon and set in motion for engaging Member States, partners and other stakeholders, in order to ensure implementation of the activities outlined in the Action Plan along with regular reporting to governing bodies.

In addition, the Thirteenth General Programme of Work (GPW 13), 2019–2023, sets an ambitious strategic direction by identifying three interconnected priorities: achieving universal health coverage, addressing health emergencies, and promoting healthier populations. By implementing the regional Action Plan, we will contribute to the achievement of the GPW 13 target of *1 billion more people better protected from health emergencies*.

## Purpose

The purpose of the event is to galvanize the commitment of all Member States, at the highest levels of health sector leadership, to full implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region.

## Objectives

This high-level meeting will have the following objectives:

- to establish a shared understanding of the importance of governance of health emergency preparedness and response, and to seek commitment to shared accountability for the target set out in GPW 13 in the area of health emergencies;
- to present and discuss the implementation of the Action Plan and contribute to its monitoring framework, drawing on synergies between partners, existing needs and challenges, and the sharing of best practices;
- to identify priority areas for support required from WHO and partners in implementation of the Action Plan and to reaffirm WHO's leadership in coordinating partners and stakeholders.

## Outputs

The main outputs of the meeting will be:

- agreement on a regional platform for accelerating the implementation of the regional action plan by creating opportunities for dialogue and exchange of experience;
- agreement on the way forward in operationalizing the Action Plan that identifies critical actions and key milestones for its implementation, reporting and review;
- agreement on a monitoring framework for the Action Plan, in alignment with the impact frameworks of relevant global instruments.

## General programme

This meeting will be the first step of a multiyear process needed to implement the Action Plan and monitor its impact.

The meeting will be organized in two parts:

1. a two-day technical meeting, on 12–13 February 2019, at which high-level experts, nominated by Member States, will discuss in detail the implementation of the Action Plan and contribute to its monitoring framework, in line with resolution EUR/RC68/R7, adopted by the WHO Regional Committee for Europe in 2018;
2. a half-day ministerial consultation, on 14 February 2019, to affirm our political commitment to and leadership of full implementation of the Action Plan in the WHO European Region.

# Annex IV.

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<sup>3</sup> All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

<sup>4</sup> All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

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# Annex V.

## Evaluation of the high-level technical meeting

Participants were handed evaluation forms to assess the content, structure and logistical aspects of the high-level technical meeting. Approximately 60% of participants rated the overall conduct of the meeting as 'good', while 30% considered it 'excellent', 6% 'fair', 2% 'poor', and 2% answered 'not applicable'.

Regarding the content of the meeting, including the topics selected, the quality of discussions and materials, and the opportunities provided to actively participate, 45% of participants considered it 'excellent', 42% as 'good', and 13% as 'fair', on average. The session on promoting joint and sustained commitment and measuring progress and impact, where the technical follow-up process and the monitoring of the implementation of the regional Action Plan were presented, received the highest rating, followed by the panel discussions; the presentation of the draft outcome summary; and the working groups.

When asked about what topics of the regional Action Plan they would like to address in upcoming meetings, participants rated highest One Health; synergies between emergency preparedness and response, health system strengthening and essential public health functions; and emergency preparedness and response operations, and risk communication.

Lastly, around 80% and 20% of participants rated the logistics of the meeting as 'excellent' and 'good', respectively.

# Annex VI.

## Outcome summary

### Protecting people from health emergencies together

#### Outcome summary

At the 68<sup>th</sup> session of the WHO Regional Committee for Europe in September 2018, Member States of the WHO European Region adopted Resolution EUR/RC68/R7, which welcomed with appreciation the action plan to improve public health preparedness and response in the WHO European Region.

The regional action plan reaffirms the need to strengthen and maintain adequate capacities to effectively prevent, prepare for, detect and respond to public health threats, and to provide assistance to affected countries (when necessary) in accordance with the International Health Regulations (IHR) (2005). The action plan is aligned with relevant global frameworks such as the five-year global strategic plan to improve public health preparedness and response, WHO's 13th General Programme of Work and the 2030 Agenda for Sustainable Development, as well as the European health policy framework Health 2020 and regional economic integration organization frameworks.

This action plan envisages a future when the impact of health emergencies in the Region is prevented or minimized through action taken according to three strategic pillars to:

- (i) build, strengthen and maintain States Parties' core capacities required under the IHR;
- (ii) strengthen event management and compliance with the requirements under the IHR;
- (iii) measure progress and promote accountability.

Much progress has already been made to protect the health and well-being of people in the Region. Nevertheless, they remain vulnerable to serious health hazards, for example, those encountered at major international hubs for travel and trade and frequent mass events, natural and other disasters, such as those related to climate change, as well as antimicrobial resistance (AMR).

Ministers of health, high-level technical experts and relevant partners came together on 12–14 February 2019 in Istanbul, Turkey, in a Ministerial Consultation and High-level Technical Meeting to discuss the implementation of the regional action plan. In order to realize its vision and to move forward with the goal and actions outlined in the three pillars of the plan, they agreed to:

- ensure high-level political commitment to sustain investment throughout the implementation of the regional action plan;
- accelerate the implementation of the regional action plan by creating opportunities for dialogue and exchange of experience;
- monitor progress on the implementation of the regional action plan regularly in accordance with the requirements of the IHR (2005), without additional reporting requirements.



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## **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Albania	Estonia	Latvia	Russian Federation
Andorra	Finland	Lithuania	San Marino
Armenia	France	Luxembourg	Serbia
Austria	Georgia	Malta	Slovakia
Azerbaijan	Germany	Monaco	Slovenia
Belarus	Greece	Montenegro	Spain
Belgium	Hungary	Netherlands	Sweden
Bosnia and Herzegovina	Iceland	North Macedonia	Switzerland
Bulgaria	Ireland	Norway	Tajikistan
Croatia	Israel	Poland	Turkey
Cyprus	Italy	Portugal	Turkmenistan
Czechia	Kazakhstan	Republic of Moldova	Ukraine
Denmark	Kyrgyzstan	Romania	United Kingdom
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