WORLD HEALTH ORGANIZATION STRATEGY (2022–2026) FOR THE NATIONAL ACTION PLAN FOR HEALTH SECURITY

World Health Organization

WORLD HEALTH ORGANIZATION STRATEGY (2022–2026) FOR THE NATIONAL ACTION PLAN FOR HEALTH SECURITY

World Health Organization

CONTENTS

ACKNOWLEDGMENTS

PURPOSE

1. This strategy defines the World Health Organization (WHO) vision and framework for supporting Member States to accelerate the development, implementation and monitoring of their National Action Plan for Health Security (NAPHS) from 2022 to 2026.

MANDATE

2. All Member States have the responsibility to build and maintain effective and functioning capacities and systems to prevent, detect, protect against, control and provide a public health response to public health emergencies and to comply with relevant international treaties or agreements, including the International Health Regulations (IHR 2005).[1]

3. Under the IHR (2005), Article 5, paragraph 3, states: "WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article."

4. The National Action Plan for Health Security (NAPHS)[2] and equivalent health security strategies and plans are critical for ensuring that national capacities in health emergency prevention, preparedness, response, and recovery are prioritized, strengthened and sustained in order to achieve national, regional and global health security; therefore, serve the vulnerable, promote health and keep the world safe.

5. The Review Committee on the Functioning of the International Health Regulations (2005) in 2020,[a] recommended that: *"WHO should continue to provide guidance and technical support to countries on how to integrate assessments of IHR core capacities, and the subsequent development of national plans for emergency preparedness and response, with national efforts to strengthen essential public health functions and to rebuild resilient health systems after the COVID-19 pandemic."*

6. The Seventy-fourth World Health Assembly (**in Resolution WHA 74.7**)[3] called on international actors, partners, civil society and private partners to: *"support all countries, upon their request, in implementing their multisectoral national action plans, in strengthening their health systems to respond to health emergencies, and in maintaining the safe provision of all other essential public health functions and services during them".*

---

[a] Convened by the Director-General at the request of WHO Member States in World Health Assembly Resolution WHA73.1 (2020), in accordance with Article 50 of the IHR. The Committee's mandate was to review the functioning of the IHR during the COVID-19 response, with reference to IHR provisions as appropriate.

7. In October 2021, WHO released a position paper titled *Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond.* The position paper called on leaders and policymakers within health, finance and other sectors to, inter alia, "leverage the current response to strengthen both pandemic preparedness and health systems; invest in essential public health functions including those needed for all-hazards emergency risk management; and increase domestic and global investment in health system foundations and all-hazards emergency risk management."[4]

8. During the Seventy-fifth World Health Assembly in May 2022, several strategic initiatives were launched, including a proposal from the Director-General on Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience (HEPR), which serves to guide the future direction for health emergency preparedness and response. The HEPR focuses on three key areas for strengthening the global architecture, namely: governance, systems and financing. The NAPHS has a central position in the systems area, where it is stated: *"Emergency coordination with a trained health emergency workforce that is interoperable, scalable; and ready to rapidly deploy; coherent <u>national action plans for health security to drive preparedness and prevention</u>; operational readiness through risk assessment and reduction and prioritization of critical functions; and rapid detection of and scalable response to threats through the application of a standardized emergency response framework."* [5]

9. Health systems worldwide have experienced unprecedented pressure from various challenges, including the impact of the recent pandemics along with increased trends of acute and chronic conflicts and humanitarian disasters, population displacements, natural disasters, economic crises, and the effects of climate change, among others.

10. The traditional health system monitoring for emergency preparedness and Universal Health Coverage (UHC) has not been enough to indicate the capacity to maintain essential health services during emergencies. The conventional approach taken in investing in parts of a health system has shown its limitations, fragility and one incapable of addressing the fundamentals of accessibility, equity, and the ability to surge to meet 21st-century public health challenges while maintaining essential public health services.

11. In planning recovery and development post-COVID-19 we have the opportunity to go beyond advancing UHC, to ensure health security, promote and protect health and wellbeing, and ensure enough resilience within national systems through to maintain routine services while responding to emergencies.

12. The IHR Monitoring and Evaluation Framework (IHRMEF) was developed as a suite of tools to support Member States to assess capacities and routinely test the capabilities developed. The tools include the State Party Self-Assessment Annual Report (SPAR), the Joint External Evaluations (JEE), simulation exercises (SimEx), and after action reviews (AAR). The first two are quantitative assessments, while

the latter are used to review the functionality of national IHR (2005) capacities and how they perform in a simulated or real event.

13. WHO continues to work closely with Member States to assess capacity gaps and the development and implementation of national action plans to strengthen country capacities for managing the range of risks they face in relation to health emergencies.

PRINCIPLES

14. The WHO NAPHS strategy recognizes that countries have existing planning and accountability mechanisms in place. These may include specific capacity development plans that aim to strengthen IHR, national health security and disaster risk management without explicitly naming or defining these as NAPHS. This strategy promotes the use of existing national action plans for health security and not necessarily the creation of additional plans. It encourages Member States to use existing health security capacity development plans and ensure alignment with the broader national health strategy, planning and budgeting cycles in order to enhance investment case opportunities from domestic and international budgetary allocations for health security.

15. In order to integrate IHR capacities within national health systems and primary health care, health security planning is more effective if it is well aligned with, and embedded in, existing National Health Policies, Strategies and Plans (NHPSP)[b],[6] as well as with other programmatic and multi-hazard or disease-/hazard-specific plans[7] (e.g. respiratory pathogen pandemic preparedness planning,[8] antimicrobial resistance, chemical hazards etc.). This will ensure the better utilization of resources, avoid duplication while harnessing external buy-in to support national health priorities.

16. While the NAPHS is essentially a capacity development plan that captures the national health security priorities that are required to strengthen emergency preparedness (including IHR core capacities); the National Health Emergency Response Operations Plans (NHEROPs)[9] – complemented by hazard- and disease-specific contingency and readiness plans – define the overall roles, responsibilities, systems, mechanisms and specific tasks or checklists for emergency response operations. Both preparedness and response planning processes complement each other and form a vital element of the national health emergency risk management system.

17. The Ministry of Health, other national ministries, national stakeholders in different sectors, and WHO's country offices and partners play critical roles in promoting a culture of comprehensive multisectoral/One-Health planning that engages

---

[b] NHPSP is the overarching national health sector plan/strategy and is also known in some countries as the Health Sector Strategic Development Plan.

meaningfully with other relevant stakeholders, including community groups,[10] civil society organizations, other agencies and the private sector.[11]

18. Health emergencies begin and end in the communities that are the first to be exposed and the first to respond to emerging or re-emerging threats. Consequently, while NAPHS are often developed at the national level, subnational stakeholders should play a key role in the design, development, and implementation of NAPHS by bringing the whole of government, whole of society approach that is so important. Effective representation and engagement of stakeholders at sub-national levels (such as district health officers, urban representatives,[12] and local community representatives) are central to successful implementation within and across programs at all levels. Both vertical and horizontal engagement are key principles.

19. WHO, other United Nations agencies, civil society organizations, the private sector, academia, the international donor community and other partners play key roles in facilitating and supporting national priorities through technical support and financial contributions in a coordinated, predictable and sustainable manner.[13]

REGIONAL CONTEXT AND STRATEGIES

20. WHO Regional Offices have developed strategies that incorporate lessons learned from COVID-19, and aim to reduce the health and socioeconomic impacts of health emergencies. Their strategies emphasize investing in responsive health systems to effectively manage health emergencies while ensuring the continuity of essential services.

INCORPORATING LESSONS FROM THE COVID-19 PANDEMIC

21. The COVID-19 pandemic has underlined the need to work towards achieving strong and resilient health systems and universal health coverage as an essential foundation for effective preparedness and response to public health emergencies. A health system that has the surge capacity to respond to pandemics and concurrent emergencies associated with natural hazards, conflicts and other disease outbreaks is essential for ensuring a strong emergency response and for limiting the spread of future disease outbreaks. The critical role of maintaining health systems while ensuring health security is key to reducing vulnerabilities, prevention, preparedness, emergency response and recovery.

22. The COVID-19 pandemic has also demonstrated that major public health events can reverse decades of progress and can have serious risks and impacts that go far beyond health. Years of persistent underfunding of the health sector in many

countries has led to health systems that are unable to deliver services that meet both the routine and emergency needs of their populations. These systems, which have been further weakened by the increased demands and stresses caused by the COVID-19 pandemic and concurrent emergencies, have led to a renewed focus on building capacities for health security that simultaneously contribute to strengthening health systems and universal health coverage.

23. There is a need for a more comprehensive and inclusive multisectoral planning processes for health security anchored within national health systems. National governments worldwide have realized that sufficient investment in capacities for prevention, preparedness, response and recovery is essential to reduce the devastating and disruptive impacts of epidemics, pandemics and other health emergencies on societies.

24. Through the development and implementation of NAPHS or equivalent health security plans, Member States have the window of opportunity to "build back better", by attracting national and international financing to strengthening IHR core capacities, invest in health systems, and enhancing national emergency preparedness and response capacities.

25. Evidence from previous epidemics and pandemics show early engagement of communities in planning, needs to be at the centre of health emergency preparedness, readiness and response. Thus, community engagement and empowerment need to be mainstreamed and integrated into NAPHS planning, implementation and monitoring at all levels and relevant sectors with a whole-of-society approach.

INTEGRATED NAPHS PROCESS

26. WHO will provide technical advice on implementing this NAPHS strategy (2022–2026). This will include advice and recommendations to improve coordination and advocacy efforts around the NAPHS strategy, as well as direction and technical support on the tools and guidance that are required to move the strategy forward. Besides 5-year strategic plans, this strategy encourages Member States to develop 12–24 month operational plans. These shorter plans focus on the high priority key outputs and actions and make strategic plan more implementable by focusing on the short-term priorities. The limited number of activities allows for trackable implementation in a more manageable timeframe and ensures accountability for implementation.

27. Integrated NAPHS process (Annex 1) follows four steps; 1) use country data from capacity assessments and risk and vulnerability findings to contextualize the data; 2) develop and prioritize action plans based on existing assessment outcomes and plans, 3) mobilize financial and technical resources and high-level buy-in; and 4) implementation, M&E, and reporting.

28. Reviewing existing plans or developing NAPHS should be conducted through the full engagement of the responsible sectors and community engagement. The importance of this is linked to the capacity to scale up to meet public health challenges with sectors and communities that understand their roles, responsibilities and are better prepared. NAPHS will therefore serve as a platform for integrating and aligning country data with various national plans.

29. The NAPHS uses recommendations from existing national capacity reviews and IHR assessments, including IHR SPAR, JEE, IHR-Performance of Veterinary Services (IHR-PVS) National Bridging Workshops (NBW) and Tripartite operational tools, and translates these findings into concrete activities and prioritized actions.

30. Threat and vulnerability mapping and national risk assessments, including the Strategic Toolkit for Assessing Risks (STAR) or any other vulnerability and risk assessment allow countries to identify high and imminent risks. These risk assessments will be key to prioritizing actions with timely activities for annual NAPHS operational plans.

31. The WHO NAPHS strategy 2022–2026 embodies a NAPHS Strategic Results Framework (Annex 2) that will enable countries to link NAPHS activities to longer-term outcomes and impacts. The framework takes account of the IHR core capacities, the Health System for Health Security Framework and the WHO Essential Public Health Functions (EPHFs) to monitor progress towards the longer-term outcomes, using the three key areas of the HEPR (governance, systems and financing). The results framework will support countries with a standardized monitoring and evaluation mechanism to monitor NAPHS implementation status and progress over time using existing tools of the IHR monitoring and evaluation framework (MEF). This will enhance national accountability and governance and will support the overall implementation of NAPHS.

32. Findings and recommendations of simulation exercises (SimEx), and After-/Intra-Action Reviews (AAR/IAR) will not only identify bottlenecks in national health systems and inform the development of the NAPHS, but will also provide opportunities to monitor impact metrics and evaluate progress by testing the functionalities and timeliness of the health system in simulated or real-life events.

33. Findings and results of the Universal Health Preparedness Review (UHPR) will feed into the NAPHS process to ensure that strategic high-level recommendations are used for the prioritization of NAPHS activities.

34. The results framework will form the foundation of the NAPHS planning methodology and monitoring process which will use a standardized yet flexible methodology that is offered to countries to customize to their national context. By linking each NAPHS activity to a SPAR or JEE indicator, countries can track and demonstrate progress in their IHR capacity scores. This will allow more reliable and evidence-based reporting including on the State Party Self-Assessment Annual Report (SPAR)

35. The NAPHS results framework will be integrated into a practical, comprehensive tool that will help Member States to plan and implement actions and monitor the progress of activities against their strategic results by linking these activities to their national SPAR or JEE indicators and scores. SimEx and real emergency response experience from AARs and IARs can be further used to validate the progress documented in the NAPHS. This will support national visibility and accountability and will help in tracking NAPHS implementation and progress to enhance and strengthen health security.

36. The NAPHS tool will incorporate planning functionalities, including: the specific national activities[c] grouped under strategic results and IHR MEF indicators, a timeline, the responsible authority, implementation status, resource requirements,[14] resources available[15] (i.e. both domestic and international resources), the funding gap (if applicable), existing complementary capacities, and the technical support needed (if applicable).

37. The NAPHS tool will be hosted on a secure online platform, with each country having the discretion to grant access to relevant national and subnational staff, partners and WHO. As a one-stop-shop, the NAPHS online tool will have different functionalities, including:

    a. a planning tool to support the development of a comprehensive capacity-building plan that is linked to, and based on, existing assessment findings and recommendations (i.e. SPAR/JEE, IHR-PVS NBW, SimEx, AAR/IAR, STAR, etc.); and

    b. a monitoring and implementation tool to track the implementation status and outputs of NAPHS activities against existing SPAR or JEE indicators, making it a living operational plan.

38. In addition, as required, benchmarks for IHR capacities[16] may help to initiate the NAPHS development as a reference and suggested list of actions to move from their current capacity level to the level they aim to reach by the end of the NAPHS timeline . Using the benchmarks, a country can generate an initial draft plan (i.e. a non-exhaustive list of activities), as starting point to then prioritize, review and adjust, cost, and validate.

39. The NAPHS online platform will have a holistic and flexible approach whereby countries will be able to link/integrate other existing national health security processes and tools into their planning process. This can include any process or tool that a country has already conducted or completed, such as the IHR SPAR, JEE, IHR-PVS NBW and Tripartite operational tools, SimEx, IAR/AAR, WHO benchmark for IHR capacities, costing, resource mapping (REMAP), STAR, UHPR, dynamic preparedness metric [17] and others. Links to all-hazards health emergency and disaster risk

---

[c] National activities in the NAPHS can be developed from recommendations from available assessments or analysis, and the Benchmarks tool (see: https://ihrbenchmark.who.int/) can be used as an optional list of suggested actions to be further customized to the country context and background.

management and Universal Health Coverage (UHC)-related assessments and initiatives will also be included in this platform. This integration and alignment of existing tools will simplify and streamline the national planning processes into a comprehensive holistic planning approach that is flexible and can be customized to the national context.

ACCOUNTABILITY AND OVERSIGHT

40. WHO is committed to supporting countries to prioritize and develop strategic and operational plans. NAPHS resource mobilization and will continue to support Member States with their NAPHS implementation and monitoring. In doing so, WHO's main roles and responsibilities are outlined below.

41. The UHPR once adopted, will also support the purpose of accountability and oversight.

ROLES AND RESPONSIBILITIES

The three levels of the organization:

a. clearly identify the roles and responsibilities of WHO and use initiatives such as the UHPR to promote ownership, transparency, and accountability of all stakeholders

b. provide oversight of WHO's progress in successfully implementing this strategy;

c. encourage Member States to plan, implement and monitor their health security plans using the NAPHS results framework and online platform;

d. promote NAPHS at national, regional and international levels as a key input to planning and capacity development for emergency preparedness and response planning, and for strengthening overall national health security and IHR capacity;

e. advocate for and support the integration of NAPHS into the broader national planning and budget cycles.

f. encourage Member States to develop 12–24-month operational NAPHS in addition to the strategic 5-year NAPHS;

g. routinely advocate among Member States, technical partners, financial institutions, donors and other national, regional and international stakeholders for their use of the NAPHS online platform for their bilateral and multilateral coordination and support;

h. foster close collaboration and agreement with other UN organizations and stakeholders – e.g. the International Atomic Energy Agency (IAEA), the World Organisation for Animal Health (WOAH), the International Civil Aviation Organization (ICAO) etc. – as well as global civil society organizations and networks to ensure concrete interagency and intersectoral coordination and planning;

i. advocate for and position the NAPHS at the highest political level (i.e. office of the prime minister or president) to ensure credibility and "whole-of-government" and "whole-of-society" commitment, support and resource allocation.

WHO HQ along with regional oversight:

j. for the routine review and update of the NAPHS and operationalize the results framework;

k. to develop, update and adapt normative guidance, manuals, tools and templates to assist the development, implementation and monitoring of NAPHS at the country level, integrate NAPHS within broader planning and budget cycles and develop an online platform to support joint planning and implementation[d] (NAPHS online platform);

l. provide technical support and training on NAPHS development, implementation, and monitoring;

m. to link the NAPHS strategy with existing global processes and initiatives (e.g. UHPR, HEPR, the pandemic treaty, IHR amendments etc.).

n. simplify and streamline the NAPHS process through integration and alignment of existing health security tools and processes and consolidate into the NAPHS online platform;

o. facilitate the coordination and collaborative efforts whereby countries can request resources to fill their technical and resource gaps and where technical partners and donors can contribute to country needs with their available resources (both technical and financial);

p. support the transfer of existing and already published NAPHS onto the online platform for countries to start using and monitoring their implementation;

q. set up and manage the Technical Advisory Group (TAG) on NAPHS;

---

[d] NAPHS Online Platform

r. develop research publications/articles as part of global knowledge-sharing and documentation;

s. advise senior management on matters related to emergency planning of organization-wide importance.

WHO Regional Offices will:

a. drive the technical support to develop, implement and monitor [country] NAPHS and assist the WHO country office and national NAPHS planning officers with the annual review, verification and tracking of the status of NAPHS implementation through the NAPHS online tool;

b. link and integrate the NAPHS with existing regional strategies – e.g. Asia Pacific strategy for emerging diseases and public health emergencies (APSED), Country Cooperation Strategy (CCS), Integrated Disease Surveillance and Response (IDSR) framework etc.);

c. support the identification of national resource requirements of NAPHS activities through region-specific costing tools (where they exist) and through resourcing mechanisms that are in place;

d. assist with technical support, workshops, webinars and training in support of WCOs and national planning officers responsible for the NAPHS;

e. review country appeals, and follow up and support countries with technical assistance and funding proposals;

f. inform and brief the regional governing bodies (e.g. through regional committee meetings) on the NAPHS strategy (2022–2026).

REPORTING

42. As part of the report on the Preparedness Resolution (WHA 74.7) and WHO Health Emergencies programme annual progress report to the World Health Assembly, WHO will provide regular reports on the status of NAPHS implementation based on the data that are shared voluntarily by Member States on the NAPHS online platform.

43. WHO will work with countries to strengthen routine reviews to support reporting at a country and/or regional level.

RESOURCING OF NAPHS ACTIVITIES

44. The NAPHS need to be aligned to the overall national planning cycles, including the NHPSP, to enable domestic resources to be identified and allocated to national health security priorities. The objectives will be that the NAPHS priorities are captured within national health sector planning and are budgeted and financed through domestic and external resources. Where gaps (financial and/or technical) exist, the NAPHS can be utilized upon request of the country for support in specific health security areas through an official appeal via a functionality that will be available on the NAPHS online platform.

45. WHO country and regional offices will be able to review country applications before sharing them with technical partners and donors who will be able to assist with technical support and/or financial contributions in areas where gaps persist. This will enable country needs to be matched with available resources and support from the international community, including through REMAP, the Global Strategic Preparedness Network (GSPN) and the Global Outbreak Alert and Response Network (GOARN).

46. One of the additional benefits of the NAPHS is to support long-term investment as new opportunities to expand partnerships and funding opportunities present themselves, at regional and global levels. This includes leveraging existing and new financing mechanisms, such as the Pandemic Fund. The NAPHS is uniquely placed to provide the structure for the country's financing proposals through a well-established process to developing 12–24 months operational plans.

47. WHO will identify resources, to support planning, implementation and the regular monitoring of the NAPHS. This will include supporting workshops to develop or review existing plans, publishing global NAPHS implementation status updates and providing technical support, training on NAPHS development, implementation and monitoring. This support should allow strong community engagement and empowerment in NAPHS planning, implementation and monitoring with a whole-of-society approach.

IMPLEMENTATION OF NAPHS BY MEMBER STATES

48. High-level political commitment, country ownership, and multisectoral engagement are essential for efficient health emergency preparedness. Formalizing mechanisms that contribute to multisectoral preparedness coordination requires transparency, trust, accountability, communication, and sustainable resources. The IHR Review Committee on the Functioning of the IHR recommended that States Parties establish authorities responsible for the overall implementation of the IHR. Such authority should also consider oversight of the NAPHS, potentially through IHR multisectoral committees or other similar multisectoral committees/secretariats that should be empowered to facilitate the implementation/follow-up of NAPHS activities.

49. This multisectoral committee/secretariat (hereafter referred to as the NAPHS secretariat) will be responsible for the overall NAPHS process through an all-hazards, whole-of-society, One Health participatory approach that ensures multisectoral ownership of outputs. The NAPHS secretariat will facilitate in-country stakeholder engagement to ensure that the process remains credible and transparent and that it generates the necessary accountability and momentum to accelerate NAPHS implementation across sectors.

50. The NAPHS secretariat should ideally engage with two additional groups of stakeholders in the development, implementation and monitoring of NAPHS; namely, 1) key decision-makers at the highest national level (office of the Prime Minister/President), and 2) operational technical leads from various relevant sectors. This should include at least one representative from each relevant ministry, [e] department or agency, as well as development partners, the private sector, community groups, civil society organizations and academia whose leadership and technical expertise is in capacity development and planning along with WHO country and regional offices.

51. The NAPHS secretariat should also routinely review the progress in the implementation of the NAPHS and engage with the responsible entities as needed especially in compliance with international standards on human rights and gender and with equity principles.

52. The NAPHS secretariat should have appropriate management support and sufficient funds allocated in a timely manner to ensure that the implementation of activities can start and that the activities are in line with the published NAPHS.

53. Where support is needed or there are technical or financial gaps, the NAPHS secretariat can submit a request either through reaching out the WHO country- or regional representatives, or through the NAPHS online platform.
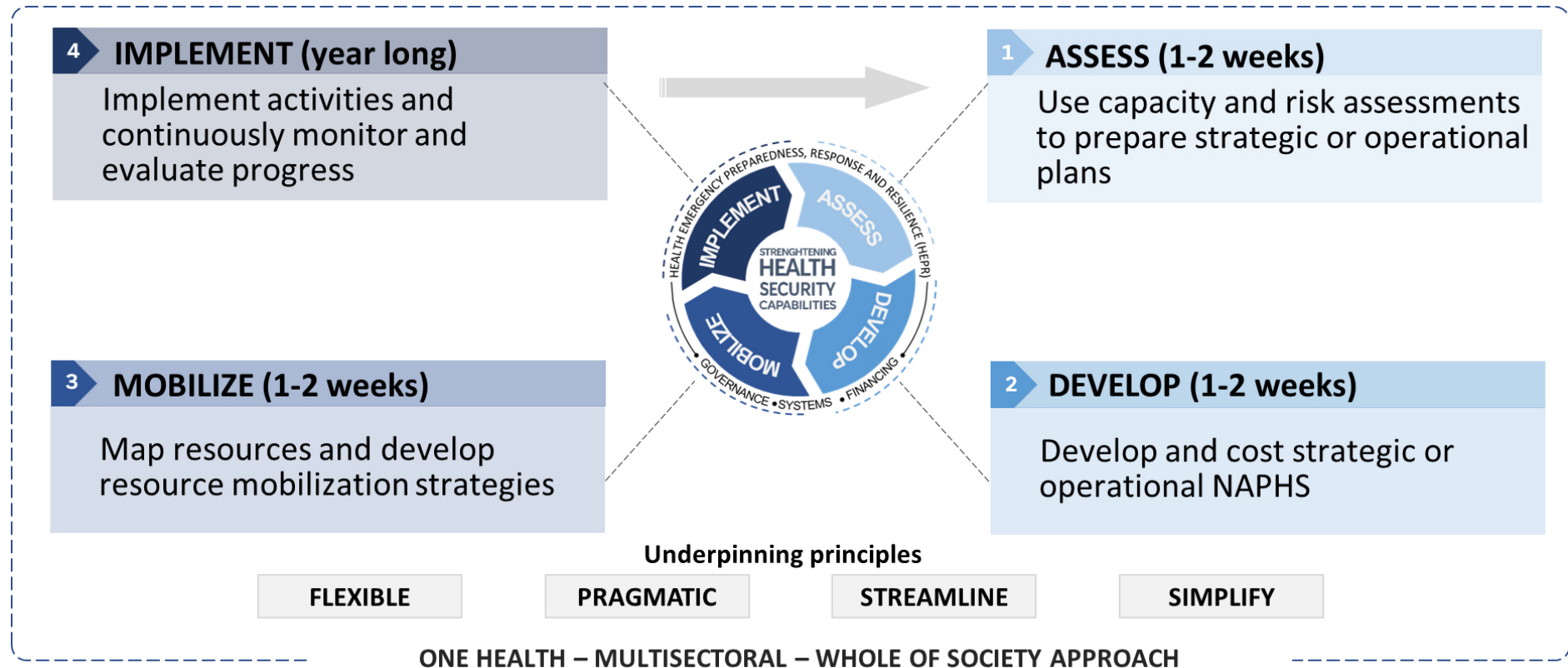
---

[e] At least the ministries of health, agriculture, environment and finance need to be represented.

ADVOCACY AND COMMUNICATION

54. The NAPHS strategy 2022–2026 will be rolled out, alongside revised NAPHS guidance and tools, through a communication plan that will be developed in consultation with Member States and regional offices. The communication plan will ensure that the strategy can be brought to the different regional governing bodies to increase awareness and develop a common understanding of the NAPHS standards, expectations, and potential use.

55. To enable sustainable changes in capacities and long-term impacts on health, NAPHS should reflect the principles of health emergency and disaster risk management (Health EDRM), 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 and with gender and equity principles.
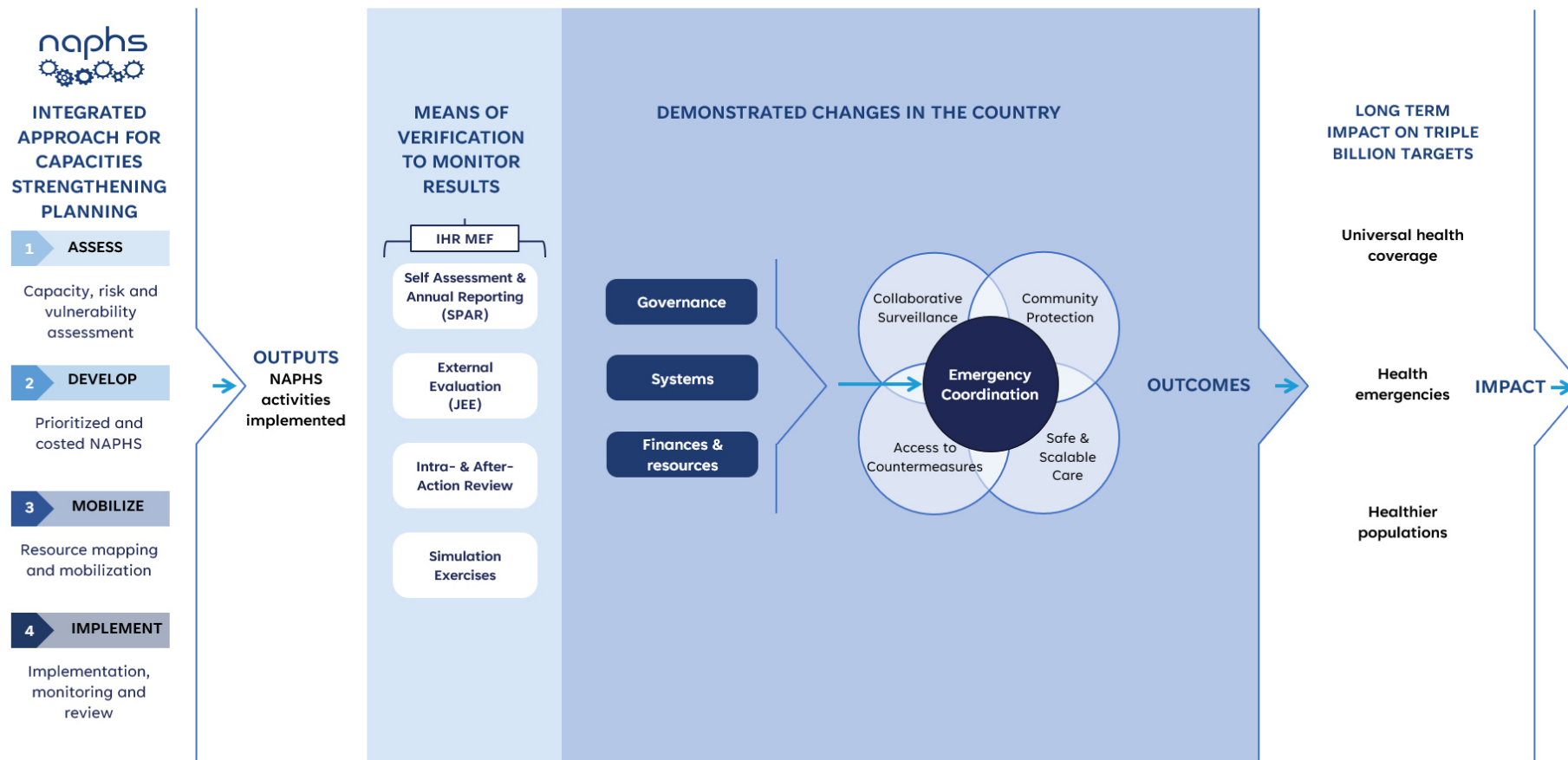
Annex 1
Integrated NAPHS Process

4 **IMPLEMENT (year long)**
Implement activities and continuously monitor and evaluate progress

1 **ASSESS (1-2 weeks)**
Use capacity and risk assessments to prepare strategic or operational plans

3 **MOBILIZE (1-2 weeks)**
Map resources and develop resource mobilization strategies

2 **DEVELOP (1-2 weeks)**
Develop and cost strategic or operational NAPHS

STRENGTHENING
HEALTH
SECURITY
CAPABILITIES

HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE (HEPR)

GOVERNANCE • SYSTEMS • FINANCING

IMPLEMENT · ASSESS · DEVELOP · MOBILIZE

Underpinning principles

| FLEXIBLE | PRAGMATIC | STREAMLINE | SIMPLIFY |

ONE HEALTH – MULTISECTORAL – WHOLE OF SOCIETY APPROACH

Annex 2

Example of results framework

References

1. International Health Regulations (2005), third edition. Geneva: World Health Organization; 2016 (https://www.who.int/publications-detail-redirect/9789241580496, accessed 6 October 2022).
2. National Action Plan for Health Security (website). Geneva: World Health Organization (https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/national-action-plan-for-health-security, accessed 6 October 2022).
3. Resolution WHA74.7. Strengthening WHO preparedness for and response to health emergencies. In: Seventy-fourth World Health Assembly, Geneva, 24 May–1 June 2021. Resolutions and decisions, annexes. Geneva: World Health Organization; 2021 (https://apps.who.int/gb/ebwha/pdf_files/WHA74-REC1/A74_REC1-en.pdf, accessed 6 October 2022).
4. Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond. WHO position paper. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/WHO-UHL-PHC-SP-2021.01, accessed 6 October 2022).
5. Strengthening the global architecture for health emergency preparedness, response and resilience. Submitted to: Seventy-fifth World Health Assembly, Geneva, 22–28 May 2022 (https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_20-en.pdf, accessed 6 October 2022).
6. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016 (https://www.who.int/publications/i/item/strategizing-national-health-in-the-21st-century-a-handbook, accessed 6 October 2022).
7. Guidance for aligning disease and hazard specific plans with national health security and International Health Regulations (2005) plans. Geneva: World Health Organization; 2021 (https://apps.who.int/iris/bitstream/handle/10665/346530/9789240032583-eng.pdf, accessed 6 October 2022).
8. Strengthening pandemic preparedness planning for respiratory pathogens: policy brief, 27 April 2022. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_brief-pandemic_preparedness-2022.1, accessed 6 October 2022).
9. WHO guidance on preparing for national response to health emergencies and disasters. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240037182, accessed 6 October 2022).
10. Voice, agency, empowerment – handbook on social participation for universal health coverage. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240027794, accessed 6 October 2022).
11. Equitable access to COVID-19 tools: aligning the private sector with national response efforts. Geneva: World Health Organization; 2022 (https://www.who.int/publications/i/item/9789240046481, accessed 6 October 2022); Also see: Engaging the private health service delivery sector through governance in mixed health systems: strategy report of the WHO Advisory Group on the Governance of the Private Sector for Universal Health Coverage. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/9789240018327, accessed 6 October 2022).
12. 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 6 October 2022).
13. 7 Behaviours for effective development cooperation (website). Geneva & Washington (DC): UHC2030; World Health Organization & The World Bank (https://www.uhc2030.org/what-we-do/improving-collaboration/health-systems-strengthening/7-behaviours-for-effective-development-cooperation/, accessed 12 October 2022).
14. NAPHS costing tool. Geneva: World Health Organization (https://extranet.who.int/sph/sites/default/files/document-library/document/NAPHS%20planning%20and%20costing%20tool%20template%202MAY2019_0.xlsm, accessed 6 October 2022).
15. Resource mapping – REMAP tool. Geneva: World Health Organization (https://extranet.who.int/sph/resource-mapping, accessed 6 October 2022).
16. WHO Benchmarks for International Health Regulations (IHR) Capacities. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/bitstream/handle/10665/311158/9789241515429-eng.pdf, accessed 6 October 2022).
17. Kandel N, Chugong S (on behalf of the WHO Technical Working Group of the Dynamic Preparedness Metric and Health Security Preparedness Department). Dynamic preparedness metric: a paradigm shift to measure and act on preparedness. Lancet Glob Health. 2022;10(5):E615–6 (https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00097-3/fulltext, accessed 6 October 2022).

For more information contact:

9789240061545