How does pandemic preparedness and response country governance and implementation really work?

Information Session – 3 March 2023

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Lessons and approaches for strengthening health security (PPR) planning, implementation and governance

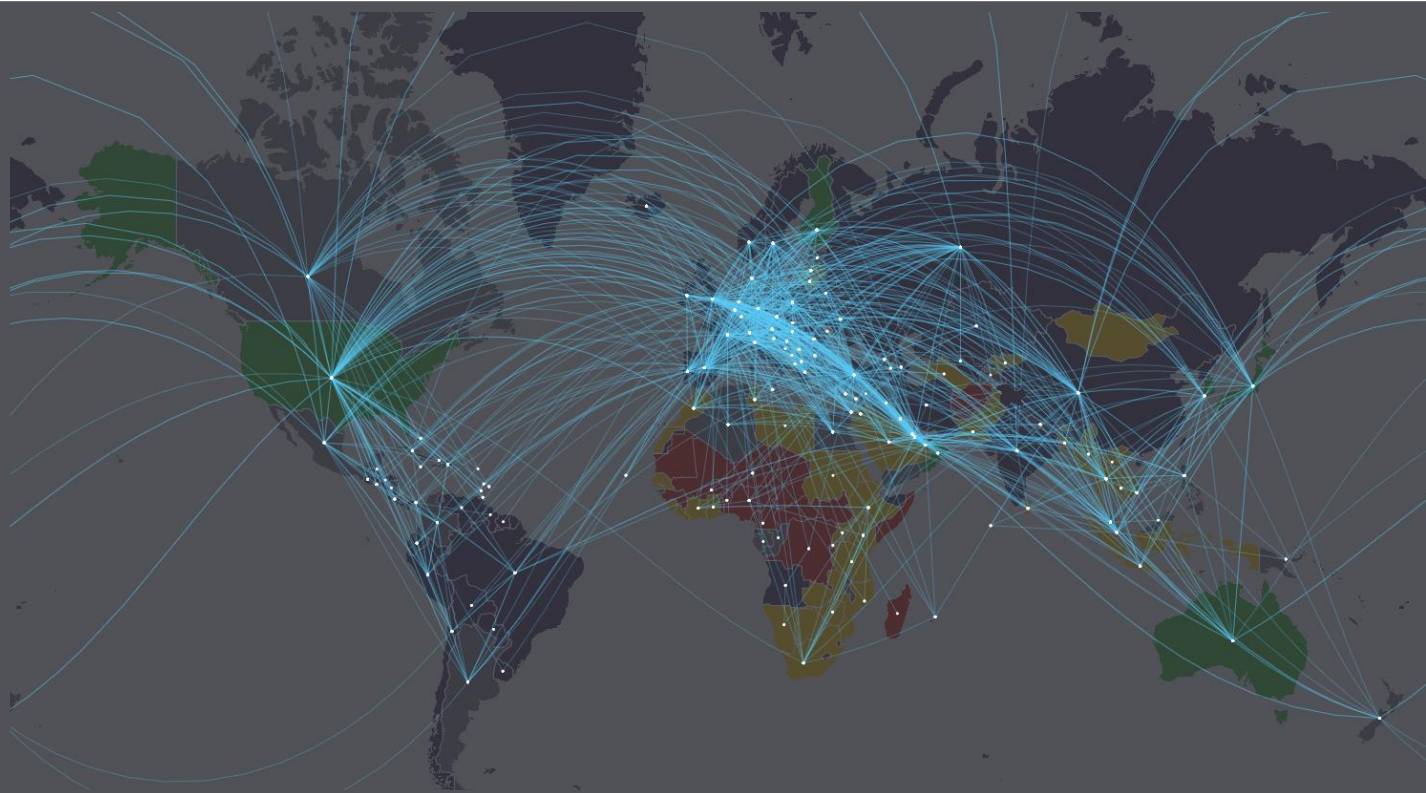**An information exchange with CCMs, PRs and Global Fund staff**
March 2023

Diseases Don't Respect Borders

COVID showed us that no one is perfectly ready

Opportunity: Further leverage The Global Fund resources can help build stronger systems for pandemic preparedness and response

Session objectives:

💡 Deepen understanding of IHR implementation structures and processes

💡 Examine practices to better leverage Global Fund-supported programs to improve preparedness and response

💡 Discuss specific opportunities and challenges at the country-level

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What are the International Health Regulations (IHR 2005)
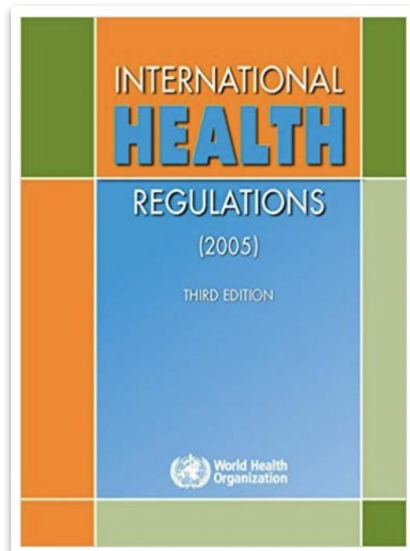
"A legally-binding instrument agreed upon by 196 states parties **to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks**, and which avoid unnecessary interference with international traffic and trade".

All States Parties are required to have or to develop **minimum core public health capacities to implement the IHR (2005)** effectively. — IHR, Art. 13

Objectives of the IHR
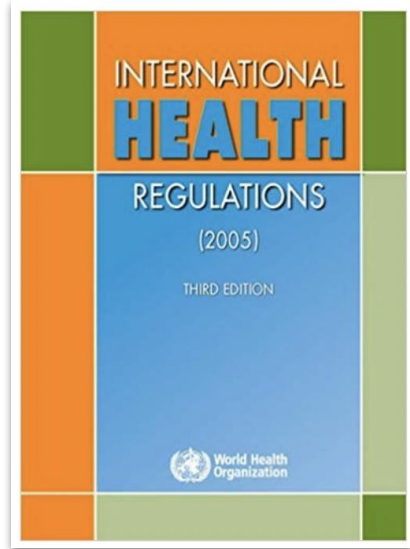
PREVENT avoidable outbreaks

DETECT threats early

RESPOND rapidly and effectively

The Goal of IHR (2005) is containment at the source.

IHR core capacities (JEE 19 Technical Areas)

Prevent

- P1. Legal Instruments
- P2. Financing
- P3. IHR Coordination, National IHR Focal Point Functions and Advocacy
- P4. Antimicrobial Resistance
- P5. Zoonotic Disease
- P6. Food Safety
- P7. Biosafety and Biosecurity
- P8. Immunization

Detect

- D1. National Laboratory System
- D2. Surveillance
- D3. Human Resources

IHR Related Hazards and Points of Entry and Border Health

- PoE. Points of Entry and Border Health
- CE. Chemical Events
- RE. Radiation Emergencies

Respond

- R1. Health Emergency Management
- R2. Linking Public Health and Security Authorities
- R3. Health Services Provision
- R4. Infection Prevention and Control
- R5. Risk Communication and Community Engagement

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How does a country build PPR capacities?

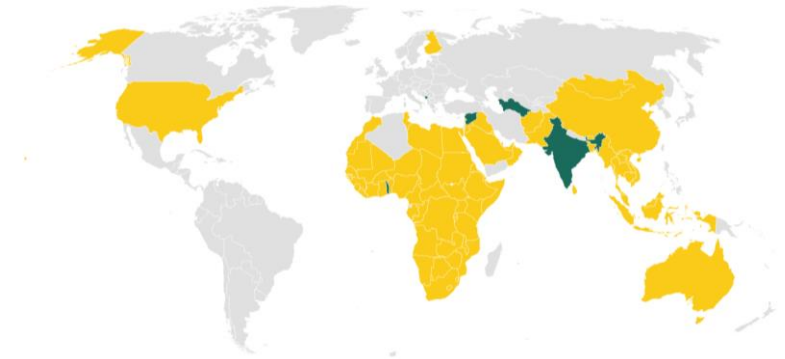**The National Action Plans for Health Security (NAPHS)**

- *Country owned, multi-year planning to accelerate the implementation of IHR core capacities*
- *Promotes One Health for all-hazards and whole-of-government approach.*
- *Builds off the results of the Joint External Evaluation or State Party Annual Review*

Strategic NAPHS (5-years)	Operational NAPHS (12-24months)
• Outlines high-level goals or objectives • Supports advocacy for domestic and international financing • Generates high-level buy-in • Provides a longer-term strategic road map for multisectoral alignment	• Outlines outputs and their coinciding activities • Allows for trackable implementation in a manageable timeframe • Ensures accountability for implementation • Fosters specific multisectoral coordination on specific activities

How many countries have a NAPHS?
(as reported to WHO - 26 July 2022)

completed   Planned   ongoing

- **80 Member States** have **developed** a NAPHS
- **8 Member States have planned** to develop NAPHS

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The NAPHS/PPR implementation cycle

Assess

Countries must assess their ability to prevent, detect and respond to health emergencies using different approaches that provide unique insights into the country's risk, vulnerability and capacity profile for health emergency threats.

Assess preparedness capacity	**SPAR, JEE, UHPR**
Characterize risks and vulnerability	**STAR, VRAM**
Test and evaluate system functionality	**SimEx, IAR/AAR**
Identify coordination barriers between animal and human health sectors	**IHR-PVS NBW, One Health operational tools**

SPAR: State Party Annual Review
JEE: Joint External Evaluation
UHPR: Universal Health and Preparedness Review
AAR: After Action Review
Simex: Simulation Exercise
IHR-PVS NBW: exercise to integrate IHR and the Veterinary Services tools

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Develop

Member States convene key actors to develop their strategic and operational NAPHS. The strategic NAPHS defines high-level priorities and resources required for sustainable implementation, while the operational NAPHS translates this high-level vision into focused and realistic implementation of activities that address risks and functional capacity gaps. Prioritize actions by learning from recent assessments, WHO Benchmark recommendations and implementation progress, risks and gaps.

✓	Identify priority actions and conduct national planning	**WHO Benchmarks**
✓	Estimate costs	**NAPHS Planning and Costing Tool**
✓	Map resources	**REMAP**

REMAP: resource mapping and impact analysis on health security investment

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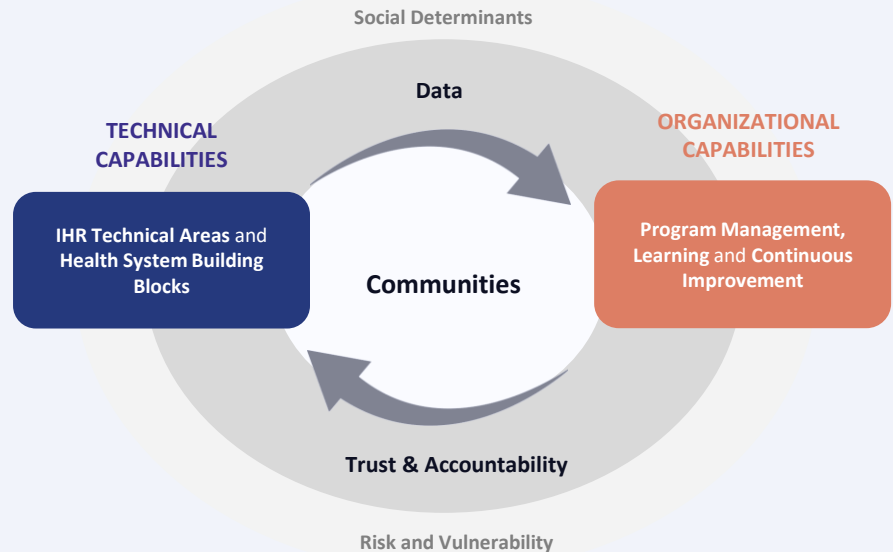
Implement

Use relevant best practices, guidelines, tools, and training packages to support the implementation of prioritized actions. As you implement your plan, continuously monitor and evaluate performance.
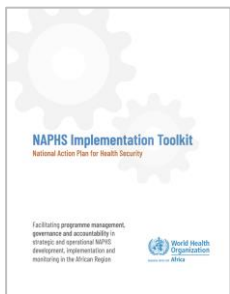
Monitor implementation progress and enable accountability	**NAPHS Results Framework**
Mobilize resources	**Investment Cases**
Enable capacity building	**GSPN**

GSPN: Global Strategic Preparedness Network

Governance & Accountability

The NAPHS is the product of a multi-hazard and multisectoral process that requires strong systems of governance and accountability. Both technical and program management capabilities are required for stakeholders to drive this process effectively.

Social Determinants

Data

TECHNICAL CAPABILITIES

ORGANIZATIONAL CAPABILITIES

IHR Technical Areas and **Health System Building Blocks**

Program Management, Learning and **Continuous Improvement**

Communities

Trust & Accountability

Risk and Vulnerability

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WHO and RTSL: scaling tools, guidance and training informed by country experience

NAPHS Implementation Toolkit
National Action Plan for Health Security

Facilitating programme management, governance and accountability in strategic and operational NAPHS development, implementation and monitoring in the African Region

World Health Organization Regional Office for Africa

Practical Tools and Guidance for Implementation:

- WHO Benchmarks

- AFRO NAPHS implementation toolkit

- Guidance on NAPHS tracking and accountability

PMEP
Program Management for Epidemic Preparedness

7-1-7

COVID-19: Make it the Last Pandemic
The Independent Panel

Training: Accelerating development of operational plans and build soft "power" skills to enable change management, governance, continuous learning

Functional Assessments: Leveraging **timeliness metrics and 7-1-7** to complement IHR and drive continuous improvement and performance

- GPW13

- AFRO Strategy

- Pandemic Fund

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Nigeria and Ethiopia Expert Panel

- **Context** – Structures and Processes

- **Accomplishments** – Wins

- **Approach and Lessons** – What's worked? What can be improved?

Dr. Ifedayo Adetifa, Director-General Nigeria Center for Disease Control and Prevention

Dr. Mebratu Massebo, Senior Advisor, Office of the Minister of Health

Dr. Emmanuel Agogo, RTSL Nigeria Country Lead
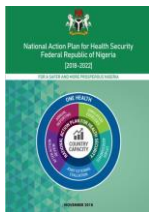

Dr. Manuel Sibhatu, RTSL Ethiopia Country Lead

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Nigeria Experience

Dr. Ifedayo Adetifa and Dr. Emmanuel Agogo

Overview: NAPHS Implementation in Nigeria

2017-2019
Foundational planning and piloting

2020-2022
Advancing Progress

2023-onwards
Reinforcing future implementation

Activities

2017
- Conducted JEE (Score 39%)

2018
- Aligned REDISSE World Bank Project
- Launched NAPHS strategic plan

2019
- Launched a tracker
- Conducted Mid-term JEE (Score 46%)

2020, 2021, 2022
- Developed NAPHS operational plans using the previous annual plan, 5-year NAPHS and WHO Benchmarks

2023
- Developed well-prioritized, costed operational plan using an upgraded approach

Insights

- First NAPHS developed in 2018
- Estimated cost = $439 million
- Immunization = 60% of cost

- Operational plans simplified and accelerated the implementation of the 5-year NAPHS – however needed to be better prioritized and clear - only half of the plans were implemented

- Plans are better prioritized – more effective integration of risk and capability assessments
- Stronger buy-in from various ministries

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Overview of IHR Governance Framework

- The NCDC IHR Division coordinates NAPHS implementation through the IHR technical working group (TWG)

- The TWG is a multisectoral and multidisciplinary group with membership drawn from different Ministries, Agencies and Departments (MDAs) and partners

Lesson Learned Over 5 Years

NAPHS Design

- Transition more quickly from assessment to NAPHS development

- The NAPHS five-year Strategic plan is a useful advocacy tool to facilitate communication with the policy makers; however Annual Operational Planning is important to prioritize interventions and accelerate the NAPHS implementation

Management and Governance

- The existence of an IHR technical working group (TWG) fostered effective coordination of activities

- The NAPHS tracker ensured mutual accountability across technical areas

- The existence of a dedicated team (REDISSE ISU) focused on the NAPHS enabled clear and consistent coordination

Financing

- Strategically leveraging available funding sources (REDISSE, GAVI, GF etc.) was critical
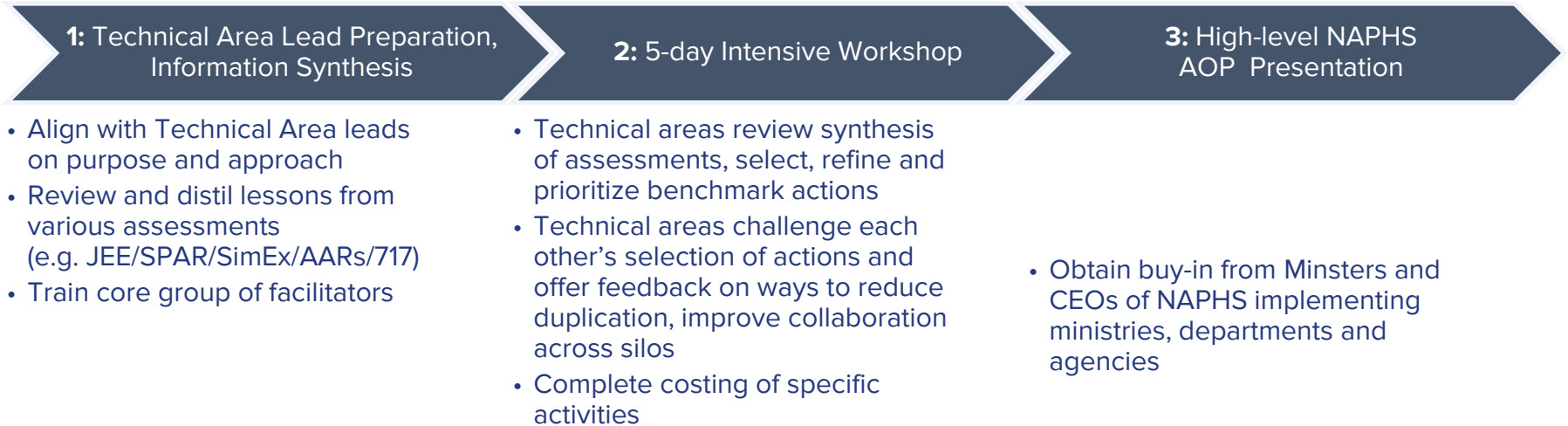
Draft actions or actions from previous plan

IMPLEMENTATION MONITORING   ASSESSMENT SYNTHESIS   BENCHMARK REFERENCE ACTIONS
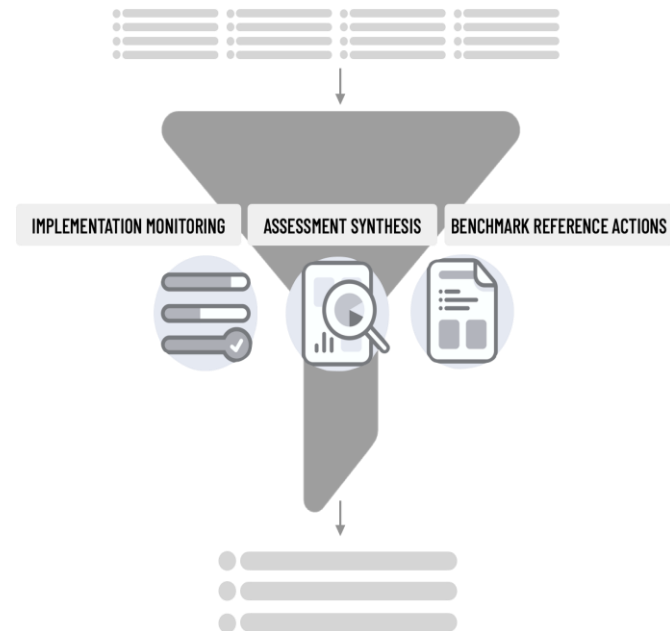
2-3 priorities per technical area, per year

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Current Approach – How are priorities developed?

The refined 2023 operational planning process enabled 18 of the 19 technical areas to develop a well-prioritized and costed plan. Here is how...
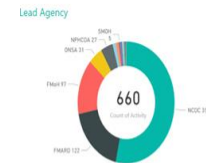
1: Technical Area Lead Preparation, Information Synthesis

2: 5-day Intensive Workshop

3: High-level NAPHS AOP Presentation

- Align with Technical Area leads on purpose and approach
- Review and distil lessons from various assessments (e.g. JEE/SPAR/SimEx/AARs/717)
- Train core group of facilitators

- Technical areas review synthesis of assessments, select, refine and prioritize benchmark actions
- Technical areas challenge each other's selection of actions and offer feedback on ways to reduce duplication, improve collaboration across silos
- Complete costing of specific activities

- Obtain buy-in from Minsters and CEOs of NAPHS implementing ministries, departments and agencies

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Approach – How does accountability and governance operate?

- The IHR Division acts as the NAPHS Secretariat

- A NAPHS tracker is used to monitor the implementation and enable mutual accountability across 19 technical areas

- A working procedure defines how technical working groups convene on a quarterly basis to review implementation status and address bottlenecks and opportunities

Accomplishments

- Secured the Legal mandate enabling the National Public Health Institute (NCDC) to function as the national focal point for IHR in Nigeria
- Increased national government, private sector and development partners' interest in the health security space- The CACOVID funding for the COVID-19 response
- Focused capacity building for the NCDC and subnational staff to rapidly detect and respond to outbreaks
- Increased statutory funding for NCDC and availability of flexible outbreak funding mechanisms such as ROIF
- Leveraged the World Bank credit (REDISSE) to facilitate the NAPHS implementation across 11 IHR technical areas
- Commenced sub-national IHR implementation with a menu of interventions that include Legal mapping, state-level JEE and State improvement plan development

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Opportunity: Further leverage The Global Fund resources can help build stronger systems for pandemic preparedness and response

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? Further discuss opportunities and challenges at the country-level

Context

Ethiopian Public Health Institute (EPHI): Strategic Objectives

1. Build a Resilient Public Health Emergency Management for Strong National Health Security.

2. Enhance Building Sustainable and Resilient Laboratory System and Quality Laboratory Services

3. Enhance Public Health Research, Evidence Synthesis, Technology Transfer and Utilization.

4. Improve Health Data Repository, Governance, Analytics, Metrics and Data Use

5. Enhance Public Health Governance System

Public Health Emergency Management (PHEM) Outcomes: Core Capacity Strengthened

1. Surveillance and early warning systems
2. Preparedness and response
3. Workforce development
4. Laboratory system
5. PHEOCs and IMSs

Context

Health Security governance structure and functions:

- EPHI is mandated to lead IHR capacity development and coordinate the NAPHS

- Integrated IHR functions to existing structure; assigned an IHR focal unit.

- Established a multisectoral health security forum (with terms of reference): stakeholders convene during planning, coordination, and joint performance reviews

- Tracks progress against baseline IHR capacity score (JEE 2016), and annual SPAR
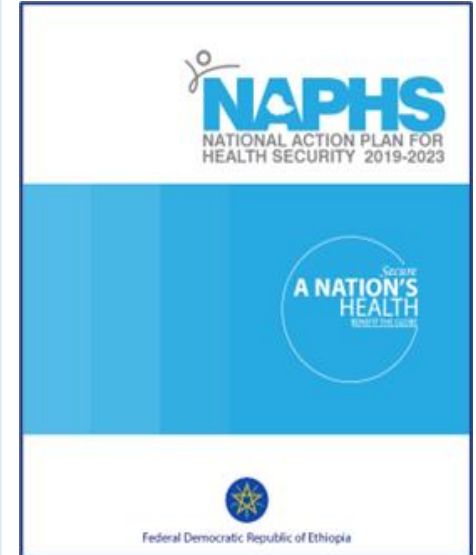
Accomplishments

- **Leadership commitment and governance structure**
  - High-level political commitment
  - IHR/NAPHS integrated to PHEM work
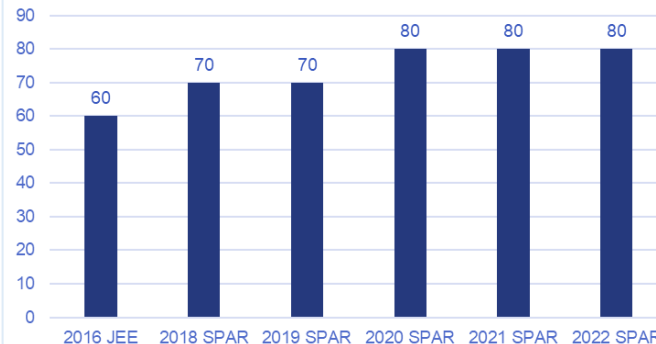 - Multisectoral health security forum
- **PHEM and IHR structure**
  - Well-defined structure equipped with staff & budget
  - Emergency Operation Centers at all levels
  - Allowed greater engagement of stakeholders
- **Surveillance:** Multi-hazard surveillance and early warning data used to influence policy and local action.
- **Data Use and decision-making processes**
  - Data tracked, analysed, and used for decision
  - Self-assessment data (SPAR) fills gap between JEE
  - Publishes a multi-sector health security bulletin

C5 Surveillance

2016 JEE	2018 SPAR	2019 SPAR	2020 SPAR	2021 SPAR	2022 SPAR
60	70	70	80	80	80

Multi-sectoral Health Security Bulletin

Special Edition
Vol. 1 No. 1
June - December, 2021

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Approach

- **How are annual priorities developed?**

  - Alignment with broader EPH/PHEM strategic objectives and result areas

  - Data-driven reprioritization and operational planning processes.

  - **New**: decentralize IHR to a subnational/state levels and cascading capacity building activities to regional public health institutes and districts

- **The benefit of this approach for shaping over all Surveillance, Laboratory and Workforce priorities?**

  - Incorporate feedback from AARs, and performance data (SPAR, and surveys).

  - Improves efficient use of meagre resources to demonstrate maximum impact.

  - Decentralization to subnational and district/Woreda levels enhances local ownership, and accountability for results

  - Increases return on investment made through GF funding mechanism

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Lesson Learned

- **Workforce development:**
  - Create a pool of PHEM surge team. Need a robust HR info management system (HRIS)
  - Expand the field epi training [676 graduates, 185 active residents].
- **Strengthen community-based surveillance and early warning**:
  - Positive contribution to early detection, notification and response – PHEOC, district level risk profiling, monitoring and plan – VRAM, EPRP
  - Integrate with the existing electronic community health information system (eCHIS)
- **Data Use and Accountability:**
  - Run periodic performance and data quality audit- IHR trackers, benchmark dashboard, 7-1-7 metric, AAR/IAR. Promote the same at subnational and district levels to inform operational plan
  - Create an integrated or interoperable data management and digital visual platforms
- **Strengthen a multisectoral coordination mechanism**:
  - Optimize the national PHEM TWG, and invite Global Fund recipients to support this TWG
  - Enact a legal framework that enhances a whole-of-government approach and an oversight by the highest government body (OPM or President)
- **Domestic financing for heath security**

Thank you!
Merci !
¡Gracias!
Obrigado!

THE GLOBAL FUND