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Resolution

| REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN | EM/RC68/R.2 October 2021 |

Sixty-eighth session
Agenda item 3(a)

Accelerating health emergency preparedness and response – a plan of action

The Regional Committee,

Having reviewed the technical paper presenting a plan of action for accelerating health emergency preparedness and response in the Eastern Mediterranean Region,[1] and the reports on COVID-19 preparedness and response activities,[2] and on health issues facing populations affected by disasters and emergencies, including the International Health Regulations (IHR 2005), in the Region;[3]

Deeply concerned by the continuing public health risks posed by the COVID-19 pandemic, its socioeconomic impacts and the resulting obstacles to achieving the Sustainable Development Goals (SDGs);

Noting with concern the emergence of variants of concern, the grossly inequitable distribution of vaccines both between and within countries, and the inconsistent implementation of, and adherence to, public health and social measures;

Recognizing the vital role of whole-of-government and whole-of-society approaches to controlling the pandemic and future public health risks, and the centrality of community trust in managing those risks;

Recalling the commitments and obligations of Member States to continue to build core capacities as per the IHR (2005), and the need to link these to broader health system strengthening to achieve the twin goals of health security and universal health coverage (UHC);

Acknowledging the multiple other ongoing and recurring emergencies across the Region, including large-scale humanitarian crises, disease outbreaks, and natural and technological disasters; and the large number of refugees, migrants and internally displaced persons;

Underlining that preventing, preparing for, detecting, responding to and recovering from health emergencies is primarily the responsibility and a crucial role of governments, while acknowledging the key leadership role of WHO within the United Nations system in preparing for and coordinating a comprehensive response to health emergencies;

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[1] EM/RC68/4.
[2] EM/RC68/INF.DOC.10.
[3] EM/RC68/INF.DOC.12.

1. **ENDORSES** the plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies in the Eastern Mediterranean Region (annexed to this resolution);

2. **URGES** Member States to:

Intensify efforts and commit the necessary resources to bring a timely end to the pandemic:

2.1 Ensure that leadership at all levels of government and in all relevant sectors continues to prioritize the response to the COVID-19 pandemic;

2.2 Increase access to COVID-19 vaccines and vaccinate at least 40% of the population by the end of 2021 and 70% by the middle of 2022, as per WHO targets;

2.3 Reduce inequities in vaccine access through financial contribution to the COVAX Facility and donation of vaccines by high-income countries;

2.4 Strengthen the implementation of, and adherence to, public health and social measures informed by regular situation assessments;

2.5 Expand and strengthen all other core elements of the response: integrated surveillance; testing and genomic sequencing; risk communications and community engagement; clinical management; infection prevention and control; and continuity of essential health services;

Advance efforts to prevent and control future pandemics and other health emergencies:

2.6 Establish governance for national health emergency preparedness engaging the highest levels of government;

2.7 Invest in and fully develop IHR (2005) core capacities and essential public health functions based on lessons learned from the COVID-19 pandemic;

2.8 Strengthen the resilience of health systems by integrating health emergency preparedness into overall health system strengthening;

2.9 Establish sustained financing for health emergency preparedness and response as a clear government priority in the national budget;

2.10 Strengthen integrated disease surveillance systems to improve early detection of health threats and monitoring of the response;

2.11 Continue to scale up the capacities of public health laboratories, including genomic sequencing or genomic testing arrangements with regional reference laboratories, while ensuring rigorous implementation of biosafety and biosecurity measures;

2.12 Collaborate to advance the national and/or regional production of vaccines, diagnostics, therapeutics and medical oxygen, while ensuring good manufacturing practice requirements;

2.13 Undertake a comprehensive review of the national supply chain and develop effective procurement and distribution systems for medicines, vaccines and other medical products and technologies;

2.14 Expand intersectoral collaboration in the One Health initiative, and enhance mechanisms to efficiently share epidemiological data and laboratory information among the human, animal and environmental sectors;

2.15   Professionalize the approach to the management of emergencies, including adoption of the incident management system and strengthening public health emergency operations centres; and

2.16   Establish and/or strengthen mechanisms for cooperation and collaboration among neighbouring countries on health emergency preparedness and response;

3.   REQUESTS the Regional Director to:

3.1   Continue to coordinate regional efforts to respond to the COVID-19 pandemic, mobilizing and allocating resources as needed;

3.2   Provide technical support for integrating health emergency preparedness into health system strengthening to achieve the goals of health security and UHC;

3.3   Strengthen partnerships and regional coordination and cooperation in responding to health emergencies, based on the lessons learned from the COVID-19 pandemic and previous public health emergencies;

3.4   Coordinate efforts to develop regional capacities for the production of medicines, vaccines and other medical products and technologies;

3.5   Allocate the necessary financial, human and material resources at all levels of the Organization to support Member States in improving health emergency preparedness and response;

3.6   Support countries in efforts to strengthen supply chain management to ensure the consistent availability of essential medicines and vaccines at health facility level; and

3.7   Report to the Regional Committee annually.

Annex. Plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies in the Eastern Mediterranean Region

No	Area of work	Actions	Timeframe	Responsible party	Deliverables
Ending the COVID-19 pandemic					
1	**Maintain the engagement and ownership of senior government leadership**	• Closely monitor disease trends and the emergence of new variants, and make evidence-based course corrections as appropriate	Continuous	22 countries/territories	• Evidence-based interventions are implemented to end the pandemic
		• Ensure that the executive-level committee overseeing the national response includes senior representatives of all relevant ministries (i.e. health, transport, interior, finance, education, etc.)	Continuous	22 countries/territories	• All relevant ministries have clear roles and responsibilities in the national response
		• Communicate regularly and transparently with the public, including clear explanations of the situation, priorities, plans and adjustments	Continuous	22 countries/territories	• Trust of government and leaders is gained among communities
		• Engage with the executive leadership and the Ministry of Finance to secure adequate financing for the national response	Continuous	22 countries/territories	• National response is appropriately financed
2	**Accelerate scale-up of COVID-19 vaccinations**	• Update the national deployment and vaccination plan (NDVP) with costing	2021–2022	22 countries/territories	• Updated and costed NDVP with clear targets and milestones for vaccination coverage
		• Ensure all elements are in place for effective vaccine roll-out (i.e. trained human resources, cold chain, micro-plans, monitoring mechanism, community engagement, operational costs, etc.)	2021–2022	22 countries/territories	• Effective vaccine roll-out contributing to attainment of vaccination targets
		• Monitor progress in vaccine supply, use and coverage, making course corrections as needed, with data disaggregated for vulnerable populations	Continuous	22 countries/territories	• National monitoring system and dashboard functioning, and vaccine roll-out informed
		• Undertake vaccine effectiveness studies as needed, with the support of WHO	2021–2022	22 countries/territories	• Effectiveness of vaccines documented, and vaccine roll-out informed
		• Contribute to global solidarity efforts to increase equitable access to COVID-19 vaccines and ancillary supplies by supporting the COVAX facility and engaging in technology transfer	Continuous	6 countries/territories	• More equitable allocation of vaccines
		• Provide strategic/policy, technical and operational support to accelerate COVID-19 vaccine roll-out	Continuous	WHO Regional Office	• Effective vaccine roll-out contributing to attainment of vaccination targets
		• Advocate for dose-sharing and support countries in accessing more doses of EUL/EUA COVID-19 vaccines	Continuous	WHO Regional Office	• Sufficient vaccines allocated to countries in a timely manner to facilitate the meeting of coverage targets
3	**Promote and refine evidence-based public health and social measures**	• Undertake regular situational assessment to inform, implement and adjust public health and social measures (PHSMs), considering the special needs of vulnerable populations	Continuous	22 countries/territories	• Acceptable, feasible and effective PHSMs are implemented and adjusted over time
		• Intensify efforts to promote mask wearing, physical distancing and access to well-ventilated places, including among vaccinated individuals	Continuous	22 countries/territories	• Minimized risk of COVID-19 transmission and reduced risk of generation of new variants
		• Establish a monitoring system to track implementation and effectiveness of PHSMs	Continuous	22 countries/territories	• Acceptable, feasible and effective PHSMs are implemented and adjusted over time

			Continuous	22 countries/territories and WHO Regional Office	• Evidence-based interventions are identified and promoted
		• Undertake studies of the effectiveness of PHSMs in suppressing transmission	Continuous	22 countries/territories and WHO Regional Office	• Evidence-based interventions are identified and promoted
		• Study the socioeconomic impact of PHSMs to inform the design and implementation of balanced measures	Continuous	22 countries/territories and WHO Regional Office	• Minimized impact of PHSMs on the socioeconomic situation
		• Support the documentation of the PHSMs implemented in countries using the Regional Office tracking dashboard	Continuous	WHO Regional Office	• Improved research and evidence generation
4	**Empower communities and promote behaviour change**	• Review and update the COVID-19 risk communication and community engagement (RCCE) strategy and action plan to integrate COVID-19-related scientific updates	Continuous	22 countries/territories	• Improved response to COVID-19
		• Map social listening and community feedback platforms and enhance capacities to streamline, analyse and address community insights, including from vulnerable populations	Continuous	22 countries/territories	• Rumours, misinformation and disinformation addressed
		• Conduct studies (such as surveys and focus groups) to collect behavioural insights to inform RCCE interventions, including from vulnerable populations	Continuous	22 countries/territories	• RCCE interventions are evidence based
		• Strengthen and institutionalize engagement with community leaders/influencers (such as nongovernmental, community-based, faith-based and youth-based organizations) to maintain two-way communication at grassroots level and sustain long-term behaviour change	Continuous	22 countries/territories	• Community engagement driven initiatives are established and two-way communication improved
		• Expand and build the capacity of the health workforce for RCCE to support the implementation of RCCE strategies	Continuous	22 countries/territories	• Health workers able to communicate more effectively and accurately regarding COVID-19 control measures
		• Develop targeted and tested materials and messages on the evolution of the COVID-19 pandemic, and on how to reduce virus transmission and save lives	Continuous	22 countries/territories	• Elevated levels of COVID-19 awareness among communities
		• Enhance coordination among RCCE stakeholders	Continuous	22 countries/territories	• National interagency RCCE working group established with terms of reference (TORs) and SOPs • Streamlined efforts made to address RCCE needs
		• Ensure that the most vulnerable groups (migrants, refugees and IDPs) have access to crucial, practical and accurate information in a language and format they can access and understand	Continuous	22 countries/territories	• RCCE messages and materials customized according to the needs of vulnerable populations
		• Document RCCE best practices and lessons learnt and share with decision-makers, key stakeholders and the donor community	Continuous	Regional	• A series of thematic case studies is developed to enhance knowledge management and resource mobilization
		• Enhance partnership and collaboration with RCCE key partners/media/private sector	Continuous	Regional	• Regional interagency RCCE working group established to ensure consistency of strategies and messages, and optimized allocation and use of resources
5	**Strengthen surveillance and related data-**	• Review and update the surveillance strategy/plan as needed, including through the revision of case definitions	Continuous	22 countries/territories	• Early detection of COVID-19 cases and improved characterization of pandemic at national and subnational levels
		• Train and equip rapid response teams to investigate cases and clusters early in the outbreak, and conduct contact tracing	Continuous	22 countries/territories	• Cases rapidly isolated, contacts identified and quarantined, and clusters controlled

	management measures	• Overcome fragmentation of surveillance and data systems, including by linking epidemiological and laboratory data, and integration with other disease surveillance where possible	Continuous	22 countries/territories	• COVID-19 surveillance becomes part of integrated disease surveillance
		• Integrate COVID-19 surveillance into influenza sentinel surveillance	2021–2022	22 countries/territories	• EMFLU updated with COVID-19 data
		• Update the regional COVID-19 District Health Information Software 2 (DHIS2) data management platform	Continuous	Regional	• Updated regional DHIS2 platform
		• Analyse the regional COVID-19 surveillance data and identify lessons learnt	2021	Regional	• Priorities identified for enhanced COVID-19 surveillance and response
		• Improve the WHO Regional Office mathematical model to respond to the evolution of the COVID-19 pandemic	Continuous	Regional	• National COVID-19 epidemiological situation forecasted and response plans adjusted accordingly
6	Expand testing and sequencing	• Review and update the national testing strategy informed by the evolving epidemiology and country context, including the possible introduction of rapid antigen tests	Continuous	22 countries/territories	• Refined testing strategy to optimize detection, diagnosis and the use of resources
		• Continue to decentralize testing capacity within the framework of national laboratory networks to local and district levels	December 2021	22 countries/territories	• Equitable access to PCR testing services by vulnerable populations
		• Establish/expand SARS-CoV-2 genomic sequencing capacity	June 2022	22 countries/territories	• Genomic sequencing capacity available
		• Share genomic sequencing data (including from national public health laboratories, academia and the private sector) on a timely basis through regional and global platforms, in accordance with the provisions of the IHR (2005) and Nagoya Protocol	December 2021	22 countries/territories	• Regularly shared genomic sequencing data by countries with genomic sequencing capacity or arrangements via regional and global platforms
		• Provide operational and logistical support to laboratory supply chains, and establish supply chain plans for procurement and distribution	Continuous	Regional	• Timely and sustained access to testing kits and other laboratory supplies
		• Expand country participation in the WHO External Quality Assessment Project for SARS-CoV-2 testing	December 2021	Regional	• improved performance in SARS-CoV-2 testing achieved in all national reference laboratories
		• Improve access to genomic sequencing capacity by countries	December 2021	Regional	• All countries able to access genomic sequencing capacity – either nationally or regionally
7	Points of Entry and international travel	• Adopt a risk assessment approach to calibrate mitigation measures, such as quarantine, testing for international travel and vaccination requirements	Continuous	22 countries/territories	• Appropriate public health measures for international passengers put in place to contain the pandemic
		• Facilitate information exchange and coordination among countries concerning health measures, passenger information and epidemiological surveillance.	Continuous	22 countries/territories	• Contacts of COVID-19 cases detected at points of entry (PoE) are rapidly traced to minimize domestic transmission
		• Encourage the digitization of heath information on COVID-19 tests and vaccination status to ensure robust metrics on passengers	December 2022	22 countries/territories	• Validated testing and vaccination status by different countries to facilitate international travel
		• Adopt a risk assessment approach to inform travel-related measures (such as closure, refusal of entry and visa denial) and continue to report these measures to WHO	Continuous	22 countries/territories	• Avoidance of unnecessary interference with international travel
		• Produce advice for travellers (including on self-monitoring for signs and symptoms) and disseminate widely	Continuous	22 countries/territories	• Minimized risk of COVID-19 exposure and transmission at PoE and domestically

		• Continue to strengthen capacity at PoE to manage potential risks of cross-border transmission and facilitate international contact tracing	Continuous	22 countries/territories	• COVID-19 cases are promptly detected at PoE and rapidly investigated and managed
		• Provide technical support and guidance to reopen and operationalize PoE	Continuous	Regional	• Safe reopening, and facilitation of international travel
		• Review and update evidence-based guidance on international travel consistent with IHR (2005) provisions	Continuous	Regional	• Evidence-based recommendations implemented
8	**Advance research and innovation**	• Conduct at least one sero-epidemiological investigation using WHO Unity Studies protocols (for general population, health care workers, pregnant women, etc.) to generate evidence to guide public health decision-making	December 2022	22 countries/territories	• Seroprevalence data available for defined group(s) and used to adjust response actions as appropriate
		• Participate in and contribute to the global Solidarity clinical trials for COVID-19 therapeutics	December 2022	5 countries/territories	• Evidence base on the use of various therapeutics expanded
		• Conduct vaccine effectiveness studies to inform vaccination strategies	December 2022	6 countries/territories	• Informed vaccine strategies based on vaccine effectiveness data
		• Build local capacities for clinical research	December 2022	22 countries/territories	• Enhanced national and regional clinical research capacities
		• Promote and support specific research addressing knowledge gaps regarding One Health and zoonotic diseases	December 2022	22 countries/ territories	• Specific research on One Health and zoonotic diseases conducted
Preventing and controlling future health emergencies					
9	**Governance**	• Consider appointing a high-level National Pandemic/Health Security Coordinator and establishing an IHR National Focal Point Centre within government with a clear reporting line to cabinet level	December 2022	22 countries/territories	• Elevated authorities and accountabilities of those responsible for health emergency preparedness
		• Establish a cabinet-level structure/mechanism for the oversight of health emergency preparedness, with clear roles and responsibilities for each line ministry	June 2023	22 countries/territories	• Elevated political support and accountability for health emergency preparedness
		• Fully integrate health emergency preparedness into national emergency management arrangements (policies, plans, structures), including clear operational linkages between the Ministry of Health and National Disaster Management Agency	June 2023	22 countries/territories	• Health emergency preparedness fully integrated into national multisectoral emergency management arrangements
		• Strengthen essential public health functions (EPHF) capacities and governance prerequisites as a basis for health systems transformation, resilience and recovery	Continuous	22 countries/territories	• Increased investment in strengthening EPHF as a basis for health systems transformation, development and implementation of relevant national and subnational policies and plans
		• Establish national platforms to promote participatory governance in health decision-making (e.g. for UHC, health security and transformation plans) including civil society, the private sector, parliamentarians, academics and political party representatives	Continuous	22 countries/territories	• Customized technical support based on different country contexts, priorities and opportunities
		• Support the reshaping of the stewardship functions, structures and capacities of the Ministry of Health and health authorities at national and subnational levels	Continuous	22 countries/territories	• Customized technical support based on different country contexts
		• Enhance the capacities of legislators to strengthen health systems governance for UHC and health security	Continuous	22 countries/territories	• Enhanced regional and national capacities to effectively propose, review and implement supportive legal tools for UHC and health security

10	Strategy and planning	• Adopt the incident management system as the national approach to structuring and managing the response to emergencies	December 2022	22 countries/territories	• Predictable and effective management of emergencies
		• Establish and fully resource national and subnational public health emergency operations centres (PHEOCs) according to international standards	December 2022	22 countries/territories	• Improved strategic management and coordination of emergency responses
		• Conduct intra- and after-action reviews in accordance with IHR (2005) as required to identify gaps and challenges in the response to COVID-19 (including health system response) taking into account disaggregated data (including on vulnerable populations)	Continuous	22 countries/territories	• Improved response to emergencies
		• Review and update national action plans for health security based on lessons learnt from the COVID-19 response to inform future preparedness and response activities integral to the health system, integrating a comprehensive emergency risk management approach	December 2022	22 countries/territories	• Countries are better prepared for future emergencies
		• Redesign and develop more adaptable and agile hospitals as part of building hospital resilience	Continuous	22 countries/territories	• Hospitals are more adaptable and agile in responding to emergencies
		• Develop all-hazard preparedness plans for hospitals (including preparedness for outbreaks), especially in LMIC, countries facing complex emergencies and/or countries with fragile health systems, and conduct regular training and simulation exercises based on the hospital preparedness plan	Continuous	22 countries/territories	• Hospitals are more prepared for all hazards • Increased hospital simulation exercises based on the hospital preparedness plan
		• Provide support and guidance for the reviewing and updating of national action plans for health security and facilitate their implementation	Continuous	Regional	• Countries better prepared for future emergencies
11	Sustained financing	• Negotiate with the Ministry of Finance to increase fiscal space for health and flexible spending for emergencies	Continuous	22 countries/territories	• Increased dedicated budget and flexible spending for emergencies
		• Invest in increasing the adaptability of hospitals for emergency preparedness	Continuous	22 countries/territories	• Increased investment in increasing the adaptability of hospitals for emergency preparedness
		• Promote policy responses and fiscal instruments that can improve the macroeconomic situation and impact on health (such as health taxes, health investment in fiscal stimulus packages and inclusion of health in debt relief packages	Continuous	22 countries/territories	• Increased public spending on health
		• Prioritize public investment in common goods for health	Continuous	22 countries/territories	• Common goods for health are implemented and serve as a catalyst for UHC and health security objectives
12	Surveillance, alert and information management	• Strengthen data management/analysis capacity at regional and country levels	2021–2024	22 countries/territories	• Epidemiologists/data analysts trained
		• Maintain and strengthen the seasonal influenza sentinel surveillance system to support the surveillance of other respiratory diseases	December 2022	22 countries/territories	• Stronger influenza and other respiratory disease surveillance systems
		• Integrate SARS-CoV-2 surveillance, testing and monitoring into the existing platforms for influenza and other respiratory diseases, for increased sustainability	December 2022	22 countries/territories	• Enhanced surveillance for early detection of cases
		• Extend the use of the WHO Regional Office mathematical model to other diseases	2021–2024	WHO Regional Office	• Enhanced prevention of and early response efforts to signals and public health events

		• Extend the use of the DHIS2 management platform to the management of all public health events	2021–2024	WHO Regional Office + at least 5 countries/ territories	• DHIS2 management platform updated and deployed in selected countries
		• Consolidate the use of social media scanning tools (Sprinklr and Epitweetr) for the detection of all public health events and deploy in countries	2021–2023	WHO Regional Office + at least 5 countries/ territories	• Social media scanning tools regularly used at WHO Regional Office and in selected countries; and the Epidemic Intelligence from Open Sources tool updated
		• Define requirements for dashboards reporting data on public health events	2022	Regional	• Dashboard requirement document developed
		• Increase the use of the Geographic Information System (GIS) for the monitoring of public health events and the dissemination of information	2022–2023	Regional + countries/ territories	• GIS utilized for monitoring of events
		• Develop remote sensing to complement the collection of field data	2022–2023	Regional + at least 5 countries/territories	• Additional information collected through remote sensing
13	**Strengthened health workforce**	• Build surge capacities to respond to emergencies and develop policies/plans for rapid mobilization of surge capacities during emergencies	Continuous	22 countries/territories	• Reliable surge of qualified staff in response to emergencies
		• Integrate health emergency preparedness into undergraduate and postgraduate curricula for all cadres of health professionals	2022–2024	22 countries/territories	• Health professionals better trained in health emergency prevention, preparedness, detection and response
14	**Laboratory and sequencing capacities**	• Continue to build laboratory infrastructure, workforce and equipment capacities at national and subnational levels	Continuous	22 countries/territories	• Improved laboratory capacities for detection, diagnosis and response during health emergencies
		• Further increase and maintain capacities for molecular testing and genomic sequencing	December 2022	22 countries/territories	• Adequate and reliable laboratory capacity to detect and monitor new variants
		• Develop and implement a regulatory framework for the highest standards of laboratory biosafety and biosecurity	December 2022	22 countries/territories	• High standards of biosafety and biosecurity established and maintained
		• Continue to enhance the transparency and rapid sharing of genomic sequencing data and information through publicly accessible data platforms (e.g. GISAID) in collaboration with the medical and scientific community, and laboratory and surveillance networks	December 2022	22 countries/territories	• Genomic sequencing data and information transparently and routinely shared and used to inform responses to disease outbreaks
		• Participate in external quality assurance programmes for molecular testing	December 2022	22 countries/territories	• Highly performing national reference laboratories for molecular testing
		• Build local capacity through training and mentoring in genomic sequencing, bioinformatics, and diagnostic strategies and procedures (including the use of Ag-RDT kits, specimen collection, packaging and transportation)	December 2022	22 countries/territories	• Trained personnel in genomic sequencing and bioinformatics to implement different diagnostic strategies and procedures (including specimen collection, packaging and transportation)
		• Ensure the rigorous implementation of biosafety and biosecurity measures, especially in the context of genomic sequencing	December 2022	22 countries/territories	• Rigorous biosafety and biosecurity measures for all reference laboratories
		• Support and enhance the genomic sequencing capacity of the two regional reference laboratories to better support countries that currently lack this capacity	December 2022	22 countries/territories	• Support provided to all countries in the Region by the two regional reference laboratories in the advanced laboratory diagnosis of high-threat pathogens
15	**Vaccination**	• Strengthen vaccine safety surveillance and pharmacovigilance systems to detect, investigate and analyse adverse events following immunization	December 2022	22 countries/territories	• Sharing of information on adverse events to improve vaccine safety

		(AEFIs) and adverse events of special interest (AESIs), to validate safety signals and to recommend appropriate public health or other interventions			
		• Build capacity for the production of safe and effective vaccines	December 2023	Egypt, Islamic Republic of Iran, Pakistan, Tunisia and United Arab Emirates	• Locally produced vaccines to meet an increasing proportion of national and regional demand
		• Enhance and expand the capacity of national regulatory authorities	December 2023	22 countries/territories	• Enhanced local capacity for regulatory approval and vaccine deployment
		• Provide support and guidance to countries to improve vaccine production, regulatory approval, deployment and monitoring of safety	Continuous	Regional	• Improved availability of safe and effective vaccines for SARS-CoV-2 and other pathogens
16	**Points of Entry and international travel**	• Map human resources for PoE applying a needs-based approach, and founded on a capacity framework for both health and non-health staffing	June 2022	22 countries/territories	• Human resources capacities and gaps identified, with sufficient capacities in place to implement IHR (2005) at PoE
		• Establish a professionalized training programme for PoE staff, complete with systematic refreshers and opportunities for continued professional development	December 2022	22 countries/territories	• Public health threats at PoE are promptly detected, and rapidly investigated and managed
		• Harmonize and enhance information systems at PoE to allow for the capturing of real-time health information on suspected cases, inclusive of cross-notification and feedback loops for all stakeholders, and able to feed into national surveillance	June 2023	22 countries/territories	• Rapid tracing of contacts across borders
		• Develop contingency planning for all-hazard public health threats and operationalization of SOPs at PoE-level to ensure standardized approaches and emergency management	June 2022	22 countries/territories	• SOPs are in place for the management of public health emergencies at PoE as an integral part of national emergency management plans
		• Facilitate cross-border dialogue among neighbouring countries, identify mutual public health concerns (as well as opportunities for information and resource exchange), undertake stakeholder analysis, generate memorandum of understanding/SOPs and conduct joint training events	Continuous	22 countries/territories	• Shared and agreed-upon responsibilities to manage public health events and emergencies across borders
		• Modify and restructure PoE premises to mitigate transmission risks during travel and to facilitate social distancing, crowd control, and proper health etiquette	December 2023	22 countries/territories	• Minimized risk of COVID-19 exposure and transmission at PoE
		• Coordinate PoE activities related to international travel with relevant partners at all levels	Continuous	Regional	• Partnership and coordination fostered with international partners (e.g. WHO, ICAO, IOM and IMO)
		• Provide support and guidance to develop IHR (2005) capacities at PoE and facilitate international travel	Continuous	Regional	• Enhanced preparedness and response at PoE
17	**One Health**	• Establish a national multisectoral One Health committee/hub/team comprising governmental and nongovernmental members with clear TORs	December 2022	22 countries/territories	• Functional One Health Team established with clear TORs to manage and oversee all One-Health-related activities
		• Undertake a joint multisectoral assessment of zoonotic risks, zoonotic control capacities and gaps	December 2022	22 countries/territories	• Priority zoonotic risks identified and systems capacities documented to inform planning
		• Develop and implement a coordinated national strategy and action plan for One Health that prioritizes the zoonoses of greatest concern, engaging all relevant sectors	December 2022	22 countries/territories	• Joint action plan developed and implemented involving all One Health national stakeholders

		• Establish/revise the system and mechanism for surveillance and information-sharing on zoonotic diseases and other threats at the human-animal-environment interface	December 2021	22 countries/territories	• Improved event and disease detection systems in place, and mechanisms established for sharing data, including between sectors
		• Coordinate One-Health-related activities with international partners at all levels	Continuous	Regional	• Partnership and coordination fostered with international partners (WHO, FAO, OIE and UNEP)
		• Contribute to the development and piloting of new tools, guidance documents and training materials in close collaboration with WHO (Regional Office and headquarters), FAO, OIE and UNEP	Continuous	Regional and at country level	• Improved capacity to implement One-Health-related activities to detect and respond to zoonotic diseases
18	**Essential and critical health services**	• Leverage primary health care for vaccine roll-out and other essential health services	Continuous	22 countries/territories	• Strengthened primary health care systems serving as the foundation for achieving UHC and health security objectives
		• Identify the essential health services necessary for continuity of operations, under the pressure of possible high staff absenteeism and limited supplies due to a pandemic	December 2021	22 countries/territories	• List of priority essential health services
		• Strengthen the delivery of essential health services and identify options for remote support	Continuous	22 countries/territories	• Interventions that can be remotely delivered identified
		• Optimize the capacity of health workers through the use of telemedicine (digital health) approaches	Continuous	22 countries/territories	• Improved capacity of health workers through the use of telemedicine (digital health) approaches
		• Ensure vulnerable populations have access to essential and critical health services	Continuous	22 countries/territories	• Improved access by vulnerable populations to essential and critical health services
19	**Supply chain**	• Develop/review a priority list of medicines, vaccines and health products consistent with national treatment guidelines	June 2022	22 countries/territories	• National essential medicines lists (including priority list of medicines, vaccines and health products) formulated, evaluated and revised
		• Strengthen national regulatory authorities, including to ensure that medicines and health products supplied during an emergency comply with national and international quality standards, and to guarantee good manufacturing practices in the local production of medicines and vaccines	December 2023	22 countries/territories	• Effective implementation and monitoring of medicines regulations and good manufacturing practices guaranteed
		• Comprehensively review the national supply chain system, and develop and implement a related corrective action plan, with a focus on the weakest links	June 2023	22 countries/territories	• Supply chain assessed and recommendations to strengthen system implemented
		• Ensure timely technical support for the development of procurement and distribution plans	Continuous	Regional and at country level	• Technical support in procurement and distribution planning provided as needed
		• Establish SOPs in supply and procurement plans, including distribution plans/schedules to ensure the timely delivery of emergency health supplies to countries	February 2022	Regional and at country level	• SOPs for supply and procurement developed and applied
20	**Community trust and engagement**	• Create space for community and civic engagement in governance structure	December 2021	22 countries/territories	• Legislation enacted to allow engagement of communities and civil societies in the governance structure
		• Review existing national strategies and plans for health emergency preparedness and response and ensure the role of communities and civil societies is identified and integrated	February 2021	22 countries/territories	• Defined role of communities and civil societies in preparedness for and response to emergencies

		• Design and implement capacity-building programmes to empower communities and civil societies	December 2022	22 countries/territories	• Engaged communities in needs assessment and decision-making on suitable interventions and their implementation
		• Establish and build the capacity of formal and informal front-line workers, including community health and social workers	Continuous	22 countries/territories	• Well-trained front-line community health and social workers engaged in preparedness and response
		• Enhance social mobilization of a wide range of civil society partners and stakeholders at national and local levels through social dialogue to secure their inputs into governance, health policies and strategies	June 2023	22 countries/territories	• Aligned and well-coordinated social mobilization efforts
		• Apply anthropology and other applied social sciences to listen to and understand communities, and collect community insights on the sociocultural and political context to inform tailored and localized health programmes and interventions	December 2022	22 countries/territories	• Health interventions are informed by community feedback
		• Support community-based participatory research approaches for collecting evidence on community and civic engagement to inform policy-making and strategic planning, and to track progress, ensuring that vulnerable populations are included	June 2023	22 countries/territories	• Evidence-based community and civic engagement interventions
		• Establish a mechanism for monitoring and evaluating the health outcomes of community-based interventions	December 2021	22 countries/territories	• Improved health outcomes in line with national health strategies and plans
		• Provide guidance on creating space for communities and civil societies in the governance structure at the national and subnational levels	Continuous	Regional	• Engaged communities and civil societies in the governance structure
		• Support documentation processes and establish a regional platform accessible to community and civic representatives for sharing knowledge and best practices	Continuous	Regional	• Shared knowledge and best practices and improved modalities for engaging communities in emergency prevention, preparedness, readiness and response
		• Support community-based participatory research approaches to assess and monitor community and civil society engagement	Continuous	Regional	• Policies and interventions supported by research
21	**Accountability and compliance**	• Undertake a review of the national action plan for health security, drawing on lessons learnt from the COVID-19 pandemic and other emergencies	December 2021	22 countries/territories	• Updated national action plan for health security
		• Identify the leading sector and support sectors for the implementation of the national action plan for health security and allocate resources for its implementation	December 2021	22 countries/territories	• Targeted and on-track implementation of the national action plan for health security
		• Review and update the TORs for the national IHR focal point, drawing on lessons learnt from the COVID-19 pandemic and other emergencies	February 2022	22 countries/territories	• Enhanced monitoring and evaluation of IHR (2005) implementation
		• Allocate resources to empower national IHR focal points in terms of organizational structure, space, personnel and authority to facilitate reporting to WHO	June 2022	22 countries/territories	• Improved IHR (2005) implementation, including notification to WHO
		• Enhance compliance with IHR (2005) and other international treaties	Continuous	22 countries/territories	• Enhanced preparedness for and response to health emergencies
		• Provide guidance on the TORs for national IHR focal points	December 2021	Regional	• Empowered national IHR focal points

		• Design and implement capacity-building interventions targeting national IHR focal points	Continuous	Regional	• Well-trained national IHR focal points with active engagement in IHR (2005) assessment, implementation, and monitoring,
22	**Additional assessment procedures**	• Engage in new efforts to review and assess preparedness in light of the lessons learnt from the COVID-19 pandemic and other emergencies	Continuous	22 countries/territories	• Improved understanding of actual emergency preparedness levels in countries
		• Engage with the global working groups set up by WHO to develop tools and procedures for preparedness assessment	Continuous	22 countries/territories	• Country-informed tools and procedures for assessing emergency preparedness
		• Develop guidance, tools and procedures to facilitate preparedness assessments and reviews	Continuous	Regional	• Efforts directed towards building resilient health systems