

# Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies

Advancing implementation of the  
International Health Regulations (2005)





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Advancing implementation of the  
International Health Regulations (2005)

*Working together towards health security*

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ISBN 978 92 9061 817 1

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**Cataloguing-in-Publication (CIP) data.** 1. Communicable diseases, Emerging. 2. Disease outbreaks. 3. Emergencies. 4. Public health. 5. Risk management. I. World Health Organization Regional Office for the Western Pacific. (NLM Classification: WA110).

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## Foreword

Experience has shown us that health security threats will continue to occur in unpredictable ways that will challenge even the most advanced health systems. In the Asia Pacific region, which comprises the World Health Organization (WHO) South-East Asia and Western Pacific regions, health security is continually threatened by outbreaks and public health emergencies caused by emerging infectious diseases, the impacts of natural hazards, and unsafe food and water.

The likelihood of novel infectious diseases such as avian influenza emerging in the Asia Pacific region has been attributed to a number of factors including ecological or environmental factors that increase the risk of individuals coming into contact with a previously unfamiliar pathogen or its natural host.

In the region, the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III), previously called the *Asia Pacific Strategy for Emerging Diseases* (APSED), is the common framework to address shared threats as required by the International Health Regulations (2005), or IHR (2005). The framework provides an important collaborative platform for Member States, WHO and partners to work together to strengthen preparedness and response to outbreaks and public health emergencies.

APSED has come a long way in the last decade. When the strategy was first developed in 2005, it focused on building minimum capacities for dealing with outbreaks and public health emergencies. The updated version in 2010 was aimed at further developing the core capacities mandated under IHR (2005). APSED III is an upgrade of the previous versions of APSED and aims to strengthen health systems and capacities beyond IHR (2005).

APSED III retains the overall direction of previous versions, while incorporating current contexts and anticipating future needs of Member States. APSED III builds on the implementation of APSED (2005) and APSED (2010), lessons learnt from actual events, and consultations with Member States, technical experts and partners. It also builds on two evaluations of APSED, the last of which was conducted in 2015. The evaluation reported on the relevance of the APSED approach in strengthening core public health capacities and in contributing to the development of preparedness and response capacities in Member States.

APSED III focuses on enhancing and sustaining the core public health functions required to sustain and strengthen the entire health system. Linkages to other sectors and health security initiatives are required to prevent, respond to and mitigate the impact of public health emergencies using an all-hazards approach.

APSED III addresses the need for closer coordination with other international frameworks and initiatives such as: the *Sendai Framework for Disaster Risk Reduction 2015–2030*, the *United Nations Framework Convention on Climate Change*, the Sustainable Development Goals (SDGs), universal health coverage (UHC), and the *Global Health Security Agenda* (GHSA), as well as enhanced collaboration on zoonoses using the One Health approach and increased attention to gender, equity and human rights.

Health systems strengthening, UHC and equity are vital components of national resilience, governance and accountability in the face of public health emergencies and disasters. APSED III explicitly recognizes the linkages and potential synergies with these important facets of health system resilience.

Inevitably we will face outbreaks and public health emergencies. APSED III takes a pragmatic, flexible and forward-looking approach as a framework that supports ongoing collective action for health security. We are building on the achievements of a decade of APSED implementation. With APSED III, we will have greater capacity and capability to manage new and recurring public health threats and mitigate their consequences.



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## Abbreviations

<b>AMR</b>	antimicrobial resistance
<b>APSED</b>	Asia Pacific Strategy for Emerging Diseases
<b>APSED III</b>	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
<b>CCS</b>	country cooperation strategy
<b>EBS</b>	event-based surveillance
<b>EID</b>	emerging infectious disease
<b>EOC</b>	emergency operations centre
<b>EQA</b>	external quality assessment
<b>FET</b>	field epidemiology training
<b>FETP</b>	Field Epidemiology Training Programme
<b>GHSA</b>	Global Health Security Agenda
<b>GOARN</b>	Global Outbreak Alert and Response Network
<b>IBS</b>	indicator-based surveillance
<b>IHR</b>	International Health Regulations
<b>IHR NFP</b>	National IHR Focal Point
<b>IMS</b>	incident management system
<b>INFOSAN</b>	International Food Safety Authorities Network
<b>IPC</b>	infection prevention and control
<b>JEE</b>	Joint External Evaluation
<b>M&amp;E</b>	monitoring and evaluation
<b>MEF</b>	Monitoring and Evaluation Framework
<b>MERS</b>	Middle East respiratory syndrome
<b>MOU</b>	memorandum of understanding
<b>PHEIC</b>	public health emergency of international concern
<b>PHFP</b>	public health emergency preparedness

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