



## Background document

Results of the Member States' web-based consultation on the draft progress report on implementation of the Action Plan to improve public health preparedness and response in the WHO European Region 2018–2023

## Background document

### Results of the Member States' web-based consultation on the draft progress report on implementation of the Action Plan to improve public health preparedness and response in the WHO European Region 2018–2023

#### **Rationale**

This online consultation was held for Member States of the WHO European Region to inform the mid-term progress report on implementation of the actions outlined in the Action Plan to improve public health preparedness and response in the WHO European Region 2018–2023.

#### **Method**

The online survey was developed by the WHO Health Emergencies Programme at the Regional Office for Europe. Through the online survey application DataForm, the national counterpart in each Member State was sent a unique link to access the survey, which assessed the level of implementation (four-point scale) in each of the actions outlined in the Action Plan. The survey was opened between 1 and 28 May 2021. Additional and complementary responses until 2 June 2021 (upon request by Member States) were included in the analysis.

#### **Findings**

In total, 25 responses were received (response rate 47%), 22 in English and three in Russian. Since the launch of the Action Plan, over 50% of the responding Member States have reported full implementation of actions in the areas of notification and information-sharing, mandatory annual reporting, and national policies, plans and legislation. For implementation of actions in the One Health area, 50% of the responding Member States reported full implementation, while 27% reported low-level implementation. Low-level implementation of actions was most often reported in the area on synergies between emergency preparedness and response, health systems strengthening and essential public health functions (32%), followed by risk communication (27%), and emergency preparedness and response operations (27%). COVID-19 was mentioned as a cross-cutting challenge by several Member States. Technical support and simulation exercises were mentioned as potential areas that needed support across several areas.

#### **Conclusion**

This background document presents the results of the Member States' web-based consultation on implementation of the Action Plan to improve public health preparedness and response in the WHO European Region 2018–2023. Although progress has been made, the implementation status of Action Plan activities remain insufficient in several areas. Even though the pandemic was mentioned as one of the main challenges, COVID-19 was also mentioned by respondents as a factor leading to enhanced multisectoral collaboration, evaluation assessments of existing structures, and development of preparedness and response plans.

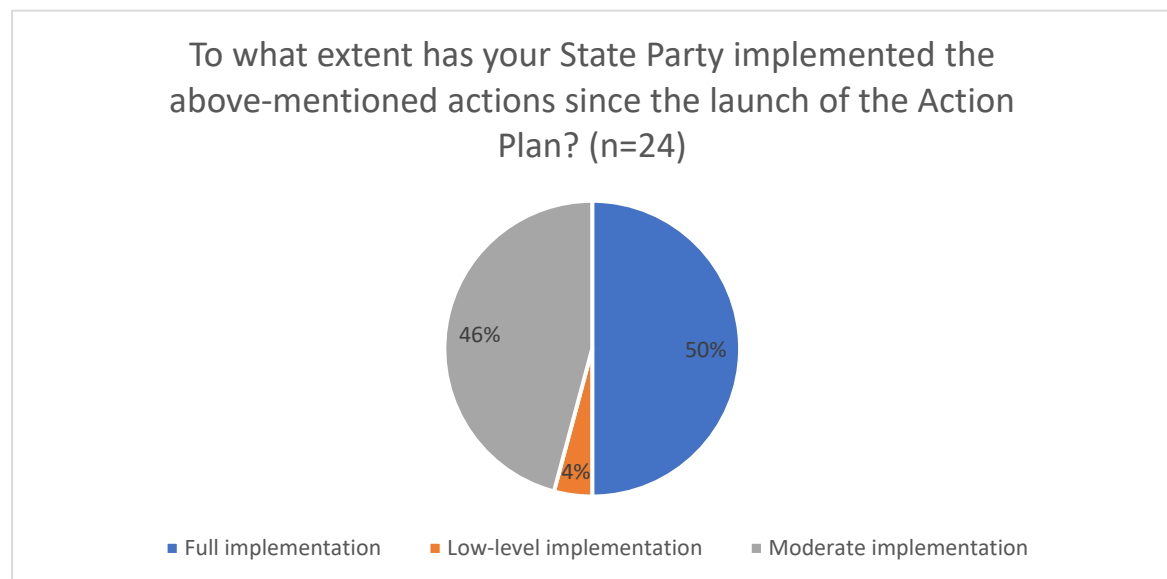
## Survey results by strategic pillar

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

#### National policies, plans and legislation

States Parties will:

- a) ensure political and financial commitments to develop and maintain implementation of the International Health Regulations (IHR, 2005) at both the regional, national and subnational levels. This will include the development of national policies and action plans for health emergency preparedness that clearly define the relevant roles, responsibilities, deliverables and timelines; and
- b) improve governance for multisectoral IHR implementation through whole-of-government and whole-of-society approaches. This may include, where necessary, support for the revision of relevant legal and regulatory frameworks and the establishment of mechanisms to ensure coordination between sectors.



#### **Key achievements (examples of activities, initiatives)**

*Countries highlighted that the COVID-19 pandemic created an opportunity to implement and improve multisectoral collaboration and communication at both national and subnational levels. Where gaps were identified and legislation was challenged, review and evaluation processes have been undertaken.*

#### **Challenges**

*In the context of COVID-19, the legislation in place was found to be insufficient and additional laws had to be created to serve the actions that needed to be taken.*

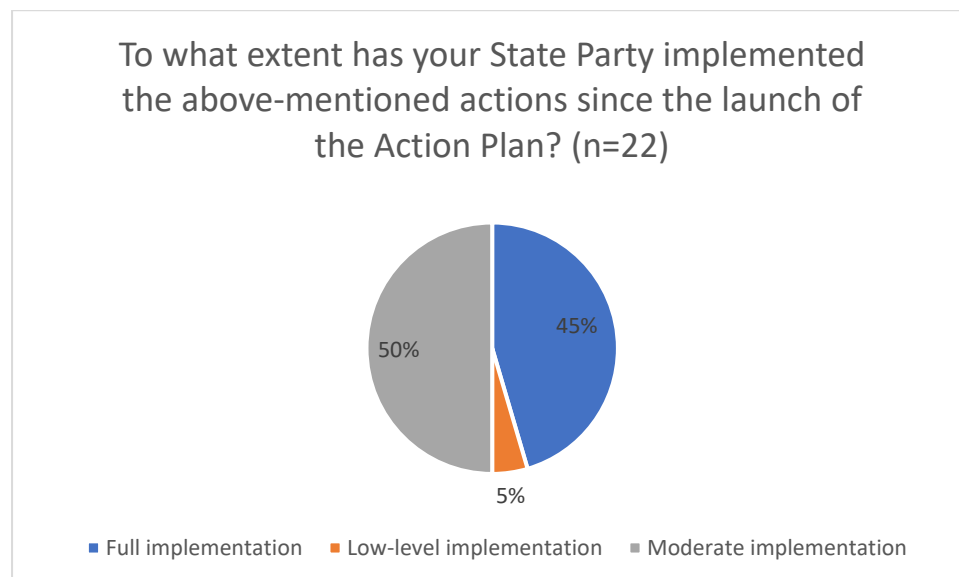
### ***Types of potential support needed***

*These included simulation exercises, training of trainers and technical support. Further, support was needed to establish mechanisms to ensure coordination between different sectors.*

### **IHR (2005) coordination, communication and advocacy**

States Parties will:

- a) establish, maintain and strengthen national multisectoral mechanisms for coordinated decision-making for IHR implementation; and
- b) strengthen the functional capacity of the national focal point (NFP), or relevant national authority, through the use of operational coordination and communication mechanisms between sectors.



### ***Key achievements (examples of activities, initiatives)***

*Those mentioned were coordination measures to strengthen the functioning and capabilities of the NFP, especially through the COVID-19 crisis. Others were establishment of interagency and multisectoral structures at the national and regional levels to support implementation, research activities and building of local capacity. Improvement in communication mechanisms between sectors informed by the intra-action review tool was also mentioned.*

### ***Challenges***

*The main challenges mentioned by countries included setting up and operationalizing multisectoral mechanisms to inform decision-making, enabling multisectoral communication, as well as insufficient human and financial resources.*

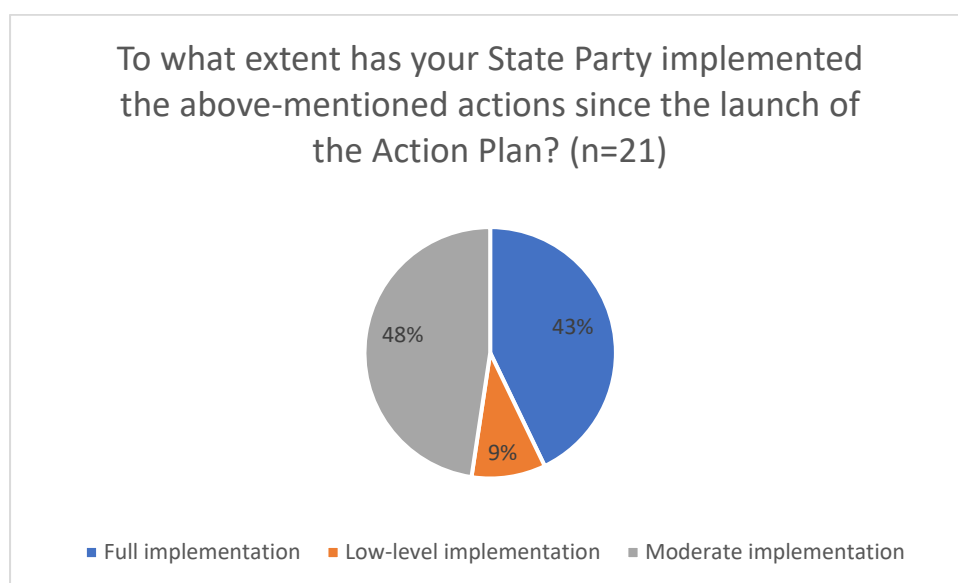
### ***Types of potential support needed***

*Field exercises and technical expertise to build local capacity were mentioned.*

## National laboratory systems

States Parties will:

- a) implement national laboratory strategies focusing on quality assurance of public health laboratories, including human, environmental and veterinary laboratories;
- b) establish, maintain or strengthen national and international referral systems for biological and environmental specimens, based on a One Health approach;
- c) implement the biosafety regimen in the European Region; and
- d) link networks of laboratories to effective reporting mechanisms and surveillance systems in accordance with international strategies.



### **Key achievements (examples of activities, initiatives)**

*Key achievements mentioned by countries included designation of reference laboratories, improvement in electronic surveillance systems, and improved laboratory testing capacities. Establishment of rapid response mechanisms to support early diagnosis and action on detected potential public health threats was also mentioned. The COVID-19 pandemic was said to have improved collaboration and information-sharing between actors in human and animal health and the respective surveillance systems.*

### **Challenges**

*Limited human resources and technical expertise were the two main challenges mentioned by countries. Other specific challenges mentioned included sampling, transportation systems, electronic notification of test results, operationalization of a national early warning system and incorporation of environmental surveillance into the main surveillance system.*

### **Types of potential support needed**

*The need to strengthen electronic surveillance tools across sectors, technical support and training of trainers were mentioned.*

## National surveillance system

States Parties will:

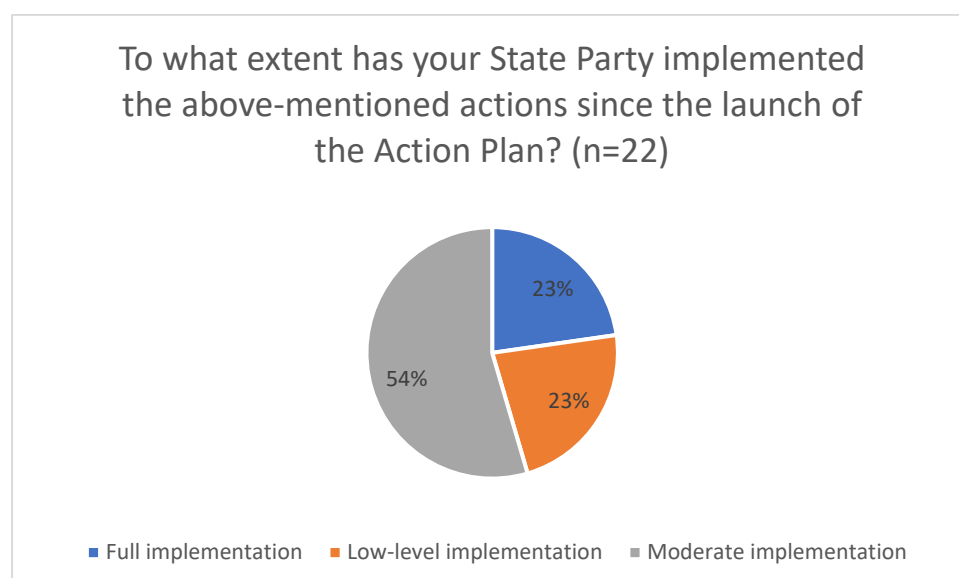
- a) ensure that an integrated early warning function for priority hazards is in place for timely detection of potential outbreaks and other public health risks;
- b) establish, maintain or strengthen formalized data-sharing procedures and tools across sectors and between the regional and national levels; and
- c) establish, maintain or strengthen interoperable electronic tools for public health surveillance.

**Due to technical problems with the online survey, this question was included only in the offline version and three replies were received. The result is therefore not representative of the Region and has been excluded from this report.**

## Human resources

States Parties will:

- a) develop and implement a needs-based workforce strategy aimed at building, maintaining and retaining appropriate skills in health and other sectors, as relevant;
- b) ensure adequate distribution of the emergency preparedness and response workforce across the health system; and
- c) establish, strengthen and maintain the capacity of a multisectoral workforce through training and testing of their capabilities for the early detection and prevention of, preparedness for and response to potential events of international concern at all levels.



### ***Key achievements (examples of activities, initiatives)***

*These included strengthened capacities in the public health sector, improved provision of specialist training, and engagement of local IHR specialists in training activities. In the*

*context of COVID-19, several countries mentioned reallocation of staff, specific training in intensive care unit (ICU) care, training of additional personnel for epidemiological investigations, contact-tracing, vaccination and digital health initiatives.*

### **Challenges**

*The lack of trained health-care professionals was mentioned as the key challenge. A number of countries indicated how the COVID-19 pandemic has revealed an urgent need for developing workforce strategies to enable sufficient human resources in routine health care and mechanisms for surge capacity.*

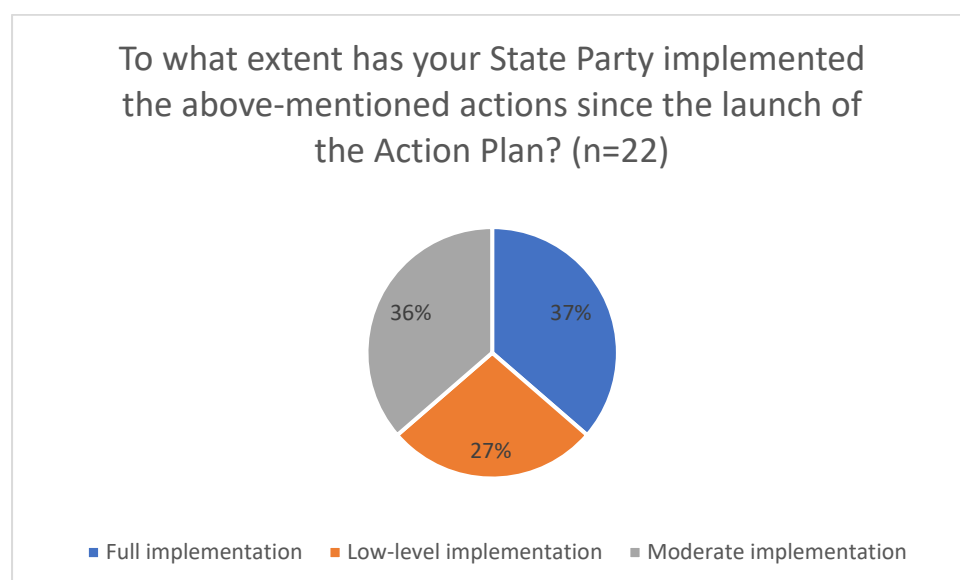
### **Types of potential support needed**

*Training in emergency response, support by technical experts and simulation exercises were mentioned.*

### **Risk communication**

States Parties will:

- a) establish, maintain and strengthen an intersectoral risk communication system at all levels to communicate public health threats transparently, and in a timely and coordinated manner; and
- b) ensure that an all-hazard emergency risk communication function is in place and integrated into new or existing national action plans for emergency preparedness and response under the IHR (2005).



### **Key achievements (examples of activities, initiatives)**

*Several countries mentioned the development and implementation of multisectoral risk communication plans and strategies. Other achievements mentioned included designation of risk communicators to manage communications on public health threats to the media and the public, implementation of all-hazards emergency risk communication mechanisms and proactive engagement of local communities in the local languages, including feedback mechanisms to inform the emergency response.*

### **Challenges**

*Challenges mentioned included risk communication not being integrated in preparedness plans, lack of intersectoral communication and collaboration, and lack of trained risk communicators to manage communications with the public.*

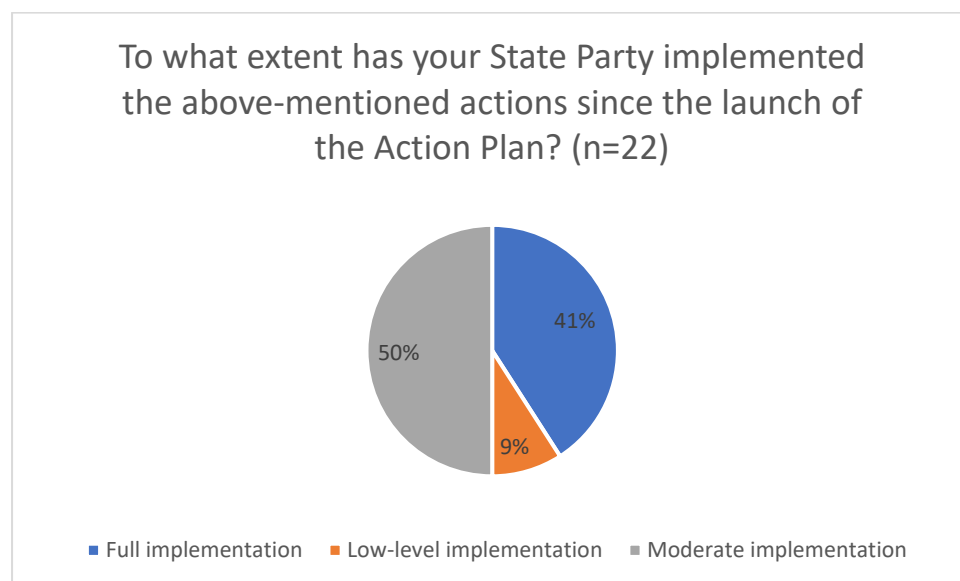
### **Types of potential support needed**

These were technical support and more training on risk communication.

### **Points of entry**

States Parties will:

- a) develop and maintain routine and emergency capacities at designated points of entry (PoEs) and ensure regular evaluation;
- b) establish, maintain and strengthen competent authorities to ensure routine and emergency capacities at PoEs; and
- c) ensure compliance with maritime provisions in the IHR (2005).



### **Key achievements (examples of activities, initiatives)**

*Countries brought up implementation of emergency response plans at PoEs, establishment of evaluation systems, designation of competent authorities, and improvement of standard operating procedures and capacities in areas such as screening of international travellers. Several countries mentioned that COVID-19 had served as a catalyst in improving capacities at PoEs.*

### **Challenges**



*Challenges mentioned by countries included designation of PoEs, development of preparedness and response plans, strengthening of multihazard and multisectoral approaches, and coordination when building capacity at PoEs. Although several countries mentioned improved capacities at PoEs following the COVID-19 response, to maintain established cooperation and good practices were mentioned to be a challenge.*

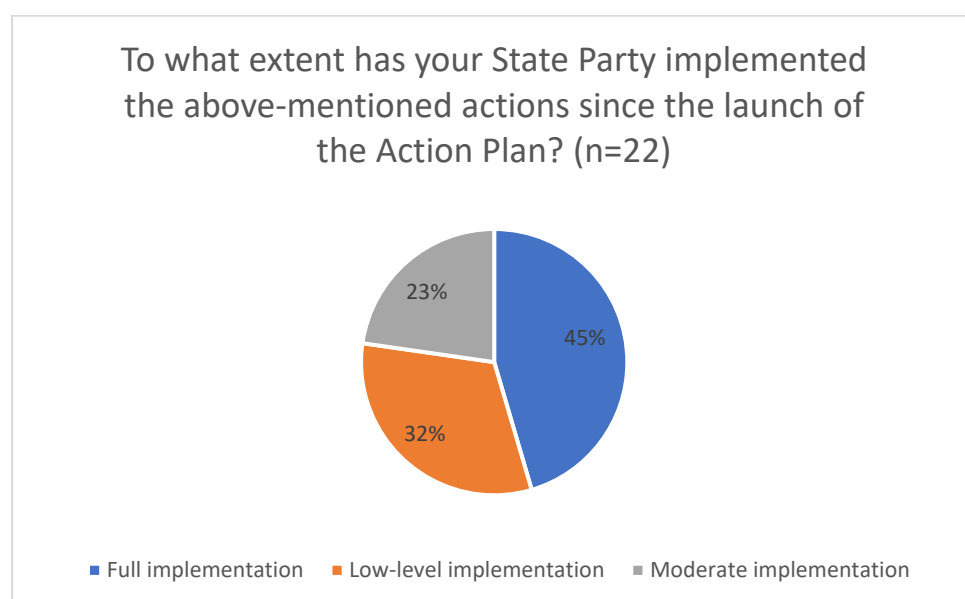
### **Types of potential support needed**

*There was a need for technical support (training, evaluation), financial support and sharing of good practices at PoEs.*

### **Synergies between emergency preparedness and response, health systems strengthening and essential public health functions**

States Parties will:

- a) review ongoing activities for strengthening health systems and essential public health functions in relation to IHR implementation, in order to identify and use synergies at their intersection; and
- b) address identified lack of synergy and weaknesses in health systems and essential public functions for emergency preparedness and response in the national action plan for health emergency preparedness.



### **Key achievements (examples of activities, initiatives)**

*Key achievements mentioned included all-hazards emergency risk assessment, resource inventories and gap analysis at local, regional and national levels.*

### **Challenge**

*Limited human resources to conduct the needed assessment activities was a challenge.*

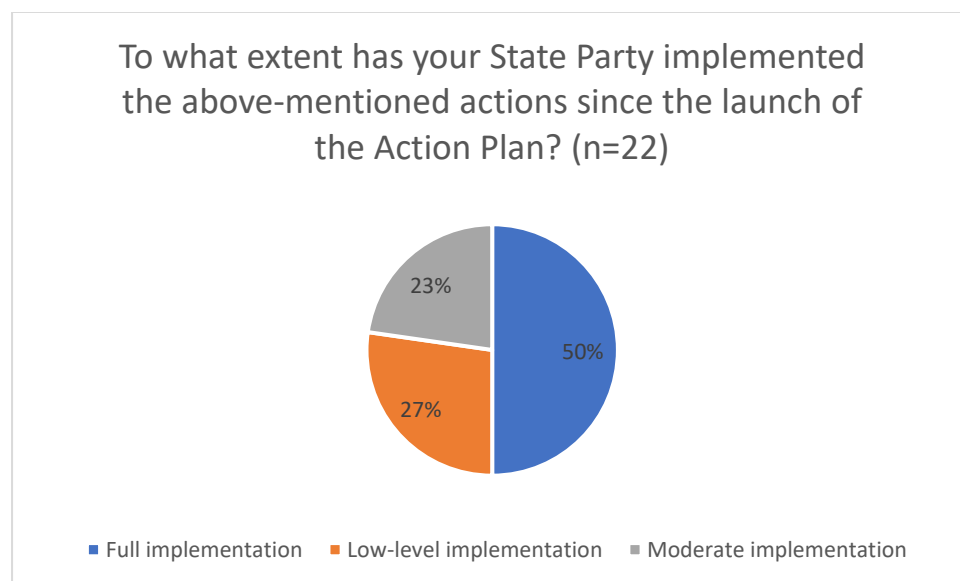
### ***Types of potential support needed***

*Support was needed for implementing national action plans for health emergency preparedness; simulation exercises.*

### **One Health**

States Parties will:

- a) establish national mechanisms for cross-sectoral coordination, integrated preparedness and response, surveillance and information-sharing of events, joint risk assessment, risk communication and risk reduction strategies, and workforce development in the human and animal health sectors.



### ***Key achievements (examples of activities, initiatives)***

*These included establishment, improvement and maintenance of integrated surveillance systems based on the One Health approach. Development of information materials and training sessions using the One Health approach in the context of COVID-19 was mentioned as a key achievement in several areas, including food safety and when managing COVID-19 outbreaks in meat plants. Further achievements mentioned were development of a national One Health Strategy to combat antibiotic resistance and conducting an IHR-Performance of Veterinary Services (PVS) National Bridging workshop (IHR-PVS NBW), as well as bilateral collaboration initiatives advocating for the importance of incorporation of the One Health approach.*

### ***Challenges***

*Challenges mentioned included intersectoral communication and workforce development in terms of training personnel with relevant skills.*

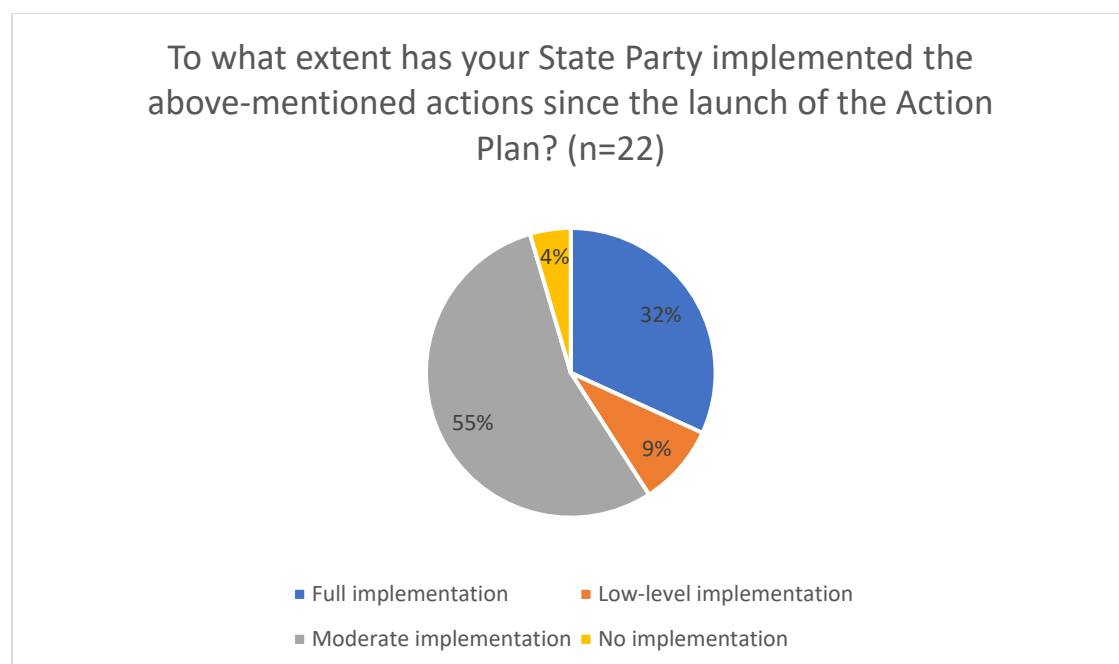
### ***Types of potential support needed***

*Technical support was needed within the area and to improve zoonotic surveillance at the veterinary level.*

### **Sustainable financing of IHR implementation**

States Parties will:

- a) ensure that activities for health emergency preparedness are included in national budgets and health system financing plans; and
- b) mobilize additional resources, if necessary, to enable implementation of national action plans for public health emergency preparedness.



#### ***Key achievements (examples of activities, initiatives)***

*These were review of financial mechanisms to support health emergency preparedness and mobilization of additional resources for implementation of action plans for an emergency response. Assurance of long-term financing of IHR NFP functions was also mentioned.*

#### ***Challenges***

*Availability of emergency contingency funds and sustainable financing for emergency preparedness and response plans at different administrative levels were found to be challenging.*

#### ***Types of potential support needed***

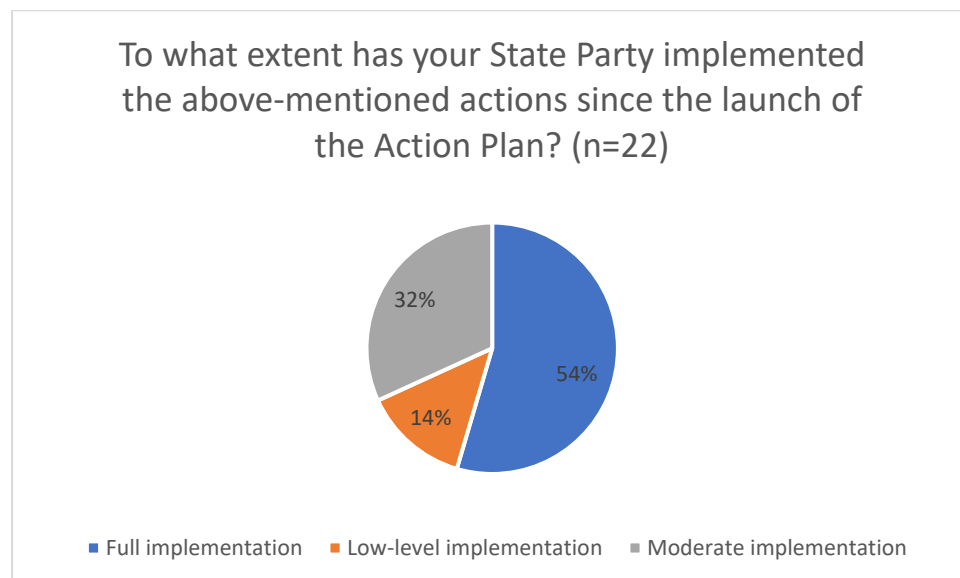
Support by technical experts, review of international experience, and support in improving zoonotic surveillance at veterinary level were mentioned.

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

### Notification and information-sharing

States Parties will:

- a) establish, maintain or strengthen a national system, including processes for multisectoral coordination, to ensure timely detection, investigation, risk assessment and information-sharing among relevant national stakeholders; and
- b) ensure that the NFP has sufficient capacity to comply with the obligations for notification, consultation, verification and information exchange with WHO.



### ***Key achievements (examples of activities, initiatives)***

As key achievements, countries highlighted the introduction of emergency coordination systems, establishing working contacts with IHR-relevant sectors, training activities and enhanced human resources for NFP functions.

### ***Challenges***

It was mentioned that implementation of digitalization at the local level to facilitate information-sharing to the national level remains a challenge and human resources for NFP functions are limited, according to some country respondents.

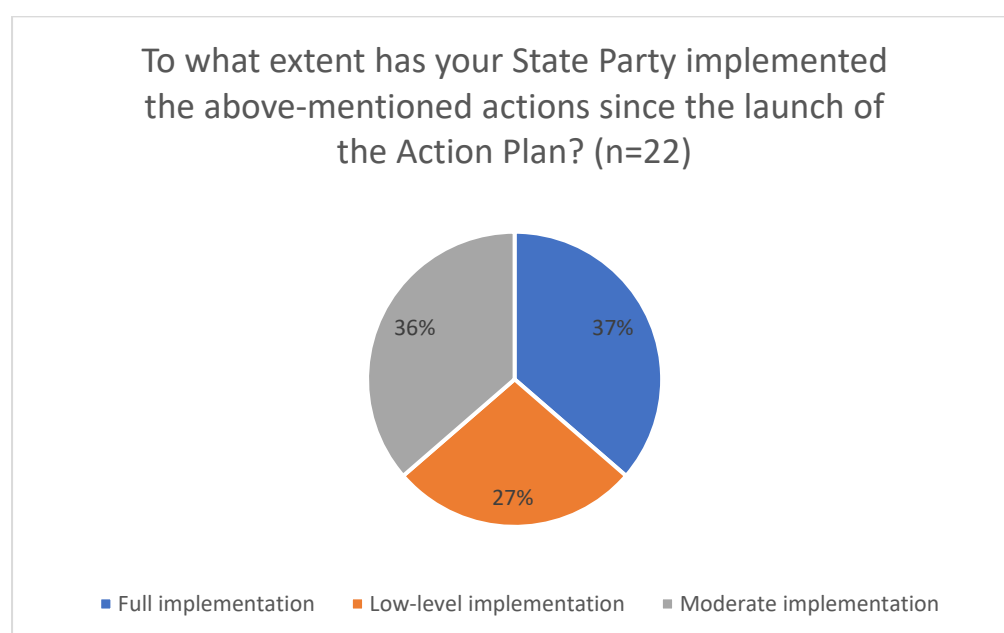
### ***Types of potential support needed***

Increased training (on digitalization) and human resources for NFP functions, expansion of the WHO Event Information Site tool to include personal data for cross-border contact-tracing were some areas where support was needed.

### Emergency preparedness and response operations

States Parties will:

- a) conduct and regularly update all-hazards risk mapping that will serve as the basis for national preparedness planning;
- b) develop and regularly update national multisectoral, all-hazards emergency preparedness and response activities, and supporting policies and procedures with dedicated financial and human resources;
- c) establish, maintain or strengthen emergency response coordination mechanisms, including incident management systems and health emergency operations centres; and
- d) implement appropriate policies and standard operating procedures to ensure the continuous delivery of packages for essential health services.



### ***Key achievements (examples of activities, initiatives)***

Countries mentioned the introduction of systems for hazards monitoring/mapping and risk assessment, establishing emergency operations centres (EOCs), new national pandemic preparedness plans and established (state-level) exercise programmes.

### ***Challenges***

It was mentioned that a dedicated team would be needed to regularly update all-hazards emergency preparedness and response plans.

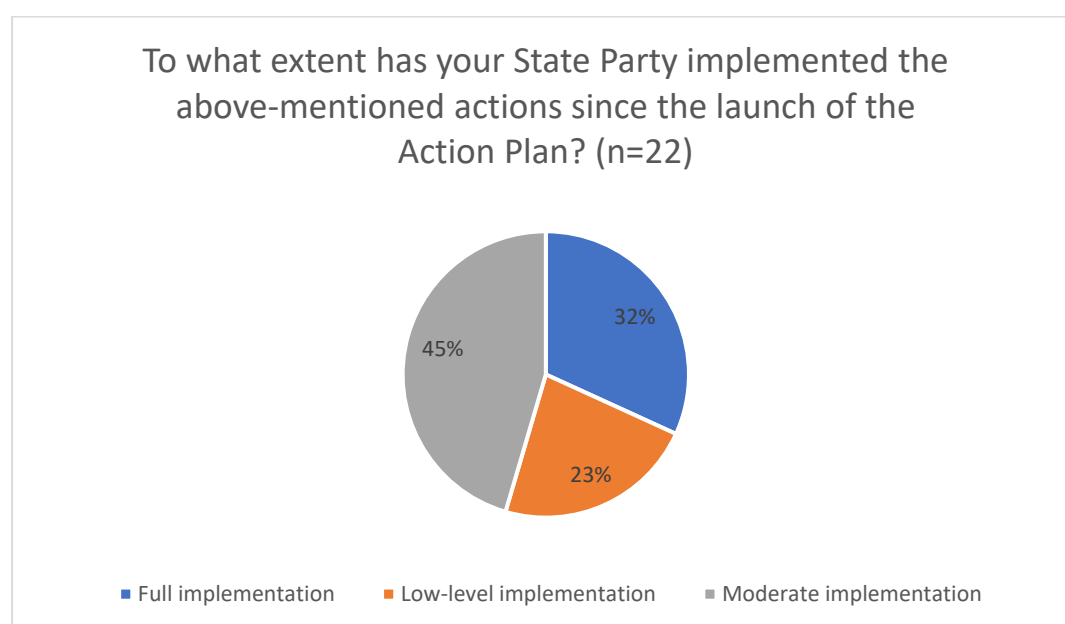
### ***Types of potential support needed***

These were technical support for exercises and training in general.

### **Medical countermeasures and personnel deployment**

States Parties will:

- a) develop a system for activating and coordinating medical countermeasures during a public health emergency, including mechanisms for sending and receiving medical countermeasures and deploying health personnel;
- b) establish, maintain or strengthen the guaranteed availability of essential supplies and pharmaceuticals on the basis of national risk profiles; and
- c) establish, maintain or strengthen a procurement and supply chain management system.



### ***Key achievements (examples of activities, initiatives)***

Countries mentioned procurement and supply chain management systems, strategic stockpiles, medical evacuation operations, training of specialists as key achievements. Some countries indicated that the COVID-19 response demonstrated the functionality of rapid activation and coordination of medical countermeasures.

### ***Challenges***

It was mentioned that limited investment in international cooperation to secure international agreements on sending and receiving medical countermeasures and long reaction time to assistance requests remain challenging.

### ***Types of potential support needed***

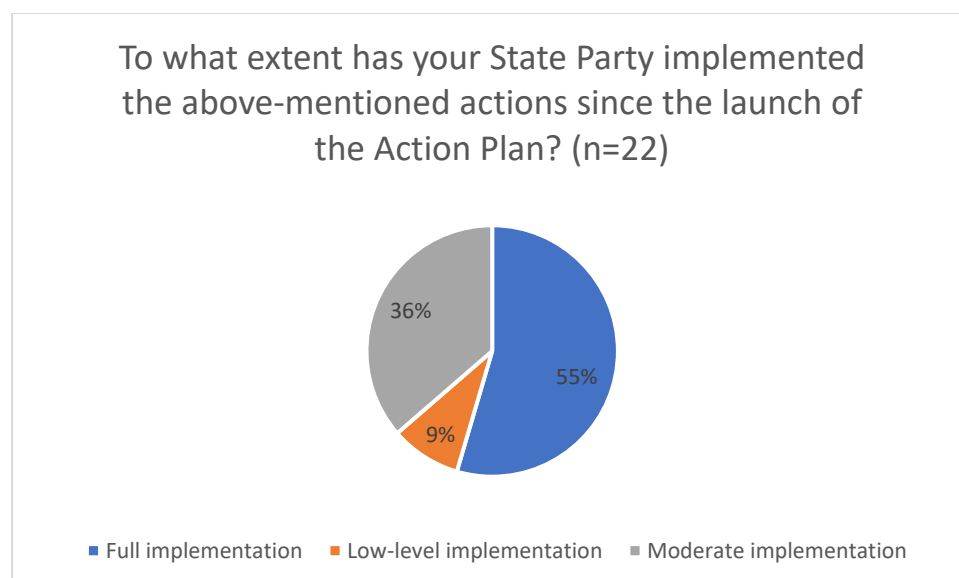
Technical support and training of personnel were mentioned as areas needing support.

## **Strategic pillar 3. Measure progress and promote accountability**

### **Mandatory annual reporting by States Parties**

States Parties will:

- a) report annually to the World Health Assembly on the status of implementation of the IHR (2005); and
- b) ensure that the gaps identified through the obligatory annual reporting are addressed in the national action plans for health emergency preparedness.



### ***Key achievements (examples of activities, initiatives)***

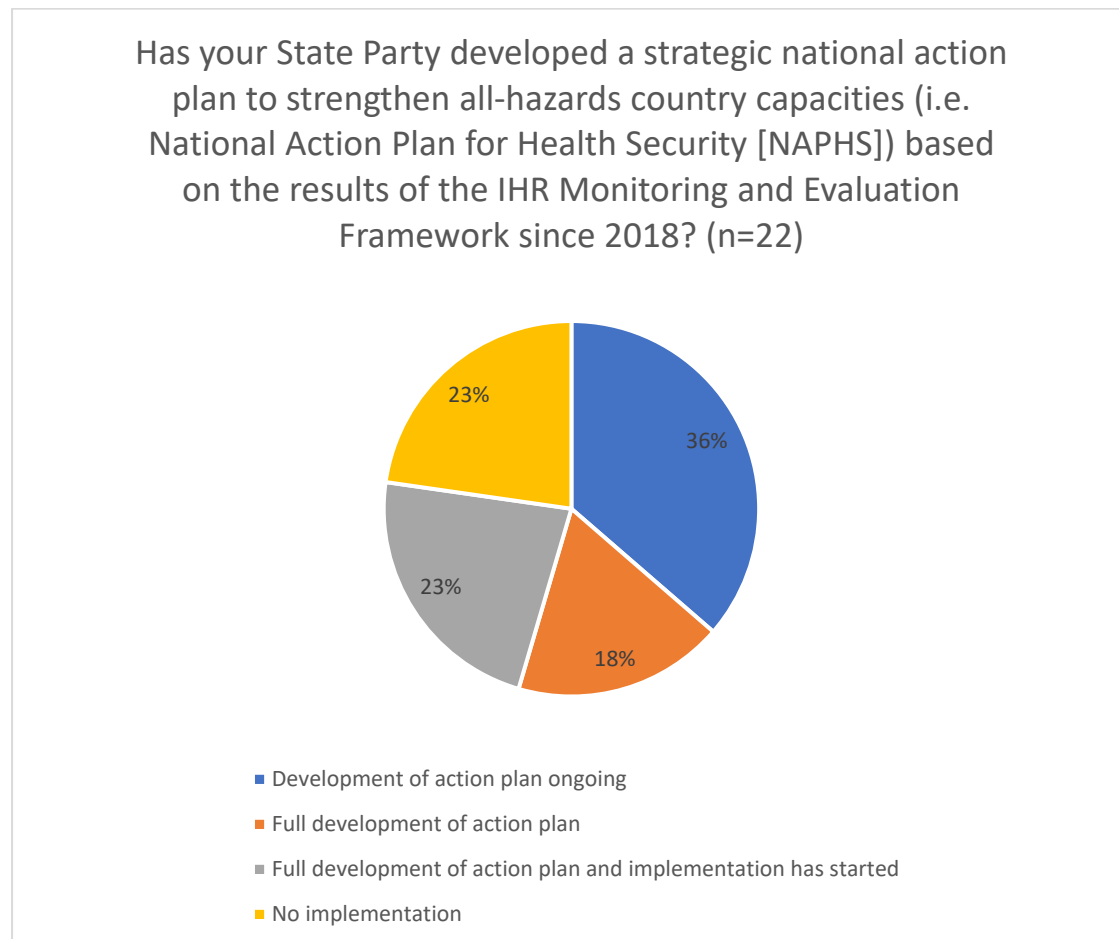
It was mentioned that multisectoral collaboration has been established for the State Party Self-Assessment Annual Reporting (SPAR) and some plans are revisited through the SPAR process.

### ***Challenges***

Countries reported that identified gaps are not adequately addressed in action plans and that some stakeholders do not provide the needed information for SPAR.

***Type of potential support needed***

None reported



***Key achievements (examples of activities, initiatives)***

None reported

***Challenges***

*COVID-19 pandemic and other emergencies were mentioned as a challenge in developing the action plan.*

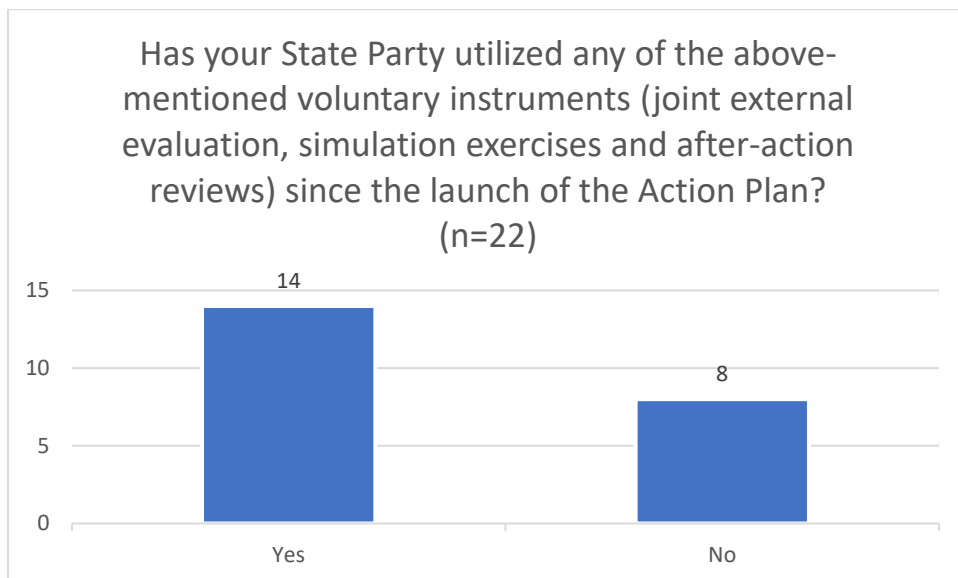
***Types of potential support needed***

*These were compiling lessons learned from the COVID-19 pandemic to update the current action plan; expert support.*

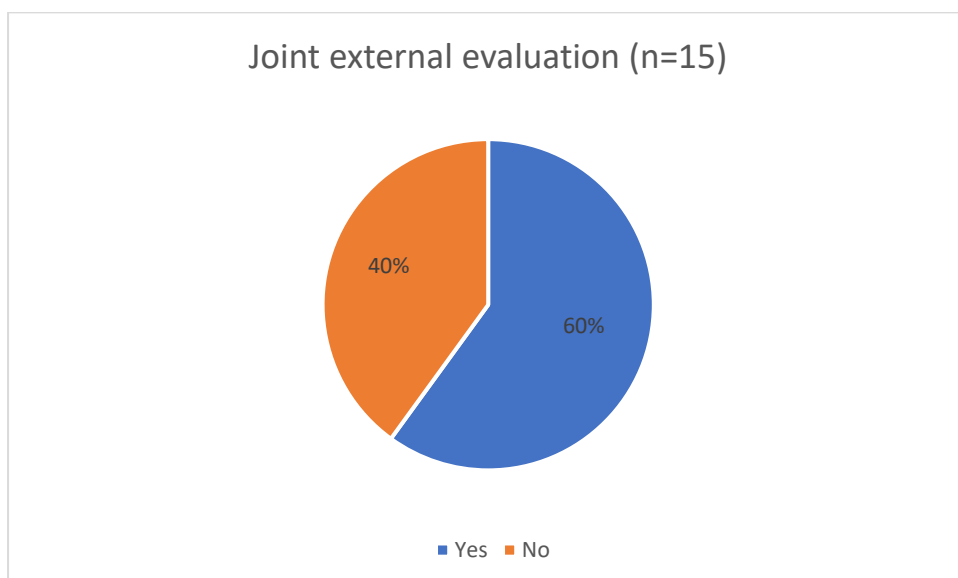


## Assessment of capacities through the use of voluntary tools

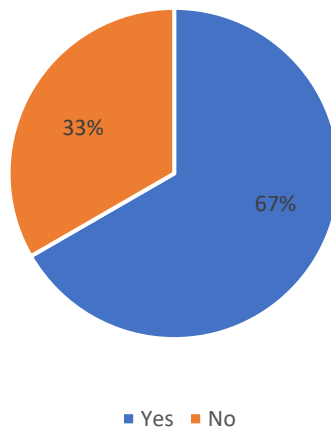
States Parties may consider the use of voluntary tools to complement the assessment and monitoring of core capacities under the IHR (2005).



If Yes, which ones:



Intra/After-action review (n=15)



Simulation exercises (n=15)

