



HỘI KIỂM SOÁT NHIỄM KHUẨN THỪA THIÊN HUẾ
THUA THIEN HUE SOCIETY OF INFECTION CONTROL

WHO Strategy

Prevention of the emerging epidemics

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WHO VIET NAM

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Health Security Threats in the Asia Pacific

Health Security is a Priority

1. **Asia Pacific** is a diverse, rapidly changing, highly connected region and **prone to various health hazards** that constantly pose health security threats, often causing broad impact beyond health.
2. Region is a **hotspot for emerging infectious diseases (EIDs)** – interactions at the animal-human-environment interface are common.
3. **Investment in health security**, including in preparedness and response capacity for dealing with EIDs Re-EIDs, is **essential** to protect people's lives, and social and economic activities. The challenges require longer term solutions to more effectively manage health security threats.

Infectious diseases are a major health security threat



COVID-19

64-year-old Mohammad Shofi receiving COVID-19 vaccination

Bangladesh



Mpox

Laboratory worker uses test kit donated by the National Institute of Infectious Diseases

Lao PDR



Polio

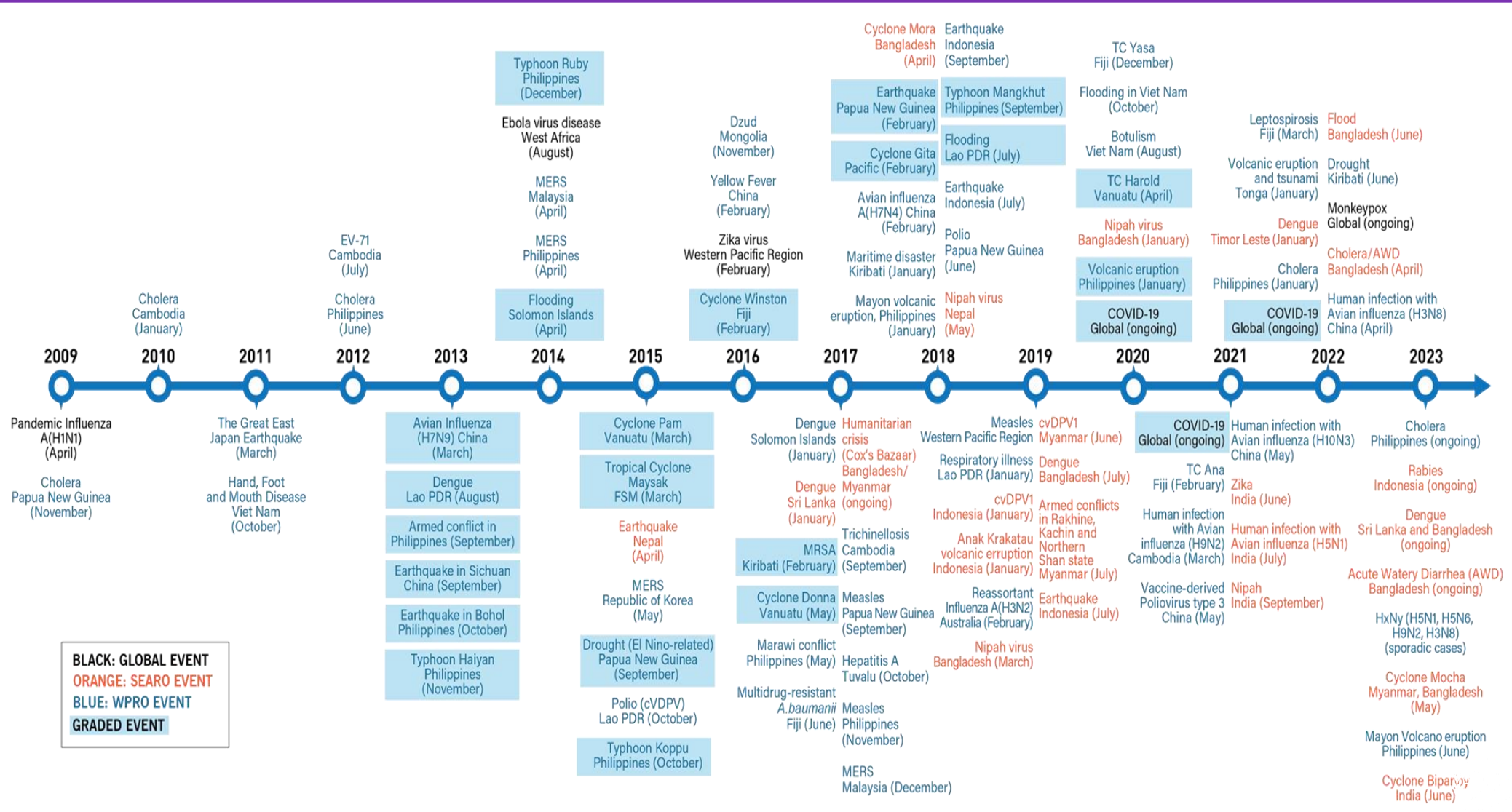
Vaccination launch in Lae

Papua New Guinea

Health security threats are constant, all hazards and complex



Regional experiences and lessons from two decades of public health emergency response



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**Anticipating the next pandemic:
Are we better prepared?**

Anticipating the next pandemic: **When?**

- Emergence is random - but we know it will occur
- Emerging infectious diseases (EIDs) are a significant and growing threat to global health, global economy and global security
- Analyses of their trends suggest that their frequency, severity and economic impact are increasing
- Majority of EIDs (and almost all recent pandemics) originate in animals, mostly wildlife, and their emergence often involves dynamic interactions among populations of wildlife, livestock, and people within rapidly changing environments
- The mechanisms underlying this process are likely complex, and poorly understood

Anticipating the next pandemic: **Where?**

- Modelling and mapping used to predict EID emergence
- South East Asia identified as potential '**hotspot**'
- New pandemic could begin anywhere where there is close interaction of people and either domesticated or wild animals.

Geographic distribution of 88 reported spillover events since 1960



Source: Metabiota, Human Epidemic Database, 2021 IN Smitham and Glasman CDG 2021

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Anticipating the next pandemic: **What?**

- There are a few known pathogens – either viruses or bacteria – that can cause pandemic- or epidemic-prone diseases.
- Respiratory infections represent one of the highest risks of an epidemic or pandemic after emergence and human-to-human spread
- Viruses
 - Influenza
 - Coronaviruses
 - Ebola
 - Monkeypox

Why a new health security framework is needed?

- **Pandemic threat** is constant, unpredictable but inevitable and costly
- **Reemergence** and **emergence of new diseases** occur regularly
- Pandemic highlighted **gaps** and **vulnerabilities** and the need to continue preparing for future health security threats, while responding to COVID-19
- Challenges identified by Member States during the COVID-19 response require **long-term solutions**
- **Institutionalize learning from COVID-19 response** into pandemic preparedness, readiness and response for future pandemic and public health threats
- Global vulnerabilities identified in high-level reports and assessments can be addressed through **strengthening national and sub-national capacity**, and **multilateral mechanisms**

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WHO Strategy for Health Security

Intergovernmental Negotiating Body (INB)

Mandate: to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by INB.

Under the WHO Constitution, the World Health Assembly may:

- Adopt **conventions or agreements**, per [Article 19](#)
- Adopt **regulations**, per [Article 21](#)
- Make **recommendations**, per [Article 23](#)

These instruments can be used together, in combination.



- Member State-led, consensus-based, transparent, inclusive including meaningful engagement with relevant stakeholders
- Reference to existing international instruments, including those rooted in the WHO Constitution and from other international organizations and fora, to inform work on certain structural aspects.



World Health
Organization

WORLD HEALTH ASSEMBLY
SECOND SPECIAL SESSION
Agenda item 2

SSA2(5)
1 December 2021

**The World Together: Establishment of an
intergovernmental negotiating body to strengthen
pandemic prevention, preparedness and response**

The Second special session of the World Health Assembly.

Global Preparedness and Response

Health Emergency Prevention, Preparedness, Response and Resilience (HEPR)



Ongoing Member State Negotiations

- Intergovernmental Negotiating Body (INB) for Pandemic Accord
- Working Group on Amendments to the IHR (2005)

Leadership structures

- Establishment of Standing Committee for Emergencies in WHO Executive Board
- Ongoing discussions on head of state Global Health Emergency/Threats Council in the UNHLM PPR

Accountability mechanisms

- Universal Health & Preparedness Review (UHPR) pilots
- Expert Independent Monitoring (incl. GPMB)

Working Group on Amendments to the International Health Regulations (2005)-WGIHR

WGIHR – a Member States-led process, facilitated by a Bureau, and supported by WHO Secretariat



Previous amendments to IHR (2005)

- 2014 – Annex 7 → to extend the validity of yellow fever vaccination certificate for the life of the vaccinated person
- 2022 – Articles 55, 59, 61, 62, 63 → to reduce the duration of entry into force of future amendments from 24 to 12 months; these amendments will enter into force in May 2024



Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies

- APSED is common, biregional strategic framework for the Asia Pacific (WHO South-East Asia and Western Pacific Regions)
- APSED supports countries to:
 - implement the revised International Health Regulations (2005);
 - strengthen capacities to detect, report and respond to public health emergencies



Evolution of APSED

The timeline

Building on:

- Progress achieved under APSED
- Collective, regional experiences of responding to public health emergencies e.g. SARS, MERS, HxNy and public health disasters
- Lessons identified from COVID-19

Stakeholder Consultations: May 2023

Experts Consultation: Apr 2023

WHO Collaboration Centers
Consultation: Nov 2022

Regional Committee Meetings: Oct/Nov 2023

APSED TAG 2023

Health security action framework to be presented

APSED TAG 2022

- COVID-19 learning and improving mechanism
- Structure options for new framework presented
- Recommendations to convene further consultations to discuss action framework structure and content

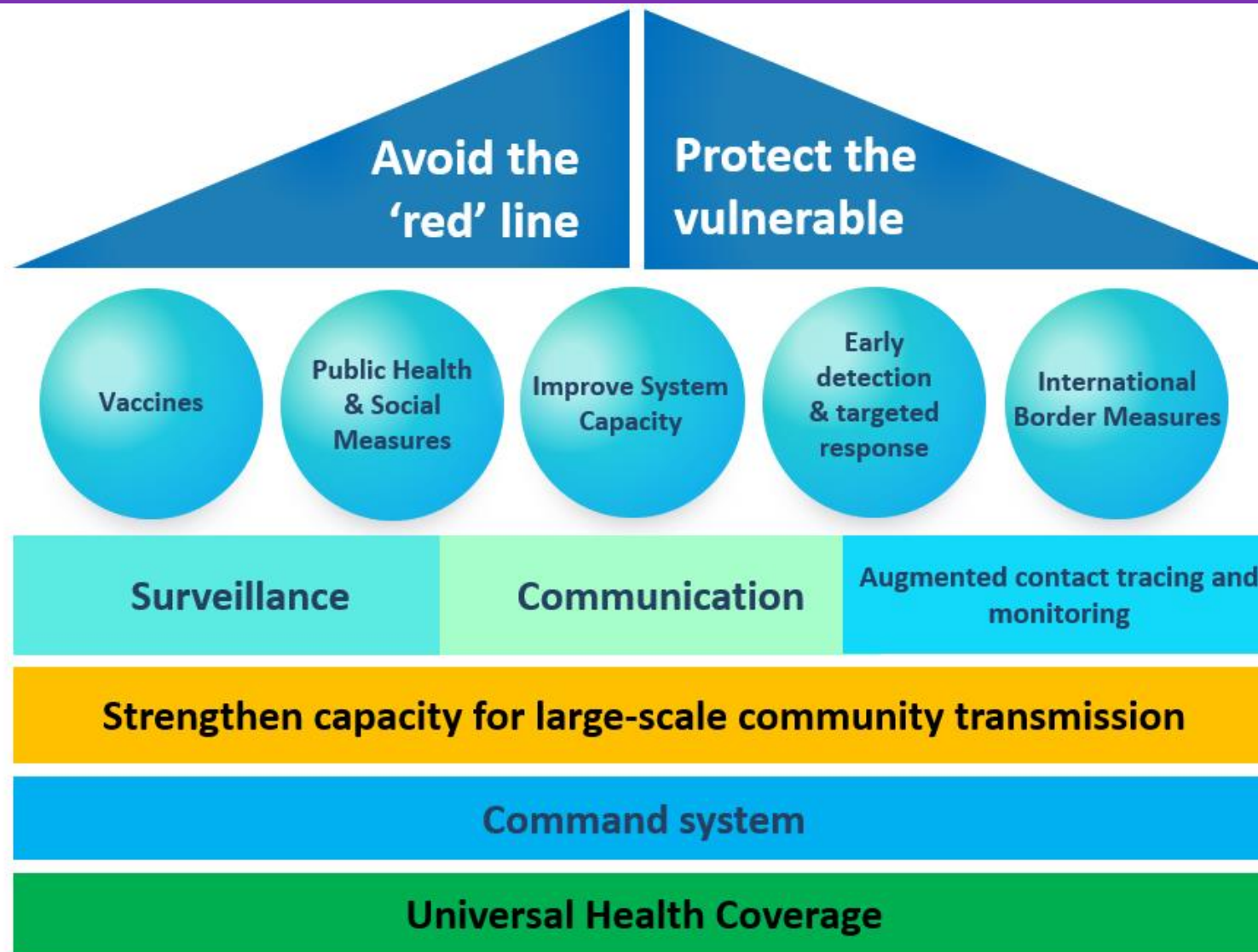
APSED TAG 2021

- Identified technical areas presented
- Recommendation to develop new health security action framework to present at APSED TAG 2023

APSED TAG 2020

- 6-month review of COVID-19 response
- Member States shared lessons and experiences to support improved responses

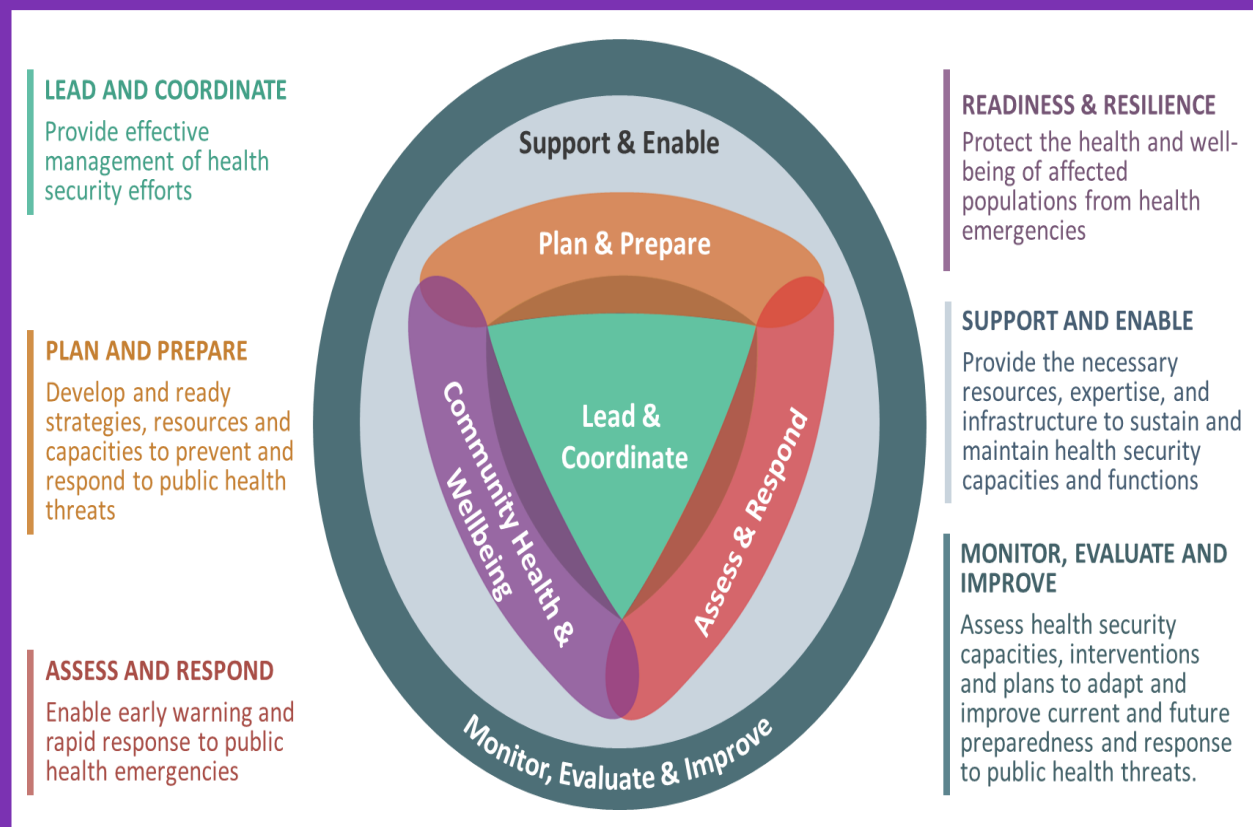
Sustained Management of COVID-19



Draft Asia Pacific Health Security Action Framework

The new Health Security Action Framework is builds on foundations of APSED to:

- Mitigate impact of large-scale public health events
- Mobilize collective efforts to prevent, rapidly detect and effectively respond to outbreaks with pandemic potential
- Build health systems that are resilient to pandemics and other global health emergencies;
 - At sub-national, national, and regional level
 - Taking a One Health, multi-hazard approach
- Ensure universal and equitable access to countermeasures for public health emergencies
- Prioritise at-risk and vulnerable populations, so existing inequities are not reinforced



Summary and way forward

- The Region continues to face **health security threats** – which are **increasingly** more frequent and larger in size, and their consequences becoming **more complex**.
- **Emerging** and **Re-emerging Infectious Diseases** continue to be major causes of public health emergencies
- Continuous health security threats reiterate importance of our collective efforts and innovation to further strengthen:
 - ✓ **Core public health systems** that can address all-hazard approach to health emergencies
 - ✓ **Whole-of-society approach** that effectively engages non-health sectors and communities
 - ✓ **Risk-based approach** for appropriate response, while reducing impact on systems/society
- **New Bi-regional Health Security Action Framework (HSAF)** is being developed and expected to contextualize the global solutions into regional and country solutions.
 - ✓ Built upon the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED) which has guided Member States in implementing IHR(2005) since 2006.

THANK YOU

For more information, please visit: <http://www.wpro.who.int/vietnam>



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