NAPHS for all

A country implementation guide for national action plan for health security (NAPHS)

Second edition

World Health Organization

NAPHS for all

A country implementation guide for national action plan for health security (NAPHS)

Second edition

World Health Organization

NAPHS for all: a country implementation guide for national action plan for health security (NAPHS), second edition

ISBN 978-92-4-010498-3 (electronic version)
ISBN 978-92-4-010499-0 (print version)

Suggested citation. NAPHS for all: a country implementation guide for national action plan for health security (NAPHS), second edition. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at https://iris.who.int/.

Photo credit: Dr Tedros Adhanom Ghebreyesus © WHO / Christopher Black

Editing, design and layout by GraFX International.

Contents

Foreword

For 75 years, the World Health Organization (WHO) has worked with its Member States and partners in pursuit of its founding vision: the highest possible level of health for all people. Since WHO was established in 1948, the world has seen major improvements in health, including significant increases in life expectancy in the poorest countries, the global eradication of smallpox, and, in the past 20 years, significant declines in maternal and child mortality, as well as tobacco use. Nevertheless, substantial challenges remain, including gaps in health emergency preparedness and response, as demonstrated by the COVID-19 pandemic.

Supporting Member States to routinely assess, plan, prioritize, and test their systems contributes to national, regional, and global health security through strengthened systems, as well as strengthened trust and mutual accountability between countries and partners. The National Action Plan for Health Security (NAPHS) plays a central role in developing, strengthening, and maintaining national capacities required under the International Health Regulations (IHR 2005).

An NAPHS is a country-owned, multi-year planning process based on an all-hazards, multisectoral, whole-of-government, whole-of-society, and One Health approach. It focuses on national priorities, informed by country assessments, to build, reinforce, and maintain capacities to prevent, detect, and respond to public health events.

This second edition of the NAPHS guide includes updates reflecting the new NAPHS strategy, lessons from recent public health emergencies, and recommendations from over 85 countries that have already developed and are implementing their NAPHS. This guidance provides countries and partners with practical, step-by-step support to do the same.

As the world recovers from the most severe public health crisis in a century, a paradigm shift is essential, achieved through good governance and investment in national systems that are resilient enough to surge to meet public health threats while maintaining essential public health functions. The NAPHS helps countries move recommendations and national priorities towards a risk-informed plan with concrete actions. I urge all Member States and partners to adapt this guide and use it to develop, implement, monitor, and evaluate their NAPHS.

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Abbreviations

AAR	after action review
AMR	antimicrobial resistance
COVID-19	Coronavirus disease
HEPR	health emergency preparedness, response and resilience
IAR	intra-action review
IHR (2005)	International Health Regulations (2005)
IHR-PVS NBW	IHR-Performance of Veterinary Services National Bridging Workshop
IHR MEF	IHR monitoring and evaluation framework
JEE	joint external evaluation
NAPHS	National Action Plan for Health Security
PHEOC	public health emergency operations centre
SimEx	simulation exercise
SPAR	States Parties self-assessment annual report tool
STAR	strategic tool for assessing risks
UHPR	Universal Health and Preparedness Review
WHO	World Health Organization

Acknowledgments

This second edition of the National Action Plans for Health Security (NAPHS) guide was developed by the Health Security Preparedness (HSP) department of the World Health Organization (WHO), in collaboration with its WHO six regional offices and partners.

Special thanks go to Dick Chamla, Allan Mpairwe, Mary Stephen, Miriam Nanyunja, Roland Wango, and Daniel Yota from the WHO Regional Office for Africa; to Tamara Mancero from the WHO Regional Office for the Americas; to Mohamed Elhakim, Amgad Elkholy, Mahgoub Hamid, and Dalia Samhouri from the WHO Regional Office for the Eastern Mediterranean; to Nicolas Isla, Ihor Perehinets, and Jussi Sane from the WHO Regional Office for Europe; to Maung Maung Htike, Reuben Samuel, and Sandip Shinde from the WHO Regional Office for South-East Asia; and to Nam Phuong Nguyen and Babatunde Olowokure from the WHO Regional Office for the Western Pacific.

Special thanks also go to the following colleagues from WHO headquarters for their inputs and revisions: Oluwatosin Akande, Anand Balachandran, Yolanda Bayugo, Allan Bell, Cynthia Bell, Guillaume Belot, Liliane Boualam, Elliot Brennan, Nienke Bruinsma, Ian Clarke, Musse Chekol, Sean Cockerham, Gillian Dacey, Abigail David, Lester Geroy, Shoshanna Goldin, Kai von Harbou, Qudsia Huda, Nirmal Kandel, Youssouf Baptiste Kanouté, Maria Kovyreva, Rim Kwang, Glenn Lolong, Landry Ndriko Mayigane, Armand Mbanya, Thomas Moran, Nam Nguyen, Tarek Oraby, Sarah Paulin-Deschenaux, Scott Pendergast, Devin Perkins, Ong-orn Prasarnphanich, Priyanga Ranasinghe, Maurice Reynaud Barrios, Alberto Mortarotti, Stéphane de la Rocque, Gina Samaan, Sohel Saikat, Romina Stelter, Ludy Suryantoro, Akiko Takeuchi, Adam Tiliouine, Luc Tsachoua Choupe, Liviu Vedrasco, Luca Vernaccini, Helen Versland, Candice Vente, Paul Verboom, Taylor Warren, Niluka Wijekoon Kannangarage, Jun Xing, and Lina Yu.

WHO would also like to thank its partners who contributed to this guide: Morgan Brown, Michael Coninx, Richard Garfield, Karen Soto Cortes, and Daniel Stowell from the US Centers for Disease Control and Prevention (CDC); Amanda McClelland, Jobin Abraham, Julie Wahl, Todd Lazaro, and Serge Agbo from Resolve to Save Lives; Tina Endericks, Olusola Aruna, and Gina Chen from the UK Health security Agency (UKHSA); and Raoul Kamadjeu and Tsedeye Girma from the United Nations Children's Fund (UNICEF).

We would like to express our sincere gratitude to the following countries that submitted case studies to enrich the guidance: Guatemala, Indonesia, Mauritius, the Republic of Moldova, Nepal, Nigeria, the Philippines, Sudan, the United Republic of Tanzania, and Thailand.

The document was prepared and finalized by the Country Assessment and Planning team (CAP), managed by Rajesh Sreedharan, Team Lead; Frederik Copper, Technical Officer; Nguepi Tiwoda Christie and Denis Charles, Consultants; and Maria Kovyreva, Intern. Finally, we would like to thank Stella Chungong, Director of HSP, for her support and leadership in the process.

NAPHS process, tools and checklist

4 to 6 weeks before NAPHS workshop — Establish NAPHS governance and accountability

1. Create a shared vision for health security among stakeholders
2. Establish NAPHS secretariat
3. Identify technical leads and High level decision makers

- Annex 2.0: Shared vision for health security
- Annex 2.1B: Slide deck of the NAPHS process
- Annex 2.1D: Stakeholders mapping template
- Annex 2.1E: NAPHS Secretariat establishment and convening template
- Annex 2.1F: NAPHS Stakeholders working agreements guidance

- Is the NAPHS Secretariat established?
- Has the NAPHS Secretariat identified the other stakeholders in the NAPHS process (Technical leads and High-level decision makers)?

2 to 4 weeks before NAPHS workshop — Review existing capacity assessments & plans and compile findings into a desk review summary sheet

1. Assess or review national capacity assessments and plans
2. Review risk and threat assessment(s) to define priorities and goals
3. Compile all results, link them to IHR technical areas and prioritize to reach the set goals

- Annex 3.1A: Assessment synthesis of desk review templates
- Annex 3.1B: Risk matrix example
- Annex 3.1CB: Risks calendar example
- Annex 3.1D: Dynamic Preparedness Metric
- Annex 3.1E: SWOT Analysis

- Have national capacities and other relevant health development plans been reviewed and findings consolidated and synthesized in the desk review template?
- Have risk and threat assessments been conducted or reviewed to develop a risk profile?
- Has the national risk register/profile been updated?
- Does the scope of planning include: (i) multiple sectors; (ii) One Health; (iii) aHhazards?
- Has a recent SWOT analysis of the current health security capacities/NAPHS implementation context been conducted?

During NAPHS workshop (3 - 5 days) — Develop and finalize plans during a comprehensive workshop

1. Develop and finalize strategic actions for a strategic NAPHS and define detailed activities for an operational NAPHS
2. Map actions to others existing plans
3. Estimate cost for strategic actions and calculate costs of detailed activities.

- Annex 3.2A: WHO NAPHS Tool
- Annex 3.2B: WHO Benchmark for Strengthening Health Emergency Capacities
- Annex 3.2C: Prioritization template for operational NAPHS
- Annex 3.2D: Organizing functional groups
- Annex 3.2E: Organizing functional group exercise
- Annex 3.2F: WHO Costing Tool for NAPHS

- Determine if the country wants to develop a 5-year strategic plan, a 12-24 months operational plan, or both.
- Identify longer term objectives/strategic actions for a strategic plan and/or detailed activities for an operational plan
- Has the prioritization of strategic actions and detailed activities been conducted?
- Have the strategic actions and detailed activities been mapped to others existing plans? (e.g., health system plans, vertical/programmatic plans, etc.)
- Is the NAPHS aligned to the national health sector strategic plan?
- Is the plan linked with and anchored into the domestic budget and financing cycle?
- Estimate cost for strategic actions and calculate costs of detailed activities

After the NAPHS workshop (2 - 4 weeks) — Mobilize resources (if applicable)

1. Map all available financial and technical resources.
2. Identify gaps for an investment strategy
3. High-level buy-in and resource mobilization efforts to fill remaining gaps and needs

- Annex 3.3A: WHO Resource Mapping (REMAP) tool
- Annex 3.3B: NAPHS report template

- Map all available financial and technical resources. Does the resource mapping include all potential domestic and international partners?
- Is financing from domestic, donor or other sources documented? If yes, what is the proportion of domestic and external funding?
- Have gaps been identified for an investment strategy?
- Can you rely on High level buy-in and resource mobilization efforts to fill remaining gaps and needs?
- Is the plan endorsed and approved by the senior leadership of all involved sectors?

After the NAPHS workshop (ongoing) — Implement & monitor (ongoing immediately after NAPHS has been developed)

1. Implement priority actions of the operational NAPHS
2. Monitor and review progress towards the operational NAPHS
3. Update the operational NAPHS at the end of its cycle (e.g., 12 or 24 months)

- Annex 3.2A: WHO NAPHS Tool (monitoring function)
- Annex 3.4A: IHR benchmarks reference Library
- Annex 3.4B: Routine implementation status Meeting
- Annex 3.4C: Examples of monitoring and evaluation dashboard
- Annex 3.1A: Assessments synthesis and desk review template

- Is the implementation of the operational and/or strategic NAPHS on track?
- Have milestones/review cycle for regular monitoring and evaluation, and a reporting plan been put in place?
- Is the implementation of the operational and or strategic NAPHS regularly monitored (monthly, quarterly or bi-annually), evaluated and reported?
- Updated and adjust the plan based on the review cycle (at least once a year)

1

1. Introduction

1.1. Context, purpose and benefits

1.1.1. Background

Lessons learned from recent public health events such as the COVID-19 pandemic, Ebola virus disease, Zika virus disease outbreaks, and other public health threats, including earthquakes and floods, have highlighted the need for countries to continuously develop, strengthen, and maintain capacities required under the International Health Regulations (2005) (IHR (2005))[i].

Developing capacities for health security in a country requires the engagement of public and private entities across a broad range of sectors, including human and animal health, agriculture, environment, finance, security, emergency management, education, and transportation. The World Health Organization (WHO) is mandated through various resolutions, decisions, and reports of the World Health Assembly, and through the IHR (2005), to provide technical guidance and support to its Member States in developing, strengthening, and maintaining their health systems, including capacities required under the IHR (2005).

For countries to better prevent, prepare for, detect, notify, respond to, and recover from public health emergencies, they must build and maintain IHR core capacities and support the strengthening of health emergency prevention, preparedness, response, and resilience (HEPR[ii]) capacities. National Action Plans for Health Security (NAPHS), as capacity development plans, provide the tasks and resources needed to ensure adequate capacities are in place to prevent, detect, respond to, and recover from public health events in a sustainable manner. Investing in the resilience of these capacities within national health systems at national and local levels not only improves national health security but also helps safeguard economic, social, and political developments.

1.1.2. Approach to the issue

In line with the recommendations[iii] of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 response, the WHO Secretariat is actively providing guidance and technical support to countries. The primary objective is to integrate assessments of IHR capacities using a risk-informed approach and to subsequently develop national plans for emergency preparedness, readiness, and response. This collaborative effort aligns with national initiatives to strengthen essential public health functions and aims to achieve the broader objective of rebuilding resilient health systems in the aftermath of the COVID-19 pandemic.

While many countries have developed a NAPHS (or an equivalent national plan) in the past, the main challenges they faced were difficulties in prioritizing, achieving multisectoral engagement, and the lack of a standard implementation and monitoring process. Consequently, many countries have developed a NAPHS, but only a few have managed to fully resource, implement, monitor, and follow up on the plan and its intended outcomes and results.

This updated NAPHS guide replaces the previous WHO "NAPHS for All" guide published in 2019 and reflects recommendations from technical experts and Member States based on lessons learned from the COVID-19 pandemic. It is aligned with the WHO NAPHS Strategy 2022–2026[iv], as well as with the global architecture for HEPR and the WHO Regional Office for Africa NAPHS Implementation Toolkit[v].

1.1.3. Scope

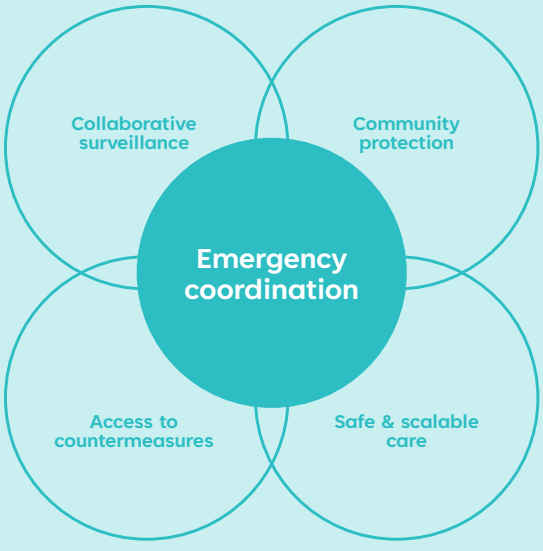
The definition and goals of the NAPHS process are described below (Box 1). In essence, the NAPHS is a preparedness plan aimed at strengthening national capacities in health security. The NAPHS supports the implementation of the International Health Regulations (2005) (IHR (2005)) and the strengthening of HEPR capacities for health emergencies. The HEPR includes core capacities across five interconnected health emergency subsystems, referred to as the "five Cs": collaborative surveillance, community protection, safe and scalable care, access to medical countermeasures, and emergency coordination. These five interlinked systems encompass and complement all core capacities required by the IHR (2005) and necessitate a multisectoral, One Health, and whole-of-government approach (Box 1b).

Box 1 NAPHS definition

A country-owned, multi-year, joint planning process that can improve the implementation of IHR core capacities, based on an all-hazards, multisectoral, whole-of-government, whole-of-society, and One Health approach. It includes national priorities using a risk management approach and other key data for health security; it brings sectors together, identifies partners, and allocates resources for health security capacity development.

Box 1b HEPR framework

The HEPR framework encompasses proposals and ongoing efforts related to governance, financing, and systems based on lessons learned from the COVID-19 pandemic and other emergencies. HEPR explores core capacities across five interconnected health emergency subsystems, referred to as the "five Cs": collaborative surveillance, community protection, safe and scalable care, access to medical countermeasures, and emergency coordination.



The national planning environment is often complex and includes a variety of existing planning and accountability mechanisms, involving an increasing number of stakeholders. Acknowledging the existence of various national policies, strategies, and plans[1] in a country (i.e., preparedness, response, and recovery plans) is key to better understanding the different types and levels of collaborative planning and to building mutual accountability. To better integrate IHR capacities within national health systems and primary health care service delivery, the NAPHS should be well aligned with existing national health policies, strategies, and plans (NHPSP), National Health Emergency Response Operations Plans, as well as with other programmatic and multi-hazard or disease-/hazard-specific plans (e.g., pandemic planning by mode of transmission such as respiratory pathogens, antimicrobial resistance (AMR), and chemical hazards). In addition, the NAPHS should integrate and align with health emergency preparedness plans existing at other geographical levels, including those at the subnational level.

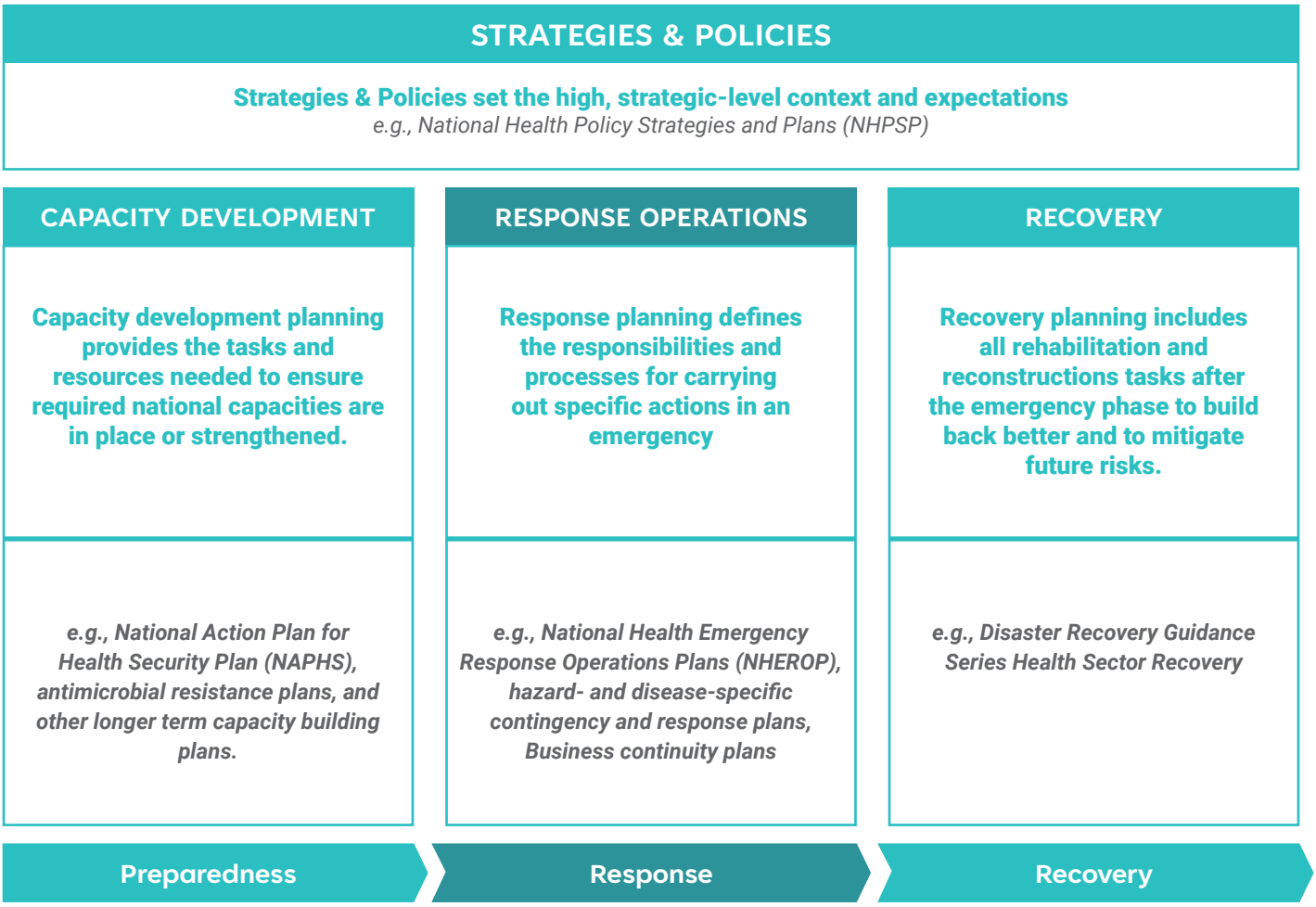
The NAPHS should not be mixed with or adopted independently of other (sub)national planning processes. To avoid duplication with existing planning processes, it can only be effective if well aligned with and embedded into the national planning landscape and budget cycles (Figure 1).

It is important to note that the NAPHS is a capacity development plan that aims to strengthen and maintain preparedness capacities to address known and unknown risks, while response plans describe how existing capacities are used to ensure an adequate response to an emergency or public health event. A national planning landscape (Figure 1) can help establish a unified approach and common terminology in planning for all threats and hazards across all sectors, better enabling vertical and horizontal alignment of various plans. Additionally, a shared understanding of the terms of reference and the types and levels of planning will enable all stakeholders to better understand their roles and responsibilities in the preparation of risk-based planning for expected and unexpected events. This guide encourages countries to consider an integrated approach to health security planning that fits within the broader national planning and budget cycle and is complemented by vertical programmes, including multi-hazard or disease-/hazard-specific plans.

To enable sustainable changes in capacities and long-term impacts on health, NAPHS should reflect the principles of health emergency and disaster risk management, the Sendai Framework for Disaster Risk Reduction, the Sustainable Development Goals, and the Paris Agreement on Climate Change, among others, and must comply with international standards on human rights, gender, and equity principles.

1. A plan is a set of intended actions through which one expects to achieve a goal. Governments, communities, and organizations use various plans to guide action. These plans need review and course adjustment to address changes over time, including new and re-emerging risks.

Figure 1: National planning landscape[2]



Capacity development plans may include other plans that aim to strengthen preparedness, health security, IHR capacities, and disaster risk management without explicitly naming or defining these as NAPHS. This NAPHS guide does not necessarily recommend the creation of an additional plan; rather, it suggests utilizing existing preparedness plans and ensuring alignment with the broader national health strategy, planning, and budgeting cycles. Additionally, countries, particularly those that struggled to implement their previous NAPHS, may use their high-level priorities to create shorter operational NAPHS to improve capacities required under the IHR (2005). The NAPHS process outlined in this guide can be used to adapt existing capacity-building efforts, either through previous NAPHS (or equivalent plans) or to create a new one if none exists.

2. Plans are not limited to the types described in Figure 1 and some plans might include a combination of different components (i.e., strategy, preparedness, response and recovery). However, all plans use quantitative and qualitative assessments and functional reviews to help with the development of actions and the formulation of activities.

1.1.4.

Purpose, target audience and objectives

This document provides technical guidance to national planning officers and other relevant stakeholders for developing a NAPHS. It offers a step-by-step methodology and standard process for countries to follow when developing and implementing a strategic and operational NAPHS, including practical tools, examples, and templates, which countries should adapt to fit their local contexts and needs.

The specific objectives are:

1. Provide an overview of the detailed steps laid out in each phase of the NAPHS process (I. assess, II. develop, III. mobilize, IV. implement).
2. Define five-year strategic and 12–24-month operational plans (strategic NAPHS and operational NAPHS, respectively), including their benefits and application.
3. Recount basic project management concepts relevant to the NAPHS process and define the roles and responsibilities of the various stakeholders and teams.
4. Highlight the relevance of a comprehensive and integrated NAPHS planning process and how it fits within the broader planning landscape.
5. List the key planning principles for an inclusive and holistic approach to the development of strategic and operational NAPHS.

1.1.5.
Benefits of the NAPHS

Health systems worldwide have experienced unprecedented pressure from various challenges, including the impact of the recent COVID-19 pandemic, humanitarian disasters, population displacements, natural disasters, economic crises, conflicts, and the effects of climate change. The Organisation for Economic Co-operation and Development (OECD)[3] has recommended policy areas and investments to improve the resilience of health systems in the future, drawing on analyses of three major vulnerabilities that health systems faced during the COVID-19 pandemic: they were underprepared, understaffed, and suffered from underinvestment. The current health system monitoring for emergency preparedness and universal health coverage has not been sufficient to maintain and surge essential health services during emergencies[vi]. The siloed approach to investing in health systems is one of the elements contributing to their fragility. This approach is unable to track accessibility, equity, and surge capacity to meet 21st-century public health challenges while maintaining essential public health services.

In terms of planning, recovery, and development, COVID-19 has reinforced the need to do things differently, using cohesive approaches that synergize efforts in addressing various health priorities and determinants. Through the development and implementation of NAPHS, countries can "build back better" to ensure health security, protect health and well-being, ensure surge capacity while responding to emergencies, and build the resilience of national systems to maintain routine and essential health services. There are significant social and economic dividends from promoting health system resilience. Investing in resilience will provide people with better access to the health services they need, promote their health and well-being, and foster their full participation in society. The Organisation for Economic Co-operation and Development (OECD) highlights that boosting the resilience of health systems requires investments and improved coordination and cooperation.

3. The Organisation for Economic Co-operation and Development (OECD; French: Organisation de coopération et de développement économiques, OCDE) is an intergovernmental organisation with 38 member countries, founded in 1961 to stimulate economic progress and world trade.

Protecting health is critical for economic prosperity, national security, social well-being, and sustainable development. NAPHS, as a multisectoral, nationally owned planning process, means that the plan goes beyond the health sector alone. The NAPHS process allows countries to take a comprehensive approach to planning across multiple sectors, facilitating better collaboration, situational awareness, and sharing of resources as applicable while remaining flexible and adaptable to changing conditions. The involvement of multiple stakeholders supports a common understanding of threats, hazards, risks, and capabilities, which assists them in the development of specific prioritized actions and planning products. The full participation of community-based organizations, the private sector, academia, civil society organizations, and public sector partners is essential to ensure an inclusive multisectoral, whole-of-society, whole-of-government, and One Health approach. By strengthening preparedness, enhancing IHR core capacities, investing in health systems for health security, and building national emergency response capacity, countries will be able to keep communities, countries, and the world safe, serve the vulnerable, and promote health.

As a secondary benefit, the NAPHS provides an opportunity and structure for countries to show where investments have been made and where remaining gaps exist. This can serve as the basis for national investment cases and resource mobilization efforts within national planning and budgeting cycles to unlock domestic and international financing and technical support. These efforts can also aid in the development of multilateral or bilateral funding proposals, as the NAPHS is a well-established methodology and process known and used by countries. These proposals will demonstrate national priorities, gaps, and needs, such as for the Pandemic Fund[vii] which has referenced the NAPHS directly in its application process.

1.2. What is new in this guide?

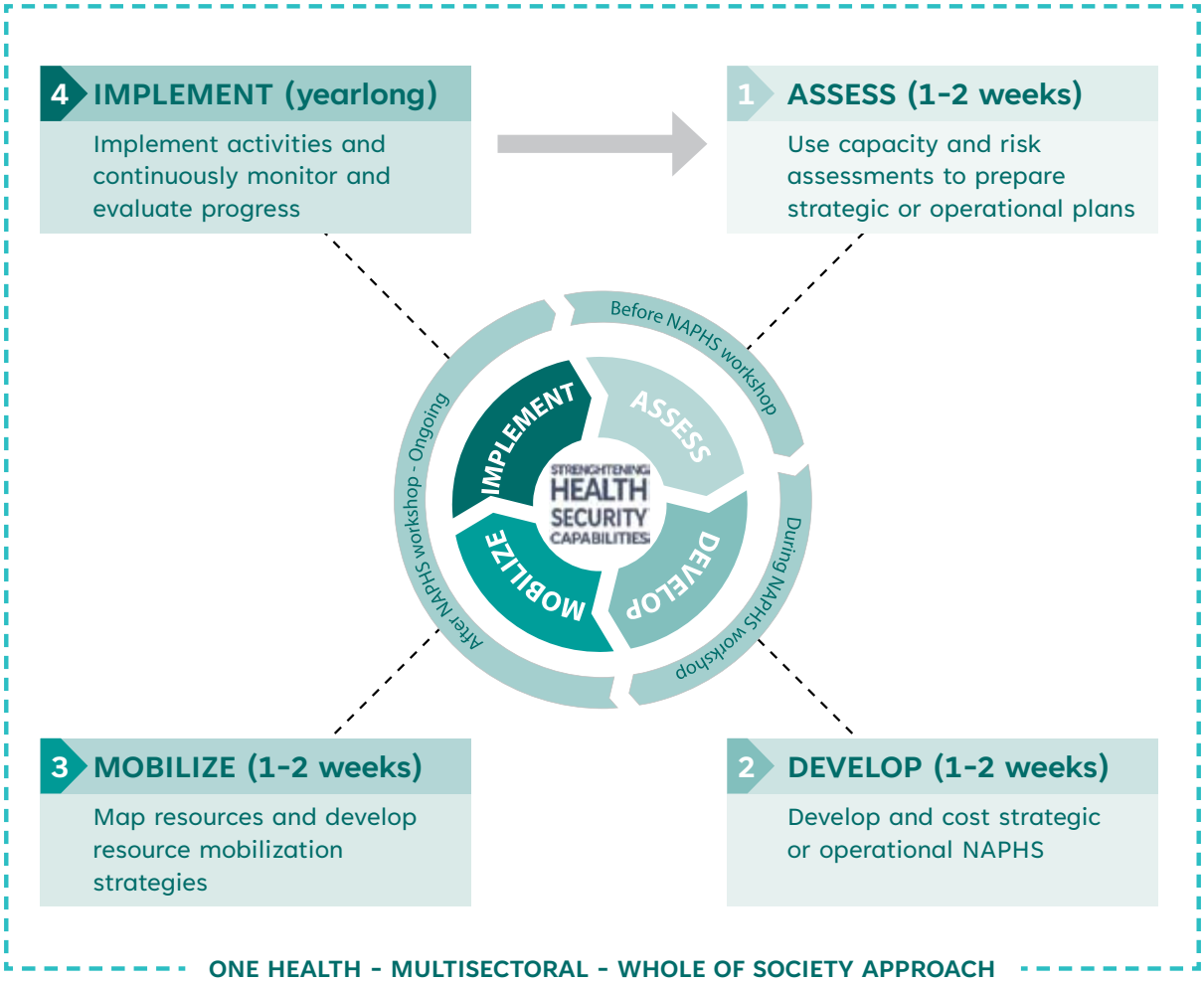
1.2.1. Three new elements in the NAPHS process

a. Comprehensive NAPHS process

A key feature of this guide is establishing clearer linkages between the four components of the IHR monitoring and evaluation framework (IHR MEF)—namely, the States Parties self-assessment annual reporting tool (SPAR), joint external evaluations (JEE), after action reviews (AARs), and simulation exercises (SimEx)—as well as other relevant assessments and country data, including risk assessments. This ensures that the NAPHS becomes a risk-informed planning process. Additionally, national plans, such as national health sector plans (NHSPs) and the country cooperation strategy, should be considered. The findings and recommendations from all these sources should be translated into tangible priorities and activities to develop a sustainable and realistic plan, identify essential efforts to mobilize for implementation, and outline methods to monitor implementation.

The comprehensive planning process includes four main phases (Figure 2): assess, develop, mobilize, and implement. The assessment phase is conducted in preparation for the NAPHS development phase, which typically takes place in a multisectoral workshop. This is followed by a mobilization phase and the actual implementation of the NAPHS before the next planning cycle.

Figure 2: Comprehensive planning process



This standard comprehensive planning approach simplifies and streamlines the NAPHS process, emphasizing the importance of flexibility and pragmatism so that the process can be customized and adapted to the national context. Chapter 3 provides further details on this, including the specific steps under each phase.

b. Strategic and operational NAPHS

This new guide distinguishes between the five-year strategic plans (strategic NAPHS) and 12–24-month operational plans (operational NAPHS) (Table 1). Lessons and experiences from countries have shown that implementing multi-year plans is challenging due to the large number of activities and the long timelines, during which changes are likely to occur. Therefore, it is recommended that countries develop a strategic NAPHS, complemented by shorter, easier-to-implement operational NAPHS.

The five-year strategic NAPHS identifies longer-term, high-level strategic actions to enhance countries' IHR capacities and scores. Concurrently, countries should develop and use shorter (12–24-month) operational NAPHS to cost, implement, and monitor progress towards the goals set out in the strategic NAPHS, thereby improving preparedness. Operational NAPHS enable strategic priorities to be broken down into detailed activities with more manageable timeframes that are easier to track, thus ensuring accountability with clear timelines, roles, and responsibilities of stakeholders.

Table 1: Summary of key elements of the strategic and operational NAPHS

	Five-year strategic NAPHS	12–24-months operational NAPHS
Time & Scope	• Outlines strategic objectives and actions. • Achieves high-level objectives and actions through the development and implementation of operational NAPHS. • Foundational for leadership advocacy.	• Outlines specific high-priority actions derived from the strategic NAPHS. • Makes the strategic NAPHS implementable by focusing on short-term, detailed activities. • Provides increased flexibility to ensure the five-year strategic NAPHS remains relevant.

Value	• Generates high-level buy-in and provides overall cost estimates.
	• Supports advocacy for financing both domestically and externally by establishing long-term funding needs.
	• Helps maintain long-term multisectoral alignment.
		• Limits the number of activities, allowing for trackable implementation in a more manageable timeframe.
		• Provides detailed cost calculations, facilitating easier funding domestically or externally when actions are concrete and operational.
		• Defines tasks for specific individuals, promoting accountability and ownership for implementation.
		  ◦ Facilitates clear and specific activities derived from both the strategic NAPHS and more timely assessments (e.g., AARs,
		  ◦ IHR-Performance of Veterinary Services National Bridging Workshop (IHR-PVS NBWs), SPAR) and risk-based priorities (e.g., STAR readiness checklist).

c. NAPHS monitoring and evaluation framework

Monitoring and evaluation are crucial for supporting the implementation of NAPHS activities, tracking progress on national health security priorities, and measuring long-term impact. The NAPHS process embeds a comprehensive monitoring and evaluation framework for countries to track progress, identify bottlenecks, and regularly update their plans by involving relevant stakeholders.

While countries should use domestic strategies and systems to define long-term objectives and measure progress against them, WHO suggests a standard NAPHS results framework (Figure 3) that enables countries to link operational NAPHS activities or strategic NAPHS objectives to longer-term outcomes and impacts. Based on the national context, the NAPHS results framework should be adapted and can consider the capacities required under the IHR (2005), the HEPR "5Cs," the essential public health functions (EPHFs)[4], and other preparedness and response frameworks (e.g., the Strategic Preparedness and Response Platform for COVID-19[viii], the Pandemic Influenza Preparedness Framework). This approach will enable countries to monitor progress towards longer-term outcomes and impacts by increasing IHR capacity scores and demonstrating improvements in national health security preparedness to prevent, detect, mitigate, respond to, and recover from public health events.

The NAPHS results framework (Figure 3) can support countries with a standardized yet flexible methodology based on the HEPR structure and its linkage with the IHR indicators (see Annex 1.0), which should be customized to their national context and planning process. Monitoring and evaluation of the NAPHS process by national stakeholders enhance accountability and ownership, providing a platform to follow up on stalled activities. It allows for the reprioritization and adaptation of plans as country needs change. By linking NAPHS activities directly to SPAR or JEE indicators and capacity scores, countries will be able to monitor and demonstrate progress in their IHR scores, facilitating advocacy for global health security at higher levels of government and among the broader public (Box 2). Countries should also consider regularly conducting SimEx and AARs to evaluate the functionality of the systems being developed and to document challenges and improvements. This will enable the application of best practices and lessons learned from simulated and real emergency response operations.

4. EPHFs have been used by WHO since 1998 to define the essential public health capacities and services that all governments should provide. At global and regional levels, initiatives on EPHFs have been implemented by the WHO Regional Offices for the Americas, the Eastern Mediterranean, Europe, and the Western Pacific, as well as by the World Bank, the European Commission, and other global health actors.

Box 2

Guatemala case study: Example of using the SPAR to develop NAPHS

In early 2023, Guatemala conducted an external evaluation using the SPAR tool. "During the self-assessment stage, the national multisectoral expert team, coordinated by the Ministry of Health of Guatemala, discussed each capacity and its indicators, facilitated by the "Orientations for each of the 15 SPAR capacities" provided by the Pan American Health Organization/WHO. The use of these orientations allowed for a deeper analysis of the capacity status and facilitated technical discussions to reach a consensus on the level of each capacity. During this stage, analysing the country's strengths and best practices, as well as identifying priority measures for each capacity, enabled the national multisectoral team to start developing the NAPHS immediately after completing the self-assessment. The external international mission issued recommendations to support the timely adjustment of the NAPHS. Using the SPAR allows Guatemala to monitor the implementation of the NAPHS annually with the multisectoral team while complying with the SPAR, as required by Article 54 of the IHR."

A standard monitoring and evaluation methodology is included in the NAPHS Excel-based tool to allow for easy monitoring of implementation status against standard IHR indicators (i.e., SPAR and JEE), which are also cross-mapped with the 5Cs for the HEPR (see Annex 1.0). The aim is also to have this tool available in a practical, comprehensive online format (e-NAPHS) that will help countries plan and implement actions and monitor and review the progress of activities against their strategic results.

NAPHS results framework

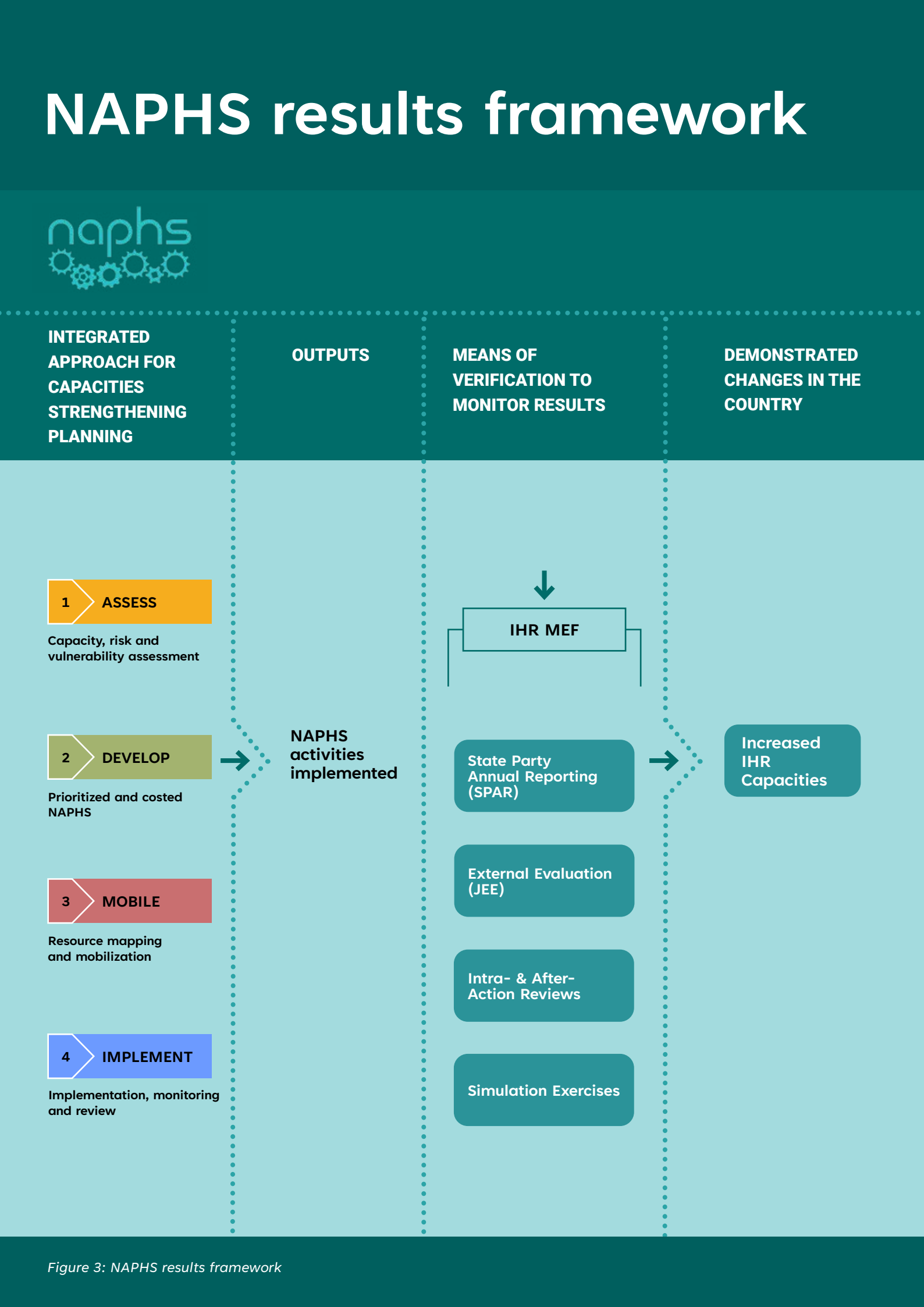


Figure 3: NAPHS results framework

OUTCOMES

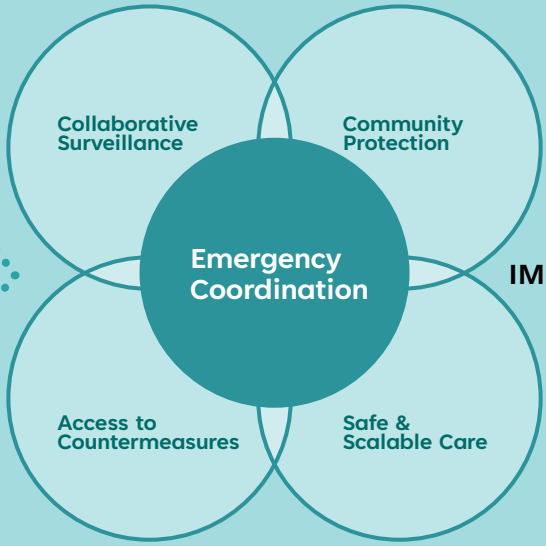
LONG TERM IMPACT

Sustainable National Health Security Preparedness To:

Governance

Systems

Finance and resources



IMPACT

PREVENT

DETECT

MITIGATE

RESPOND

RECOVER

1.3. Key planning principles

This section outlines some of the core planning principles that policymakers and national authorities are encouraged to consider when developing their plans. These principles apply to the NAPHS process as a whole and promote a more inclusive and holistic approach to planning for health security.

The core planning principles are:

Multisectoral

The NAPHS process aims to build capacities according to the principles of One Health[ix] and a multisectoral approach[x] to ensure that all sectors (e.g., human health, animal health, and environmental sectors, as well as finance, foreign and international relations, ministries of interior and defence, parliamentarians, the private sector, non-state actors, and other relevant entities) are more resilient and prepared to respond to and mitigate the health, economic, social, and political impacts of public health emergencies. This is achieved through engagement with different sectors in both the public and private domains to establish strategic and operational priorities. Synchronization of health security activities among all stakeholders into a single planning process is key to achieving a prioritized multisectoral action plan in accordance with national strategies and objectives. The focus is not on addressing all capacity gaps across sectors but rather on collaboratively establishing activities by discussing priorities and targeting critical gaps. The implementation of activities often requires coordination between sectors, which is crucial for preparedness and response.

Integrated

Integration is achieved by embedding both the strategic and operational NAPHS within the broader health system, primary health care planning processes, and domestic budgeting cycles, as well as by integrating with other programmatic plans and budgets.

Evidence based

This is achieved by logical and analytical programme management concepts to use data and recommendations from existing national assessments to develop an action plan and to monitor and track its implementation through existing IHR Monitoring and Evaluation indicators (e.g., JEE, SPAR).

Inclusive and non-discriminative

The NAPHS process must adhere to international standards on human rights and equity principles. This is achieved by ensuring the representation of all stakeholders, regardless of race, colour, ethnicity, gender, age, language, sexual orientation, religion, political or other opinion, national, social or geographical origin, disability, property, or birth, at all stages of the NAPHS process.

Whole of society

The COVID-19 pandemic and other health emergencies have demonstrated that a whole-of-society approach is necessary for effective preparedness and response. Subnational stakeholders should also play a key role throughout the NAPHS process. This requires involving stakeholders at subnational levels—such as district health officers, urban representatives[xi], individual citizens, local community representatives, women, youth, vulnerable and marginalised groups, professional associations, civil society, and the private sector—who are central to successful implementation within and across programmes at all levels. Thus, risk communication, community engagement, and empowerment principles and processes need to be mainstreamed and integrated into the NAPHS process at all levels and across all relevant sectors.

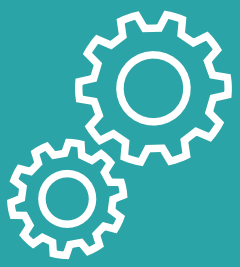
2

NAPHS governance & accountability

The NAPHS process requires the use of all available data and inclusive, efficient multisectoral coordination at all phases. It is the product of a multi-hazard and multisectoral programme management approach that demands strong governance and accountability. Both technical and project management capabilities are essential for stakeholders to drive the process effectively. Before any NAPHS is developed—whether strategic or operational—it is crucial to establish a relevant governance and accountability framework that adopts a project management approach capable of overseeing, driving, implementing, and evaluating the NAPHS process. Where possible, existing and functional national governance and accountability structures should be used (e.g., national IHR focal points, One Health coordination groups, public health emergency operations centres, national multisectoral committees) rather than creating additional or duplicative mechanisms and frameworks.

To maintain momentum and oversight of the NAPHS process, three stakeholder groups are proposed to ensure the NAPHS is managed smoothly, with clearly defined roles and responsibilities (Figure 4). For effective implementation, it is vital that these groups are multisectoral in nature, with members representing sectors beyond human health.

Three groups of multi-sectoral stakeholders needed to drive the NAPHS process



NAPHS secretariat

Group of government stakeholders dedicated to oversee and coordinate the NAPHS process and collaboration across relevant sectors and technical areas

+

Technical leads

Group of government focal points involved in operations from each technical area which supports the NAPHS coordination team by providing technical and operational inputs

+

High-level decision makers

Supervisors, senior leaders and partners consulted to ensure buy-in and ownership of the process

Each step of the NAPHS process requires strategic stakeholder involvement based on the type of decision-making required to maximize efficiency and consensus building

Figure 4: NAPHS stakeholders' groups

It is vital that stakeholders understand and agree on the purpose and value of the NAPHS process to foster strong ownership and a unified vision for a country's health security. Involving high-level decision-makers in the NAPHS process requires that the NAPHS secretariat maintains clarity on ongoing progress through effective communication with technical leads and high-level decision-makers. It is crucial to outline the achievements to date and identify the support required from decision-makers to advance the plan, ensuring its seamless implementation and subsequent follow-up across various sectors. High-level engagement and commitment are key to bringing together different sectors and stakeholders, ensuring that these sectors take ownership of the plan and are accountable for their contributions. To create a shared vision for health security, the NAPHS secretariat can use the templates and guidance provided in Annex 2.0.

As health emergencies have wide-reaching consequences for both private and public sectors and communities, the NAPHS, as a multisectoral process, can be utilized as a key point of coordination (Figure 5). One of the key benefits of the multisectoral nature of the NAPHS is that key stakeholders collaborate more effectively during a health emergency response due to the connections and strong ties built during the planning process. Since many countries have well-established and functioning multisectoral coordination mechanisms—such as inter-ministerial working groups, multisectoral committees, and multi-disciplinary task forces—these should be utilized rather than creating new ones. To ensure a national approach to health security that adequately engages private health service providers, civil society, media, academic institutions, and communities, a multisectoral preparedness coordination framework can be useful[xii]. Stakeholders in these groups should also be engaged using a multi-level approach across all relevant levels of governance in a country, from national to local. The WHO Framework for Strengthening Health Emergency Preparedness in Cities and Urban Settings can support countries in identifying the relevant subnational actors to engage[xiii].

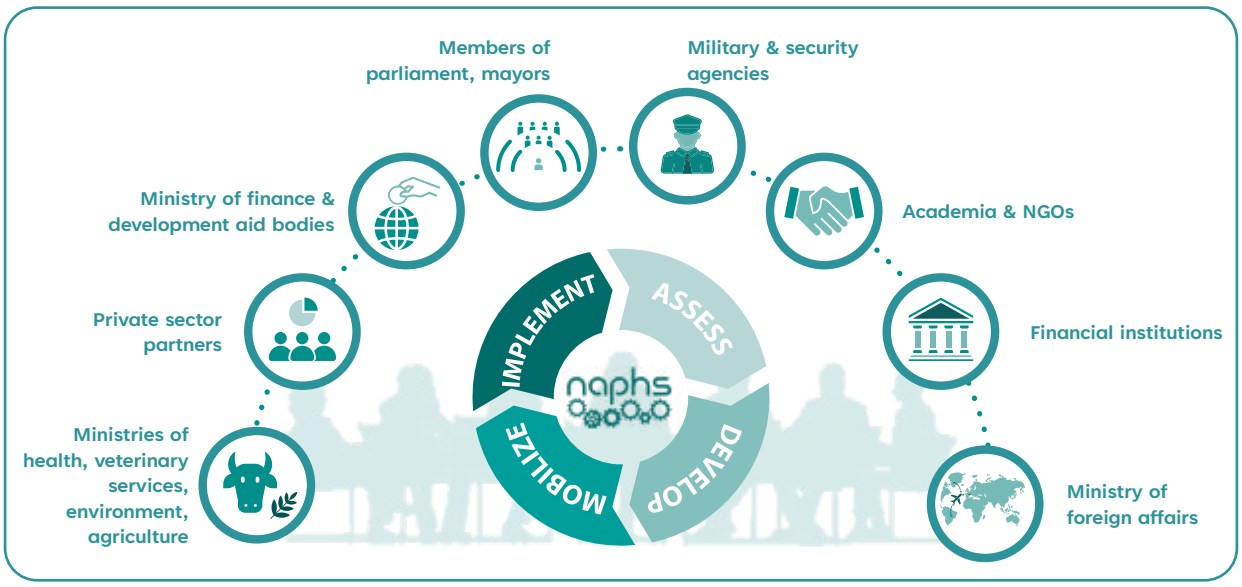


Figure 5: Multisectoral stakeholders relevant to NAPHS

Annex 2.0 Shared vision for health security

2.1. NAPHS secretariat

Before the NAPHS process is initiated, an in-country secretariat or coordination team (hereafter referred to as the NAPHS secretariat) needs to be established to guide and manage the entire planning process.

The secretariat is a small group comprising 6–8 individuals. This team includes representatives from key sectors, ensuring representation from human health, animal health, finance, and the environment. Additionally, representatives from other sectors involved in health security, such as policy, interior, defence, and the private sector, where applicable, should be included. All members should have the appropriate expertise and authority to lead the NAPHS process (i.e., middle management) and possess relevant project management skills[xiv].

Wherever possible, existing coordination mechanisms and platforms should be considered to take on the role of the NAPHS secretariat. For instance, the NAPHS secretariat may be best situated within the national IHR focal points or other IHR coordination bodies, such as the One Health coordination platform[xv]. It can also be embedded within the national emergency coordination structure, such as a legally mandated public health emergency operations centre (PHEOC)[xvi]. A good example is the use of the IHR or JEE secretariat to also drive the NAPHS process (Box 3). This approach ensures better continuity between the assessment and planning phases and shortens the time between the two.

Box 3

The United Republic of Tanzania case study: IHR Technical Working Group

The IHR Technical Working Group (TWG) in the United Republic of Tanzania, responsible for the efficient and effective JEE process, has also added value to the NAPHS implementation and monitoring process. The TWG is derived from a number of sectors related to the IHR. The TWG meets on a quarterly basis to review their plan and has provided oversight and streamlining of the NAPHS implementation process. The findings of the review process are presented to top management with clear corrective actions that are expected to improve the planning processes within its cycle. TWGs are nominated by the Ministry of Health from the relevant institutions responsible for executing the actions in the respective technical areas.

The primary function of the NAPHS secretariat is to drive this process as a sustained, long-term capacity-strengthening initiative. This initiative operates in a cyclical and iterative manner, emphasizing continuous improvement and adaptability. Throughout the NAPHS process, the secretariat is responsible for efficiently facilitating awareness, alignment, endorsement, and buy-in from technical leads and high-level decision-makers. Once the plan is developed, implementation needs to commence immediately. However, where and when resource gaps are identified, the NAPHS secretariat will match critical needs with domestic and international sources that can support implementation.

A nominated chair facilitates ongoing coordination within the NAPHS secretariat and with the other two groups of stakeholders (technical leads and high-level decision-makers). Moreover, the secretariat drives the sustainability and continuity of the NAPHS process by drawing in necessary expertise and funding and elevating any challenges or bottlenecks to the high-level decision-making group for their action or decision.

One of the key tasks of the NAPHS secretariat is to map different stakeholders from each technical area and relevant institutions that should engage in the NAPHS process. These identified stakeholders will be requested to contribute throughout different phases of the NAPHS process as technical leads. Annexes 2.1A, 2.1B, 2.1C, 2.1D, and 2.1E provide more guidance on how to establish the NAPHS secretariat, including a generic presentation to generate common understanding, a sample checklist, working agreements, and stakeholder timelines.

Annex 2.1A NAPHS process worksheet
Annex 2.1B Slide deck of the NAPHS process
Annex 2.1C Sample agenda for NAPHS development workshop
Annex 2.1D Stakeholders mapping template
Annex 2.1E NAPHS secretariat establishment template

2.2. Technical leads

Through the stakeholder mapping mentioned in section 2.1, focal points involved in operations from each technical area will provide technical and operational inputs to support the NAPHS secretariat (Box 4). The main role of the technical leads is to develop the NAPHS, whether a five-year strategic NAPHS, a 12–24-month operational NAPHS, or both, based on the results and recommendations of national priorities, assessments (phase I), and risk analysis. In addition, technical leads will support phase III (resource mobilization) by identifying key resource needs and gaps in their specific technical area. They will also assist in the implementation of the plan by following up on activities in their respective areas (phase IV).

Beyond public sector engagement, the NAPHS process should leverage contributions from the private sector (e.g., private laboratory systems) by including these actors in the planning process and through stakeholder engagement.

Box 4 Sudan case study: Technical experts

Sudan updated its five-year strategic NAPHS during a workshop held in Khartoum from 15 to 18 October 2022. This plan was based on the joint external evaluation (JEE), where the 19 areas in the JEE were used as a guideline to develop activities to bring Sudan's national health system up to the standards of the International Health Regulations (IHR). During the 2022 NAPHS review, several lessons from real emergencies were considered, including the Rift Valley Fever AAR conducted in July 2020, the intra-action reviews (IARs) for COVID-19 conducted from 2020 to 2022, and the regional and global recommendations to end the COVID-19 pandemic. Furthermore, data from the strategic tool for assessing risks (STAR), developed in October 2022, the One Health Zoonotic Disease Prioritization Report from August 2021, the joint risk assessment recommendations conducted in August 2021, and the WHO IHR benchmarks as per Sudan's JEE scores, were also used to inform and update their NAPHS.

To achieve all this effectively, 65 national experts, including members from the IHR multisectoral committee, the health emergency preparedness and response committee, the Ministry of Planning, the Ministry of Finance, and other concerned government ministries and directorates, participated in the NAPHS workshop convened by the Federal Ministry of Health in Khartoum, Sudan, from 18 to 20 October 2022.

Under each of the 19 areas addressed by the JEE, specific activities were devised by a multisectoral group, documenting the necessary steps to achieve these standards. Based on the existing plan, new data from various assessments and reviews, the cost, and the overall implementation ratio, the country could thoughtfully plan for the next five years with input from the national technical experts.

Once technical stakeholders have been mapped, early and continuous engagement with them is essential to generate a multisectoral consensus-based process throughout the development and implementation of strategic and/or operational NAPHS. The stakeholder analysis will help to understand the different roles of all partners and the benefits the NAPHS can bring to them.

The NAPHS secretariat will rely on the technical leads to review assessment and baseline data, identify and prioritize actions, define activities and costs, and identify the responsible authority and individuals in their areas of expertise. Sample working agreements and stakeholder engagement guidelines are included in Annex 2.1F.

Annex 2.1F NAPHS stakeholders working agreements guidance

2.3. High-level decision makers

Each step of the NAPHS process requires strategic stakeholder involvement, tailored to the type of decision-making required to maximize efficiency and build consensus. High-level buy-in and support are as important as the involvement of technical experts. Both strategic and operational NAPHS are multisectoral country plans that require specific roles and responsibilities across different sectors and ministries. Engagement and buy-in from senior or executive management policymakers are necessary to convene different sectors and ministries and to advance the "whole-of-government" and "whole-of-society" approach. Positioning the NAPHS at the highest political level (e.g., the office of the prime minister or president) will ensure appropriate engagement, validation, and endorsement for joint planning across sectors and ministries. This positioning will lead to greater credibility and support, ensuring that prioritized actions are implemented and followed up by different line ministries and sectors.

This level of engagement is necessary to align and integrate global health security strengthening within the broader health system planning process and budget cycle. Regular multisectoral intergovernmental dialogue will ensure that any bottlenecks or challenges in NAPHS implementation are brought to the attention of high-level decision-makers for resolution. How to engage high-level decision-makers will vary from country to country, but two options that countries can consider are either through the mobilisation of parliamentarians or through the Universal Health and Preparedness Review (UHPR) process (Box 5a & 5b).

Box 5a Using parliamentarians to support NAPHS

Parliamentarians play a crucial role in advocating for legislative support, budget allocation, and oversight for health security preparedness. Their involvement will help ensure that NAPHS initiatives are integrated into national policies and legislation, facilitating a coordinated and sustainable approach to health security at the government level.

In November 2023, WHO, together with the Inter-Parliamentary Union, arranged the first African Parliamentary High-Level Conference on Strengthening Health Security Preparedness in Accra, Ghana. Parliamentarians from over 20 countries convened to address the urgent need for enhanced health security preparedness in Africa. They actively engaged in informative sessions and shared invaluable experiences, highlighting the critical importance of parliamentary involvement in driving sustainable action for global health security.

Key outcomes included a renewed commitment to enacting legislation and policies conducive to effective health security preparedness and advocating for sustainable financing to support pandemic response efforts. Additionally, the parliamentarians emphasized the need for robust governance structures to promote coordination among government ministries and agencies. They also underscored the importance of parliamentary oversight and monitoring mechanisms to ensure government accountability in allocating resources and implementing health security measures effectively. All these outcomes directly align with the goals and objectives of NAPHS, offering a framework for translating parliamentary engagement into tangible actions at the national level.

Box 5b Using the UHPR to support NAPHS

In November 2020, at the request of Member States, the WHO Director-General announced the launch of the voluntary pilot phase of the Universal Health and Preparedness Review (UHPR)[xvii] as a means of achieving balance through a voluntary, transparent, Member State-led peer review mechanism that establishes regular high-level and multisectoral intergovernmental dialogue between Member States on their national health emergency capacities. The piloting of the UHPR is part of a broader ongoing effort to transition to more dynamic assessments of threats and vulnerabilities to drive action. In this context, the UHPR can also help steer the NAPHS process and its implementation, as it engages leadership at the highest national level and can help resolve any challenges or bottlenecks in strengthening capacities.

Once a plan (strategic or operational) has been developed by the NAPHS secretariat and the technical leads, high-level decision-makers should validate and endorse the plan. The NAPHS secretariat should work closely with high-level decision-makers to support them in their representation and advocacy for the NAPHS process. This will create stronger accountability throughout the implementation of the plan.

Routine progress reports will be provided by the NAPHS secretariat to other stakeholders, including high-level decision-makers. This will allow them to provide recommendations for course correction if needed, as well as identify where their authority can facilitate the resolution of bottlenecks or challenges. Sample working agreements and stakeholder engagement are included in Annex 2.1F.

3

NAPHS process & methodology

Overview

This chapter outlines a practical, nationally led planning process to enhance capacity for health security. It provides practical steps on how to: 1) compile and utilize national assessment findings and data; 2) develop strategic and operational action plans to address critical gaps; 3) mobilize technical, operational, and financial resources to implement the plan; and 4) execute and monitor the implementation of the plan. It is important to note that resource mobilization should not delay the actual implementation, as countries should have already identified some domestic resources to initiate the process.

A multisectoral workshop is typically central to the development of the NAPHS. However, preparation for such a workshop is crucial and can take between one and two months. This preparation is generally conducted as part of a desk review before the NAPHS workshop, during which relevant assessment data are compiled to establish a common understanding of priorities. This enables the development of a draft NAPHS before the workshop. Thorough preparation fosters a shared understanding among participants of the priorities and defines strategic actions for a strategic NAPHS, as well as detailed activities for an operational NAPHS. Comprehensive preparation, including an in-depth desk review, optimizes the use of time and resources by allowing for a more focused workshop. Participants are not starting from scratch but are instead finalizing work that began during the preparation phase. After the desk review is completed, a nationally led NAPHS workshop is typically organized, lasting three to five days, during which participants finalize and validate a strategic NAPHS and define detailed activities for an operational NAPHS. Following the workshop, additional efforts are required to mobilize and allocate resources, implement activities, and monitor and review the plan, informing the next planning cycle. The NAPHS sample agenda and workshop checklist in Annexes 2.1C and 3.0 can further assist country planners in ensuring all critical steps are completed for a successful workshop.

The development of a five-year strategic NAPHS aims to achieve broad multisectoral consensus, approval, and alignment on high-level priorities for health security. In contrast, a 12–24-month operational NAPHS guides the implementation of prioritized activities that target existing gaps and mitigate high risks within a country's health security capacities. A strategic NAPHS would include high-level cost estimates, while an operational NAPHS would contain prioritized, detailed, and costed activities that contribute towards the longer-term objectives and actions.

The comprehensive NAPHS process consists of four main phases, with each phase comprising three steps. This chapter describes each phase and step in detail, which countries can follow and adapt based on their progress in the process, as illustrated in the NAPHS process flow chart (Figure 5, Annex 1.1A & 1.1B).

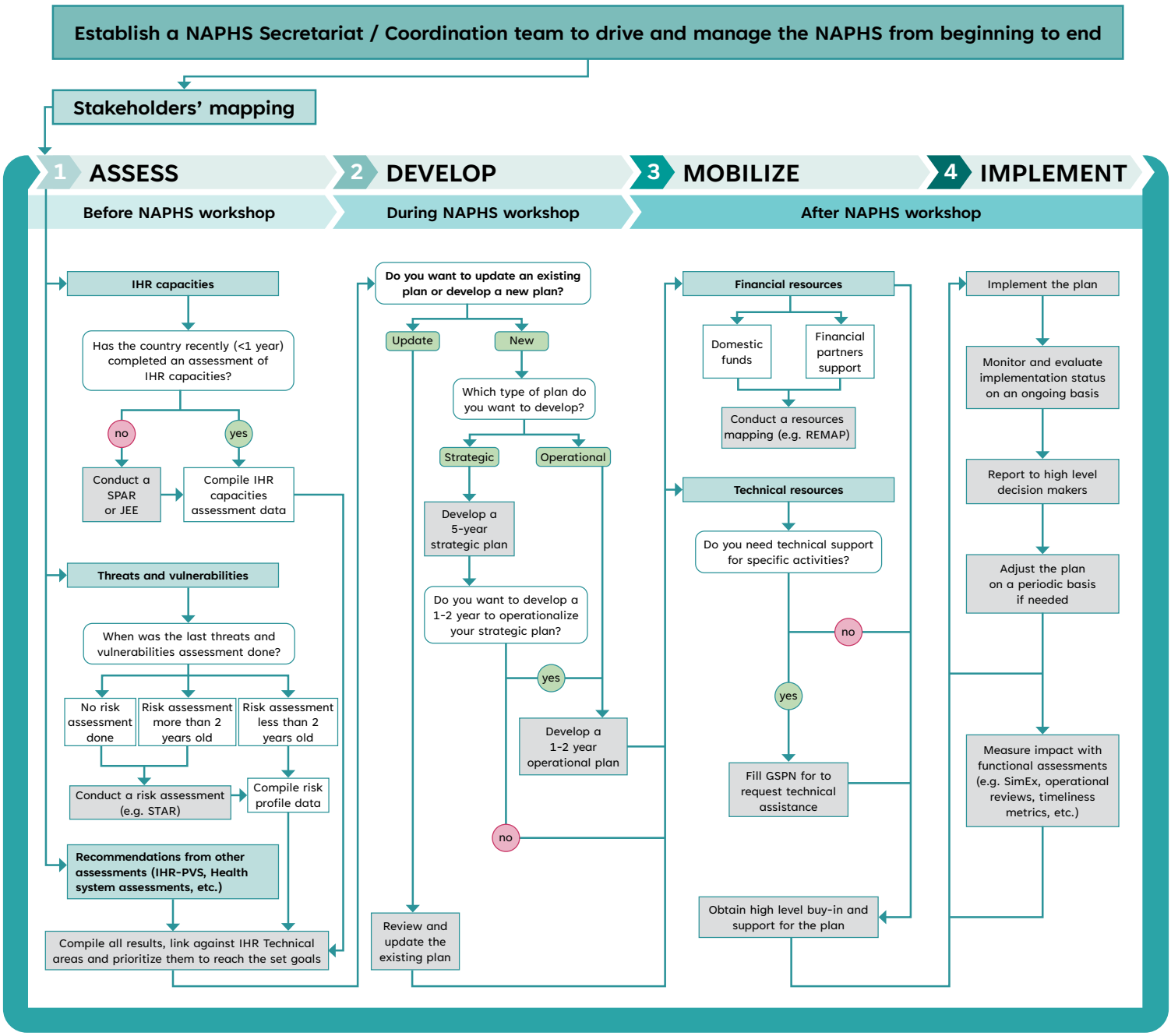


Figure 6: Flowchart

Annex 2.1A NAPHS process worksheet

Annex 2.1B Slide deck of the NAPHS process

Annex 2.1C Sample agenda for NAPHS development workshop

Annex 3.0 NAPHS Workshop Checklist

3.1. Assess (before NAPHS workshop)

Summary	Compile and review existing national capacity assessments and health development plans; update hazard and vulnerability findings; consolidate and review data on preparedness capabilities; and identify key risks and priorities. At the end of this phase, a compilation of findings and recommendations will have been created, which will inform the actions to be included and prioritized in the plan through a desk review.
Objectives	a) Assess or review national capacity assessments and plans b) Review risk and threat assessments to define priorities and goals c) Compile all results, link them to International Health Regulations (IHR) technical areas, and prioritise to achieve the set goals
Output	1. Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of capacities to prevent, detect, and respond to public health threats and events at national and subnational levels 2. Compilation of assessment recommendations by IHR technical areas (desk review)
Stakeholders	NAPHS secretariat & technical leads
Annexes/Tools	Annex 3.1A Assessments synthesis and desk review template Annex 3.1B Risks matrix example Annex 3.1C Risks calendar example Annex 3.1D Dynamic preparedness metric Annex 3.1E SWOT analysis

Step 1.1.

Assess/review existing capacity assessments and plans

Responsibility of the NAPHS secretariat with input from technical leads

The NAPHS secretariat will first map the various existing national health development plans to establish an integrated approach to health security planning that is:

- aligned with the country's overall directions and priorities;
- fits within the broader national planning and budget cycle; and
- complemented by vertical programmes, including multi-hazard or disease-/hazard-specific plans.

Once the planning landscape is established, the NAPHS secretariat is mandated to assess and review capacities and capabilities to prevent, detect, and respond to public health emergencies. This will inform the development and implementation of the NAPHS process. The secretariat will initially map existing and recent (less than two years old) national and subnational assessments and identify any other existing national health plans. This information will be used in the development of strategic and/or operational NAPHS. These may include[5], but are not limited to:

- Assessments of IHR capacities (e.g., SPAR, JEE, IHR-PVS NBW, One Health Tripartite operational tools, civil-military health security mapping);
- Assessments of IHR capabilities (e.g., action reviews[6] and SimEx);
- Health system assessments (e.g., essential public health functions, safe health facilities, population health needs assessments and risk profiling, hospital safety index);
- Vertical and subnational assessments and frameworks (e.g., regional roadmaps, disease-specific assessments, tracking antimicrobial resistance country self-assessment survey (TrACSS)[xviii], subnational health security assessments).

This list is not exhaustive, and not all these assessments are required to develop a strategic and/or operational NAPHS. However, as the foundation of any NAPHS (both strategic and operational), the country would need to decide whether the plan is based on the SPAR or the JEE. The indicators, recommendations, and findings from the SPAR or JEE assessments form the basis for defining actions, which are directly linked back to the IHR indicators for monitoring and evaluation purposes (step 4.2). This establishes the foundation of the NAPHS and identifies which priorities within and across technical areas are reflected in the plan. Further guidance on how to synthesise and compile the key assessment results can be found in Annex 3.1A: Assessment synthesis and desk review.

5. What recent and relevant assessments are included may change depending on country context. Criteria to consider include: scope and objective of the assessments, period and timeline of the assessments (i.e. recent or outdated), specific technical areas assessed and number of assessments and recommendations.
6. Action Reviews is the collective name for Early Action Review, intra-action review and after action review

The NAPHS secretariat should also identify other existing plans that may potentially overlap with the NAPHS. By conducting a desk review with technical leads, the secretariat can better define and prioritise goals and activities, as well as contextualise the NAPHS development.

Annex 3.1A Assessments synthesis and desk review template

Step 1.2.

Review risk and threat assessment(s)

Responsibility of the NAPHS secretariat with input from technical leads

Before developing a strategic and/or operational NAPHS, a country risk profile and relevant risk and readiness[7] assessments should be used to better inform the NAPHS process. Examples of these assessments include the STAR at national, subnational, or local levels, the dynamic preparedness metric, and the readiness capability evaluation (CAPE). By utilizing recently developed risk profiles and readiness[xix] assessments, countries can leverage multisectoral expertise and in-country evidence. This approach allows countries to describe and prioritise risks that need to inform planning, particularly for the 12–24-month operational NAPHS (Box 6).

As a result of country risk profiling exercises and assessments, national planners will have a consolidated overview of the risks facing the country, including:

- Estimates of likelihood, severity, vulnerability, and coping capacities within the geographic area for identified hazards that may trigger coordinated emergency response (biological, hydro-meteorological, societal, environmental, and technological hazards).
- A seasonal calendar of risks to illustrate the "stretch" of the health system in preparing for and responding to prioritized risks.
- Evidence to better inform capacities across preparedness, readiness, response, and resilience.
- Actions or recommendations to mitigate risks, with details as appropriate, such as timelines, responsible leads, and deadlines.

To integrate risk assessment results into the NAPHS, a distinction needs to be made between readiness/response-specific activities and longer-term preparedness activities. Readiness/response-specific actions should be integrated into response-specific and contingency plans, while longer-term preparedness activities should be incorporated into the NAPHS (see Figure 6).

7. Readiness is the ability to respond immediately and effectively to potential health threats and emergencies caused by any hazard. It is a status that prioritizes and accelerates actions necessary to ensure a timely response for an imminent risk(s) and/or prioritized risk(s) following the risk profiling and risk assessment. Readiness is the interface between longer-term preparedness and immediate response actions to emergencies.

Figure 6: Applying outputs of risk assessment (STAR or equivalent) to country planning processes

Longer-term preparedness activities feed into

- 5-year strategic NAPHS
- 12–24-month operational NAPHS
- Apply risk calendar to inform planning processes and multisectoral engagement
- Apply risk calendar to inform planning processes and multisectoral engagement
- Reinforce coping capacities

Readiness/response specific actions inform

- Operational readiness and anticipatory actions to address imminent risks
- Response/contingency plans that are response/hazard specific and need to be implemented (in place) immediately, to ensure an effective response (e.g., prepositioning of resources, early deployments, activation procedures, etc.).
- Prioritize risk-specific actions and potential hotspots
- Consider concurrent risks during emergency response periods

Box 6

Inclusion of STAR recommendations in the NAPHS process

By using risk and threat assessments, countries can mitigate risk impacts and inform capacity-based planning processes, including the NAPHS. This could involve capacity-building activities identified for both medium- to longer-term outlooks (>6 months) and acute/imminent outlooks (<6 months).

Box 6

A. Medium/longer-term outlook: > 6 months

Risks likely to occur in more than six months (medium/longer-term outlook) can inform the development of both NAPHS:

Five-year strategic NAPHS

- The country risk profile can support the NAPHS secretariat to: (1) contextualise benchmarks (if used) and planning goals, and (2) ensure a risk-informed capacity-strengthening process.
- The risk profile can also be used to prioritise the inclusion of strategic objectives and actions stemming from the highest risks identified (e.g., pandemic plans by mode of transmission, such as respiratory pathogens).

12–24-months operational NAPHS

- At the conclusion of a STAR assessment, key actions and prioritized activities are identified and agreed upon to address specific risks. This includes both capacity development and response-specific activities. Capacity development activities aimed at strengthening generic coping capacities and risk-specific preparedness, readiness, and response capacities should be included in the NAPHS, while response-specific activities are better suited for emergency response or contingency plans.
- The identified capacity development activities need to be mapped against IHR core capacities to be included in the operational NAPHS. The NAPHS tool allows these activities to be included under each core capacity and refers to the corresponding risk and risk level.

Box 6

B. Acute/imminent risk: < 6 months)

Risks likely to occur in less than six months (acute/imminent risks) are generally more relevant to response planning (e.g., readiness actions, early warning, anticipatory activities, etc.), but in some cases, they can also inform the development of an operational NAPHS.

For these imminent risks, it is important for the NAPHS secretariat to consider that not all related actions can or should be included in the operational NAPHS:

- **Actions to be included in the operational NAPHS:** Specific actions that focus on capacity development activities to strengthen generic coping capacities or address recurring risks. Additionally, if certain activities related to imminent risks were included in earlier versions of the NAPHS, they might be prioritized and their implementation accelerated.
- **Actions that should not be included into the operational NAPHS** are those response/hazard-specific activities that should be incorporated into an emergency response or contingency plan, such as readiness actions and/or early anticipatory activities that are response/hazard-specific and need to be implemented immediately to ensure an effective response (e.g., prepositioning of resources, early deployments, activation procedures, etc.).

Annex 3.1B Risks matrix example

Annex 3.1C Risks calendar example

Annex 3.1D Dynamic preparedness Metric

Step 1.3.

Compile all results & link them to IHR technical areas

Responsibility of the NAPHS secretariat with input from technical leads

The NAPHS secretariat and technical leads should collaborate to compile all assessment information and summarise the current situation regarding health (Box 7A and Box7B). Using the consolidated output from steps 1.1 and 1.2, the NAPHS secretariat can complete the desk review in Annex 3.1A by:

- Compiling all associated recommendations from relevant sources and grouping them by IHR technical areas and indicators (e.g., SPAR or JEE).
- Consolidating all very high and high risks and identifying longer-term capacity development activities that would feed into the NAPHS process, grouping them by IHR technical areas and indicators (e.g., SPAR or JEE).
- Facilitating a high-level SWOT analysis to identify key strengths, weaknesses, opportunities, and threats related to country preparedness, to set objectives and determine priorities.

During this first in the NAPHS process (Assess – before the NAPHS workshop), the NAPHS secretariat can request support from WHO at the country office, regional, and global levels to access technical expertise for the desk review and compilation of relevant assessment results. The NAPHS secretariat may request, through the WHO country office, that the compiled list of recommendations be shared with WHO technical teams and partners for review and feedback. The technical teams of each area can advise on the coherence of the recommendations, their logical sequencing, prerequisites, and alignment with regional and global strategies.

At the end of this step, all recent and relevant assessment results will have been compiled and summarized, allowing for the visualisation of commonalities and synergies between collated priorities and recommendations. This will facilitate further clustering and a reduction in the number of priorities by addressing duplication, overlaps, and redundancies in each technical area. It will also enable the development of a "draft zero" of the five-year strategic NAPHS, which will be discussed in more detail in the next section (3.2 Develop – During NAPHS Workshop).

Box 7A

Thailand case study: Use of multiple assessments to develop a NAPHS

In February 2023, Thailand conducted a workshop to identify potential hazards using the STAR. The recommendations from IHR Monitoring and Evaluation and other tools, including a UHPR pilot, an IHR-PVS NBW, and the JEE in October 2022, added to the outputs of the STAR workshop and contributed to building a comprehensive NAPHS. The risk assessment was one of the key steps in shaping the national risk profile, defining the likelihood and potential impact of different hazards or emergencies in the Thailand context, which helped to underpin and inform the NAPHS. The results from the risk assessment allowed for proper planning and prioritisation of efforts to better prevent, prepare for, rapidly detect, be operationally ready for, respond to, and recover from identified health emergencies or disasters.

Box 7B

Nepal case study: Use of multiple assessments to develop a NAPHS

In November 2022, Nepal launched its first round of Joint External Evaluation using the third edition of the JEE tool. The JEE findings formed the basis for creating strategic and operational NAPHS. Additionally, five other assessments were included as part of the desk review, including an intra-action review (IAR 2022), a risk assessment (STAR 2022), two simulation exercises (2022), and a civil-military health security mapping, 2023. Furthermore, the Nepal Health Sector Strategic Plan (2022–2030) was also included in the desk review as a source for shaping short- and long-term priorities.

After conducting a comprehensive consolidation and assessment of the findings, a total of 444 recommendations were collected and linked across all 19 technical areas. Notably, R3: Health services provision (97 recommendations), P1: Legal instruments (77 recommendations), and R1: Health emergency management (53 recommendations) received the highest number of recommendations. The thorough examination and synthesis of several information sources facilitated the identification of critical gaps and the establishment of priorities in both strategic and operational planning.

Annex 3.1A Assessments synthesis and desk review template

Annex 3.1E SWOT analysis

Row Labels	Count of Recommendations
CE. Chemical events	8
D1. National laboratory systems laboratory	16
D2. Surveillance	13
D3. Human resources	19
P1. Legal instruments	77
P2. Financing	25
P3. IHR coordination, National IHR Focal Point function	14
P4. Antimicrobial resistance (AMR)	14
P5. Zoonotic disease	6
P6. Food safety	5
P7. Biosafety and biosecurity	6
P8. Immunization	10
PoE. PoEs and border health	22
R1. Health emergency management	53
R2. Linking public health and security authorities	3
R3. Health services provision	97
R4. Infection prevention and control (IPC)	13
R5. Risk communication and community engagement (RCCE)	38
RE. Radiation emergencies	4
(Blank)	1
Grand Total	444

3.2. **Develop** (during NAPHS workshop)

Summary	Identify, prioritise, and cost priority actions, and map the plan against existing plans to avoid duplication and overlap.
Objectives	1. Develop and finalise strategic actions for a strategic NAPHS and define detailed activities for an operational NAPHS. 2. Map actions to other existing plans. 3. Estimate costs for strategic actions and calculate costs of detailed activities.
Output	a) Strategic NAPHS with cost estimation. b) Operational NAPHS (costed prioritized action plan for 12–24 months).
Stakeholders	NAPHS secretariat, technical leads, and high-level decision-makers
Annexes/Tools	Annex 3.2A WHO NAPHS tool Annex 3.2B WHO benchmark for strengthening health emergency capacities Annex 3.2C Prioritisation template for operational NAPHS Annex 3.2D Organising functional groups Annex 3.2E Organising functional group exercise Annex 3.2F WHO costing tool for NAPHS

Step 2.1.

Develop strategic actions for a strategic NAPHS and define detailed activities for an operational NAPHS

Responsibility of the NAPHS secretariat with input from technical leads

The first step is to determine whether the country intends to develop a five-year strategic NAPHS, a 12–24-month operational NAPHS, or both. It is recommended to have a strategic NAPHS that is complemented and broken down into shorter, more manageable operational NAPHS. When deciding whether to start with a strategic or operational NAPHS, the national context should be considered, with reference to Table 2 Box 8.

A five-year strategic NAPHS helps countries identify and develop a roadmap with a long-term strategic vision, while operational plans detail more specific priorities for a shorter timeframe to implement and achieve long-term goals.

Box 8 The Philippines case study

Guided by lessons learned during the country's response to the re-emergence of polio and the COVID-19 pandemic, the Philippines resolved to develop a strategic NAPHS to strengthen the country's capacity to prevent, detect, and respond to public health threats, aligned with ongoing efforts to implement Universal Health Care. The country chose to develop an operational NAPHS, guided by identified critical capacities that would have the most impact and by the need for a practical approach to its implementation given current timeframes. To improve multisectoral coordination, the Philippines created a NAPHS secretariat, known as the Inter-Agency Platform for NAPHS Implementation and Monitoring, involving the Interagency Committee on Zoonoses and other One Health Approach partners. Lastly, national IHR focal point was tasked with ensuring effective leadership and coordination of IHR (2005) implementation across relevant sectors and partners.

Based on the data and information from the assessment step (Phase I) and the output from the desk review (Step 1.3), countries should have a pre-developed draft zero of the five-year strategic plan. The draft zero of the NAPHS is usually finalized or validated in a multisectoral workshop, which is central to the NAPHS development phase, along with the development of the 12–24-month operational plan (see Annex 3.0: NAPHS Workshop Checklist). In this face-to-face workshop, national stakeholders use their expertise and respective roles in the country to identify relevant and realistic detailed activities.

Depending on the existence and availability of a current NAPHS or an equivalent health security plan (in any form), the NAPHS secretariat will follow one of the following paths to advance the plan:

a. Use and review an existing NAPHS or equivalent if the Member State is upgrading or revising an existing NAPHS (in any form)

The existing NAPHS (which may include the previous five-year NAPHS or the current strategic and/or operational NAPHS) should be reviewed to determine whether the strategic actions and/or detailed activities listed in the plan still address the current gaps identified in the desk review of the assessment phase (Step 1.3). Triggers for updating the existing plan may include, but are not limited to: the end date of the plan, overall implementation lagging behind the timeline[8], new assessment data and developments (e.g. recent outbreak response) providing new insights and country priorities, political and governmental changes, etc.

Next, identify and document bottlenecks or challenges that could limit the completion of actions listed in the existing NAPHS. Reviewing progress made from implementation data (e.g. percentage status of activities implemented) will help expedite this process. Consider using WHO Benchmark for Strengthening Health Emergency Capacities (Annex 3.2B), hereafter referred to as the Benchmarks, to upgrade actions in the current plan or generate new ones.

By reviewing the existing NAPHS, stakeholders can adapt or reprioritise activities to build on progress and address challenges. Even with an existing NAPHS, the new strategic and/or operational NAPHS will likely still require drafting new activities to target gaps that were not adequately addressed. Refer to section (b) below, "Generate a new strategic or operational NAPHS," for guidance.

b. Generate a new strategic and/or operational NAPHS and activity creation if the Member State is developing one for the first time or does not have an existing one

The updated WHO NAPHS tool (Box 9) can be used to develop a draft five-year strategic and/or 12–24-month operational NAPHS. For a five-year strategic NAPHS, the assessment data from Phase I are translated and included as longer-term objectives/strategic actions. For a 12–24-month operational NAPHS, this assessment data is translated and included as detailed and action-based activities. Please note that any NAPHS (both five-year strategic and 12–24-month operational) needs to be structured against a set of standard monitoring and

8. For a five year plan the average implementation ratio per year should be around 20% in order to achieve the plan result.

evaluation capacities and indicators. The NAPHS secretariat can decide to use all or a selection of capacities and related indicators from:

- JEE (version 2), if the JEE was conducted before April 2022[9]
- JEE (version 3), if the JEE was conducted using the new set of indicators (after April 2022)
- SPAR, if a JEE has not been conducted recently; the NAPHS process can be structured using the SPAR capacities and related indicators.

Well-formulated strategic actions and detailed activities are critical to ensuring activities are clear, well-understood, and concrete, allowing them to be effectively followed up. In an operational plan, detailed activities need to be S.M.A.R.T.: Specific, Measurable, Achievable, Relevant, and Time-bound, while strategic actions should be broader and overarching to contribute to a higher-level objective or priority. In addition, each action or activity needs to be assigned to a unit, department, or institution responsible for its implementation, with a logical flow. This means that certain prerequisites need to be in place to achieve the strategic action; otherwise, the action cannot be completed or implemented (Box 10).

For countries that choose to use it, the WHO Benchmarks for IHR Capacities (hereafter referred to as the IHR Benchmark) is a tool with suggested actions to improve JEE scores by building the necessary capacities defined in IHR (2005). These activities were determined through consultations with subject matter experts in each technical area. Activities in the Benchmarks are directly aligned to the indicators and capacity levels of the JEE. The Benchmarks can significantly shorten the time and resources invested in national planning processes by providing a list of suggested activities that countries can consider when developing their strategic or operational NAPHS. The Benchmarks allow countries to select predefined, generic activities based on their latest JEE scores. These suggested activities can be used by countries when developing their NAPHS, which should, in any case, be reviewed and adapted to the country's context. The broader "Strategic Objective" suggested by the WHO Benchmarks supports the creation of a draft five-year strategic NAPHS to reach the longer-term IHR capacity score and objectives that the country has set and is targeting.

The more detailed "Benchmark Actions" suggested by the WHO Benchmarks support the creation of an operational NAPHS. These actions need to be broken down into more specific and detailed activities that reflect the priorities, risk profiling, and context of the country or subregion. The activities suggested by the Benchmarks alone do not constitute an operational or strategic NAPHS and will require further revision and adaptation.

9. If it has been 4 years or more since the last NAPHS/JEE, countries may consider redoing a JEE before starting a new NAPHS

Box 9 The NAPHS tool

The NAPHS tool is currently an Excel-based application that allows countries to capture all their strategic actions and detailed activities based on assessment results. This practical and easy-to-use tool can be used for developing both five-year strategic NAPHS and 12–24-month operational NAPHS. This standardized planning and monitoring tool will benefit countries by highlighting key elements that the NAPHS secretariat should track and capture, including timelines, responsibilities, budget, costs, the need for technical assistance, an implementation tracker, and other essential planning considerations.

The tool is automatically structured around the IHR indicators to facilitate the monitoring and evaluation process and to easily track activity implementation status according to the review cycle. Dashboards can be automatically generated based on the information provided in the plan, providing an overview of the plan and identifying any bottlenecks for consideration by high-level decision-makers. An online version of the tool (e-NAPHS) is currently under development. This online planning tool aims to address challenges identified during the COVID-19 pandemic and streamline the process of developing, implementing, and routinely reviewing NAPHS. The e-NAPHS platform enables countries to create a NAPHS that is multisectoral, risk-informed, context-specific, and aligned with national priorities.

The NAPHS tool can be found in Annex 3.2A.

Box 10 Example of adding/formulating action and activities and logic flow

Strategic Action:
Set up a public health emergency operation centre (PHEOC)

Logic Flow:
Legislation, mandate, finance, and resources must be in place.

Operational detailed activity year 1:

- Conduct a mapping of all requirements needed.
- Perform a cost/benefit analysis.
- Develop a proposal to present to senior management

Annex 3.2A WHO NAPHS Tool

Annex 3.2B WHO Benchmark for Strengthening Health Emergency Capacities

c. Update and identify national priorities

With the draft plan now generated—either by developing a new plan or reviewing a current NAPHS—the NAPHS secretariat and technical leads need to decide which technical areas the NAPHS should prioritise. Where possible and available, prioritisation should be driven by recent IHR scores (e.g. SPAR/JEE), assessments of risk and vulnerability (Box 11), and impact and feasibility criteria (Figure 7). This could mean that a country decides to focus on all IHR technical areas for the five-year plan, while the 12-month operational plan may focus on a selected number of technical areas. Technical leads can further use Annex 3.2C (Technical Area Prioritisation) to draft detailed activities for the operational NAPHS, ensuring they are informed by outputs from IHR MEF approaches and other assessments.

Box 11

Mauritius case study: Use of risk assessment for planning and prioritization

Mauritius conducted a risk assessment using the STAR tool, providing a platform for technical experts to collaboratively identify the most likely hazards Mauritius may face in the next two years. Mauritius consolidated the risk information and prioritisation from STAR to support the development of the 18-month operational NAPHS for the country. Additionally, it assisted the country in its Pandemic Fund's full proposal application. Key recommendations from the risk assessment were aligned and provided evidence-based actions for the operational NAPHS.

Different criteria can be used to prioritise detailed activities for the operational NAPHS. A simple method is to assess the feasibility of implementing the activity (e.g. how easy or challenging it is to implement the activity considering technical, operational, and political considerations) and the impact it will have (e.g. how the action might impact the strengthening of IHR capacities and addressing gaps). The feasibility level (difficult, medium, easy) and impact level (low, medium, high) will determine a priority score according to the matrix below.

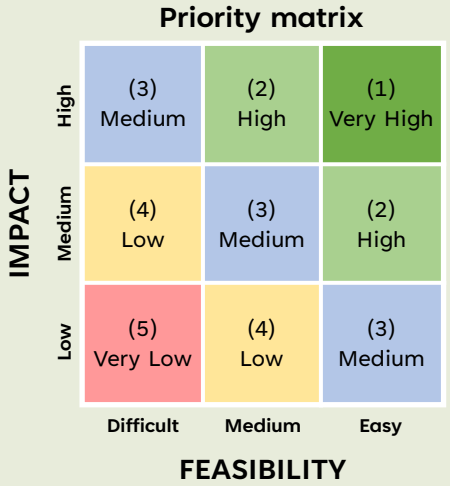


Figure 7: Prioritization matrix

Annex 3.2C Prioritization template for operational NAPHS

d. Functional grouping to facilitate coordination across sectors on goal setting

During the NAPHS development workshop, the NAPHS secretariat should allocate time for each technical lead to present their strategic objectives and actions to the leads of other technical areas and sectors. This will provide participants with the opportunity to discuss national and cross-sector priorities, and to identify, engage, and align the work of other stakeholders into detailed activities. These presentations should be brief and informal readouts from each technical area to ensure high-level awareness across all technical areas.

Countries may consider using functional groups to organise the work, discussion, and validation process during the NAPHS development. Functional grouping allows workshop participants from similar technical areas and across different sectors or ministries to identify cross-cutting issues and joint priorities, activities, and objectives. For example, the priorities of national laboratory systems, surveillance, and biosafety and biosecurity may require representatives from each technical area, as well as from the animal and human health sectors, to jointly create activities.

Key benefits of the functional group approach include:

- Fostering alignment on a systems approach and the improvement of critical functions.
- Limiting silos and duplication of efforts by promoting technical interconnection.
- Enabling networking and collaboration among technical leads.

To form a functional group, technical areas may be categorized by IHR pillars (prevent, detect, respond, other IHR hazards, and point of entry) or other configurations that enable interconnection and reflect the country's structure. The NAPHS secretariat should facilitate functional grouping with the technical leads. For further cross-fertilisation and alignment between strategic actions and detailed activities, participants should be allowed to change groups during the workshop. Guidance for using functional grouping can be found in the annexes below.

Annex 3.2D Organising functional groups

Annex 3.2E Organising functional group exercise

e. Consolidate strategic actions (five-year strategic NAPHS) and/or detailed activities (12–24 operational NAPHS) per technical area into a revised draft plan and obtain consensus from technical leads

Once the long-term objectives of a strategic NAPHS or the detailed activities of an operational NAPHS have been established and discussed in functional groups, the NAPHS secretariat should consolidate them into one comprehensive file, such as the WHO NAPHS tool (Annex 3.2A: WHO NAPHS Tool). The NAPHS secretariat should cross-check the strategic and/or operational NAPHS to ensure sufficient integration of outputs from the assessment synthesis desk review. Additionally, the NAPHS secretariat should examine whether the draft strategic and/or operational NAPHS leverages opportunities and strengths and addresses weaknesses and threats identified in the SWOT analysis.

Technical leads should be given the opportunity to review and provide consensus on the planned actions and activities. They should also ensure that the number of actions and activities is realistic and feasible to implement within the given timeframe (Box 12).

Box 12 Good practice in terms of number of activities

Countries are encouraged to be realistic about the number of activities that can be implemented during the NAPHS process, whether it is five years for the strategic NAPHS or 12–24 months for the operational NAPHS. Many NAPHS to date have listed hundreds of activities, while effective implementation of a capacity rarely exceeds 20 activities. Plans with too many strategic actions or detailed activities may result in low implementation performance and indicate a need for further prioritisation. Countries are encouraged to prioritise a few activities for implementation and then add to that list once further implementation capacity exists. A country should focus on activities that are the most urgent, implementable, and critical to the implementation of subsequent activities.

It is recommended to have a realistic number of actions/activities per technical area. While it is impossible to provide a specific number that applies to all countries, a realistic number is one that can be implemented within the allocated timeframe. In some countries, this may mean a five-year strategic NAPHS focusing on all 15 technical areas of the SPAR, with two high-level strategic actions per technical area, resulting in 30 strategic actions. This is complemented by a one-year operational NAPHS consisting of four activities for just 10 technical areas that the country has prioritized for the first year, resulting in 40 detailed activities. In some cases, a country may choose to focus their operational NAPHS only on certain technical areas, such as laboratory capacity, surveillance, and workforce, which are the technical areas listed in the Pandemic Fund's first call for proposals. Such an operational NAPHS can focus on three technical areas that are prioritized for the first year, with more detailed activities per technical area. Operational NAPHS should be revisited regularly (e.g., quarterly, bi-annually, annually) to review if it remains all-encompassing of the goals of the strategic NAPHS.

Step 2.2.

Eliminate duplications with other existing plans

Responsibility of the NAPHS secretariat with input from technical leads and high-level decision-makers

When the plan is developed, it is imperative to cross-reference it against other existing national health plans and relevant capacity development plans (e.g., preparedness plans). This process will help identify duplication of prioritized activities and delete or merge any activities that are already captured and funded in other plans.

Additionally, a cross-analysis is essential to eliminate duplication. This analysis can be conducted by collating the strategic and/or operational NAPHS with other existing capacity development plans (e.g., health sector strategic development plans, national action plans on AMR, pandemic preparedness plans, country cooperation strategy, health components of humanitarian response plans, transition plans, and/or recovery/peacebuilding plans) and national development, disaster risk reduction, and climate change agendas. Activities that are already being implemented or fully funded in other plans should be highlighted in the strategic and/or operational NAPHS. It should also include a note/reference to the specific plan where detailed information is omitted (timeline, responsibility, costing, etc.), as this information will be maintained in the original plan. If duplications of activities are found that have not been fully funded or implemented yet, these activities may be included in the NAPHS to highlight their importance as a national priority across different plans, but without adequate resources.

Countries may consider using functional groups for each technical area to organize the mapping of activities against other existing plans. Guidance for organizing and using functional grouping can be found in Annexes 3.2D and 3.2E.

Step 2.3.

Estimate cost for strategic actions or calculate costs of detailed activities

Responsibility of the NAPHS secretariat with input from technical leads

As a final step, the plan should be costed. Countries are encouraged to utilize the costing approach that best meets their context and needs. For five-year strategic NAPHS, high-level cost estimates are sufficient, while for 12–24-month operational NAPHS, detailed and action-based costing is recommended.

The calculation of costs for 12–24-month operational NAPHS can be made as follows:

- Costs are estimated from detailed country-defined activities, such as workshops, per diem, and procurement of items.
- Costing assumptions are included and needed to calculate actual cost estimates (Box 13).
- Costing data are consolidated and included in the plan.

Costing can be done in various ways, but the costing process is often facilitated through workshop engagements with national budgeting and financing officers. Therefore, this is often done with a smaller group comprising members of the secretariat, technical leads, and costing experts following the main NAPHS development workshop.

Box 13 Detailed activities for costing

When developing an operational NAPHS, the activities need to be time-bound, concrete, and detailed enough to inform the costing. For example, "Provide two training courses on the One Health Platform to members from 25 regional public health emergency operation centre (PHEOCs). These trainings will take place at the National PHEOC in Q4" is a better activity than "train subnational staff on One Health." These details can be further broken down into sub-activities that are helpful and needed by the costing experts to determine quantities.

Using national budgeting tools is always the preferred option, as these tools are developed within the country's context and financial landscape. Budgeting officers are also more familiar with these national tools, so less training and familiarization on how to use these tools will be needed. Therefore, the NAPHS secretariat should be encouraged to work with the Ministry of Finance or financial officers in the ministries using the national budgeting and costing tools available. If a national costing tool is not available, the WHO NAPHS/AMR Costing Tool can support updating cost requirements for the implementation of prioritized activities in the operational NAPHS (Annex 3.2F). However, specific training is needed on how to use the tool before countries can utilize it. Additional resources that leverage an action-based costing approach (i.e., providing cost estimates from the strategic action level) are available through open-access tools of other stakeholders. Finally, cross-referencing across all relevant ministries and integration with national budget cycles will ensure prioritized activities for health security are funded and sustained.

Annex 3.2F WHO Costing Tool for NAPHS

3.3. **Mobilize** (after NAPHS workshop)

Summary	Resource requirements (both technical and financial) are mapped and matched against available domestic and international resources to identify gaps, bottlenecks, and opportunities. These resource needs are then translated into resource mobilisation efforts for high-level decision-makers.
Objectives	1. Map all available financial and technical resources. 2. Identify gaps for an investment strategy. 3. Secure high-level buy-in and resource mobilization efforts to fill remaining gaps and needs.
Output	a) NAPHS report b) Resource mobilization strategy (financial and technical)
Stakeholders	NAPHS secretariat, technical leads, and high-level decision-makers
Annexes/Tools	Annex 3.3A WHO resource mapping (REMAP) tool Annex 3.3B NAPHS report template

Step 3.1.

Map all available financial and technical resources

Responsibility of the NAPHS secretariat with input from technical leads

Once a plan is costed, it is necessary to map the existing and potential resources available for its implementation (Box 14). It is important to note that not all activities require additional resources, and what can be implemented directly should already start without delay. Resource mapping helps identify the resources that can be mobilized and allocated for the implementation of detailed activities in the operational NAPHS. The resources required include human resources, financial resources, and technical resources (materials and institutional assets) needed to successfully implement the specific activity. This information can be captured directly into the NAPHS tool, where the resources can be identified and filled.

Box 14 The Republic of Moldova case study: Identifying funding sources and gaps

The COVID-19 pandemic and the war in Ukraine have put enormous strain on Moldova's health system. By mid-2023, the Republic of Moldova was hosting the highest number of Ukrainian refugees per capita of any EU country. Despite efforts to strengthen health security, including pandemic preparedness and response under the International Health Regulations (IHR) framework, each pandemic brings challenges and particularities that must be addressed by health systems, governments, and society in general.

Building a resilient health system and improving health security in Moldova was based on a series of comprehensive assessments, such as the Joint External Evaluation of IHR core capacities (JEE, 2018), the intra-action review for the COVID-19 pandemic (December 2020), the assessment of core capacities at points of entry (May 2021), and the SPAR. This complex process identified further areas for improvement. Moldova has a strong tradition of conducting assessments in a participatory manner, with capacity development plans built on strong intersectoral collaboration and involvement. This included the development of the five-year strategic National Action Plan for IHR Implementation (NAPHS 2023–2027), which was recently approved by the Government (HG 222/Apr 23) and involved all sectors. The costing of NAPHS activities enabled the identification of funding sources to implement the plan and identify funding gaps. Subsequently, the Pandemic Fund application process was used to summarize all these activities, including recommendations from assessments and prioritized actions identified through the five-year strategic NAPHS, to develop a proposal on Moldova's key needs to strengthen national pandemic preparedness and response. By focusing on strengthening human resources, enhancing surveillance, and strengthening lab systems in Moldova, the NAPHS will ultimately contribute to the Global Health Security Agenda goal.

Resource mapping can assist in decisions to attract and request domestic funding or donor support, as well as determine which stakeholders need to be engaged to support implementation. WHO has developed the WHO Resource Mapping (REMAP) Tool to identify financial and technical gaps and the available domestic and external resources that can support NAPHS implementation (Annex 3.3A). This can be carried out using the following steps:

- Map available financial and technical resources (both domestic and external sources) for those activities not covered in other existing plans and projects using the WHO REMAP tool.
    - Match remaining financial and technical resources with the gaps and highlight where additional technical and financial needs exist.
    - Identify the key stakeholders needed to support the technical and financial gaps for the implementation of the strategic or operational NAPHS.
- Consolidate and include the key stakeholders in the draft operational NAPHS.

Countries can request assistance from WHO to conduct resource mapping using the REMAP tool.

3.3A WHO Resource Mapping (REMAP) Tool

Step 3.2.
Identify resource gaps and needs

Responsibility of the NAPHS secretariat

Both strategic and operational NAPHS need to be aligned with the overall national planning and budgetary cycles, including the national health policies, strategies, and plans (NHPSP). This alignment is necessary to fund and provide domestic and external resources that reflect national priorities.

The NAPHS secretariat will match technical and financial gaps with domestic and international sources. Responsibilities for implementing stakeholders and partners need to be identified and assigned. This leads to the identification and development of resource mobilization efforts, such as pledging conferences, domestic funding allocation, and bilateral/multilateral funding opportunities (including funding proposals to the Pandemic Fund and other donors if applicable). At the end of this step, a national investment case/plan and/or mobilization strategy can be developed and presented to high-level decision-makers for their endorsement and utility (Step 3.3). The NAPHS reporting template (Annex 3.3B) can be used as a standard outline to develop a national investment case or for drafting specific funding proposals.

Step 3.3.

High-level buy in and resource mobilization Strategy to fill remaining gaps

Responsibility of the NAPHS secretariat with high-level decision-makers

The NAPHS secretariat should seek final stakeholder consensus and any required approvals for the finalization of a strategic and/or operational NAPHS. This can be achieved by convening or providing communication to key stakeholders on the agreed objectives and/or priority actions and targeted outcomes. This process aims to secure approval and endorsement for the proposed initiatives. In the case of strategic NAPHS, the final plan will be structured in a standard reporting template summarizing the situation analysis, long-term national strategic priorities, plan governance arrangements, risk and mitigation measures, resourcing strategy, monitoring, and evaluation. An annotated template is available in Annex 3.3B. For transparency and mutual learning and benefits among countries, it is recommended that countries publish their final NAPHS. Such a comprehensive document is not needed for an operational NAPHS, which can remain in a table form and be annexed to the strategic NAPHS.

It is suggested that the approval/ endorsement of the plan is done at the highest possible national level and not solely by the Ministry of Health. This could be the Prime Minister's or President's office to truly reflect the multisectoral nature of the NAPHS process. It can also be done through any other regulatory instrument or procedure (e.g., ministerial decrees) that considers the responsibility and accountability of different stakeholders.

After approval and endorsement of the strategic and/or operational NAPHS, and as required, a resource mobilization strategy can be prepared to fill remaining gaps as identified in Step 3.2 using generic investment cases/ plans or specific funding proposals (e.g., Pandemic Fund). It is crucial to outline the achievements to date and identify the support required from decision-makers to advance the plan, ensuring its seamless implementation and subsequent follow-up across various sectors. The standard NAPHS reporting template can be used as a basis for drafting investment cases/ funding proposals to extract key information, such as the demonstrated need, gaps, and priorities a country needs further investment or support in.

Advocacy and communication products will further help secure domestic and external resources (budget advocacy) and political endorsement and legislation (legal advocacy) to enable implementation.

Annex 3.3B Outline for NAPHS report

3.4. Implement and monitor (after NAPHS workshop)

Summary	This section focuses on the operational NAPHS, as these are used to implement the goals of the strategic NAPHS. It outlines steps to implement the operational NAPHS, monitor and evaluate progress for continuous improvement, and regularly update or revise the operational NAPHS based on changing contexts and priorities.
Objectives	1. Implement priority actions of the operational NAPHS. 2. Monitor and review progress towards the operational NAPHS. 3. Update the operational NAPHS at the end of its cycle (e.g., 12 or 24 months).
Output	a) Monitoring and evaluation (M&E) dashboard and updated operational NAPHS
Stakeholders	NAPHS secretariat, technical leads, and high-level decision-makers
Annexes/Tools 	Annex 3.2A WHO NAPHS Tool Annex 3.4A IHR benchmarks reference Library Annex 3.4B Routine implementation status Meeting Annex 3.4C Examples of M&E dashboard

Step 4.1.
Implementation

Responsibility of the NAPHS secretariat with input from technical leads

The timely implementation of activities is critical to the success and effectiveness of any NAPHS. By regularly monitoring and reviewing the operational NAPHS, the five-year strategic NAPHS can also be evaluated. This will ensure that long-term objectives and strategic actions are still relevant to achieving the desired impact.

Overall implementation of the plan is the responsibility of the different sectors and multisectoral stakeholders identified in the plan as responsible entities. In some cases, the implementation of specific activities occurs at a different level beyond the national level, such as at the community level, which must be involved (Box 15).

Box 15 Implementation of the NAPHS process and community protection at local and community levels

A community-centred approach enables communities to be actively engaged in the NAPHS process starting at the community level. This entails strengthening community-based early warning, alert, and response systems or mechanisms, risk communication and community engagement, community risk and vulnerability assessments, community preparedness and readiness, etc.

Local coordination mechanisms should include local government, primary healthcare providers, community health workers, civil society organisations, community-based organisations, and other community stakeholders. This coordination mechanism can conduct local contingency planning and simulation exercises to assess if the necessary health emergency response capacities and resources are in place, functional, and interoperable at the local level where emergencies start.

Advocacy and funding from the national level are required to implement the NAPHS process at the local and community level. The following preparedness and readiness activities are recommended for the NAPHS process at the local and community level:

- Participatory community risk assessment and mapping of vulnerabilities and capacities
- Community readiness assessment and development of local contingency plans and standard operating procedures
- Risk communication and community engagement
- Simulation exercises, including community drills to test and strengthen coordination
- Community case detection, early warning, and local response, involving human health, animal, environment, and other relevant sectors
- Integrated primary health care services and public health functions, linked with secondary care
- Local emergency response coordination system, including stockpiling of essential supplies and public health and social measures, aligned to community context and structures
- Conduct intra-action reviews (IAR) and AAR to update local plans

The NAPHS secretariat should be empowered by high-level decision-makers to follow up on the implementation status of detailed activities (Box 16) and provide regular check-ins with the person responsible for activity implementation.

Specific tools, guidelines, best practices, and training packages offer responsible persons/authorities a head start in implementation. The WHO IHR Benchmarks Reference Library (Annex 3.4A) is a collection of resources that countries can easily access, adapt, and use to inform planning and implementation. As a resource that is regularly updated with reviewed guidelines, best practices, tools, and training packages, the Reference Library helps reduce the time and cost to starting activity implementation.

Box 16

NAPHS tool: Implementation status tracking function

The NAPHS tool includes a function for tracking implementation status through five levels:

i. **Not started**
ii. **Just started**
iii. **Ongoing**
iv. **Advanced stage**
v. **Completed**

This allows countries to regularly track the status of implementation of each activity. Anywhere there are challenges or bottlenecks to implementation, the secretariat can follow up with the technical leads or elevate the issue to the high-level decision-making group for their action. The NAPHS tool, including the implementation status tracking function, can be found in Annex 3.2A.

The vision is that this tool will be hosted on a WHO secure online platform (e-NAPHS), with each country having the discretion to grant access to relevant national and subnational staff, partners, and WHO. This online planning tool will further support national, regional, and global stakeholders in the development, implementation, and monitoring of national health security plans.

Annex 3.4A IHR benchmarks reference Library

Annex 3.2A WHO NAPHS Tool (implementation status monitoring function)

Step 4.2.

Monitor and review progress towards the operational NAPHS

Responsibility of the NAPHS secretariat with input from high-level decision-makers

A key challenge faced by countries has been the lack of a robust implementation, monitoring, and review process[xx]. Although many countries have developed a NAPHS, only a few have been able to secure the necessary resources and effectively carry out the implementation, monitoring, and follow-up processes to achieve the intended outcomes and results. Furthermore, these plans often lack comprehensive mechanisms that establish a direct connection between activity implementation rates and the IHR indicator scores.

Routine monitoring is the foundation for effective evaluation of the operational NAPHS implementation. The NAPHS secretariat defines a real-time monitoring mechanism for national tracking. Operational NAPHS benefit from regular (e.g., monthly/quarterly/bi-annual) check-ins to track activity status and update dashboards/reports (Annex 3.4C: Examples of Monitoring and Evaluation Dashboard). These are also used to highlight any potential challenges, delays, or bottlenecks that hamper the implementation of the plan. This is achieved by identifying people, processes, and tools that enable routine implementation status and tracking (Annex 3.4B: Routine Implementation Status Meeting).

Operational planning is an iterative process that requires an updated risk profile (or reassessment of capacities through a SPAR or JEE review) to update the plan and its priorities at each cycle. By linking each activity to a SPAR or JEE indicator, countries can track and demonstrate progress in their IHR capacity scores. This monitoring and evaluation that integrates annual IHR MEF assessments allows countries to adjust based on changing needs and circumstances. Thus, at the output level, trackers are selected to monitor implementation status (i.e., not started, just started, ongoing, advanced stage, completed), while at the outcome level, only existing indicators (JEE/SPAR) are identified and linked to each activity. This will also allow for easier compilation of the SPAR submission based on the actions undertaken to develop capacity. Additionally, demonstrable progress in IHR capacities is a powerful advocacy tool for both higher-level and public buy-in to the NAPHS process.

WHO is currently developing an electronic platform called e-NAPHS. This initiative aims to address COVID-19 pandemic-related challenges identified and to streamline the process of developing, implementing, and routinely monitoring and reviewing NAPHS. The e-NAPHS platform enables countries to create a NAPHS that is multisectoral, risk-informed, context-specific, and aligned with national priorities.

The e-NAPHS is a secure platform with each country having the discretion to grant access to relevant national and subnational staff, partners, and WHO. The platform enables the planning of a one/two-year operational plan within the context of a longer five-year strategy. This approach transforms NAPHS into a dynamic planning tool that undergoes regular review. The WHO recommends a multisector review at a minimum on an annual basis or as national priorities change. The e-NAPHS will enable technical experts to identify bottlenecks in a timely manner, take corrective action, and document best practices for sharing. Consequently, the e-NAPHS platform will

allow countries to demonstrate progress made in strengthening their capacities. In addition, it will support countries in reporting more accurately on their IHR scores through SPAR or JEE activities. This evidence-based approach strengthens the link between assessment results and the capacity-building process while facilitating effective reporting required under the IHR (2005) (Box 17).

The implementation of capacities, particularly those developed or improved by the NAPHS process, can be evaluated and refined using qualitative and functional assessments. SimEx and action reviews (i.e., EAR/AAR/IARs) are extremely useful in monitoring the plan. They provide a more accurate and realistic picture of how systems perform during an event. These can be used to adjust, refine, and reprioritise the activities in their operational NAPHS. They may also record and mainstream best practices identified through such reviews that can improve future planning and identification of activities. Finally, these functional reviews and simulated events can help demonstrate the longer-term changes in the country and assess the overall impact of the capacity-building brought by the NAPHS process (Box 18).

Box 17 Utilizing the e-NAPHS: https://enaphs.who.int/login

The initial challenges in developing a NAPHS for many countries included collecting and managing relevant capacity and risk assessments data, followed by prioritizing actions. To ensure the development of a goal-oriented NAPHS, it is important to utilize a wide range of sources that enhance IHR capacities. While countries initially relied on JEE scores and priority actions to develop NAPHS, the updated strategy recommends that countries include all relevant sources of information[10] for a context-based approach. Therefore, countries must invest significant effort in collecting, analysing, and consolidating data.

The e-NAPHS platform allows for more comprehensive multisectoral engagement, facilitating the smooth collation of all current IHR assessment tools, including SPAR and JEE, as well as other planning sources, into a unified space. This integration will establish a more accurate connection between assessment outcomes and subsequent actions. Moreover, consolidating all data within the platform will enable countries to easily identify gaps, overlaps, duplications, and opportunities for collaboration in specific areas. Therefore, the e-NAPHS will establish a foundational framework for countries to prioritize actions within their NAPHS.

Secondly, case studies from various countries have shown that the reliability of NAPHS is undermined by delays in their development[xxi]. On average, State Parties take 420 days to translate JEEs into a NAPHS[xxii]. The extended timeframe can cause JEE recommendations to become outdated and no longer accurately reflect a country's preparedness. As a result, the developed NAPHS may not align with the country's priorities and actual needs. The e-NAPHS platform aims to accelerate the transition from assessment to action. When data

10. Those may include, but are not limited to: national health policies, strategies and plans (NHPSP), SPAR, health system assessments, ARs, SimEx, STAR, IHR-PVS NBW, among others.

are uploaded into the system, it is automatically translated into the initial draft of the NAPHS, known as "draft 0". This feature significantly reduces the challenges associated with manual data collection and enhances the efficiency of the national planning process. The platform is designed to be simple, practical, and flexible, making it easy to adapt to specific national contexts while remaining user-friendly.

Third, a key challenge faced by countries has been the lack of a robust implementation, monitoring, and review process[xxiii]. Although many countries have developed a NAPHS, only a few have been able to secure the necessary resources and effectively carry out the implementation, monitoring, and follow-up processes to achieve the intended outcomes and results. Furthermore, these plans often lack comprehensive mechanisms that establish a direct connection between activity implementation rates and the IHR indicator scores.

The launch of e-NAPHS represents a pioneering milestone in improving national planning that contributes to global health security. Serving as the first-ever international platform for national health security planning, it fosters a collaborative multisectoral environment. Technical partners and donors will be able to accurately identify countries' needs and requests for strengthening IHR capacities.

Box 18 Leveraging the NAPHS secretariat and NAPHS tracker to accelerate NAPHS implementation in Nigeria

In 2018, Nigeria launched the five-year strategic National Action Plan for Health Security (NAPHS), which includes over 600 activities with an estimated cost of about $439 million. However, with such a vast array of initiatives, the challenge of prioritization and securing funding for critical interventions became apparent. To accelerate the implementation of NAPHS, Nigeria adopted an approach of annual operational NAPHS. This process aimed to address the complexities of prioritization and funding by exploring innovative ways to link NAPHS with the annual national budgeting process.

In the 2023 NAPHS Operational Plan, Nigeria demonstrated a commendable integration of valuable lessons learned from other monitoring and evaluation tools, such as the AARs, SimEx, STAR, and the 7-1-7 approach. By incorporating these insights, planning became more robust, ensuring that critical and impactful interventions were streamlined for broader system improvements. This approach effectively highlights the interconnectedness between preparedness and response, reinforcing the importance of a comprehensive and learning-based health security approach.

Nigeria is forging a path towards greater efficiency and efficacy in achieving its health security objectives through the utilization of annual operational NAPHS.

Annex 3.4B Routine implementation status meeting

Annex 3.4C Examples of monitoring and evaluation dashboard

Step 4.3.

Update and adjust the plan based on the review cycle

Responsibility of the NAPHS secretariat with input from technical leads

Once the timeline or planning cycle of a strategic or operational NAPHS has ended, a new plan is created for the next cycle. The new plan can use the previous plan as a basis/source of activities or priorities (Step 1.2a). The activities that have not been completely implemented but are still relevant should be imported into the new plan. Additional actions and priorities can be further included in the plan based on the assessment phase (Phase I), at which point the planning cycle starts over again.

To update the plan, the following considerations should apply:

- Maintain ongoing actions if they remain priorities.
- Delete actions that have been completed and do not need follow-up, or activities that are no longer priorities.
- Review actions that have not started yet and decide if they need to be kept, deleted, or changed.
- Use available SimEx and IAR/AAR findings to evaluate the use of capacities built by the NAPHS process so far and to formulate updated actions (Box 19).
- Based on evolving risks and context (as per STAR), use the updated risk profile[11] to inform and prioritize actions for the new operational NAPHS.

When undertaking a new cycle for operational NAPHS, the implementation progress must be reviewed to identify overall progress and any lessons from implementation. For example, countries may annually evaluate the proportion of completed activities by indicator, objective, technical area, or other fields. The tracking tool can be used to assess overall implementation progress. In addition, inputs on challenges, lessons, best practices, and recommendations can be consolidated. This information can be disseminated through an annual report, then taken alongside the results of the assessment synthesis desk review (Annex 3.1A) to guide the prioritization of activities for the next cycle. In the case of an operational NAPHS lasting more than 12 months, it is recommended that the NAPHS secretariat conduct such a review and adjustment halfway through the implementation period or at least at the end of the first year.

11. It is recommended to update risk profile such as STAR at least every 1-2 years.

Box 19

Indonesia case study: IAR meetings to monitor NAPHS implementation

Indonesia has conducted a series of seven meetings between 2020 and 2022 to monitor the implementation of activities across various pillars in the ongoing COVID-19 response, periodically utilizing WHO's IAR tools. These IAR monitoring meetings continuously served as a platform for interactive discussions among stakeholders to review actions and progress made, share lessons learned, identify gaps, and contribute to improving COVID-19 preparedness and response capacity. Along with corrective actions to directly improve the COVID-19 response, the longer-term capacity-strengthening activities are referenced and incorporated back into the National Action Plan for Health Security to build a better health system for public health emergencies.

Annex 3.1A Assessments synthesis and desk review template

References

i. International Health Regulations (2005), third edition. Geneva: World Health Organization; 2016 (https://www.who.int/publications/i/item/9789241580496, accessed 11 December 2023).

ii. World Health Organization. 2023. Strengthening the global architecture for health emergency prevention, preparedness, response and resilience (https://www.who.int/publications/m/item/strengthening-the-global-architecture-for-health-emergency-prevention--preparedness--response-and-resilience, last accessed 11 December 2023).

iii. Report of the review committee on the functioning of the International Health Regulations (2005) during the COVID-19 response: Final draft, 30 April 2021. Geneva: World Health Organization; 2021 (https://www.who.int/publications/m/item/a74-9-who-s-work-in-health-emergencies, accessed 24 October 2024).

iv. World Health Organization strategy (2022-2026) for the National Action Plan for Health Security. Geneva: World Health Organization; 2022 (https://www.who.int/publications/i/item/9789240061545, accessed 11 December 2023).

v. NAPHS implementation toolkit: facilitating programme management, governance and accountability in strategic NAPHS and operational plan development, implementation and monitoring in the African Region. (https://iris.who.int/bitstream/handle/10665/376754/9789290314974-eng.pdf).

vi. Health systems for health security: a framework for developing capacities for international health regulations, and components in health systems and other sectors that work in synergy to meet the demands imposed by health emergencies. Geneva: World Health Organization; 2021 https://www.who.int/publications-detail-redirect/9789240029682, accessed 11 December 2023).

vii. The Pandemic Fund (https://www.thepandemicfund.org/call-for-proposals, accessed 11 December 2023).

viii. COVID-19 Strategic Preparedness and Response Plan 2022: Global Monitoring and Evaluation Framework. Geneva: World Health Organization; 2016 (https://www.who.int/publications/m/item/covid-19-strategic-preparedness-and-response-plan-2022--global-monitoring-and-evaluation-framework, accessed 11 December 2023).

ix. One health joint plan of action (2022-2026): working together for the health of humans, animals, plants and the environment. World Health Organization, Food and Agriculture Organization of the United Nations, World Organisation for Animal Health & United Nations Environment Programme; 2022 (https://www.who.int/publications/i/item/9789240059139, accessed 11 December 2023).

x. Multisectoral preparedness coordination framework. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/9789240006232, accessed 11 December 2023).

xi. Resolution WHA75.7. Strengthening health emergency preparedness and response in cities and urban settings. Seventy-fifth World Health Assembly, Geneva, 22–28 May 2022. Geneva: World Health Organization; 2022 (https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_R7-en.pdf, accessed 11 December 2023).

xii. Multisectoral preparedness coordination framework. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/9789240006232, accessed 11 December 2023).

xiii. Framework for strengthening health emergency preparedness in cities and urban settings (https://iris.who.int/handle/10665/348351), accessed 22 April 2024.

xiv. National Action Plans for Health Security (NAPHS): Leveraging WHO's new integrated and holistic planning approach. Open WHO (https://openwho.org/emergencymgmt/500114/National+Action+Plans+for+Health+Security; accessed 11 December 2023).

xv. Taking a multisectoral, one health approach: a tripartite guide to addressing zoonotic diseases in countries. World Health Organization, Food and Agriculture Organization of the United Nations and World Organisation for Animal Health; 2019 (https://www.who.int/publications/i/item/9789241514934, accessed 11 December 2023).

xvi. Handbook for developing a public health emergency operations centre: part A. Geneva: World Health Organization; 2018 (https://www.who.int/publications/i/item/handbook-for-developing-a-public-health-emergency-operations-centre-part-a, accessed 11 December 2023).

xvii. Universal Health and Preparedness Review (https://www.who.int/emergencies/operations/universal-health---preparedness-review; accessed 11 December 2023).

xviii. Global Database for Tracking Antimicrobial Resistance (AMR) Country Self- Assessment Survey (TrACSS) (https://www.amrcountryprogress.org/#/visualization-view; accessed 11 December 2023).

xix. WHO guidance on preparing for national response to health emergencies and disasters (https://www.who.int/publications/i/item/9789240037182; accessed 11 December 2023).

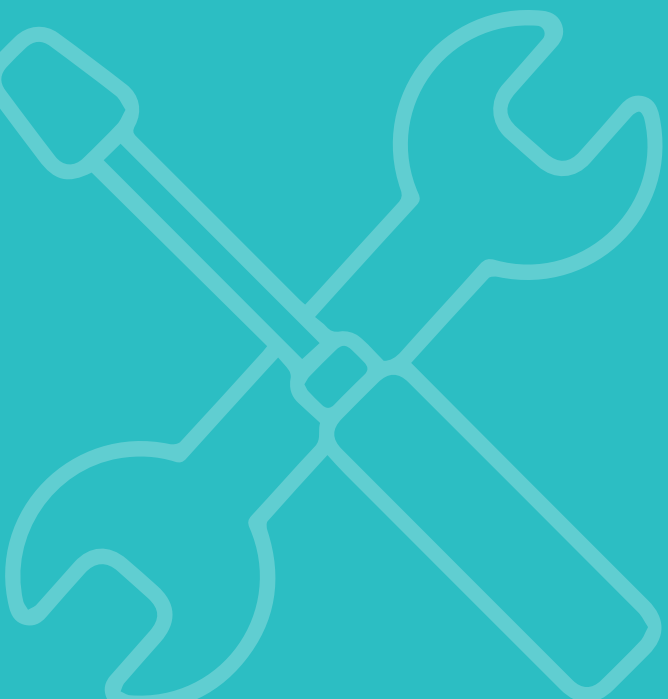
xx. Fossouo VN, Mouiche MMM, et al. Health Security Planning: Developing the Cameroon National Action Plan for Health Security. Health Secur, 2022; 20(5); 424-434.

xxi. Ojo OE, Dalhat M, et al. Nigeria's Joint External Evaluation and National Action Plan for Health Security. Health Secur, 2020; 18(1); 16-20.

xxii. Shahpar C, Lee CT, et al. Protecting the world from infectious disease threats: now or never. BMJ Glob Health, 2019; 4(4).

xxiii. Fossouo VN, Mouiche MMM, et al. Health Security Planning: Developing the Cameroon National Action Plan for Health Security. Health Secur, 2022; 20(5); 424-434.

Annexes



Annexes

Annex 1.0 JEEv3 - SPAR - HEPR mapping

I. Table 1 JEE (V3) – HEPR

JEE Indicator (3rd edition, 2022)	HEPR
P1. Legal instruments	C.4 Access to countermeasures
P2. Financing	**C.5 Emergency coordination** C.4 Access to countermeasures
P3. IHR coordination, national IHR focal point functions and advocacy	**C.5 Emergency coordination**
P4. AMR	**C.1 Collaborative surveillance**
P5. Zoonotic diseases	**C.1 Collaborative surveillance** **C.2 Community protection**
P6. Food safety	C.5 Emergency coordination
P8. Immunization	**C.2 Community protection**
P7. Biosafety and biosecurity	**C.1 Collaborative surveillance**
D1. National laboratory system	C.1. Collaborative surveillance
D2. Surveillance	C.1. Collaborative surveillance
D3. Human resources	C.3 Safe and scalable care C.5 Emergency coordination
R1. Health emergency management	C.3 Safe and scalable care C.4 Access to countermeasures C.5 Emergency coordination
R2 Linking public health and security authorities	C.5 Emergency coordination
R3 Health service provision	C.3 Safe and scalable care
R4. Infection prevention and control	C.1. Collaborative surveillance C.3 Safe and scalable care
R5. Risk communication and community engagement	**C.2 Community protection**
PoE: Points of entry and border health	**C.2 Community protection**
CE. Chemical events	C.5 Emergency coordination
RE: Radiation emergencies	C.5 Emergency coordination

II. Table 2 JEE (V3) – SPAR (V2) – HEPR (objectives and capabilities)

JEE indicators (3rd edition, 2022)	SPAR indicators (2d Edition, 2021)	HEPR objectives	HEPR capabilities
Prevent			
P1. Legal instruments	**Policy, legal and normative instruments to implement IHR**	**C.4 Access to countermeasures**	
P1.1. Legal instruments	C1.1. Policy, legal and normative instruments	C.4.1 Fast-tracked research & development	C.4.1.4 Adapted regulatory and legal frameworks to enable timely trials, product review and approval

JEE indicators (3rd edition, 2022)	SPAR indicators (2d Edition, 2021)	HEPR objectives	HEPR capabilities
P2. Financing	**Financing**	**C.5 Emergency coordination** **C.4 Access to countermeasures**	
P2.1. Financial resources for IHR implementation	C3.1. Financing for IHR implementation	**C.5 Emergency coordination** C.5.2 Health emergency preparedness, readiness and resilience	C.5.2.3 Resource mapping and mobilization
P2.2. Financial resources for public health emergency response	C3.2. Financing for public health emergency response	**C.4 Access to countermeasures** C.4.3 End-to-end health emergency supply chains	C.4.3.3 Coordinated supply and procurement
P3. IHR coordination, national IHR focal point functions and advocacy	**IHR coordination and national IHR focal point**	**C.5 Emergency coordination**	
P3.1. National IHR focal point functions	C2.1. National IHR focal point functions	C.5.3 Health emergency alert and response coordination	C.5.3.1 Standardized triggers and rapid resources for immediate response
P3.2. Multisectoral coordination Mechanisms	C2.2. Multisectoral coordination mechanisms	C.5.1 Strengthened workforce capacity for health emergencies	C.5.1.4 Connected health emergency leadership
P3.3. Strategic planning for IHR, preparedness or health security	C2.3. Advocacy for IHR implementation	C.5.2 Health emergency preparedness, readiness and resilience	C.5.2.2 Prioritized and costed plans
P4. AMR		**C.1 Collaborative surveillance**	
P4.1. Multisectoral coordination on AMR			
P4.2. Surveillance of AMR		C.1.1 Integrated disease, threat & vulnerability surveillance	C.1.1.3 Contextual, community and One Health insights
P4.3. Prevention of multidrug resistant organism (MDRO)			
P4.4. Optimal use of antimicrobial medicines in human health			
P4.5 Optimal use of antimicrobial medicine in animal health and agriculture			
P5. Zoonotic diseases	**C12. Zoonotic diseases**	**C.1 Collaborative surveillance** **C.2 Community protection**	
P5.1. Surveillance of zoonotic diseases	C12.1. One Health collaborative efforts across sectors on activities to address zoonoses	**C.1 Collaborative surveillance** C.1.1 Integrated disease, threat & vulnerability surveillance	C.1.1.3 Contextual, community and One Health insights

JEE indicators (3rd edition, 2022)	SPAR indicators (2d Edition, 2021)	HEPR objectives	HEPR capabilities
P5.2. Response to zoonotic diseases		**C.1 Collaborative surveillance** C.1.1 Integrated disease, threat & vulnerability surveillance	C.1.1.3 Contextual, community and One Health insights
P5.3. Sanitary animal production practices		**C.2 Community protection** C.2.2 Population & environmental public health interventions	C.2.2.1 Prevent, detect and contain zoonotic spillover
P6. Food safety	**C13. Food safety**	**C.5 Emergency coordination**	
P6.1. Surveillance of foodborne diseases and contamination	C13.1. Multisectoral collaboration mechanism for food safety events		
P6.2. Response and management of food safety emergencies		C.5.3 Health emergency alert and response coordination	C.5.3.1 Standardized triggers and rapid resources for immediate response
P8. Immunization		**C.2 Community protection**	
P8.1. Vaccine's coverage (measles) as part of national programme		C.2.2 Population & environmental public health interventions	C.2.2.5 Vaccination
P8.2. National vaccine access and delivery		C.2.2 Population & environmental public health interventions	C.2.2.5 Vaccination
P8.3. Mass vaccination for epidemics of VPDs		C.2.2 Population & environmental public health interventions	C.2.2.5 Vaccination
P7. Biosafety and biosecurity	**4. Laboratory**	**C.1 Collaborative surveillance**	
P7.1. Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	C4.2. Implementation of a laboratory biosafety and biosecurity regime	C.1.2 Effective diagnostics and laboratory capacity for pathogen and genomic surveillance	C.1.2.3 Risk-based biosafety and biosecurity practices to manage biorisk
P7.2. Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)		C.1.2 Effective diagnostics and laboratory capacity for pathogen and genomic surveillance	C.1.2.3 Risk-based biosafety and biosecurity practices to manage biorisk
Detect			
D1. National laboratory system	**C4. Laboratory**	**C.1. Collaborative surveillance**	
D1.1. Specimen referral and transport system	C4.1. Specimen referral and transport system	C.1.2 Effective diagnostics and laboratory capacity for pathogen and genomic Surveillance	C.1.2.2 Expanded laboratory capacity and collaboration, including genomics
D1.2. Laboratory quality system	C4.3. Laboratory quality system	C.1.2 Effective diagnostics and laboratory capacity for pathogen and genomic surveillance	C.1.2.2 Expanded laboratory capacity and collaboration, including genomics

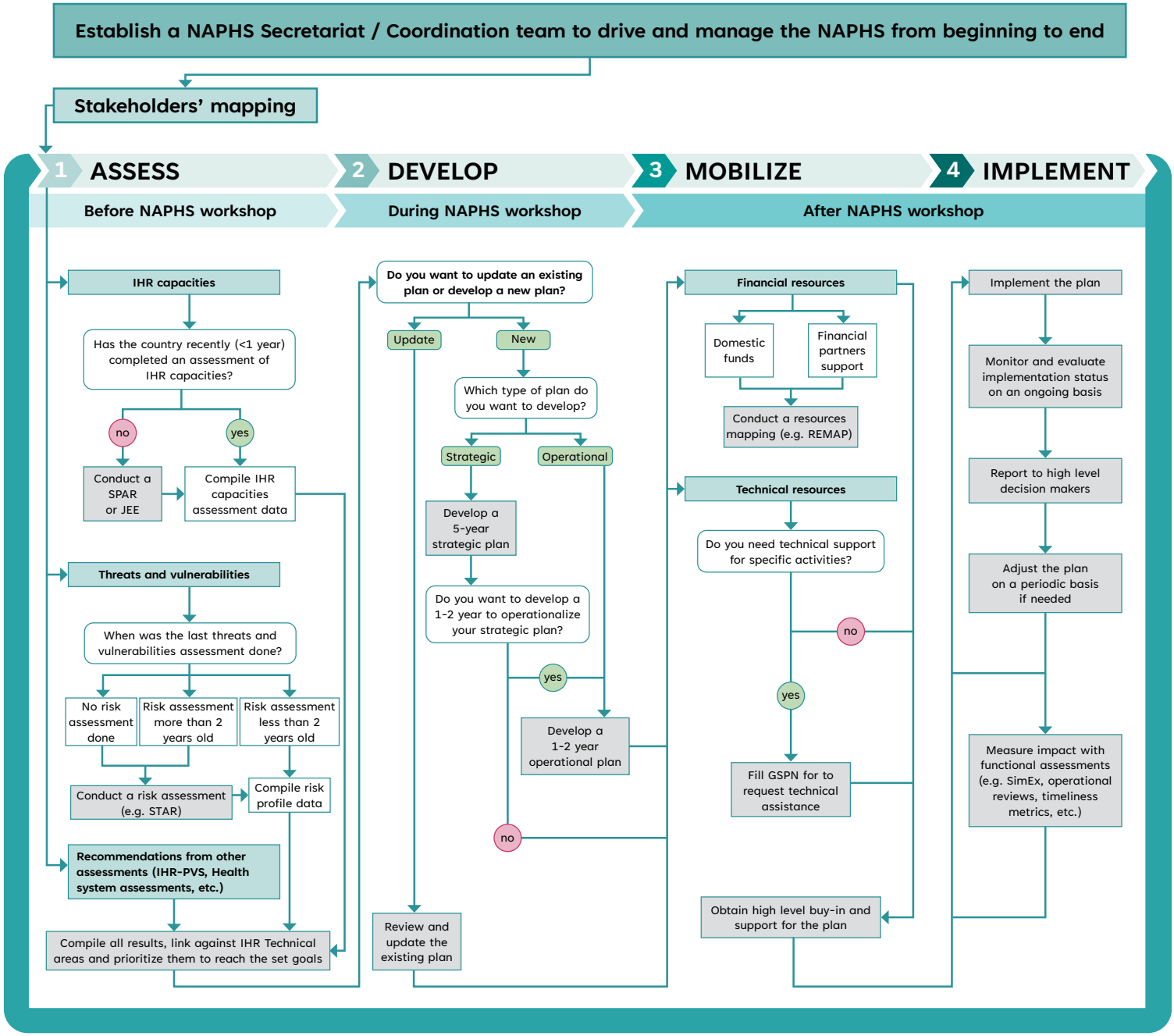
JEE indicators (3rd edition, 2022)	SPAR indicators (2d Edition, 2021)	HEPR objectives	HEPR capabilities
D1.3. Laboratory testing capacity modalities	C4.4. Laboratory testing capacity modalities	C.1.2 Effective diagnostics and laboratory capacity for pathogen and genomic surveillance	C.1.2.2 Expanded laboratory capacity and collaboration, including genomics
D1.4. Effective national diagnostic network	C4.5. Effective national diagnostic network	C.1.2 Effective diagnostics and laboratory capacity for pathogen and genomic surveillance	C.1.2.2 Expanded laboratory capacity and collaboration, including genomics
D2. Surveillance	**C5. Surveillance**	**C.1. Collaborative surveillance**	
D2.1. Early warning surveillance function	C5.1. Early warning surveillance function	C.1.1 Strong national integrated disease, threat & vulnerability surveillance	C.1.1.1 Strong public health surveillance
D2.2. Event verification and investigation	C5.2. Event management	C.1.1 Strong national integrated disease, threat & vulnerability surveillance	C.1.1.1 Strong public health surveillance
D2.3. Analysis and information sharing		C.1.1 Strong national integrated disease, threat & vulnerability surveillance	C.1.1.1 Strong public health surveillance
D3. Human resources	**C6. Human resources**	**C.3 Safe and scalable care** **C.5 Emergency coordination**	
D3.1. Multisectoral workforce strategy		C.3.3 Maintenance of essential health services C.5.1 Strengthened workforce capacity for health emergencies	C.3.3.3 Resilient infrastructure and workforce for health service delivery C.5.1.1 Public health and emergency workforce
D3.2. Human resources for implementation of IHR	C6.1. Human resources for implementation of IHR	C.3.3 Maintenance of essential health services C.5.1 Strengthened workforce capacity for health emergencies	C.3.3.3 Resilient infrastructure and workforce for health service delivery C.5.1.1 Public health and emergency workforce
D3.4. Workforce surge during a public health event	C6.2. Workforce surge during a public health event	C.5.1 Strengthened workforce capacity for health emergencies C.3.1 Scalable clinical care during emergencies	C.5.1.1 Public health and emergency workforce C.5.1.3 Interoperable surge deployment C.3.1.2 Scalable infrastructure for safe clinical surge
D3.3. Workforce training		C.3.3 Maintenance of essential health services C.5.1 Strengthened workforce capacity for health emergencies	C.3.3.3 Resilient infrastructure and workforce for health service delivery C.5.1.1 Public health and emergency workforce

JEE indicators (3rd edition, 2022)	SPAR indicators (2d Edition, 2021)	HEPR objectives	HEPR capabilities
Respond			
R1. Health emergency management	**C7. Health emergency management**	**C.5 Emergency coordination** **C.4 Access to countermeasures** **C.3 Safe and scalable care**	
R1.1. Emergency risk assessment and readiness	C7.1. Planning for health emergencies	C.5.2 Health emergency preparedness, readiness and resilience	C.5.2.1 Capacity, risk and vulnerability assessment
		C.5.3 Health emergency alert and response coordination	C.5.3.2 Timely, evidence-based and resourced response strategies
R1.2. Public health emergency operations centre (PHEOC)		C.5.3 Health emergency alert and response coordination	C.5.3.2 Timely, evidence-based and resourced response strategies
R1.3. Management of health emergency response	C7.2. Management of health emergency response	C.5.3 Health emergency alert and response coordination	C.5.3.2 Timely, evidence-based and resourced response strategies
R1.4. Activation and coordination of health personnel and teams in a public health emergency		C.5.1 Strengthened workforce capacity for health emergencies	C.5.1.2 Health emergency corps
R1.5. Emergency logistic and supply chain management	C7.3. Emergency logistic and supply chain management	C.3.1 Scalable clinical care during emergencies	C.3.1.3 Stockpiles and supply chain for clinical care during emergencies
		C.4.3 End-to-end health emergency supply chains	C.4.3.1 Essential medical countermeasures and their associated standards, policies and enablers are established for priority hazards
			C.4.3.5 Resilient logistics and distribution
		C.5.3 Health emergency alert and response coordination	C.5.3.3 Operational support and logistics platform
R1.6. Research, development and innovation		C.4.1 Fast-tracked research & development	C.4.1.1 Coordinated research built on a shared global R&D agenda
			C.4.1.2 Enabling environment for research and discovery
R2. Linking public health and security authorities		**C.5 Emergency coordination**	
R2.1. Public health and security authorities, (e.g. law enforcement, border control, customs) are involved during a suspect or confirmed biological event		C.5.3 Health emergency alert and response coordination	C.5.3.2 Timely, evidence-based and resourced response strategies

JEE indicators (3rd edition, 2022)	SPAR indicators (2d Edition, 2021)	HEPR objectives	HEPR capabilities
R3. Health service provision	**C8 Health services provision**	**C.3 Safe and scalable care**	
R3.1. Case management	C8.1 Case management	C.3.1 Scalable clinical care during emergencies	C.3.1.1 Scalable clinical care pathways
R3.2. Utilization of health Services	C8.2 Utilization of health services	C.3.3 Maintenance of essential health services	C.3.3.1 Assessment of essential health service needs, capacities and gaps
R3.3. Continuity of essential health services (EHS)	C8.3 Continuity of essential health services (EHS)	C.3.1 Scalable clinical care during emergencies	C.3.1.1 Scalable clinical care pathways
R4. Infection prevention and control	**C9. Infection prevention and control**	**C.1 Collaborative surveillance** **C.3 Safe and scalable care**	
R4.1. IPC programmes	C9.1. Infection prevention and control programmes	C.3.2 Protection of health workers and patients C.3.3 Maintenance of essential health services C.3.2 Protection of health workers and patients	C.3.2.2 Infection prevention and control (IPC) in the context of health emergencies C. 3.2.3 Patient and workforce safety during health emergencies C.3.2.1 Water, sanitation, and hygiene (WASH) services
R4.2. HCAI surveillance	C9.2 Health care-associated infections (HCAI) surveillance	C.3.2 Protection of health workers and patients C.1.1 Integrated disease, threat & vulnerability surveillance	C.3.2.2 Infection prevention and control (IPC) in the context of health emergencies C.1.1.3 Contextual, community and One Health insights
R4.3. Safe environment in health facilities	C9.3 Safe environment in health facilities	C.3.2 Protection of health workers and patients	C.3.2.2 Infection prevention and control (IPC) in the context of health emergencies C.3.2.1 Water, sanitation, and hygiene (WASH) services C. 3.2.3 Patient and workforce safety during health emergencies
R5. Risk communication and community engagement	**C10. Risk communication and community engagement (RCCE)**	**C.2 Community protection**	
R5.1. RCCE system for emergencies	C10.1. RCCE system for emergencies	C.2.1 Community engagement, risk communication and infodemic management	C.2.1.1 Listening to and understanding communities, and synthesizing insights
R5.2. Risk communication	C10.2. Risk communication	C.2.1 Community engagement, risk communication and infodemic management	C.2.1.1 Listening to and understanding communities, and synthesizing insights

JEE indicators (3rd edition, 2022)	SPAR indicators (2d Edition, 2021)	HEPR objectives	HEPR capabilities
R5.3. Community engagement	C10.3. Community engagement	C.2.1 Community engagement, risk communication and infodemic management	C.2.1.1 Listening to and understanding communities, and synthesizing insights
IHR related hazards and points of entry and border health			
PoE: Points of entry and border health	C11. Points of entry (PoEs) and border health Section 1. Information by type of PoE Section 2. Core capacities at PoEs and international travel-related measures	**C.2 Community protection**	
PoE1. Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	C11.1. Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	C.2.2 Population & environmental public health interventions	C.2.2.4 Public health & social measures
PoE2. Public health response at PoEs	C11.2. Public health response at PoEs	C.2.2 Population & environmental public health interventions	C.2.2.4 Public health & social measures
PoE3. Risk-based approach to international travel-related measures	C11.3. Risk-based approach to international travel-related measures	C.2.2 Population & environmental public health interventions	C.2.2.4 Public health & social measures
CE. Chemical events	**C14. Chemical events**	**C.5 Emergency coordination**	
CE1. Mechanisms established and functioning for detecting and responding to chemical events or Emergencies	C14.1. Resources for detection and alert	C.5.3 Health emergency alert and response coordination	C.5.3.1 Standardized triggers and rapid resources for immediate response
CE2. Enabling environment in place for management of chemical events		C.5.3 Health emergency alert and response coordination	C.5.3.1 Standardized triggers and rapid resources for immediate response
RE: Radiation emergencies	**C15 Radiation emergencies**	**C.5 Emergency coordination**	
RE1. Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	C15.1 Capacity and resources	C.5.3 Health emergency alert and response coordination	C.5.3.1 Standardized triggers and rapid resources for immediate response
RE2. Enabling environment in place for management of radiological and nuclear emergencies		C.5.3 Health emergency alert and response coordination	C.5.3.1 Standardized triggers and rapid resources for immediate response

Annex 1.1A Flow chart of the NAPHS development



Annex 1.1B NAPHS process minimum requirements

This annex describes minimum activities to develop a NAPHS.

1. NAPHS coordination

- Set up a multisectoral team to ensure the coordination of the NAPHS process;
- This could be the IHR National Focal Point or The One HEALTH Platform where it exists

2. NAPHS type

- Develop at minimum an operational plan

3. Methodology

3.1 *Assess*

- If you don't have a JEE, use your SPAR;
- At least, an activity report resulting from the IHR monitoring and evaluation framework: (JEE, SPAR, SIMEX, or Operational Reviews) should be used for the assessment;
- If not available, any assessment of the health sector, or of the disaster preparedness and response may be used.
- Map existing national health development plans in country to establish an integrated approach.

3.2 *Develop*

- Use the latest SPAR/JEE score as a baseline and set realistic objectives with a timeframe;
- Use technical leads from the different areas to formulate activities in order to achieve the objectives;
- Cost those activities

3.3 *Mobilize*

- Map all available financial and technical resources;
- Ensure high-level buy-in and ensure official validation/launching of the NAPHS

3.4 *Implement and monitor*

- Implement and monitor the priority actions of the operational NAPHS;
- Update the operational NAPHS at the end of its cycle (e.g., 12 or 24 months)

World Health Organization

naphs

Annex 2.0. Shared vision for health security

The following boxes provide examples of slides that can be used to illustrate "shared vision for health security" during stakeholder engagements. Feel free to adapt them to your specific context and audience.

Agenda

- Welcome and opening remarks
- Introduction of NAPHS coordination team
- Overview of epidemic preparedness and IHR
- Overview of NAPHS and history of NAPHS in [country Name]
- Overview of NAPHS process
- Progress update from NAPHS coordination team
- Epidemic preparedness and NAPHS implementation in [country Name]
- Next steps

NAPHS Secretariat team

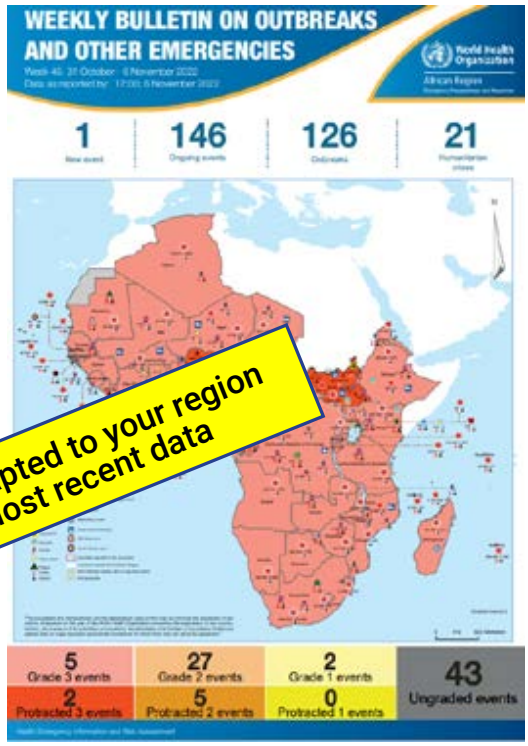
Competency	Institution	Representative's Name and Job Title

Global health security:

Outbreaks are happening all the time.

The WHO Health Emergencies Program is currently monitoring **147 events** in the region including:

- Ebola disease caused by the Sudan virus in Uganda
- Cholera in Nigeria
- Monkeypox in the WHO African Region



For illustration: to be adapted to your region and updated with most recent data

Note to NAPHS coordination team:
Visit this link to update this slide from WHO AFRO, including a screenshot of the latest weekly bulletin and current event-monitoring information.

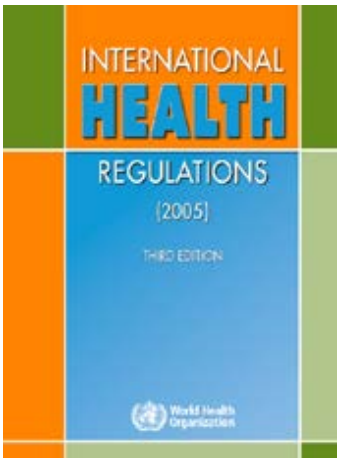
NAPHS mandate & background

IHR (2005), Article 5

1. *Each State Party shall develop, strengthen, and maintain, as soon as possible but no later than five years from the entry into force of the Regulations for that State Party, the capacity to prevent, detect, assess, notify, and report events in accordance with these Regulations, as specified in Annex 1.*

   ...

3. *WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article.*



World Health Organization

HEALTH EMERGENCIES programme

National Action Plan for Health Security (NAPHS)

National Action Plan for Health Security (NAPHS)

*A **country** owned,* multi-year, *planning process that can **strengthen the implementation of IHR core capacities**, and is based on a **One Health** for all-hazards, **whole-of-government** approach. It captures **national priorities** for **health security,** brings **sectors together,** identifies **partners** and allocates **resources** for health security **capacity development.***

- **Capacity development plan** to strengthen the capacity & capabilities to prevent, detect, and respond to public health events
- **One Health / multi sectoral** planning process
- **National ownership**
- Coordination of existing and **future resources**

World Health Organization

HEALTH EMERGENCIES programme

IHR Monitoring & Evaluation landscape

NAPHS

- Resource mapping
- GSPN
- Platform for accountability

JEE 3.0

Self-evaluation and external validation of technical areas to implement IHR

Risk and vulnerability assessment/ AAR / IAR/ SimEx

NAPHS

Risk assessment AAR/IAR/SimEx

SPAR ver. 2

Country assessment of capacities to implement IHR – Article 54.1 IHR

JEE
Every 5 years

SPAR
Annual

Interface with animal health / One Health

IHR (2005), Article 5

NAPHS Strategy (2022-2026)

an **integrated** and **comprehensive** planning approach is one that involves all stakeholders while utilizing all existing health security tools & IHR processes; for all hazards.

https://www.who.int/publications/i/item/9789240061545

World Health Organization

HEALTH EMERGENCIES programme

NAPHS new guidance main feature: Strategic & operational plans

National Action Plan for Health Security (NAPHS)

*A **country** owned, **multi-year,** planning process that can **accelerate the implementation of IHR core capacities**, and is based on a **One Health** for all-hazards, **whole-of-government** approach. It captures **national priorities** for **health security,** brings **sectors together,** identifies **partners** and allocates **resources** for health security **capacity development.***

Differences in strategic and operational plans

	5 years strategic plan	*12–24-months operational plan*
Time horizon	• Long-term **(five years)** • Outlines **key goals or outcomes** • Made implementable by the **development of annual operational plans**	• Short-term **(12–24-months)** • **Outlines key outputs** and their coinciding activities • Make strategic plans implementable by focusing on **short-term priority actions** that contribute to **targeted outcomes** in the strategic plan
Value	• Supports advocacy for **financing both domestically and via partners** by establishing long-term funding needs • Generates **high-level buy-in** • Helps to **maintain long-term multisectoral alignment** by serving as a strategic road map	• Allows **trackable implementation** in a shorter timeframe • Ensures **accountability for implementation** • **Facilitates clear and specific activities** derived from both a strategic plan and/or more **"timely" assessments** (e.g., AARs, IARs, and SPAR) and risk-based priorities (e.g., STAR)

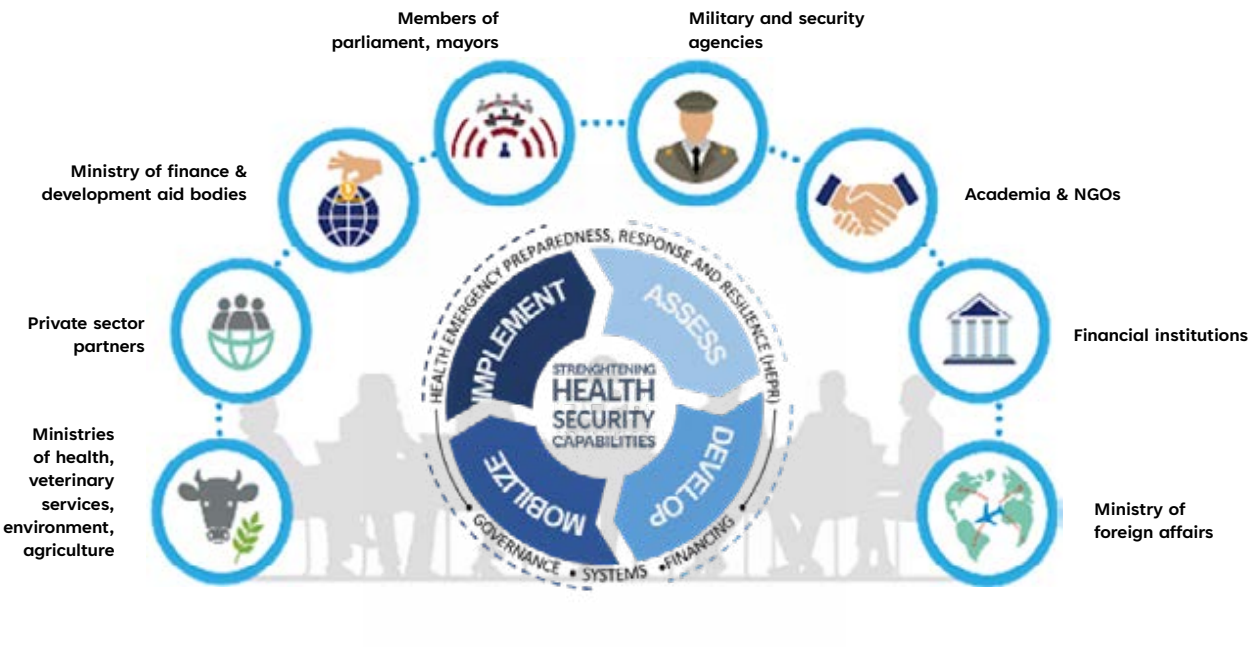
World Health Organization

HEALTH EMERGENCIES programme

Governance and accountability

The implementation of the IHR is a national responsibility and not of the health sector alone

- The NAPHS is the product of a multi-hazard and multisectoral project management approach that requires strong systems of **governance and accountability.**
- There are key sectors, **beyond the health** sector, which are crucial for the for the implementation in the integrated NAPHS
- Both **technical and programme management capabilities** are required for stakeholders to drive the process effectively

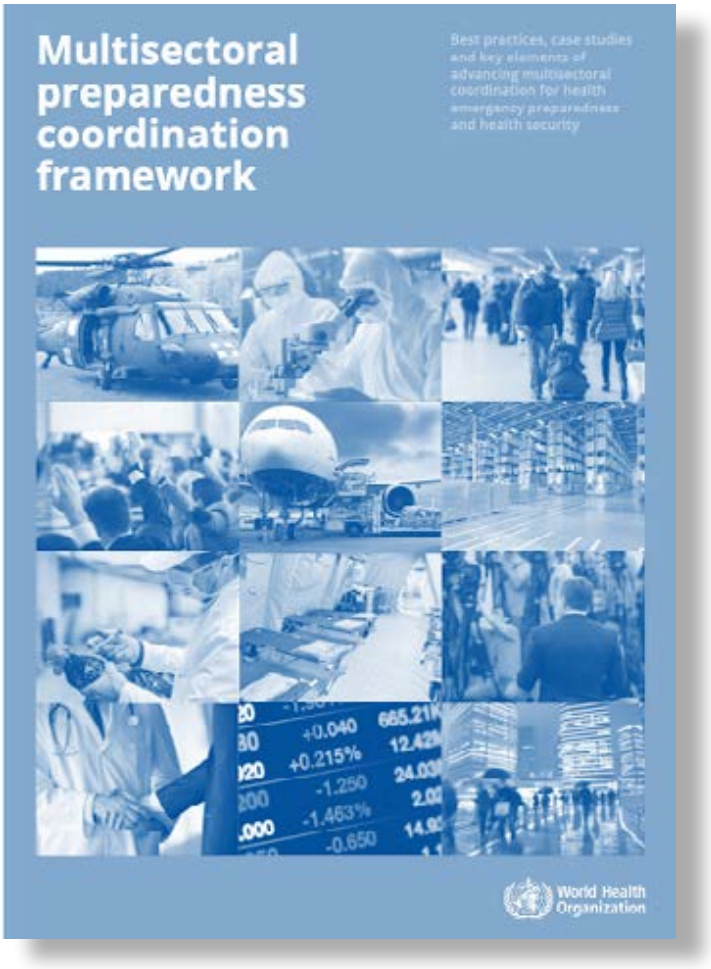


Non-traditional stakeholders relevant for Health Emergencies Preparedness

Governance and accountability

The framework facilitates **multisectoral coordination** for health emergency preparedness, including the following **key elements**:

- High-level political commitment
- Country ownership and leadership
- Formalizing mechanisms that contribute to multisectoral preparedness coordination
- Developing and monitoring multisectoral structures
- Stakeholder mapping and analysis
- Joint needs assessments
- Implementing multisectoral preparedness coordination
- Monitoring the multisectoral preparedness coordination



World Health Organization

HEALTH EMERGENCIES programme

Governance and accountability

Three groups of multisectoral stakeholders to drive the NAPHS process

NAPHS Secretariat/ coordination team

Group of government focal points involved in operations from each technical area which supports the NAPHS coordination team by providing technical and operational inputs

+

Technical leads

Group of government focal points involved in operations from each technical area which supports the NAPHS coordination team by providing technical and operational inputs

+

High-level decision makers

Supervisors, senior leaders and partners consulted to ensure buy-in and ownership of the process

Each step of the NAPHS process requires strategic stakeholder involvement based on the type of decision-making required to maximize efficiency and consensus-building

Governance and accountability

[country name] steering committee

NAPHS Secretariat/ coordination team

Technical leads

High-level decision makers

Group of government stakeholders dedicated to oversee and coordinate the NAPHS process and collaboration across relevant sectors and technical areas:

- **Key project management team** (6-8 members)
- **Leads the NAPHS process** by defining the project schedule and task required
- **Facilitates** major steps in the NAPHS process and drive the entire NAPHS **from beginning to end**
- **Identify** and involve relevant **stakeholders** for the other 2 groups to present all details, including available and needed resources to execute the plan

Governance and accountability

Three groups of stakeholders needed to drive the NAPHS process

NAPHS Secretariat/ coordination team | **Technical leads** | High-level decision makers

Group of government focal points involved in operations from each technical area which supports the NAPHS coordination team by providing technical and operational inputs:

- Group of diverse **technical experts** to **develop** and **implement** the NAPHS
- **Review** assessment and baseline data, **identify** and prioritize **actions, activities, costing, responsible authority** and **individuals** in their areas of expertise.
- **Support resource mobilization** by identifying the key resources and gaps in their respective technical area
- Support **implementation** of the plan by following up on the activities in their respective area

Governance and accountability

Three groups of stakeholders needed to drive the NAPHS process

NAPHS Secretariat/ coordination team | Technical leads | **High-level decision makers**

Supervisors, senior leaders and partners consulted to ensure buy-in and ownership of the process:

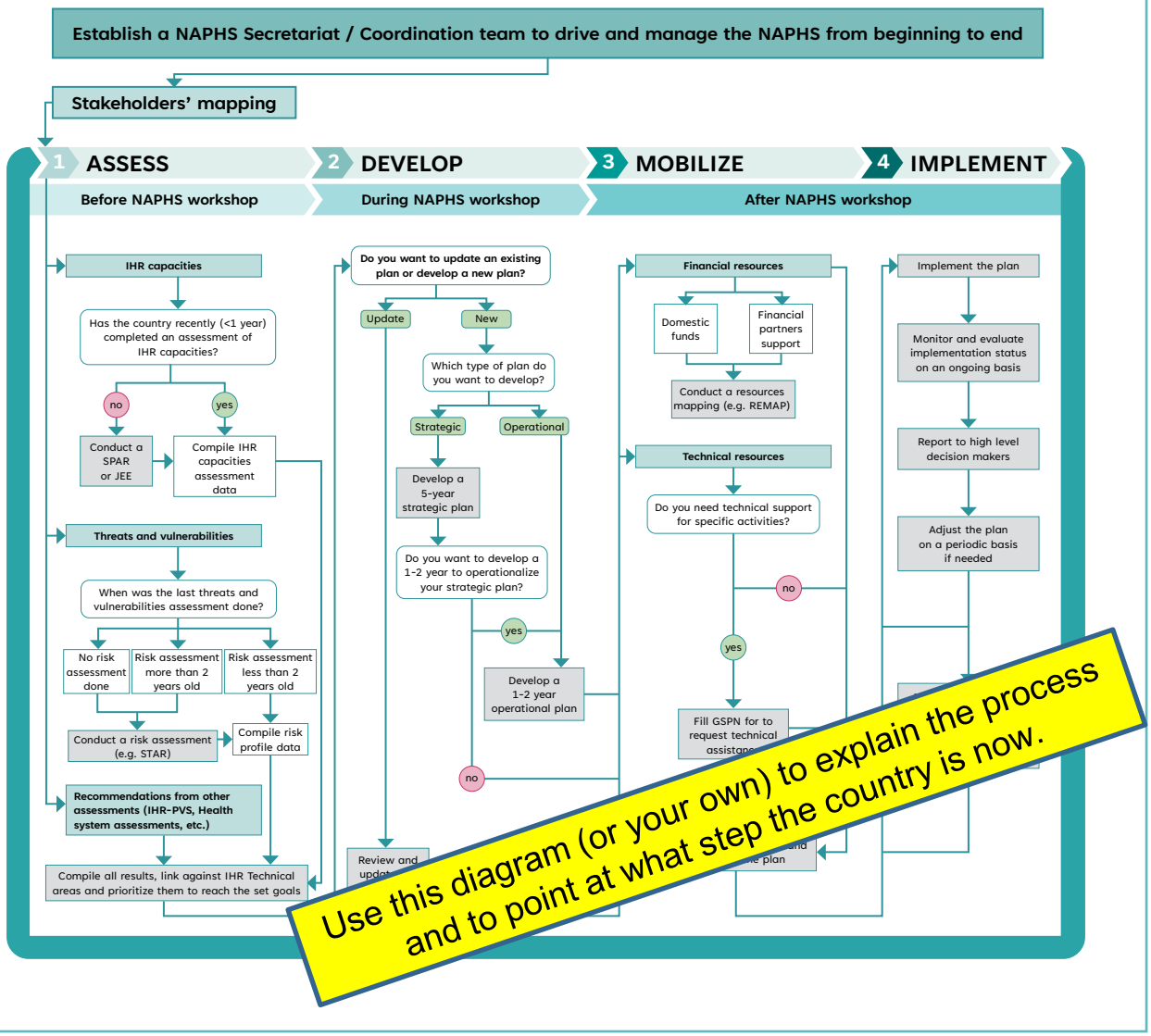
- Ensure commitment and ownership from the **highest political level** (i.e., head of states or head of government's office)
- **Validation and endorsement** of the plan
- Provide **recommendations for course correction** if needed
- Identify where their authority/decision making power can facilitate the **resolution of eventual bottlenecks or challenges**
- **Sustainability & engagement** from other sectors beyond heath

World Health Organization

HEALTH EMERGENCIES programme

NAPHS in [country name]

- Instructions to NAPHS Secretariat: Provide 4-6 bullet points capturing the history and status of NAPHS. Suggestions for key information to include are in the “notes” section below.

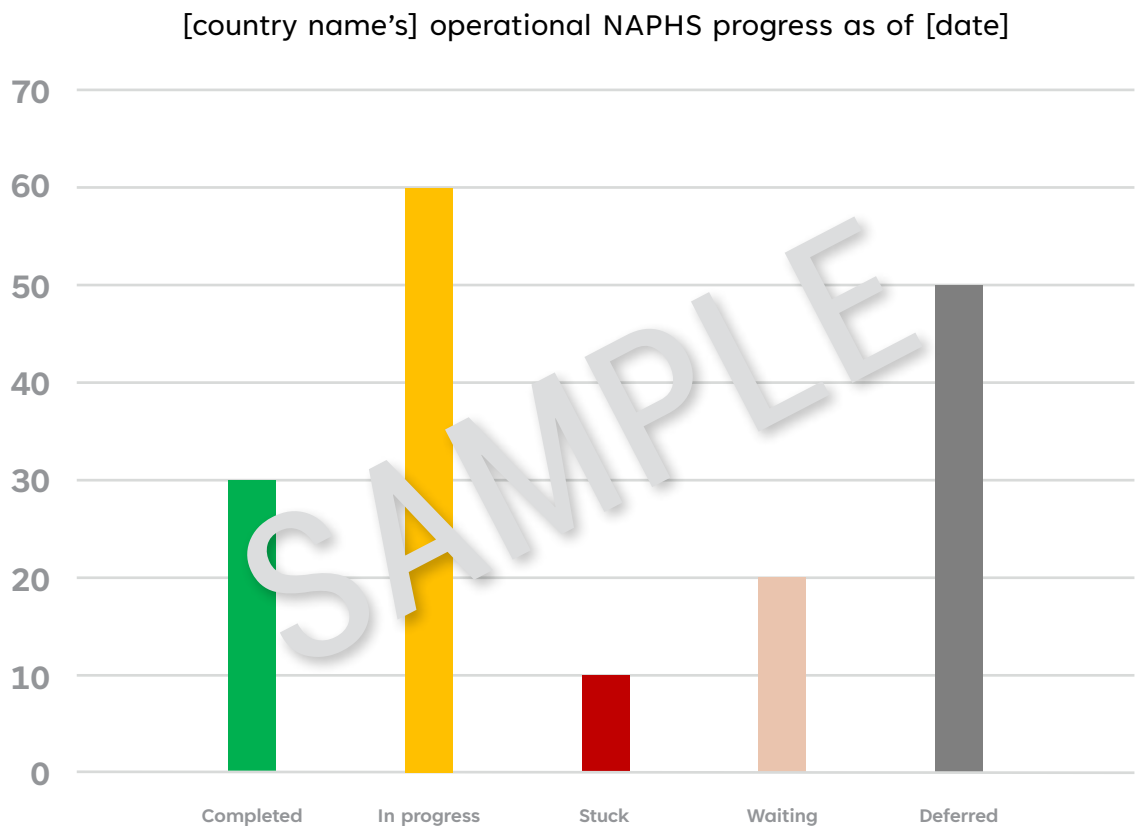


Health security in [country name]

[country name's] current health security context

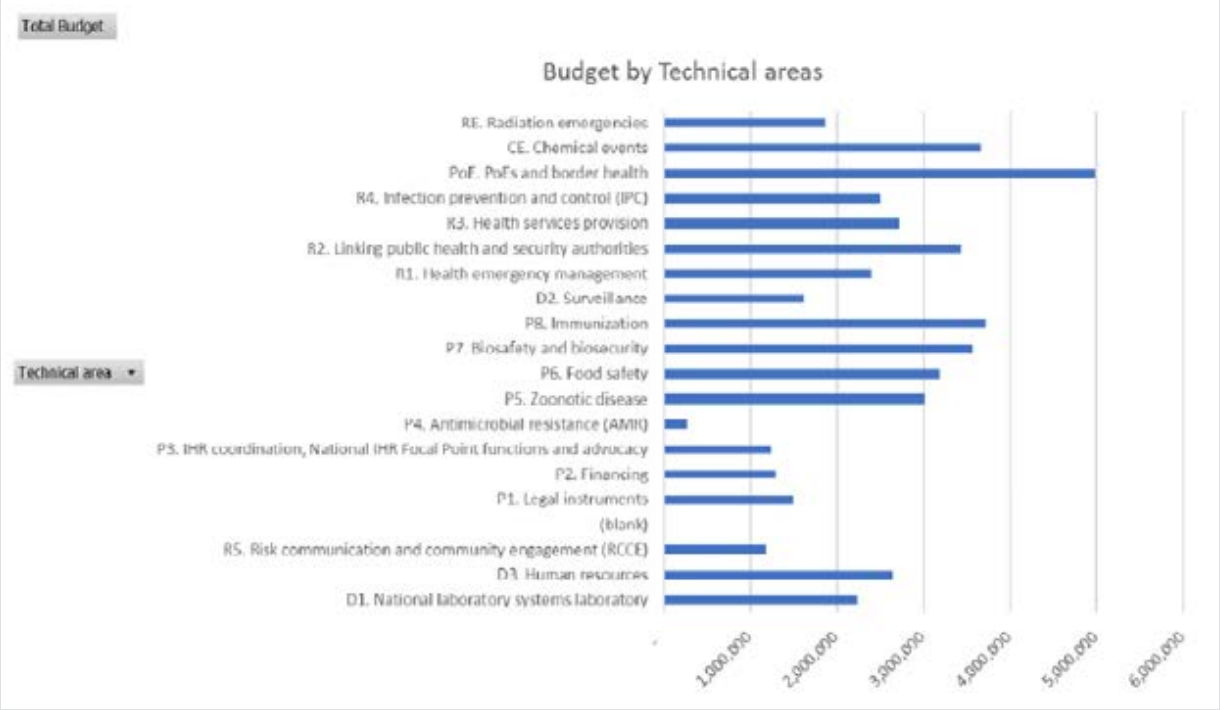
SWOT analysis	
Strengths (Internal)	**Weaknesses or challenges (Internal)**
• Summary strengths	• Summary weakness or challenges
Opportunities (Internal and external)	**Threats (Internal and external)**
• Summary opportunities	• Summary threats

[country name's] current operational plan



[country name's] Current budget and financial gaps

Technical Area	Total Budget
D1. National laboratory systems laboratory	2,240,000
D3. Human resources	2,640,000
R5. Risk communication and community engagement (RCCE)	1,180,000
(blank)	
P1. Legal instruments	1,490,000
P2. Financing	1,290,000
P3. IHR coordination, National IHR Focal Point functions and advocacy	1,240,000
P4. Antimicrobial resistance (AMR)	270,000
P5. Zoonotic disease	3,020,000
P6. Food safety	3,190,000
P7. Biosafety and biosecurity	3,570,000
P8. Immunization	3,720,000
D2. Surveillance	1,620,000
R1. Health emergency management	2,400,000
R2. Linking public health and security authorities	3,430,000
R3. Health services provision	2,720,000
R4. Infection prevention and control (IPC)	2,500,000
PoE. PoEs and border health	4,990,000
CE. Chemical events	3,660,000
RE. Radiation emergencies	1,860,000
Grand Total	**47,030,000**



STRATEGIC PARTNERSHIP COORDINATION

Financial Summary of NAPHS and Partners of the 19 Technical IHR in The World

World Health Organization

Financial Analysis

Dashboard

Wednesday, May 8, 2019

	National Legislation	IHR Coordination	AMR	Zoonotic Diseases	Food Safety
NAPHS Budget	$545,709.09	$533,718.18	$11,472,921.09	$5,230,732.73	$3,404,487.85
Potential Donors	US-CC USAID	US-CDC	US-CC FLEMING FUND	USAIC EU WORLD BANK WORD BANI EU	
	Biosafety and Biosecurity	**Immunization**	**Laboratory**	**Surveillance**	**Reporting**
NAPHS Budget	$1,723,038.18	$284,110,202.91	$6,654,618.04	$17,123,602.76	$137,309.09
Potential Donors	US-CC DTRA WHO	SU-CC DFID GAVI	WORLD BAN PHE US-CDC	USAIC WHO FAO DTRA	US-CDC
	Workforce	**Preparedness**	**Emergency Response**	**Linking Public Health**	**Medical Countermeasures**
NAPHS Budget	$21,265,639.27	$5,712,267.41	$4,083,461.48	$288,109.09	$1,446,290.91
Potential Donors	GAVI WHO US-CC DTRA	EPHI MoH	MoH US-CDC	US-CDC	US-CC EPSA
	Risk Communication	**Points of Entry**	**Chemical Events**	**Radiation**	**Other**
NAPHS Budget	$2,094,238.18	$1,181,418.18	$654,050.91	$1,102,961.82	$0.00
Potential Donors	IHUC MoH	EU EPHI CHINA	EPHI PHE DoD-DTRA	IAEA DoD DTRA	ICRC

Use some of the dashboards from the tool and from the resource mapping to illustrate the funding situation.

Questions?

Annex 2.1A NAPHS process worksheet

This worksheet can help to keep track of the different steps of the NAPHS process. The activities marked with the "⚑" symbol are considered the minimum required. These activities are deemed so critical that without being conducted it is not possible to develop and implement a NAPHS.

No.	KEY ACTIVITIES	Y/N
	Phase I: Assess	
1.	⚑ Is the NAPHS Secretariat established?	
2.	Has the NAPHS Secretariat identified the other stakeholders in the NAPHS process (Technical leads and High-level decision makers)?	
3.	⚑ Have national capacities and other relevant health development plans been reviewed and findings consolidated and synthesized in the desk review template?	
4.	Have risk and threat assessments been conducted or reviewed to develop a risk profile?	
5.	Has the national risk register/profile been updated?	
6.	Does the scope of planning include: (i) multiple sectors; (ii) One Health; (iii) all-hazards?	
7.	Has a recent SWOT analysis of the current health security capacities / NAPHS implementation context been conducted?	
8.	Has a stakeholder analysis been conducted?	
	Phase II: Develop	
9.	⚑ Determine if the country wants to develop a 5-year strategic plan, a 12-24 month operational plan, or both.	
10.	Identify longer term objectives/strategic actions for a strategic plan and/or detailed activities for an operational plan	
11.	⚑ Estimate cost for strategic actions and calculate costs of detailed activities	
12.	⚑ Has the prioritization of strategic actions and detailed activities been conducted?	
13.	Have the strategic actions and detailed activities been mapped to others existing plans? (e.g health system plans, CCS, vertical/programmatic plans, etc.)	
14.	Is the NAPHS aligned to the national health sector strategic plan?	
15.	Is the plan linked with and anchored into the domestic budget and financing cycle?	
	Phase III: Mobilize	
16.	⚑ Map all available financial and technical resources. Does the resource mapping include all potential domestic and international partners?	
17.	Is financing from domestic, donor or other sources documented? If yes, what is the proportion of domestic and external funding?	
18.	Have gaps been identified for an investment strategy?	
19.	Rely on High level buy-in and resource mobilization efforts to fill remaining gaps and needs	
20.	⚑ Is the plan endorsed and approved by the senior leadership of all involved sectors?	
	Phase IV: Implement and Monitor	
21.	⚑ Implement the priority actions in the operational NAPHS	
22.	Is the implementation of the operational and/or strategic NAPHS on track ?	
23.	⚑ Have milestones/review cycle for regular monitoring and evaluation, and a reporting plan been put in place?	
24.	⚑ Is the implementation of the operational and or strategic NAPHS regularly monitored (monthly, quarterly or bi-annually), evaluated and reported?	
25.	⚑ Update and adjust the plan based on the review cycle (at least once a year)	

World Health Organization

naphs

Annex 2.1.B Slide deck of the NAPHS process

The following boxes provide examples of slides that can be used to illustrate the "NAPHS process" during stakeholder engagements. Feel free to adapt them to your specific context and audience.

Agenda

- Welcome and opening remarks
- Introduction of NAPHS Secretariat
- Main features of updated NAPHS guidance
- NAPHS governance and accountability
- Overview of epidemic preparedness and IHR
- Overview of NAPHS and history of NAPHS in [country name]
- Overview of NAPHS process
- Presentation of NAPHS excel tool to support the process
- Next steps

NAPHS mandate & background

IHR (2005), Article 5

1. *Each State Party shall develop, strengthen, and maintain, as soon as possible but no later than five years from the entry into force of the Regulations for that State Party, the capacity to detect, assess, notify, and report events in accordance with these Regulations, as specified in Annex 1.*

   ...

3. *WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article.*

World Health Organization

HEALTH EMERGENCIES programme

National Action Plan for Health Security (NAPHS)

National Action Plan for Health Security (NAPHS)

*A **country** owned, multi-year, planning process that can **strengthen the implementation of IHR core capacities**, and is based on a **One Health** for all-hazards, **whole-of-government** approach. It captures **national priorities** for **health security,** brings **sectors together**, identifies **partners** and allocates **resources** for health security **capacity development.***

- **Capacity development plan** to strengthens capacity and capabilities to prevent, detect, and respond to public health events.
- **One Health / multi sectoral** planning process
- **National ownership**
- Coordination of existing and **future resources**

World Health Organization

HEALTH EMERGENCIES programme

IHR Monitoring & Evaluation landscape

NAPHS

- Resource mapping
- GSPN
- Platform for accountability

JEE 3.0

Self-evaluation and external validation of technical areas to implement IHR

Risk and vulnerability assessment/ AAR / IAR/ SimEx

NAPHS

Risk assessment AAR/IAR/SimEx

SPAR ver. 2

Country assessment of capacities to implement IHR – Article 54.1 IHR

JEE
Every 5 years

SPAR
Annual

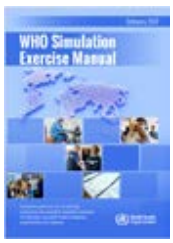
Interface with animal health / One Health

IHR (2005), Article 5

NAPHS Strategy (2022-2026)

an **integrated** and **comprehensive** planning approach is one that involves all stakeholders while utilizing all existing health security tools & IHR processes; for all hazards.

https://www.who.int/publications/i/item/9789240061545



World Health Organization

HEALTH EMERGENCIES programme

NAPHS new guidance main feature: Strategic & operational plans

National Action Plan for Health Security (NAPHS)

*A **country** owned, **multi-year**, planning process that can **accelerate the implementation of IHR core capacities**, and is based on a **One Health** for all-hazards, **whole-of-government** approach. It captures **national priorities** for **health security,** brings **sectors together,** identifies **partners** and allocates **resources** for health security **capacity development**.*

Differences in strategic and operational plans

	5 years strategic plan	*12–24 months operational plan*
Time horizon	• Long-term **(five years)** • Outlines **key goals or outcomes** • Made implementable by the **development of annual operational plans**	• Short-term **(12–24 months)** • **Outlines key outputs** and their coinciding activities • Make strategic plans implementable by focusing on **short-term priority actions** that contribute to **targeted outcomes** in the strategic plan
Value	• Supports advocacy for **financing both domestically and via partners** by establishing long-term funding needs • Generates **high-level buy-in** • Helps to **maintain long-term multisectoral alignment** by serving as a strategic road map	• Allows **trackable implementation** in a shorter timeframe • Ensures **accountability for implementation** • **Facilitates clear and specific activities** derived from both a strategic plan and/or more **"timely" assessments** (e.g., AARs, IARs, and SPAR) and risk-based priorities (e.g., STAR)

World Health Organization

HEALTH EMERGENCIES programme

Governance and accountability

Three groups of multisectoral stakeholders to drive the NAPHS process

NAPHS Secretariat/ coordination team

Group of government focal points involved in operations from each technical area which supports the NAPHS coordination team by providing technical and operational inputs

+

Technical leads

Group of government focal points involved in operations from each technical area which supports the NAPHS coordination team by providing technical and operational inputs

+

High-level decision makers

Supervisors, senior leaders and partners consulted to ensure buy-in and ownership of the process

Each step of the NAPHS process requires strategic stakeholder involvement based on the type of decision-making required to maximize efficiency and consensus-building

World Health Organization

HEALTH EMERGENCIES programme

Governance and accountability

[country name] steering committee

NAPHS Secretariat/ coordination team

Technical leads

High-level decision makers

Group of government stakeholders dedicated to oversee and coordinate the NAPHS process and collaboration across relevant sectors and technical areas:

- **Key project management team** (6-8 members)
- **Leads the NAPHS process** by defining the project schedule and task required
- **Facilitates** major steps in the NAPHS process and drive the entire NAPHS **from beginning to end**
- **Identify** and involve relevant **stakeholders** for the other 2 groups to present all details, including available and needed resources to execute the plan

World Health Organization

HEALTH EMERGENCIES programme

Governance and accountability

Three groups of stakeholders needed to drive the NAPHS process

NAPHS Secretariat/ coordination team | **Technical leads** | High-level decision makers

Group of government focal points involved in operations from each technical area which supports the NAPHS coordination team by providing technical and operational inputs:

- Group of diverse **technical experts** to **develop** and **implement** the NAPHS
- **Review** assessment and baseline data, **identify** and prioritize **actions, activities, costing, responsible authority** and **individuals** in their areas of expertise.
- **Support resource mobilization** by identifying the key resources and gaps in their respective technical area
- Support **implementation** of the plan by following up on the activities in their respective area

World Health Organization

HEALTH EMERGENCIES programme

Governance and accountability

Three groups of stakeholders needed to drive the NAPHS process

NAPHS Secretariat/ coordination team | Technical leads | **High-level decision makers**

Supervisors, senior leaders and partners consulted to ensure buy-in and ownership of the process:

- Ensure commitment and ownership from the **highest political level** (i.e., head of states or head of government's office)
- **Validation and endorsement** of the plan
- Provide **recommendations for course correction** if needed
- Identify where their authority/decision making power can facilitate the **resolution of eventual bottlenecks or challenges**
- **Sustainability & engagement** from other sectors beyond heath

World Health Organization

HEALTH EMERGENCIES programme

NAPHS Secretariat team

Competency	Institution	Representative's Name and Job Title

Global health security:

Outbreaks are happening all the time

The WHO Health Emergencies Programme is currently monitoring **147 events** in the region, including:

- Ebola disease caused by the Sudan virus in Uganda
- Cholera in Nigeria
- Monkeypox in the WHO African Region

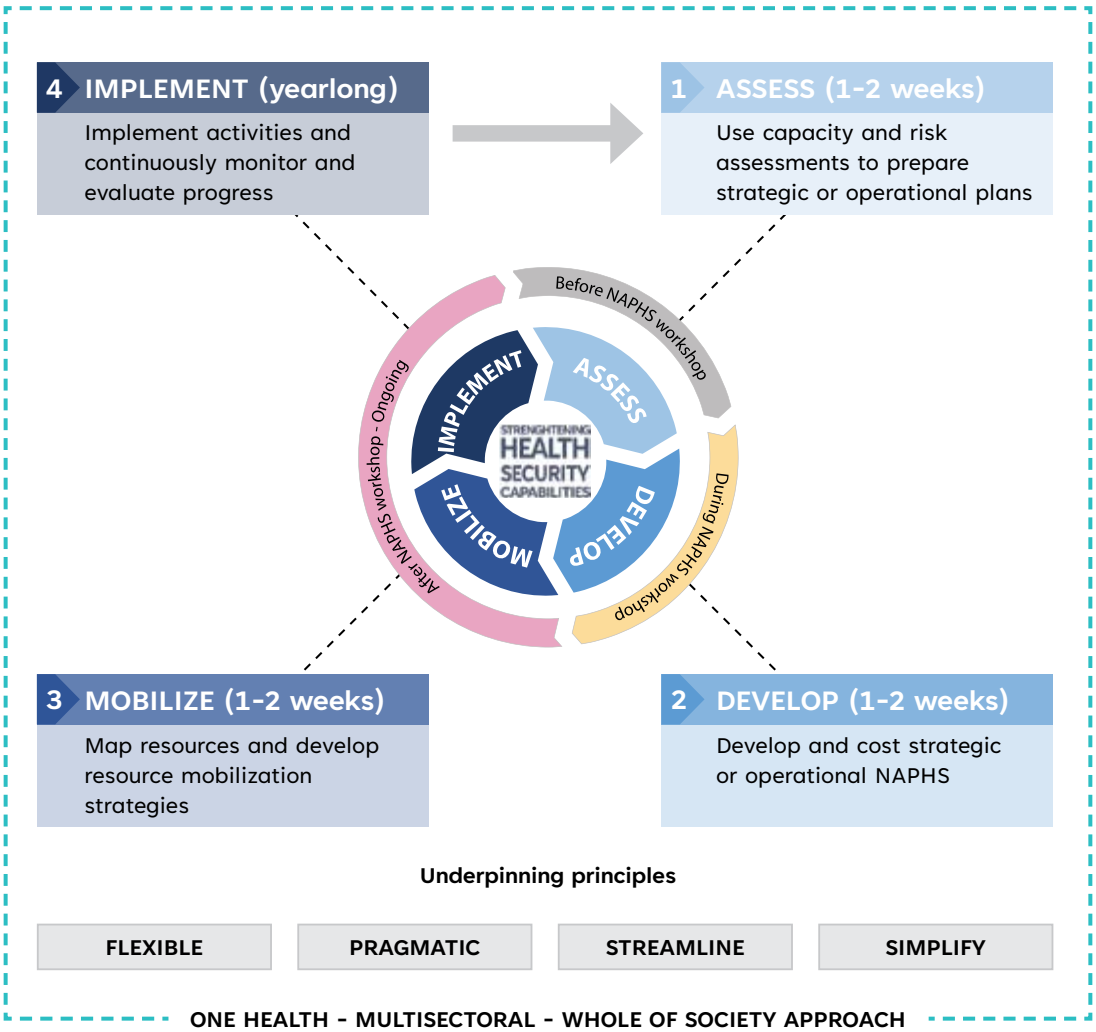
For illustration: to be adapted to your region and updated with most recent data

Note to NAPHS coordination team:
Visit this link to update this slide from WHO AFRO, including a screenshot of the latest weekly bulletin and current event-monitoring information.

NAPHS in [country name]

- Instructions to NAPHS Secretariat: Provide 4-6 bullet points capturing the history and status of NAPHS. Suggestions for key information to include are in the "notes" section below.

Key features of the NAPHS process



World Health Organization

HEALTH EMERGENCIES programme

Step 1: Assess

Main steps:

1. Assess or review national capacity & capabilities assessments and consolidate and synthesize findings (JEE, SimEx, AAR, IHR-PVS NBW, etc.).

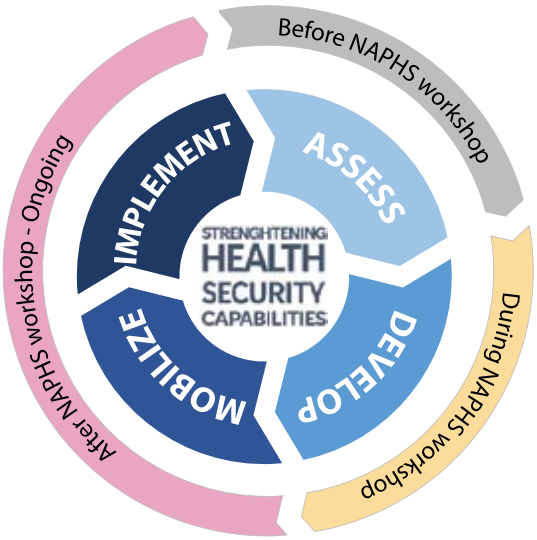
2. Review risk and threat assessment(s) to define priorities and goals (STAR).

3. Compile all results in desk review, link them to IHR technical areas and prioritize to reach the set goals.

World Health Organization

HEALTH EMERGENCIES programme

Step 1: Assess (Desk review)



1 ASSESS

Use capacity and risk assessments to prepare strategic or operational plans

World Health Organization

HEALTH EMERGENCIES programme

Recent assessment Identify the assessment: JEE, SPAR, IAR/AAR, SimEx, STAR. VRAM, 7-1-7, or other. If applicable, identify in parenthesis the risks or events reviewed, and year.	Recommendation Summarize major actions proposed. Please be concise and translate into a strategic action.	Technical Area Assign this recommendation to a technical area. Each technical area will use this information to prioritize the detailed activities in their draft plans.	Notes Optional: If applicable, provide rationale and other relevant comments.
AAR (Measles, 2022) (Sample)	Identify and convene key stakeholders related to the review, formulation and implementation of legislation and policies. (Sample)	National legislation and policy	Action already in previous strategic NAPHS, must be reprioritized in operational plan. (Sample)

Row Labels	Count of Recommendations
P1. Legal instruments	8
P2. Financing	4
P3. IHR coordination, National IHR Focal Point functions and advocacy	17
P4. Antimicrobial resistance (AMR)	20
P5. Zoonotic disease	23
P6. Food safety	3
P7. Biosafety and biosecurity	5
P8. Immunization	5
D1. National laboratory systems laboratory	9
D2. Surveillance	6
D3. Human resources	7
R1. Health emergency management	11
R2. Linking public health and security authorities	4
R3. Health services provision	4
R4. Infection prevention and control (IPC)	4
R5. Risk communication and community engagement (RCCE)	6
PoE. PoEs and border health	5
CE. Chemical events	5
RE. Radiation emergencies	5
(blank)	
Grand Total	**151**

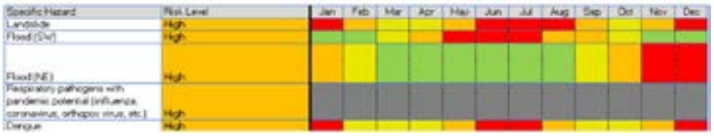
The desk review & benchmarks will be used as reference during the development of the NAPHS, where technical teams can identify relevant actions per technical area

World Health Organization

HEALTH EMERGENCIES programme

Output 1: Compile all results in desk review

Desk review: All relevant findings are compiled, summarized and linked to the IHR technical areas



Recent assessment Identify the assessment: JEE, SPAR, IAR/AAR, SimEx, STAR. VRAM, 7-1-7, or other. If applicable, identify in parenthesis the risks or events reviewed, and year.	Recommendation Summarize major actions proposed. Please be concise and translate into a strategic action.	Technical Area Assign this recommendation to a technical area. Each technical area will use this information to prioritize the detailed activities in their draft plans.	Notes Optional: If applicable, provide rationale and other relevant comments.
AAR (Measles, 2022) (Sample)	Identify and convene key stakeholders related to the review, formulation and implementation of legislation and policies. (Sample)	National legislation and policy	Action already in previous strategic NAPHS, must be reprioritized in operational plan. (Sample)

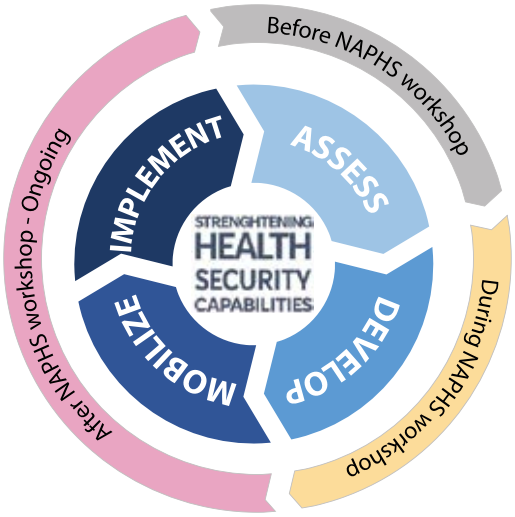
Output 2: Draft zero of 5-year strategic NAPHS

High-level, strategic NAPHS covering the next 5 years:

- **JEE capacity & indicators** as the foundation & for easy monitoring
- IHR **benchmarks** can be used to inform the development of the strategic actions,
- **Responsible authority** identified
- **Estimated costs** (optional)

Technical area	Indicator	Latest score	Strategic Objective/Action	Responsible authority	Estimated cost of strategic action
P1. Legal Instruments	P1.1. Legal Instruments	2	To identify gaps in legal frameworks relevant to the IHR (2005) and identify priority actions for legal strengthening for IHR implementation	DDG (Public Health Services)1	
P1. Legal Instruments	P1.2. Gender equity and equality in health emergencies	3	To assess gender gaps in a selected IHR core capacity and develop and begin implementing an action plan to address priority gender gaps	DDG (Public Health Services)1	
P2. Financing	P2.1. Financing for IHR implementation	3	To analyse the budgetary allocation to IHR related activities and establish a system for timely budget release	DDG (Planning) Ministry of Finance	
P2. Financing	P2.2. Financing for public health emergency response	3	To establish an emergency funding mechanism for public healthemergencies	DDG (Planning) DMC	
P3. IHR coordination, National IHR Focal Point functions and advocacy	P3.1. National IHR Focal Point functions	3	To establish an institutional mechanism to monitor the implementation of the NAPHS	Director Quarantine All institutions under IHR Co-capacity areas	

Step 2: Develop (NAPHS development workshop)



2 DEVELOP

Develop and cost strategic or operational NAPHS

NAPHS workshop purpose:

- Finalize **a 5-year strategic plan,**
- Develop a **24 months operation action plan** with detailed activities based on desk review
- Provide costing assumptions for these activities

Immediate next steps:

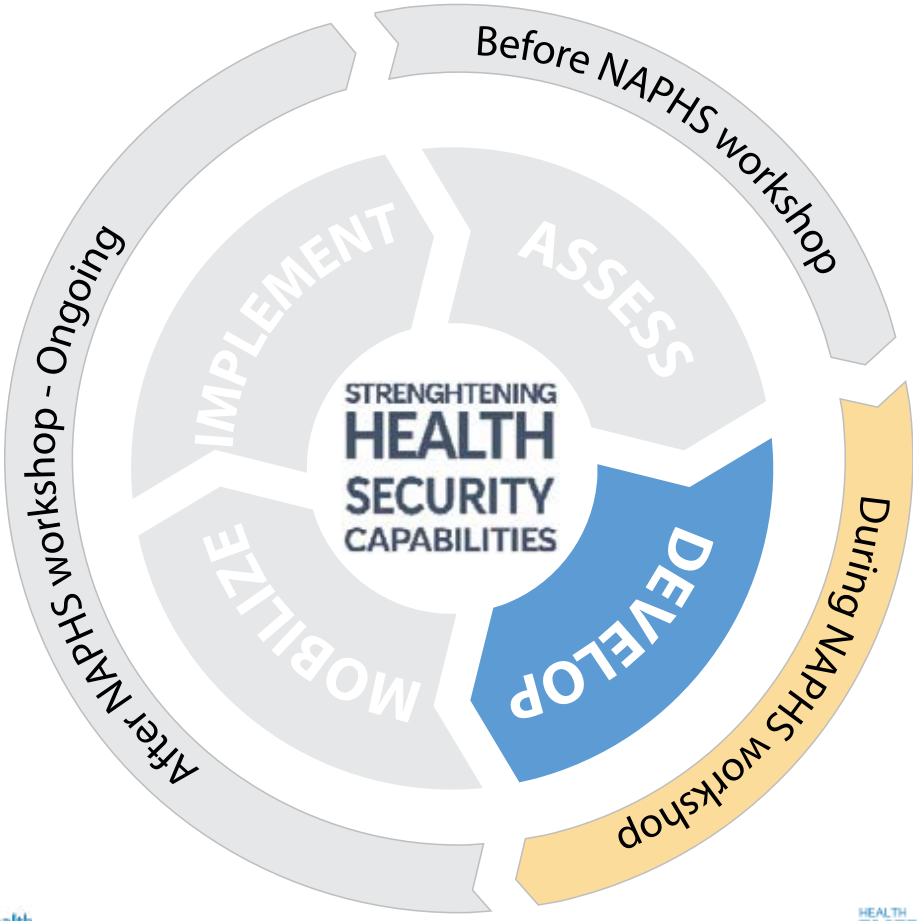
- **Validation** of the strategic and operational plan
- **Costing** of the operational activities

Tentative agenda of a NAPHS development workshop

The purpose of the NAPHS workshop would be to develop **a 5-year strategic plan,** complemented with a **24 months operation action plan.**

Tentative agenda (3 days)

Day 1	Day 2	Day 3
Welcome & opening	Intro day 2	Intro day 3
Country capacities and risk profile	**24-month operational NAPHS development**	Functional grouping exercise
Intro to NAPHS process & tool	Technical working groups	Plenary discussion **operational NAPHS**
5-year strategic NAPHS validation	Plenary group presentation	Way Forward
Implementation & monitoring	Wrap-up	NAPHS Implementation & Monitoring



World Health Organization

HEALTH EMERGENCIES programme

NAPHS development

Develop strategic & operational NAPHS

Multisectoral workshop allows to bring the technical experts from relevant sectors to formulate long-term strategic and short-term operational priorities.

- Using NAPHS tool, technical working groups can **capture all their planned strategic actions and detailed activities** based on the assessment results & desk review.

- Highlights **key planning elements**:
  - Timelines
  - Responsibilities
  - Budget
  - Costs
  - Need for technical assistance
  - Implementation tracker
  - Other essential planning considerations

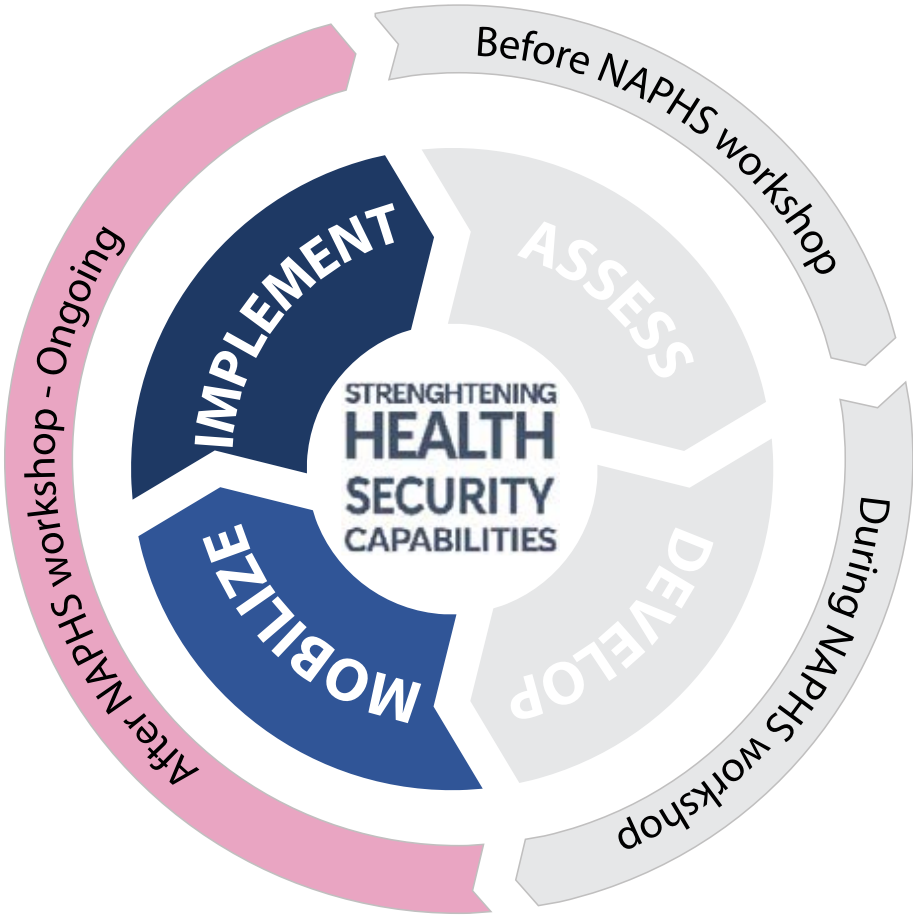
NAPHS excel tool (offline)

E-NAPHS tool (online)

Step 3 & 4: Mobilize, implement & monitor

Next steps after NAPHS workshop:

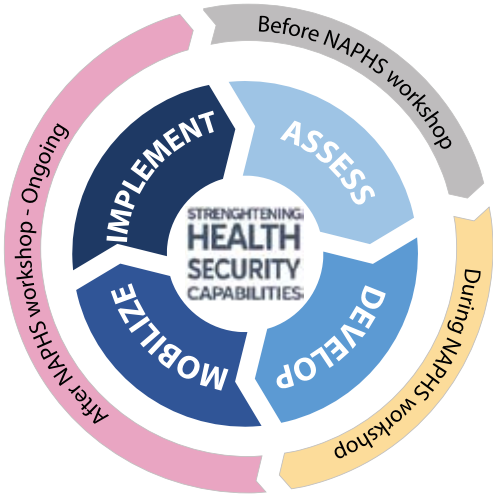
- Costing & resource mapping (ReMap)
- Investment case/Resource mobilization
- Implement & monitor activities
- Dashboards & Review cycle



World Health Organization

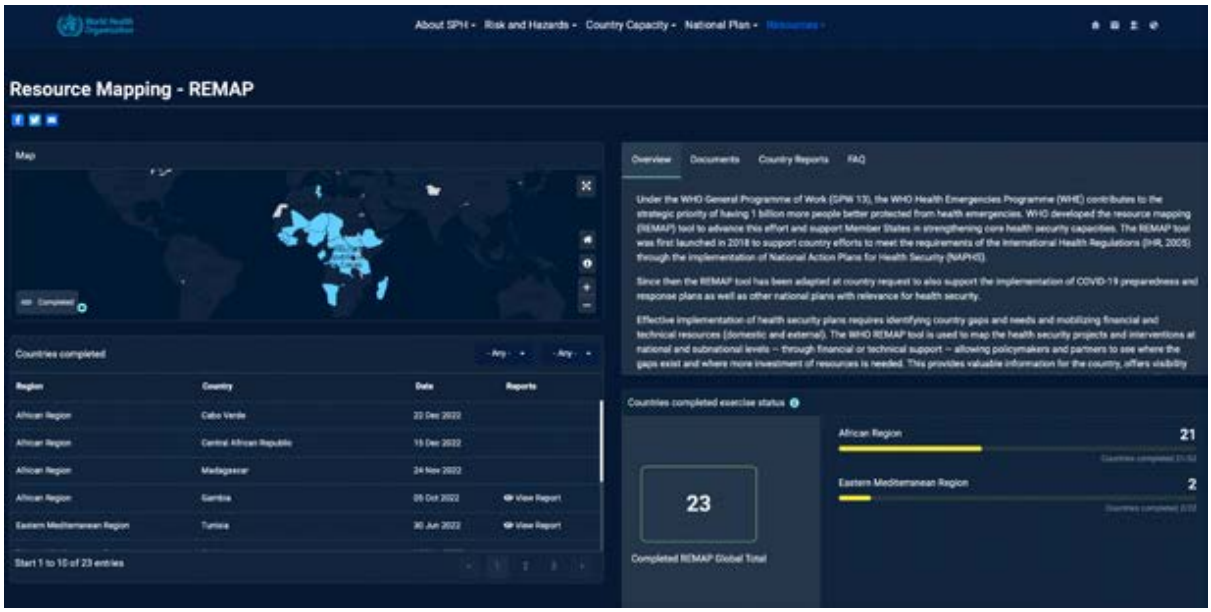
HEALTH EMERGENCIES programme

REMAP workshop



3 MOBILIZE

Map resources and develop resource mobilization strategies



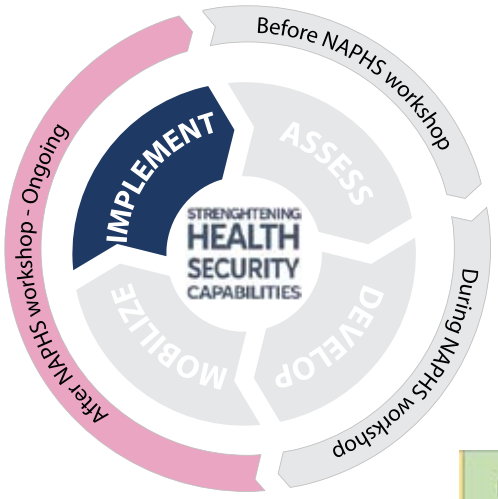
Resources mapping (REMAP) workshop next week to

- Track domestic and international resources available for national preparedness.
- Provide countries with a clear picture of overall resource availability.
- Provide donors with a clear picture of where resources are going.
- Identify critical gaps.

World Health Organization

HEALTH EMERGENCIES programme

Activity implementation & tracker



4 IMPLEMENT (yearlong)

Implement activities and continuously monitor and evaluate progress

Status of implementation will be tracked by the NAPHS Steering Committee against IHR technical areas and indicators

Implementation	
Not started	0%
Just started	25%
On-going	50%
Advanced Stage	75%
Completed	100%

NAPHS TOOL
Excel (offline) & online planning tool

World Health Organization

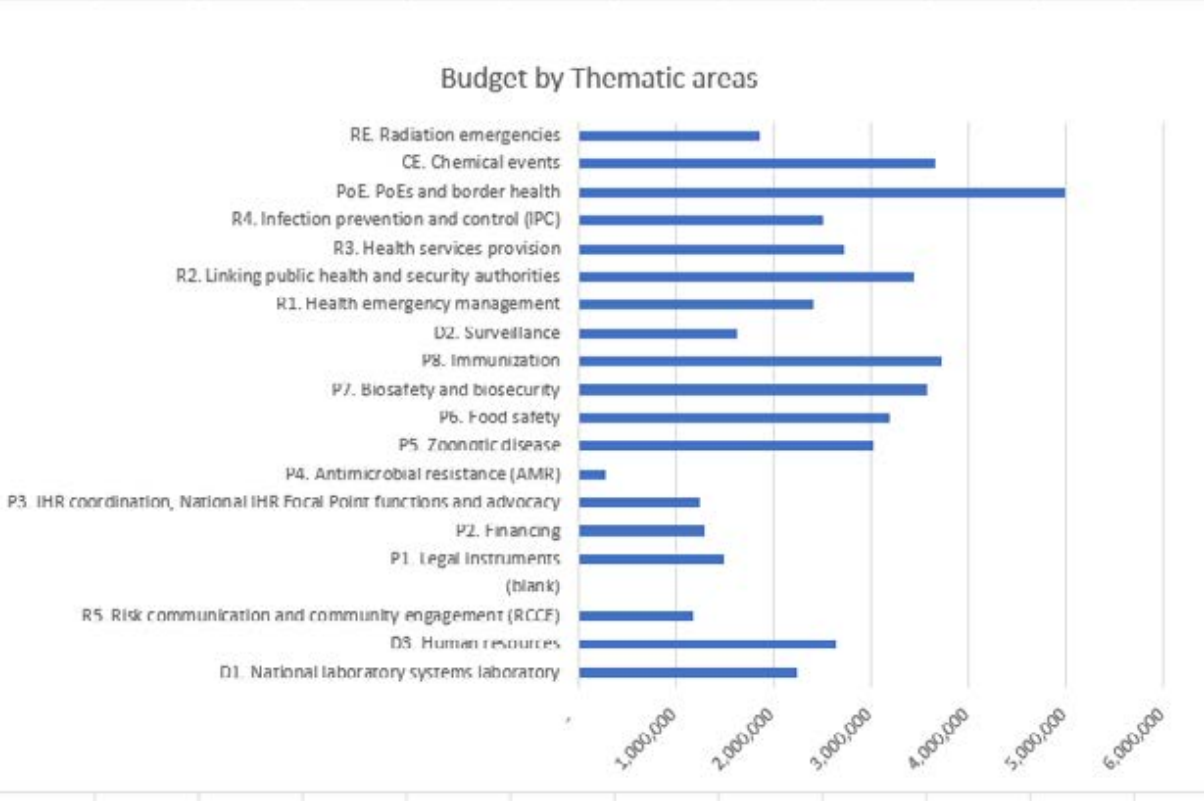
HEALTH EMERGENCIES programme

Monitor, review & dashboards

Once the NAPHS review date is due, different dashboards can be helpful to show progress and remaining priorities

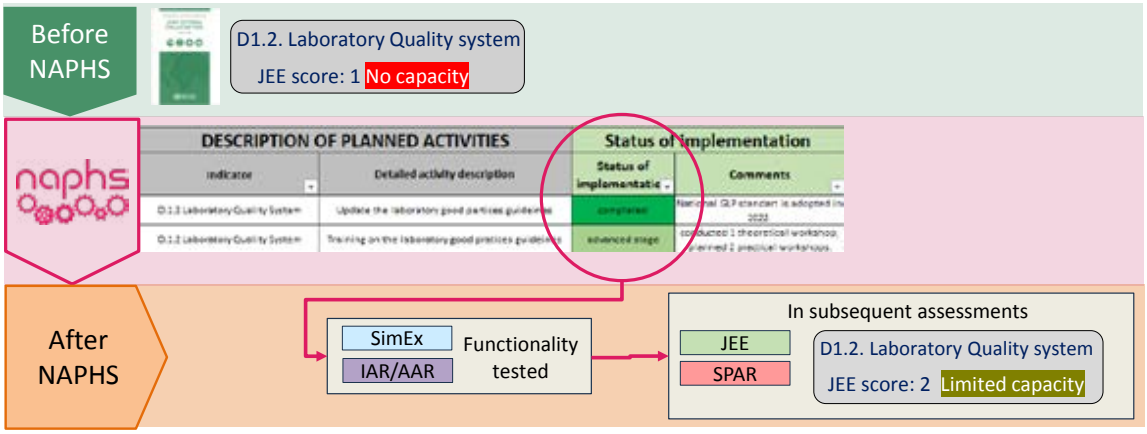
ACTIVITY IMPLEMENTATION STATUS

Row Labels	Implementation
D1. National laboratory systems laboratory	75%
D1.2. Laboratory quality system	75%
D1.1. Specimen referral and transport system	50%
D1.3. Laboratory testing capacity modalities	88%
D3. Human resources	63%
D3.2. Human resources for implementation of IHR	75%
D3.1. Multisectoral workforce strategy	38%
D3.3. Workforce training	100%
R5. Risk communication and community engagement (RCCE)	67%
R5.1. RCCE systems for emergencies	75%
R5.2 Risk communication	50%
P1. Legal instruments	31%
P1.1. Legal instruments	25%
P1.2. Gender equity and equality in health emergencies	50%
P2. Financing	88%
P2.1. Financing for IHR implementation	88%
P2.2. Financing for public health emergency response	88%
P3. IHR coordination, National IHR Focal Point functions and advocacy	25%
P3.2. Multisectoral coordination mechanisms	25%
P4. Antimicrobial resistance (AMR)	50%
P4.4. Optimal use of antimicrobial medicines in human health	50%



Example how the NAPHS can be utilized to demonstrate IHR progress

Demonstrable progress in IHR capacities



World Health Organization

HEALTH EMERGENCIES programme

NAPHS excel tool presentation

Develop strategic & operational the NAPHS using either the offline (excel based tool) or the online e-NAPHS tool

NAPHS excel tool (offline)

The following slides present an overview of the main features of the NAPHS offline excel based tool

World Health Organization

HEALTH EMERGENCIES programme

Day 2 & 3: 24-month operational NAPHS

Strategic actions are broken down in **detailed activities** and included into a **1 to 2 years operational NAPHS** that is risk-informed, prioritized, realistic and regularly monitored.

Day 2 & 3: 24-month operational NAPHS

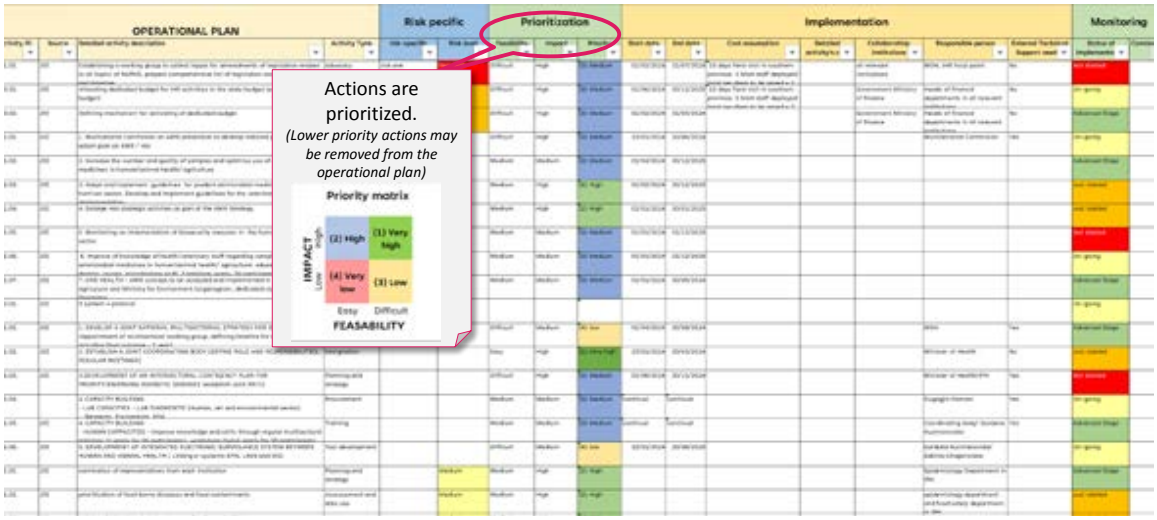
Strategic actions are broken down in **detailed activities** and included into a **1 to 2 years operational NAPHS** that is risk-informed, prioritized, realistic and regularly monitored.

Day 2 & 3: 24-month operational NAPHS

Strategic actions are broken down in **detailed activities** and included into a **1 to 2 years operational NAPHS** that is risk-informed, prioritized, realistic and regularly monitored.

Day 2 & 3: 24-month operational NAPHS

Strategic actions are broken down in **detailed activities** and included into a **1 to 2 years operational NAPHS** that is risk-informed, prioritized, realistic and regularly monitored.

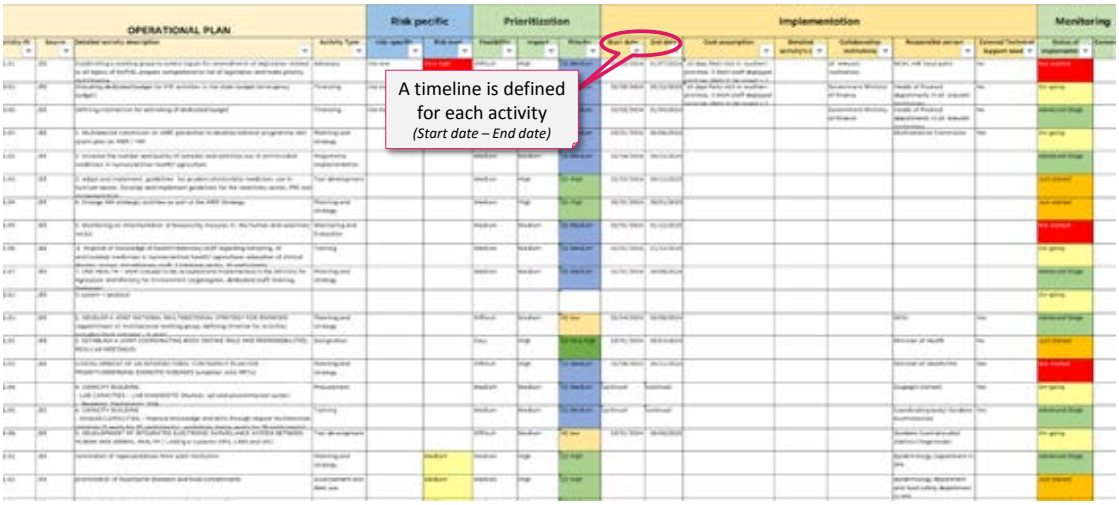


Day 2 & 3: 24-month operational NAPHS

Strategic actions are broken down in **detailed activities** and included into a **1 to 2 years operational NAPHS** that is risk-informed, prioritized, realistic and regularly monitored.

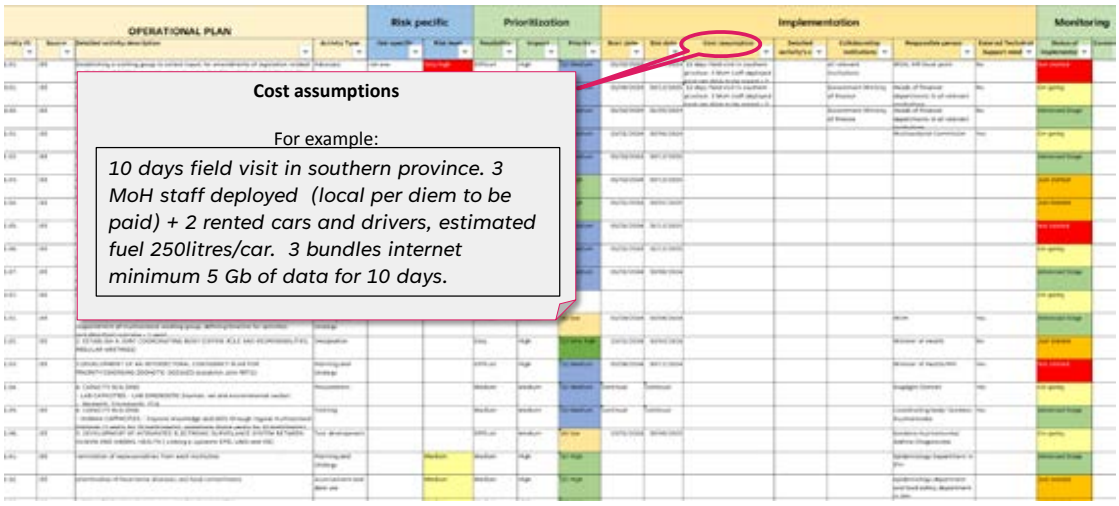
Day 2 & 3: 24-month operational NAPHS

Strategic actions are broken down in **detailed activities** and included into a **1 to 2 years operational NAPHS** that is risk-informed, prioritized, realistic and regularly monitored.



Day 2 & 3: 24-month operational NAPHS

Strategic actions are broken down in **detailed activities** and included into a **1 to 2 years operational NAPHS** that is risk-informed, prioritized, realistic and regularly monitored.



Day 2 & 3: 24-month operational NAPHS

Strategic actions are broken down in **detailed activities** and included into a **1 to 2 years operational NAPHS** that is risk-informed, prioritized, realistic and regularly monitored.

Day 2 & 3: 24-month operational NAPHS

Strategic actions are broken down in **detailed activities** and included into a **1 to 2 years operational NAPHS** that is risk-informed, prioritized, realistic and regularly monitored.

Day 2 & 3: 24-month operational NAPHS

Strategic actions are broken down in **detailed activities** and included into a **1 to 2 years operational NAPHS** that is risk-informed, prioritized, realistic and regularly monitored.

NAPHS support & links

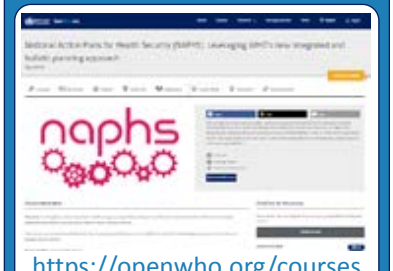
NAPHS webpage

https://t.ly/KiWI3

IHR benchmark

https://t.ly/Yalw

NAPHS training



https://openwho.org/courses/NAPHS-intro

naphs.helpdesk@who.int

World Health Organization

HEALTH EMERGENCIES programme

Next steps

(To be define by the NAPHS Secretariat and people attending the meeting)

Questions?

Annex 2.1C 3-day sample agenda for the NAPHS development workshop

Workshop objectives

1. Introduce technical leads to the NAPHS process, tools, progress and context;
2. Review national assessment data (e.g. SPAR/JEE) to generate a draft 5-year strategic NAPHS
3. Develop and prioritize actions into detailed activities by technical area for 12–24-month operational NAPHS; and
4. Leverage interdependencies and opportunities for coordination via Functional Group Exercise

Pre-workshop activities

- Review existing assessment results (e.g. SPAR/JEE findings) and summarize in a country profile for easy extraction in the NAPHS development
- If applicable, review existing (previous) NAPHS to ensure actions address key gaps in health security capacities

Workshop: Convening technical leads to develop a strategic and operational NAPHS

Workshop facilitators: *Insert names of NAPHS coordination team members facilitating this workshop*

DAY ONE: Strategic 5-year NAPHS development (8:00AM–5:00PM)

Example time	Session time	#	Activity	Briefly, what needs to be covered?	Facilitator(s)
8:00am - 9:00am	1 hour	0	Participant arrival and registration	Workshop participants arrive, receive any necessary materials, name tags, etc.	[Insert name(s)]
9:00am - 10:30am	1.5 hours	1	Introduction to NAPHS processes, tools, progress and context	Annex 2.1B Slide deck of the NAPHS process: Introduce technical leads to NAPHS processes, methodology and tools.	[Insert name(s)]
10:30am - 10:50am	20 minutes	2	Break	• Allow participants a 20-minute break, consider providing light refreshments. • NAPHS Secretariat can use this time to prepare for next session.	N/A
10:50am - 12:00pm	~1 hour	3	Country summary/ profile on current capacities & capabilities	National presentations of existing assessment results (e.g. SPAR/JEE findings) and summarize in a country profile for easy extraction in the NAPHS development. If applicable, present existing (previous) NAPHS to show which technical areas still have priority activities that are applicable and can be taken into account in this planning cycle	

Example time	Session time	#	Activity	Briefly, what needs to be covered?	Facilitator(s)
				The NAPHS needs to be structured against a set of indicators. You can decide to use the capacities and related indicators of: - JEE (version 2), if your JEE was done before April 2022 - JEE (version 3), if you have done a JEE using the new JEE sets of indicators (after April 2022) - SPAR, if you have not done a JEE recently, you can structure your NAPHS using the SPAR capacities and related indicators	
12:00pm - 1:00pm	1 hour	4	Lunch	NAPHS Secretariat can use this time to regroup and prepare for afternoon sessions	N/A
1:00pm - 3:00pm	2 hours	5	5-year strategic plan development per technical area	**See Chapter 3** Describe the high-level strategic action you are planning to do. • **If Member State is upgrading or revising an existing plan:** review the current plan to determine if actions listed in the existing plan address the gaps identified in the most recent JEE or SPAR results. • **If Member State is developing a strategic NAPHS for the first time or does not have one:** generate a draft plan and ensure the actions in the plan adequately address the gaps in country health security capacities over the determined multi-year period, as indicated by the JEE or SPAR scores and SWOT analysis.	
3:00pm - 3:20pm	20 minutes	6	Break	• Allow participants a 20-minute break, consider providing light refreshments • NAPHS Secretariat can use this time to prepare for next session	N/A
3:20pm - 4:30pm	70 minutes	7	Identify responsible authority and estimate cost of strategic action per technical area	• Specify which authority, team that will be responsible to implement this strategic action • if you are developing a strategic plan, estimate the cost over the 5 years to implement the strategic action.	[Insert name(s)]
4:30pm - 5:00pm	30 minutes	8	Wrap-up and next steps	A member of the NAPHS Secretariat should wrap up the day by briefly reviewing what the group accomplished and give technical leads a preview of what to expect during day two of the workshop.	[Insert name(s)]

DAY TWO: 12–24-month operational NAPHS development (8:30AM–5:00PM)

Example time	Session time	#	Activity	Briefly, what needs to be covered?	Facilitator(s)
8:30am - 9:00am	30 minutes	0	Participant arrival and registration	Workshop participants arrive, receive any necessary materials, name tags, etc.	[Insert name(s)]
9:00am - 9:15am	15 minutes	1	Welcome, introduction to Day Two	• Welcome participants • Share with them the plan for Day Two	[Insert name(s)]
9:15am - 10:15am	~1 hour	2	12–24-month operational NAPHS development	**See Chapter 3** • Each strategic action can be broken down in more detailed activity (e.g., developing new guidance, hold a training, procure specific material, etc.). The detailed activities can help to operationalize the plan and calculate the costing • The NAPHS should build on the recommendations of different assessments. You may want to track from where assessments or plans this activity is coming from (e.g., JEER recommendations, AAR, risk assessment, regional roadmap, etc.)	[Insert name(s)]

Example time	Session time	#	Activity	Briefly, what needs to be covered?	Facilitator(s)
				• To optimize your planning, you can tag your activity by type (e.g., training, procurement, tool development, etc.) By sorting your activities by type, it can help you to identify redundancies and duplications, and see if some activities need to be reconsidered, reformulated or eventually removed	
10:15am - 10:30am	15 minutes	3	Break	• Allow participants a 15-minute break, consider providing light refreshments. • NAPHS Secretariat can use this time to prepare for next session.	N/A
10:30am- 12:00am	~1.5 hour	4	12-24 month operational NAPHS development (continued)	**See Chapter 3** • Each strategic action can be broken down in more detailed activity (e.g., developing new guidance, hold a training, procure specific material, etc.). The detailed activities can help to operationalize the plan and calculate the costing • The NAPHS should build on the recommendations of different assessments. You may want to track from where assessments or plans this activity is coming from (e.g., JEE recommendations, AAR, risk assessment, regional roadmap, etc.) • To optimize your planning, you can tag your activity by type (e.g., training, procurement, tool development, etc.) By sorting your activities by type, it can help you to identify redundancies and duplications, and see if some activities need to be reconsidered, reformulated or eventually removed	[Insert name(s)]
12:00pm - 1:00pm	1 hour	5	Lunch	NAPHS Secretariat can use this time to regroup and prepare for afternoon sessions	N/A
1:00pm - 2:00pm	1 hour	6	Prioritization	Annex 3.2C Prioritization template for NAPHS presentation: Prioritization exercise template	[Insert name(s)]
2:00pm - 3.00pm	1 hour	7	Timeline & responsible	• Specify start and end date of the activity • Specify responsible person to implement the activity • Specify activity cost	[Insert name(s)]
3:00pm - 3:20pm	20 minutes	8	Break	• Allow participants a 20-minute break, consider providing light refreshments • NAPHS Secretariat can use this time to prepare for next session	N/A
3:20pm - 4:30pm	70 minutes	9	Share priority actions per technical area	**See Chapter 3:** • The NAPHS Secretariat should allow a few minutes for each technical area to present their priority actions. These presentations should be brief and informal read-outs from each technical area to ensure high-level awareness across all technical areas.	[Insert name(s)]
4:30pm - 5:00pm	30 minutes	10	Wrap-up and next steps	A member of the NAPHS Secretariat should wrap up the day by briefly reviewing what the group accomplished and give technical leads a preview of what to expect during day two of the workshop.	[Insert name(s)]

DAY THREE: 12-24 month operational NAPHS development (8:30AM–5:00PM)

Example time	Session time	#	Activity	Briefly, what needs to be covered?	Facilitator(s)
8:30am - 9:00am	30 minutes	0	Participant arrival and registration	Workshop participants arrive, receive any necessary materials, name tags, etc.	[Insert name(s)]
9:00am - 9:15am	15 minutes	1	Welcome, introduction to Day Two	• Welcome participants • Share with them the plan for Day Three	[Insert name(s)]
9:15am - 11:15am	2 hours	2	Functional group exercise	**See Chapter 3 and Annexes 3.2D and 3.2E on organization of functional groups and functional group exercise** After each technical area has aligned on priority actions and shared in plenary, facilitate Functional Grouping to help technical leads identify opportunities for alignment and coordination and ways to prevent duplication.	[Insert name(s)]
11:15am - 11:35am	20 minutes	3	Break	• Allow participants a 20 minutes break, consider providing light refreshments. • NAPHS Secretariat can use this time to prepare for next session.	
11:35am - 12:30pm	55 minutes	4	Functional group report-outs	• Allow time for each functional group to share in plenary the key points of coordination, overlap and consolidation they found during the Functional Group exercise. • Ensure all takeaways from exercise are well-documented so NAPHS Secretariat can incorporate into revised plan.	[Insert name(s)]
12:30pm - 1:30pm	1 hour	5	Lunch	Provide lunch for technical leads.	N/A
1:30pm - 3:10pm	~1.5 hours	6	Resource mapping	• Specify fund availability and existing budget • Specify any collaborating institutions which will support (technically and/or financially) the implementation of the activity • Specify if you still need some technical support to implement this specific activity	[Insert name(s)]
3:10pm - 3:30pm	20 minutes	7	Break	• Allow participants a 20 minutes break, consider providing light refreshments. • NAPHS Secretariat can use this time to prepare for next session.	
3.30pm - 4:00pm	30	8	Implementation and monitoring	• NAPHS secretariat show a demo of how implementation status can be used and tracked to ensure regular follow up and review of the plan.	
4:00pm - 4:30pm	30 minutes	9	Wrap-up and next steps	• A member of the NAPHS Secretariat should recap key accomplishments and takeaways from the workshop. • Share next steps: • The NAPHS Secretariat will consolidate priority actions and key takeaways from Functional Grouping into a revised draft strategic or operational NAPHS. • The NAPHS Secretariat would convene a second gathering with technical leads and high-level decision makers to obtain final consensus and approval of the plan.	[Insert name(s)]
4:30pm - 5:00pm	30 minutes	10	Closing	Closing ceremony	N/A

Once the workshop with technical leads has concluded, the NAPHS Secretariat should consider additional working group sessions with a smaller group to finalize the draft plan and can consider a more detailed costing and resource mapping (ReMap) exercise, if needed. In addition, convening with high-level decision makers can be planned/considered for final endorsement of the plan.

Annex 2.1D Stakeholders mapping template

The following boxes provide examples of slides that can be used to illustrate "stakeholders mapping template" during stakeholder engagements. Feel free to adapt them to your specific context and audience.

Why is stakeholder mapping essential?

The involvement of the right people at the right time is critical to the success of the NAPHS development process.

Stakeholder mapping helps to identify:

- Who the key stakeholders are
- Their power and influence
- The most effective ways to engage them

1. Stakeholder identification

NAPHS Secretariat/ coordination team	+	Technical leads	+	High-level decision makers
Group of government stakeholders dedicated to oversee and coordinate the NAPHS process and collaboration across relevant sectors and technical areas		Group of government focal points involved in operations from each technical area which supports the NAPHS coordination team by providing technical and operational inputs		Supervisors, senior leaders and partners consulted to ensure buy-in and ownership of the process

Each step of the NAPHS process requires strategic stakeholder involvement based on the type of decision-making required to maximize efficiency and consensus-building

NAPHS Secretariat team

Competency Examples provided below	**Institution** Ministry, department or agency	**Individual nominee and job title**
IHR coordination *Program management, leadership, communication and negotiation*		
Monitoring and evaluation		
Epidemiology and surveillance		
Legal and policy advocacy		
Financing and resource mobilization		

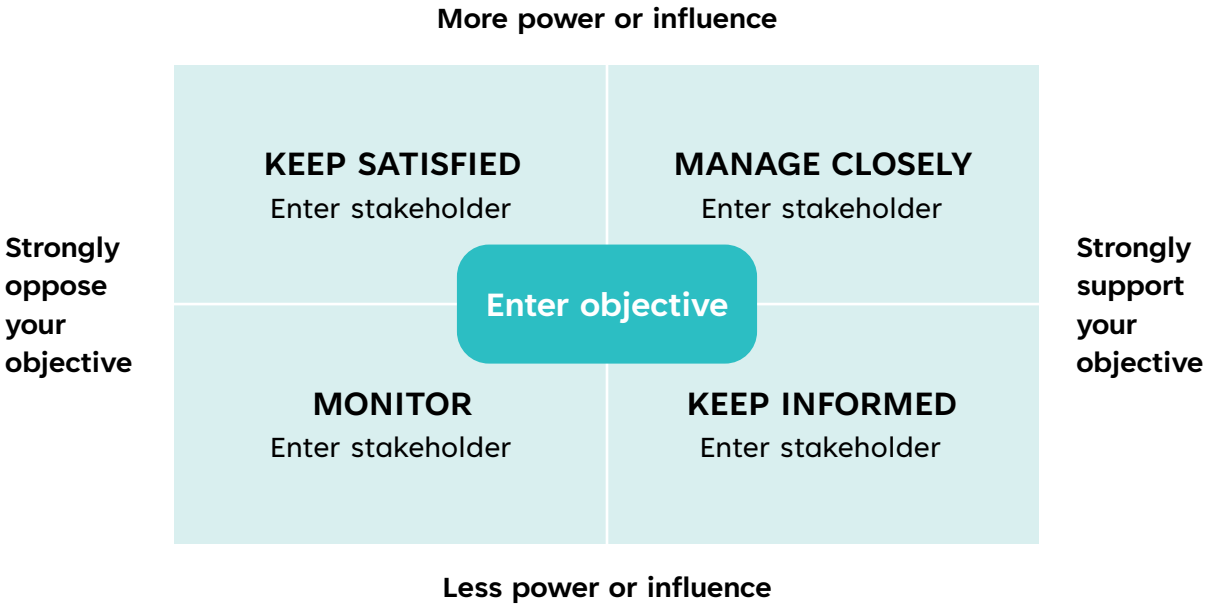
Technical leads

Technical area	**Institution** *Ministry, department or agency*	**Individual nominee and job title**	**Contact details**

High-level decision makers

Technical area	**Institution** *Ministry, department or agency*	**Individual nominee and job title**	**Contact details**

2. Stakeholder power map



Next steps

Develop a plan for communication with **technical leads** and **high-level decision makers.**

Decide on the following:

- Who will contact which stakeholders?
- What method of communication will be used?
- What is the timeline for communication?

World Health Organization

naphs

Annex 2.1E NAPHS Secretariat establishment template

Use this template to identify potential nominees to meet competency requirements and multisectoral composition of NAPHS Secretariat.

Once NAPHS Secretariat is established, the same template should be used to nominate the other NAPHS stakeholders (Technical leads, and High-level decision makers)

Competency Examples provided below	**Institution** Ministry, department or agency	**Individual nominee and job title**
IHR coordination *Program management, leadership, communication and negotiation*		
Monitoring and evaluation		
Epidemiology and surveillance		
Legal and policy advocacy		
Financing and resource mobilization		
One Health **Human, animal, environment**		

Annex 2.1F NAPHS Stakeholders working agreements template

This template can be used by the following stakeholders to establish their working agreements:

- NAPHS Secretariat team
- Technical leads
- High level decision makers

1. **Align on the purpose of the working agreement:** to establish norms and guidelines that enable a respectful and productive working environment. Address any initial questions or concerns from the participants.

2. **Use this template to guide your brainstorming:**

Brainstorming	Agreements	Parking lot
• What is important to us as a team? • What behaviors can we agree to as a team? • How and when do we prefer to communicate?	List of practices the team will agree to do	Miscellaneous recommendations that may be referenced or considered later

3. **Brainstorming:** Give participants a few minutes to engage in quiet reflection. If necessary, prompt reflection on the guide questions provided. Gather initial thoughts on your collaboration document by asking participants to add their ideas to the first column, “brainstorming.” Facilitate a discussion to generate insights, group/merge similar ideas and prioritize. Use the **parking lot** for any miscellaneous recommendations that may be referenced or considered later.

4. **Agreements:** Translate brainstorming ideas into actionable agreements in the “agreements” column. These adjustments can be refined or adjusted as necessary throughout the exercise.

5. **Vote:** Conclude with a vote to commit by voting on the list of agreements. Address any refusals or concerns. Repeat the exercise until you reach a consensus.

6. **Share:** Disseminate a copy of the final working agreements with all team members and post them somewhere visible for easy reference.

Annex 3.0 NAPHS workshop checklist

3 months before the workshop

- Official Request Reception from the National authorities to WHO
- Set-up NAPHS Secretariat (i.e. JEE Secretariat, IHR NFP or other existing multisectoral team)
- Confirm tentative dates with all Ministries involved
- Hold a preparation teleconference
- Define other stakeholders needed (i.e. technical leads & high-level decision makers)
- Identify a minimum of two trained NAPHS lead facilitators
- Budget preparation and Cost distribution for the NAPHS workshop

2 months before the workshop

- Hold a teleconference with all Ministries involved
- Ensure availability/summary of assessment reports for the workshop (i.e. JEE, SPAR, IHR/PVS, STAR)
- Establish the list of participants (JEE/NAPHS technical leads)
- Identify observers (WB, EC, CDC, donors...)
- Validate Agenda with all Ministries involved
- Confirm venue and accommodation
- Send invitation letter to participants
- Ensure visa/entry requirements for international participants
- Book accommodation for international participants
- Identify translation services (if applicable) and quote
- Organize a 2-hour preparation meeting (one day before the workshop)

Last 2 weeks arrangements

- Review logistics with the venue (cf material checklist)
- Prepare session material
- Printing of documents by WCO (cf material checklist)

In-country material and logistics checklist

Material for meeting room

- Workshop banner
- Participant badges

Workshop logistics

- Large meeting room
- Two or three additional small meeting rooms for working groups
- VIP table/podium
- Computer + projector + screen for large and small meeting rooms
- Microphones (x3)
- Audio system for the computer (videos)
- Audio system for the microphones
- Printer with A4 white paper available during the workshop
- Flip-charts (x5)

In-country printing

- Participant handbook (1 per participant, printed in color)
- Facilitator manual (6 copies, printed in color)
- Agenda (1 pax, b&w or color)
- JEE report (or self-evaluation if no JEE available) (x15, b&w)
- PVS Evaluation report if available (x15, b&w)

World Health Organization

naphs

Annex 3.1A Assessment synthesis and desk review

Recent assessment Identify the assessment: JEE, SPAR, IAR/AAR, SimEx, STAR, VRAM, 7-1-7, or other. If applicable, identify in parenthesis the risks or events reviewed, and year	**Recommendations** Summarize major actions proposed Please be concise and translate into a strategic action	**Technical Area** Assign this recommendation to a technical area. Each technical area will use this information to prioritize the detailed activities in their draft plans Define the set of IHR technical areas you want to use: JEE 3	**Notes** Optional: if applicable, provide rationale and other relevant comments	**Comments from Technical Teams** Prerequisites/ assumptions that need to be in place

World Health Organization

naphs

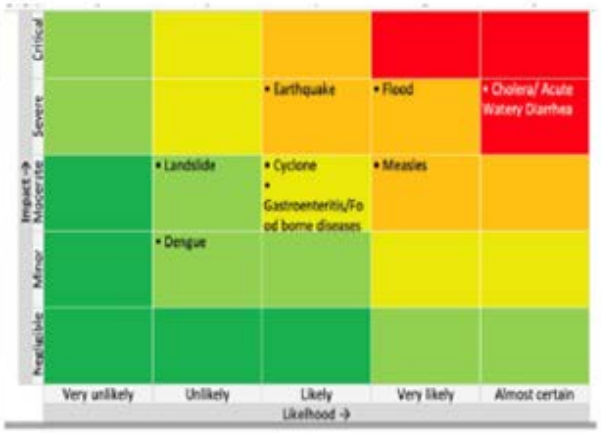
Annex 3.1B Risks matrix example

Country risk profile : Risk matrix (STAR output)

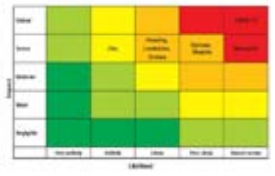
Country Risk Profile

- The risk matrix is a 5x5 plot of the impact and likelihood of risk in STAR to inform country **public health capacity development** and **action planning** for emergency and disaster risk management .
- Action planning can be **prioritized for the risks with the highest impacts and likelihood of occurrence**. However, stakeholders may elect to also prioritize certain risks with high impact, but which are unlikely to occur:

Risk level	Example of actions/next steps
High (Cholera/AWD, Flood, Earthquake, Measles)	• Scale up readiness actions e.g pre-positioning supplies) • Develop/update/test contingency plans • Build retrofitted health facilities in earthquake-prone areas
Moderate (Cyclone, gastroenterits)	• Establish a regional reference laboratory for food-borne diseases pathogens • Organize regular EMT refresher training
Low (Landslide, Dengue)	• Expand the sentinel sites for dengue vector surveillance



Applying outputs of risk assessment (STAR or equivalent) to country planning processes



Longer-term preparedness activities feed into

- 5-year strategic NAPHS
- 12–24-month operational NAPHS
- Apply risk calendar to inform planning processes and multisectoral engagement
- Apply risk calendar to inform planning processes and multisectoral engagement
- Reinforce coping capacities

Readiness/response specific actions inform

- Operational readiness and anticipatory actions to address imminent risks
- Response/contingency plans that are response/hazard specific and need to be implemented (in place) immediately, to ensure an effective response (e.g., prepositioning of resources, early deployments, activation procedures, etc.).
- Prioritize risk-specific actions and potential hotspots
- Consider concurrent risks during emergency response periods

Annex 3.1C Risks calendar example

Country risk profile : Risk calendar (STAR output)

The risk calendar maps the seasonality of hazards to support planning, prioritization and implementation c timely and appropriate actions to mitigate risk, scaleup readiness capabilities, and be ready to respond

Scenario

A. What happens in the next 3 months?

- 1 very high risk: almost certain to occur (cholera)
- 2 High risks: very likelyto occur (flood), can occur anytime (earthquake)
- 1 Moderate risk, likelyto occur (gastroenteritis)

B. What key next steps do we implement to mitigate these risks?

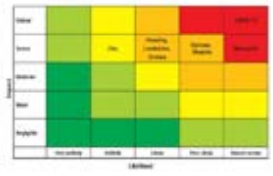
- **Pre-position cholera kits in Districts M and N** by MoH;
- **Review, update, and test contingency plans** for flood response in Districts A and M by national disaster authorities/MoH

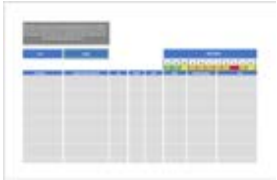
Emergency and Disaster Risk Calendar

Specific Hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cholera/ Acute Wate	Very high												
Measles	High												
Earthquake	High												
Flood	High												
Cyclone	Moderate												
Gastroenteritis/Fooc	Moderate												
Landslide	Low												
Dengue	Low												

The results are based on the consensus of the STAR participants, using a green-red colour scale with 'red' indicating the point in time when the hazard is most likely to occur

Applying outputs of risk assessment (STAR or equivalent) to country planning processes





Longer-term preparedness activities feed into

- 5-year strategic NAPHS
- 12–24-month operational NAPHS
- Apply risk calendar to inform planning processes and multisectoral engagement
- Apply risk calendar to inform planning processes and multisectoral engagement
- Reinforce coping capacities

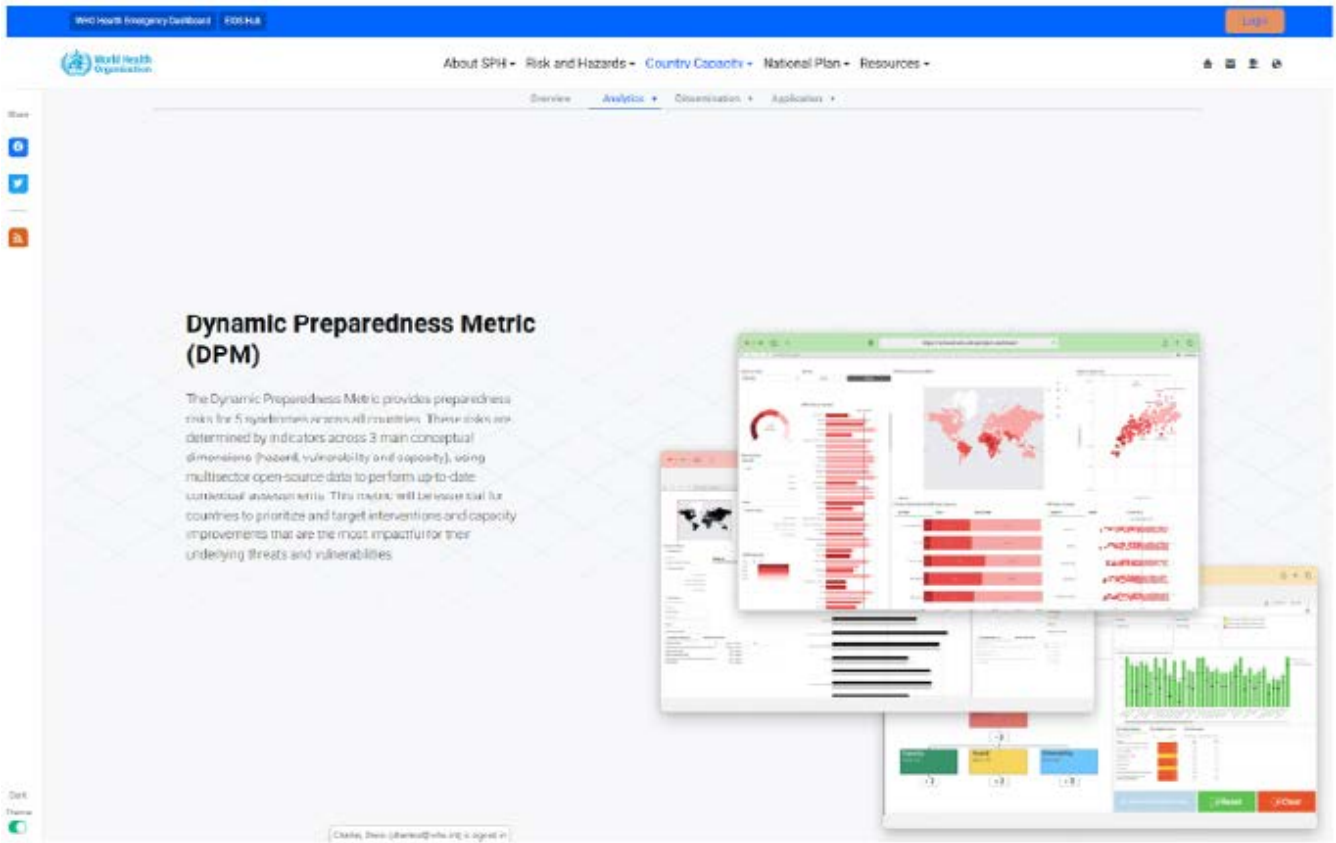
Readiness/response specific actions inform

- Operational readiness and anticipatory actions to address imminent risks
- Response/contingency plans that are response/hazard specific and need to be implemented (in place) immediately, to ensure an effective response (e.g., prepositioning of resources, early deployments, activation procedures, etc.).
- Prioritize risk-specific actions and potential hotspots
- Consider concurrent risks during emergency response periods

Annex 3.1D Dynamic Preparedness Metric

The Dynamic Preparedness Metric provides preparedness risks for 5 syndromes across all countries. These risks are determined by indicators across 3 main conceptual dimensions (hazard, vulnerability and capacity), using multisector open-source data to perform up-to-date contextual assessments. This metric will be essential for countries to prioritize and target interventions and capacity improvements that are the most impactful for their underlying threats and vulnerabilities.

https://extranet.who.int/sph/dpm



World Health Organization

naphs

Annex 3.1E SWOT analysis

The following boxes provide examples of slides that can be used to illustrate "SWOT analysis" during stakeholder engagements. Feel free to adapt them to your specific context and audience.

A high-level assessment of current strengths, weaknesses, opportunities and threats facing [Country] health security

Strengths (Internal)	Weaknesses (Internal)
• What are the current strengths of our health security mechanisms relevant to the various technical areas? • What gains have been made in the last 6–12 months? • Are there examples of these strengths at play? • What about the country's current political, financial, and social climates could strengthen national health security capacity?	• What are the current weaknesses of our health security mechanisms relevant to the various technical areas? • What are our most obvious areas of improvement? • What setbacks have we endured? • What about the country's current political, financial and social climates could weaken national health security capacity?
Opportunities (External)	**Threats (External)**
• What opportunities exist for improvement? • How can we make the most of our strengths? • Externally, what opportunities exist to strengthen our national health security capacity?	• What might hinder national health security capacity? • What are external risks to the country's health security? • Externally, what is going on in the world that could negatively impact our national health security capacity?

SWOT analysis

Strengths (Internal)	Weaknesses (Internal)
Opportunities (External)	**Threats (External)**

[Country] current health security context

- Overall, the **strongest components** of our national health security are...
- Overall, our **key weaknesses** include...
- **Opportunities to leverage** for improvement to national health security capacity include...
- Currently, **significant threats** to national health security capacity include...
- How can we leverage our **strengths and opportunities** to **address threats and weaknesses?**

Annex 3.2A WHO NAPHS tool

The NAPHS tool is an application in which countries can capture all their planned strategic actions and detailed activities based on the assessment results. This comprehensive, practical and easy to use tool is applicable to be used for developing both 5-year strategic plans as well as 12–24-month operational plans. Timelines, responsibilities, budget and costing, need for technical assistance and other essential planning considerations can also be documented in the tool. The tool is automatically structured around the IHR indicators to facilitate the monitoring and evaluation process and easily track implementation status per activity level. Dashboard can be automatically produced based on the information provided in the plan, that can be helpful to provide an overview of the plan and identify any bottlenecks for high level decision makers consideration.

The NAPHS tool exists in two versions:

- An excel-based tool
- A secured online platform called e-NAPHS currently available for piloting. Countries that wish to develop their NAPHS on the e-NAPHS can contact us at naphs.helpdesk@who.int

Excel-based tool	Online platform
https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/national-action-plan-for-health-security	https://enaphs.who.int/login
	

Annex 3.2B WHO benchmark for strengthening health emergency capacities

Use the links below and follow instructions on how to use the WHO benchmarks for the development of a NAPHS.

Benchmark guidance
https://www.who.int/publications/i/item/9789241515429

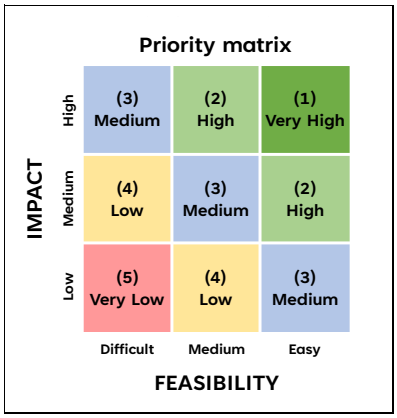
Digital tool
https://ihrbenchmark.who.int/

Annex 3.2C Prioritization template for operational NAPHS

The following boxes provide examples of slides that can be used to illustrate "prioritization template for operational NAPHS" during stakeholder engagements. Feel free to adapt them to your specific context and audience.

Instructions

Different criteria can be used to prioritize detailed activities for the operational plan. A simple method is to assess the feasibility of implementing the activity (e.g. how the action might impact the strengthening of IHR capacities and addressing gaps) and the impact it will have (e.g. technical, operational, and political considerations). The feasibility level (difficult, medium, easy) and impact level (low, medium, high) will determine a priority score according to the matrix below.



Use the table in the next slide, or work directly in the WHO NAPHS tool to guide discussions and consensus building to select a few activities per technical area.

4. Identify potential actions and activities then prioritize

Enter Technical Area

Actions and Activities to prioritize		Prioritization		
Strategic Action	Detailed activity description	Feasibility	Impact	Priority level

About this slide
Assess the impact and feasibility of activities in your operational plan (based on the priority matrix on previous slide). Use this matrix to guide discussions and consensus building to select a few activities per technical area.

Annex 3.2D Organizing functional groups

Functional groups enable discussion across different, but related, technical areas. They prompt greater collaboration and communication among technical areas, reinforcing interdependent activities and reducing duplication of effort.

Preparation time	Facilitation time
1 hour	1 hour

Process

Member States decide how functional groups are assigned. When creating functional groups, the NAPHS coordination team should consider which technical areas are most related to each other and require representation from the same or similar technical leads. This makes the process efficient in terms of time and also the number of people required in one group. Examples of how functional groups may be organized include, but are not limited to:

- Global or regional frameworks such as:
  - JEE pillars (prevent, detect, respond, other hazards and PoE)
  - HEPR 5Cs (emergency coordination, collaborative surveillance, community protection, clinical care and access to countermeasures)
  - WHO AFRO flagship programs (PROSE, Promoting Resilience of Systems for Emergencies; TASS, Transforming African Surveillance Systems; AVoHC-SURGE, African Volunteers Health Corps–Strengthening and Utilizing Response Groups for Emergencies)
- Response structures from a recent outbreak
- Common problem statements or issue areas
- Anticipated collaborations with implementation, based on history or draft plans

When using the functional group approach in workshops to organize 19 technical areas, the NAPHS coordination team should ensure that three to five technical areas are represented in each functional group, totaling four or five functional groups. Given some technical areas may have more synergies than other groups and may need to be included in multiple functional groups, these technical areas must be advised to include additional representation during workshops.

Example

In this country example, configurations were based on groups relevant to implementation:

National legislation, policy, financing; IHR coordination, communication, advocacy; Workforce development; Reporting
Antimicrobial resistance; Biosafety and biosecurity; National laboratory system
Emergency response operations; Emergency preparedness; Linking public health and security authorities; Medical countermeasures and personnel deployment; and risk communications
Food safety; Points of entry; Chemical events; and Radiation emergencies
Immunization; Surveillance; and Zoonotic diseases

Annex 3.2E Functional group exercise

After each technical area has internally aligned on its priority actions, they discuss with functional groups how to refine and consolidate technical area priorities into a unified national plan. Functional group discussion allows technical leads to identify actions that present opportunities for alignment and coordination and ways to prevent duplication of effort.

Preparation time	Facilitation time
1 hour	2 hours

Process

Successful facilitation of the functional group exercise relies on prior completion of the assessment synthesis and prioritization exercises. Refine draft plans in functional groups by facilitating the following steps:

- In functional groups, each technical area representative will present their three to five priority actions using their completed slides.
- Each representative is asked to take note of the information while listening to presentations prior:
  - Opportunities: Which actions are mutually reinforcing or connected across technical areas? How might we align and coordinate?
  - Issues: Which actions are duplicative? How might we address these?
- Together, each functional group engages in a discussion to reach consensus on recommendations or action items and to refine and consolidate draft plans, using the template below. Functional groups can present this matrix on flip charts or via a single PowerPoint slide

Example

Say technical leads for surveillance identify "rollout of 3rd edition IDSR as a strategic activity, while technical leads for emergency preparedness identify "disseminate IDSR guidelines and conduct IDSR trainings in 100 districts" as part of their strategic activity to strengthen emergency preparedness measures at the subnational level.

The functional group outcome might look like this:

Duplications or areas of overlap	Recommendations or action items
• "Rollout of 3rd edition IDSR" (surveillance) • "Dissemination of IDSR guidelines and training" (emergency preparedness)	• Consolidate IDSR activities under "Rollout of 3rd edition IDSR" (surveillance) to simplify budget allocation and accelerate implementation

Annex 3.2F WHO costing tool for NAPHS

WHO NAPHS costing tool can be found at:
https://extranet.who.int/sph/naphs-planning-and-costing-tool

Another available costing tool is the WHO AMR costing tool which can be used to cost any type of plan, including a NAPHS. Find more information at:
https://tinyurl.com/2b7au69n

Annex 3.3A WHO resource mapping (REMAP) tool

WHO has developed the WHO REMAP tool to identify financial and technical gaps and the available domestic and external resources that can support NAPHS implementation. Country requests for a REMAP support workshop can be sent to the WHO country office using the draft text below:

[Date]

Dear WHO Representative,

Request for assistance to conduct Resource Mapping (REMAP) workshop to support the implementation of National Action Plan for Health Security (NAPHS)

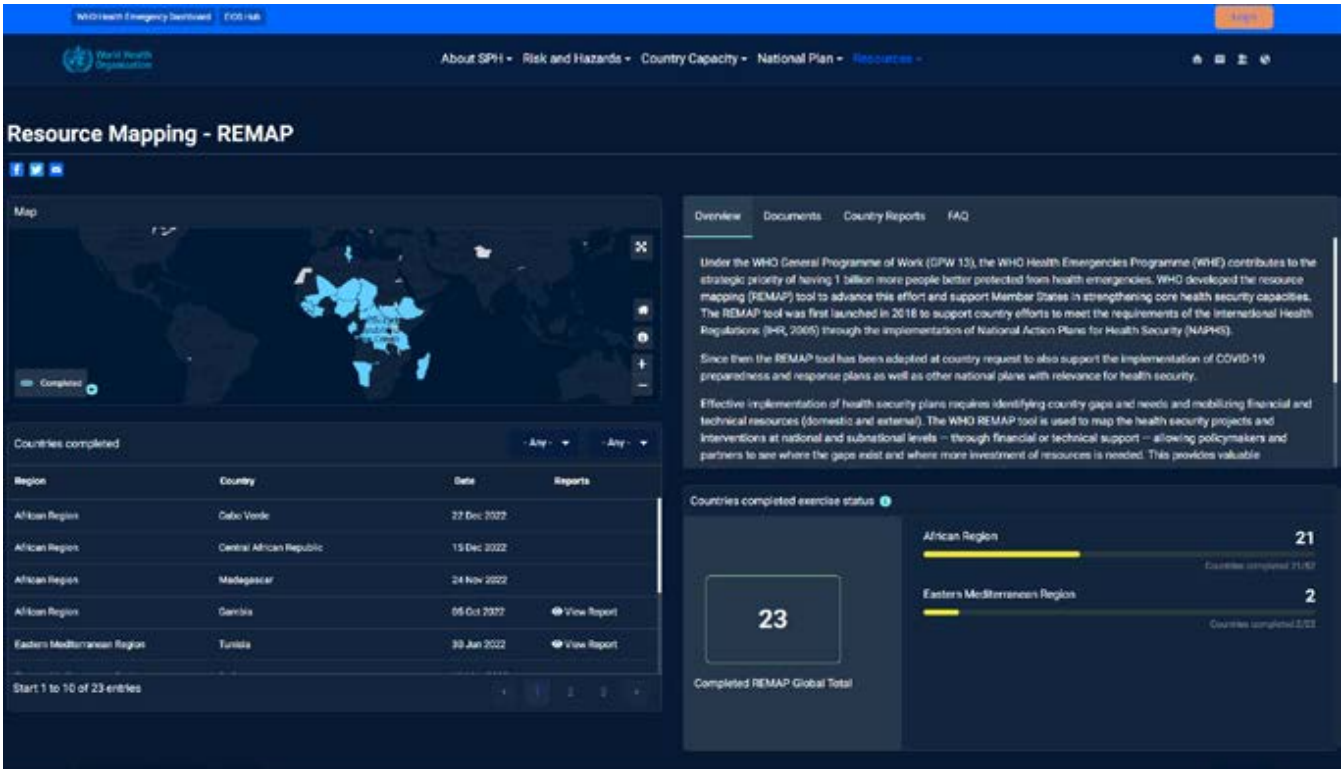
On behalf of the ..... Ministry of Health, I wish to request support from the WHO Country Office, the Regional Office, and the Health Security Preparedness (HSP) Department at WHO Headquarters in conducting a resource mapping (REMAP) workshop to facilitate the implementation of the National Action Plan for Health Security (NAPHS).

Following the Joint External Evaluation (JEE) and other assessments that assessed capacities across 19 technical areas, the country has developed the NAPHS with prioritized key actions for addressing capacity gaps and accelerating the development of IHR core capacities. Successful implementation of the NAPHS depends on effective and sustainable collaboration and coordination of sectors, partners and resources.

In light of this, the Ministry is requesting support for a workshop focusing on use of the WHO resource mapping (REMAP) tool. A key objective of the workshop is to provide government, partners, donors, agencies and other multisectoral stakeholders with better visibility of available and potential resources (financial and technical) for health security in order to accelerate the implementation of the NAPHS.

Thank you for your continued collaboration,

[Name]
[Title]



https://extranet.who.int/sph/resource-mapping

World Health Organization

naphs

Annex 3.3B NAPHS report template

National Action Plan for Health Security for [country]

[year–year]

Illustrative image

BLANK

National Action Plan for Health Security for [country]

[year–year]

Disclaimer

Contents

Acknowledgments

ABBREVIATIONS

COVID-19	Coronavirus disease 2019
EU	European Union
GON	Government of Nepal
FAO	Food and Agriculture Organization of the United Nations
IHR	International Health Regulations
IHRMEF	Joint External Evaluation Monitoring and Evaluation Framework
JEE	Joint External Evaluation
NAPHS	National Action Plan for Health Security
OIE	World Organization for Animal Health
PPR	prevention, preparedness, and response
Simex	Simulation Exercise
SPEED	Strengthening Pandemic Preparedness for Early Detection
UNICEF	United Nation's Children Fund
Global Fund	
USAID	
....	
....	

Executive Summary

Illustrative text

The National Action Plan for Health Security (NAPHS) for .... covering x period is based on the Government Programme on xxxx, the State Party Self-Assessment Annual Reporting (SPAR) 2022, the Joint External Evaluation (JEE) 2023 and the Strategic Tool for Assessing Risks (STAR) 2022.

A NAPHS results framework could be added here
Illustrative image

Introduction

International Health Regulations

The 58th World Health Assembly adopted in May 2005 the revision of the 1969 edition of the International Health Regulations (IHR). The IHR (2005) seeks "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".

The IHR requests countries to establish and maintain national capacities to identify threats to human health and undertake quick action to prevent a public health event from becoming a public health emergency of international concern.

Article 54 requests countries to conduct self-assessment and report the results to the World Health Organization (WHO). To support this, in 2015 WHO adopted the Joint External Evaluation (JEE) tool to evaluate IHR implementation through a multisectoral approach. Other health security organizations such as the World Organization for Animal Health (OIE) and the Food and Agriculture Organization (FAO) of the United Nations also support this tool.

Lessons learned from COVID-19, Ebola, Zika virus diseases and other health emergencies accentuated the need for countries to continuously develop, strengthen and maintain their capacities under IHR for improving national and international health security through safeguarding travel and trade, as well as economic and social developments. Developing capacities for national health security rests on the proactive involvement of the whole of society and the whole of government, including the engagement of public and private entities from a range of sectors – for example, health, agriculture, environment, finance, security, emergency management, education, and transportation.

The WHO Secretariat, in consultation with Member States, developed the IHR Monitoring and Evaluation Framework (IHRMEF). The IHRMEF informs national action plans in strengthening capacities for public health emergency preparedness and health security, and is structured with four components:

- mandatory annual reporting
- voluntary after-action reviews
- simulation exercises
- voluntary external evaluations, including JEE.

The NAPHS process transforms recommendations from the different evaluations within IHRMEF into actions, consolidated with national plans and priorities, and aligned with a country's public health risks. In this way, the NAPHS is a country owned, multi-year planning process that can accelerate the implementation of IHR core capacities based on the One Health and whole-of-government approach for all hazards.

Introduction
[How NAPHS fits in.]

Situational analysis

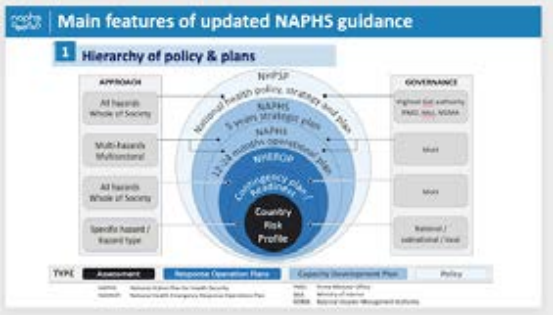
Country context
[Provide a summary of the country's context.]

National Health System
[Provide a summary of the national health system.]

Assessments of main risks and vulnerabilities
[This should cover recent risk assessments and could include STAR.]
[Include risk assessment graphics if possible.]

Recent capacity assessments
[Provide a summary of all recent assessments.]

The need for a NAPHS
[Based on the information presented in the Situational Analysis, this section should summarize the discussion for the need of a NAPHS.]



[Could tailor diagram to show the country context]

Strategic NAPHS

Process to develop the NAPHS
[Describe the organization and technical process for developing the NAPHS, for example, the setting up of technical groups, the process, who was invited.]

Governance arrangements
[Describe the governance arrangements, role of the NAPHS Secretariat.]

Long-term national strategic priorities
[Ensure the period of the strategic plan is established. Outline the strategic goal and objectives.]
[Content of the strategic NAPHS. There may be an associated document or an annex.]

Operational NAPHS

Operational plan objectives

[State the objectives.]
[State the focus areas.]

Two-year operational plan

[State the actions of the operational plan.]
[Content of the operational NAPHS may be an associated document or an annex.]

Resourcing

Costing of activities

[Describe costing activities.]

Sustainable financing

[This may cover mobilized domestic resources, gap, and external support.]

Monitoring, evaluation, accountability, and learning

Accountability framework

[Describe accountability framework, as per JEE recommendations.]
[This could also go under the governance section earlier in the document.]

Risk and mitigation measures

[State key assumptions.]
[State risk and mitigation measures.]
[This section could be a combo of narrative and table.]

Monitoring and evaluation arrangements

[Describe the monitoring and evaluation arrangements.]

Learning arrangements

[Describe any learning arrangements.]

Terms of reference

[e.g. Agenda of the NAPHS development workshop.]

List of participants

Name	Job Title	Institution
Allison Gocotano		WHO Nepal
Maung Maung Htike		WHO Nepal
Frederic Copper	Technical Officer Country Capacity Assessments and Planning (CAP). Health Security Preparedness (HSP).	WHO HQ
xxx	xxx	xxx
xxx	xxx	xxx
xxx	xxx	xxx
xxx	xxx	xxx

Strategic and operational NAPHS content

[Include large tables]
This section could include information on the:

- JEE and SPAR scores
- Strategic actions and priority actions
- Operational activities
- Costings

References

National Action Plan for Antimicrobial Resistance Nepal 2022–2027. Government of Nepal. Ministry of Health Population. 2022.

National Disaster Reduction Risk Reduction Management (NDDRM) Act.

.....

Annexes

BACK COVER

World Health Organization

naphs

Annex 3.4A IHR benchmarks reference library

Use the link below to access the WHO IHR benchmarks reference library:
https://ihrbenchmark.who.int/reference-library

Annex 3.4B Routine implementation status meeting

Stakeholders must regularly update the activity tracker in the NAPHS tool and align with colleagues in a routine check-in meeting. These meetings are not meant for performance evaluation but to prioritize activities and address bottlenecks.

Process

Before the meeting

Update implementation progress on the program management tracker before each quarterly check-in meeting. Invite representatives accountable for implementing activities (e.g., technical area leads), and any relevant high-level decision makers to the meeting.

Key questions	Data Cycle					
	Collection	**Collation**	**Analysis**	**Dissemination**	**Decision-making**	**Action**
Tracking standards What does success look like when tracking is done well?	Activity and resource data is regularly collected from stakeholders	Activity and resource data is compiled in a centralized tracking tool	Activity and resource data is analyzed to highlight implementation status and resource gaps	Information on implementation status and resource gaps is shared and reviewed through reports or dashboards	Information is used to enable accountability among stakeholders Causes and consequences of delayed implementation are examined to determine corrective actions to advance implementation, such as prioritization and resourcing	Activities are implemented to completion, including any corrective actions or improvements Lessons from implementation are captured, applied and shared to enable improvement and scale
People Who are the stakeholders involved and their roles?	M&E lead, coordinates regular collection of implementation and resource data by persons responsible for implementation	M&E lead, manages and maintains the tracking tool	M&E lead, manages data analysis and visualization using the tracking tool	M&E lead, coordinates sharing of information with stakeholders Responsible authorities and high-level decision makers, review information to guide decisions and action	M&E lead, coordinates meeting with stakeholders Responsible authorities and high-level decision makers, attend meeting to discuss challenges and solutions to advancing implementation	Responsible authorities, coordinates their teams for implementation

Key questions	Data Cycle					
	Collection	**Collation**	**Analysis**	**Dissemination**	**Decision-making**	**Action**
Processes What processes enable accountability and meeting the standards? How often are these processes implemented?	Monthly email reminders and coordination	Monthly email reminders and coordination	Monthly data analysis	Quarterly report	Quarterly meeting	Quarterly meeting
Tools What tools enable accountability and meeting the standards?	Database or spreadsheet software	Database or spreadsheet software	Data visualization, analytics or business intelligence software	Data visualization, analytics or business intelligence software	Data visualization, analytics or business intelligence software	Data visualization, analytics or business intelligence software

During the meeting

Meeting participants should be prepared to share the following briefly:

- High-level update on the implementation status of activities
- Implementation bottlenecks (i.e., challenges or causes of delay)
- Priority activities for the next period (e.g., month or quarter), and resources or support required to advance implementation

Participants should use this time to seek feedback, advice and support from colleagues. When nearing the next NAPHS planning cycle, leverage this meeting to consolidate implementation data that may be referenced in plan development.

After the meeting

Implement recommendations to advance progress of prioritized activities. Then, plan to update and prioritize activities again in the next period. Remember to share progress (e.g., tracker dashboard, reports or bulletins) to key stakeholders and partners.

Example

	Agenda Item	Time (minutes)
1	Introduction	5
2	Each representative provides an update on priorities and bottlenecks	30
3	Group agrees on next steps and action items	20
4	Closing	5

World Health Organization

naphs

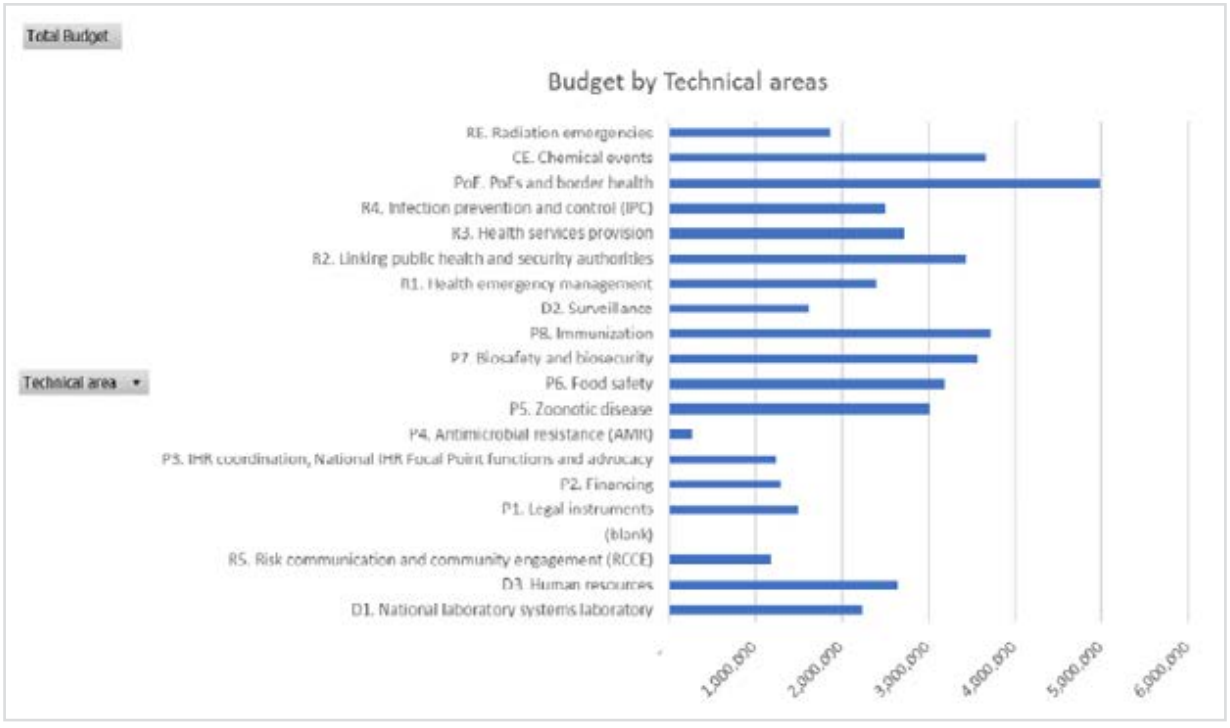
Annex 3.4C Examples of M&E dashboard

ACTIVITY IMPLEMENTATION STATUS

Row Labels	Implementation
D1. National laboratory systems laboratory	**75%**
D1.2. Laboratory quality system	75%
D1.1. Specimen referral and transport system	50
D1.3. Laboratory testing capacity modalities	88%
D3. Human resources	**63%**
D3.2. Human resources for implementation of IHR	75%
D3.1. Multisectoral workforce strategy	38%
D3.3. Workforce training	100%
R5. Risk communication and community engagement (RCCE)	**67%**
R5.1. RCCE systems for emergencies	75%
R5.2. Risk communication	50%
P1. Legal instruments	**31%**
P1.1. Legal instruments	25%
P1.2. Gender equity and equality in health emergencies	50%
P2. Financing	**88%**
P2.1. Financing for IHR implementation	88%
P2.2. Financing for public health emergency response	88%
P3. IHR coordination, National IHR Focal Point functions and advocacy	**25%**
P3.2. Multisectoral coordination mechanisms	25%
P4. Antimicrobial resistance (AMR)	**50%**
P4.4. Optimal use of antimicrobial medicines in human health	50%
P5. Zoonotic disease	**70%**
P5.1. Surveillance of zoonotic diseases	75%
P5.2. Response to zoonotic diseases	92%
P5.3. Sanitary animal production practices	0%
P6. Food safety	**50%**
P6.1. Surveillance of foodborne diseases and contamination	25%
P6.2. Response and management of food safety emergencies	63%
P7. Biosafety and biosecurity	**40%**
P7.1. Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	100%
P7.2. Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	25%
P8. Immunization	**67%**
P8.1. Vaccine coverage (measles) as part of national programme	75%
P8.2. National vaccine access and delivery	88%
P8.3. Mass vaccination for epidemics of VPDs	0%
D2. Surveillance	**44%**
D2.1. Early warning surveillance function	50%
D2.2. Event verification and investigation	50%
D2.3. Analysis and information sharing	25%
R1. Health emergency management	**44%**
R1.1. Emergency risk assessment and readiness	75%
R1.2. Public health emergency operations centre (PHEOC)	33%
R2. Linking public health and security authorities	**63%**
R2.1. Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological, chemical or radiological event	63%
R3. Health services provision	**42%**
R3.1. Case management	100%
R3.2. Utilization of health services	25%
R3.3. Continuity of essential health services (EHS)	50%
R4. Infection prevention and control (IPC)	**67%**
R4.1. IPC programmes	50%
R4.2. HCAI surveillance	75%
R4.3. Safe environment in health facilities	75%
PoE. PoEs and border health	**58%**
PoE1. Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	100%
PoE2. Public health response at PoEs	88%
PoE3. Risk-based approach to international travel-related measures	25%
CE. Chemical events	**58%**
CE1. Mechanisms established and functioning for detecting and responding to chemical events or emergencies	58%
RE. Radiation emergencies	**30%**
RE1. Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	50%
RE2. Enabling environment in place for management of radiological and nuclear emergencies	25%
Grand Total	**52%**

Budget by thematic area

Technical Area	Total Budget
D1. National laboratory systems laboratory	2,240,000
D3. Human resources	2,640,000
R5. Risk communication and community engagement (RCCE)	1,180,000
(blank)	
P1. Legal instruments	1,490,000
P2. Financing	1,290,000
P3. IHR coordination, National IHR Focal Point functions and advocacy	1,240,000
P4. Antimicrobial resistance (AMR)	270,000
P5. Zoonotic disease	3,020,000
P6. Food safety	3,190,000
P7. Biosafety and biosecurity	3,570,000
P8. Immunization	3,720,000
D2. Surveillance	1,620,000
R1. Health emergency management	2,400,000
R2. Linking public health and security authorities	3,430,000
R3. Health services provision	2,720,000
R4. Infection prevention and control (IPC)	2,500,000
PoE. PoEs and border health	4,990,000
CE. Chemical events	3,660,000
RE. Radiation emergencies	1,860,000
Grand Total	**47,030,000**



World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland

www.who.int