DESIGN SUMMARY AND IMPLEMENTATION DOCUMENT
WORLD HEALTH ORGANIZATION ASIA PACIFIC STRATEGY FOR EMERGING DISEASES 2010

A. PROPOSED PROGRAM AND RATIONALE FOR AUSAID PARTICIPATION

The Asia Pacific Strategy for Emerging Diseases (APSED 2010) is a joint strategy of the South East Asia (SEARO) and Western Pacific (WPRO) regional offices of the World Health Organization (WHO). APSED provides a framework for building the capacity of member states in eight focal areas – surveillance, risk assessment and response; laboratories, zoonoses, infection prevention and control, risk communications, public health emergency preparedness, regional preparedness, alert and response and monitoring and evaluation.

APSED (2010) aims to strengthen the ability of countries to detect, report and respond to acute public health events, as per obligations under the International Health Regulations (2005), to which all WHO member states are signatory. It was developed through an extensive consultation process involving countries, technical experts and partners (including donors such as AusAID), and incorporates the findings of an independent evaluation of APSED (2005) held in May – June 2010.

i. country and sector issues

Emerging infectious diseases in (EIDs) in animals and humans continue to spread across the world, with significant health, social and economic consequences. The Asia Pacific region and particularly South East Asia is identified as a "hot spot" for EIDs including those with pandemic potential[1]. The emergence of bovine spongiform encephalopathy (BSE), severe acute respiratory syndrome (SARS), H5N1 highly pathogenic avian influenza (HPAI) and influenza A (H1N1) have caused, globally, over US$20 billion in direct economic losses over the last decade and much more than US$200 billion in indirect losses. Lesser emerging and re-emerging diseases such as rabies and brucellosis are major causes of morbidity and mortality, especially among poor people in the Asia Pacific region[2].

The independent evaluation of APSED (2005) and other assessments indicates many countries have made significant progress towards achieving IHR core capacity requirements in the last five years. WPRO in particular is the only WHO region which has demonstrated a statistically significant improvement in outbreak discovery[3]. Progress varies however between countries and between focus areas, with the stronger improvements observed in surveillance and response capacity compared to infection control and risk communications[4].

A review commissioned by AusAID in late 2009 on the implementation of AusAID funded EID programs similarly highlighted challenges to the prevention, detection and control of emerging infectious diseases, including weak and fragmented disease surveillance and control systems, lack of collaboration between human and animal sectors, and incomplete implementation of pandemic plans. Ongoing support to EID activities in the region is therefore necessary to global and regional public health security, and protecting Australia's bio-security.

---

[1] Coker et Al (2011) "Emerging Infectious Diseases in southeast Asia: regional challenges to control" *Lancet* 377:599-609

[2] World Bank (2010) *People, Pathogens and Our Planet Volume 1: Towards a One Health approach to Controlling Zoonotic Diseases* Report No 50833-GLB

[3] Chan E et al (2010)"Global capacity for emerging infectious disease detection" PNAS http://www.pnas.org/content/107/50/21701 accessed 4 April 2011

[4] *Independent Evaluation of the Asia Pacific Strategy for Emerging Diseases* June 2010

ii. links with current programs

Major existing or planned programs which complement proposed AusAID support for APSED (2010) include:

- *World Organisation for Animal Health (OIE) Stop Transboundary Animal Diseases and Zoonoses (STANDZ) Initiative (proposed AusAID funding of $12 million over four years):* this initiative aims to build the capacity of the animal health sector in South East Asian countries in line with international animal health standards, similar to the way in which APSED will build human health capacity in line with the IHRs. Over 75% of EIDs are zoonoses and collaboration between human and animal health sectors required for the prevention, detection and control of EIDs. "Zoonoses" is the third focus area of APSED (2010), and current coordination between WHO, OIE and FAO will continue under this stream[5].

- *European Commission Regional Cooperation Programme on Highly Pathogenic and Emerging and Re-Emerging Diseases in Asia (HPED) (€20 million over four years)):* this program aims to strengthen the institutional capacities of ASEAN and SAARC countries and their secretariats to control emerging diseases. Under this programme, the EC has provided WHO with a contribution of €4 million for work jointly with FAO (on the animal health side) to establish regional support units and regional epidemiology and laboratory networks; and

- *USAID Emerging Pandemic Threats (EPT) Program:* this program emphasises the early identification of a response to dangerous pathogens in animals before they can become significant threats to human health. Focusing initially on "hot spots" in the Congo Basin of East and Central Africa and the Mekong Region, it includes a component (IDENTIFY) which is a USAID partnership with WHO, FAO and OIE to help develop laboratory networks and strengthen diagnostic capacities for new emergent diseases.

APSED (2010) also links to other WHO initiatives supported by AusAID, including the bi-regional *WHO Asia Pacific Strategy for Strengthening Health Laboratory Services 2010-2015*.

iii. lessons learned

Support to APSED (2010) is in line with lessons learnt in implementation of AusAID's *2006-2010 $100 million Pandemics and Emerging Infectious Diseases Initiative*. These lessons include the need to:

- move beyond funding specific diseases (e.g. H5N1) to strengthening preparedness more broadly. APSED has, and continues to be, focused on building generic capacity in EID prevention, detection and control;

- take a longer, term programmatic approach rather than funding small one off projects. APSED (2010) is the second five year strategy for WHO WPRO and SEARO and explicitly builds on the achievements of the past five years; and

- fund, in line with comparative advantages and mandates, organisations at the regional level which support adherence to normative standards and improved collaboration

[5] Principles are set out in *The FAO-OIE-WHO Collaboration: Sharing Responsibilities and coordinating global activities to address health risks at the animal-human-ecosystem interfaces* A tripartite concept note April 2010

between countries. WHO is mandated to fulfil both these roles under the International Health Regulations (2005).

APSED (2010) also incorporates lessons learned in implementation of APSED (2005), and responds to findings of the independent evaluation and consultations with partner countries and donors. The strengthened focus on monitoring and evaluation is discussed further below, but other aspects include:

- incorporation of gender as a guiding principle (p11) in APSED (2010). WHO has also recently finalised "Taking sex and gender into account in emerging infectious disease programmes: An analytical framework" and has starting training national focal points in the use of the framework. Over time this should lead to improved understanding of the different risks and vulnerabilities of men and women to EIDs, gender sensitive programming and an ability to monitor the impact of programmes on men and women;

- recognising small islands states such as Pacific Island Countries and Territories require support to adapt models and approaches to their particular circumstances (p37);

- efforts to address weaknessness in implementation of existing focus areas, for example by better linking public health and clinical laboratories (focus areas 2) and taking a more systematic approach to capacity building for risk communications rather than making ad hoc efforts during acute public health events (focus area 5); and

- addition of new focus areas, particularly public health emergency preparedness (focus area 6), in order to build and expand on achievements in pandemic preparedness and include areas of the IHRs not incorporated in APSED (2005), such as preparedness at the point of entry.

iv. AusAID objectives in supporting APSED (2010)

Support to APSED is highly relevant to the goal and objectives of AusAID's *Pandemics and Emerging Infectious Diseases Framework 2010-2015*, particularly:

- objective 1 - promoting adherence to international standards of animal and human health: APSED (2010) is fully aligned with the IHRs and it's scope widened to incorporate areas of the IHRs not covered by APSED (2005), such as points of entry; and

- objective 3 - responding to outbreaks of EIDs when they occur: if a pandemic occurs, APSED could be a useful avenue for quickly channelling support to countries in the region, in a coordinated and technically sound way. This was the case during Pandemic (H1N1) 2009.

Compared to the previous four years, AusAID has limited funding for EIDs. Support to APSED, compared to designing AusAID bilateral programs or contracting NGOs, managing contractors or other regional organisations allows AusAID to:

- capitalise on existing political commitment to the IHRs and the explicit mandate which WHO has under the IHRs to support capacity building. This mandate makes WHO, more than any other organisation, an essential partner in EID prevention, detection and control in the human health sector;

- leverage off WHO's status as a trusted technical partner to Ministries of Health, and one which has a proven track record in contributing to change in this area, as evidenced by the APSED (2005) evaluation and WHO's assessments of changes in country capacity in the last five years;

- take a regional approach to EIDs and have a wider geographic scope than would be possible through AusAID country or multi-country programs, given our limited financial and management resources. A solely bilateral approach to EIDs would be insufficient given their transboundary nature.

The independent evaluation confirmed that APSED has and continues to provide a common vision and framework for countries in the region in addressing EIDs. At regional and country levels APSED facilitates the pooling of funds, improves technical coordination and information sharing, and provides clear guidance to countries in moving towards the full achievement of IHR core capacity requirements.

Sustainable improvements in partner country capacity from APSED (2005) are evident from the evaluation of that program and from the desk review of activities funded under AusAID's 2006-2010 *Pandemics and Emerging Infectious Diseases Initiative*. The APSED (2010) clearly acknowledges the importance of financial sustainability and includes actions and interventions which are likely to generate sustainable change through working within the established IHR system and national workplans.

In addition to the development objectives listed above, it is proposed that AusAID assess the effectiveness of its support to APSED (2010) against five partnership objectives i.e:.

- increased funding mobilised for APSED generally, and for the geographic areas of particular risk and interest to the Australian Government i.e. the Mekong and Pacific in particular;
- improved annual IHR questionnaire, planning and review processes which facilitate continuous improvement of the program and a focus on the highest priority capacity building needs;
- an enhanced and pragmatic M&E system which will provide improved defensible and adequate information on evolving priorities, APSED's effectiveness in achieving its objectives, efficiency of management and lessons learnt to improve future activities;
- WHO SEARO learns from and slowly catches up with WPRO in management of APSED (will be the hardest to achieve);
- Enhanced linkages and information sharing with AusAID bilateral and regional programs, and humanitarian emergency response.

B. PROPOSED AUSAID FUNDING AMOUNTS

AusAID currently has approval to spend $32 million over four years in implementation of the *AusAID Pandemics and Emerging Infectious Diseases Framework 2010-2015*. Of this allocation, $12 million over four years is proposed for APSED (2010) as per table 1. This commensurate with the funding provided for the first APSED (2005).

Table 1

Year	**10/11**	**11/12**	**12/13**	**13/14**	**Total**
Amount	3 million	3 million	3 million	3 million	12 million

It is proposed that AusAID initially does not specify funding proportions to SEARO and WPRO. Performance and engagement of SEARO APSED will be monitored over time. If there are no improvements earmarking of a greater proportion of funding to WPRO will be considered.

Full budget estimates for implementation of APSED (2010) are being developed by SEARO and WPRO in consultation with member states. Preliminary estimates indicate the cost of

fully implementing APSED (2010) in WPRO alone is approximately US $88 million. WPRO currently has approximately US$31 million to support APSED implementation, including WHO core funding and contributions from other donors such as USAID, US Centers for Disease Control (CDC), EC and the Government of Japan. WPRO has also indicated they are in funding discussions with the Asian Development Bank among others.

In addition to the $12 million allocated above, there may be opportunity for AusAID to provide further unearmarked or earmarked funds for APSED (a) if funding becomes available as the Australian aid program scales up; (b) for work in specific areas, e.g. the Pacific (subject to finalisation by Pacific Branch on the scope and nature of any Pacific regional EID program; and/or (c) in case of an emergency, as with Pandemic (H1N1) 2009.

C. IMPLEMENTATION ARRANGEMENTS

As with APSED (2005), the implementation of the ASPED (2010) at the country level will be through development, by partner governments with support of WHO country and regional offices, of national workplans and implementation structures. These workplans will specify the needs and gaps in a particular country context and the capacity building activities to address these gaps. National plans developed under APSED (2005) indicates have often served as a framework for donor coordination and for creating multisectoral partnerships at the country level.

At the request of its governing body, WPRO is developing a regional workplan which will provide further detail on what is to be achieved under each focus area by 2015, guidance on prioritising activities, and assist to coordinate and monitor progress of APSED (2010) at the national and regional levels.

The regional coordination and management model for APSED (2010) is set out on page 39 of the APSED (2010) document. AusAID will continue to participate in the following mechanisms to raise and resolve issues in the implementation of APSED:

- Executive functions: AusAID currently participates as a member of the Australian delegation to the main governing body of WHO WPRO, the Regional Committee Meeting (RCM). The RCM is the forum where political commitment, high level decisions and reporting on progress under APSED takes place. The Australian delegation can intervene during the plenary or hold side discussions with member states and WHO representatives to advocate for APSED implementation or clarify concerns as required.

- Technical Advisory Group (TAG): The annual TAG is key mechanism to review progress of APSED (2010) and recommend measures to increase it's effectiveness. Under the previous APSED (2010), the TAG was attended by partner country representatives, technical partners, donors, individual experts and WHO staff. It's membership is currently being reviewed and possibly expanded.

  For AusAID, the TAG will be the key management mechanism and forum to discuss implementation of APSED (2005) and ensure key concerns e.g. around gender and the Pacific are addressed.

  The TAG will alternate between regional and biregional meetings. Given the management importance of the TAG, it is proposed that AusAID attend both WPRO and SEARO meetings in the off years.

- Informal working groups: AusAID's (Asia Quality Adviser) is currently participating a working group on the monitoring and evaluation of APSED (2010). Monitoring and

evaluation was identified as a weakness of the previous APSED, and AusAID will continue to play active role in implementation of focus area 8 (see below).

- Partners Forum: APSED (2010) aims to enhance the partners forum, which in the past has taken place alongside the TAG and served as a mechanism for donors and technical partners (e.g. OIE, FAO, US CDC, Secretariat of the Pacific Community) to share information, coordinate, discuss common concerns and agree a way forward. AusAID and other donors have used this forum to collectively push WHO for improvements in areas such as gender and the quality of reporting.

- *AusAID – WHO Partnership Framework 2009-2013*: Under the Partnership Framework, AusAID engages with WHO at headquarters and regional level on a number of corporate issues, including around the levels and transparency of resource allocation across the agency and the capacity of country offices. These broader issues have direct implications for particular programmes such as APSED. Additionally, AusAID can leverage greater collaboration with other WHO initiatives we fund, including the *Asia Pacific Strategy for Strengthening Health Laboratory Services 2010-2015*, and health systems strengthening activities undertaken by WPRO.

AusAID will regularly supplement the above with formal and informal communiqués (in writing or orally) with WHO APSED staff, particularly to track key issues around the quality of monitoring and evaluation, resource mobilisation (particularly for the Mekong and Pacific) and implementation of the gender framework.

Financial Management:
In the first few years of APSED (2005), disbursement of funds was slow as countries developed national workplans and structures to support APSED implementation. Similar delays are not expected in the next phase, given the foundations laid by APSED (2005) and the country consultation undertaken in developing APSED (2010). Nonetheless, WHO will be asked to provide an annual financial statement of expenditure of AusAID funds, prior to the next tranche of funds being released.

D. MONITORING ARRANGEMENTS

Monitoring and evaluation was a recognised weakness of APSED (2005). This was due to the multiple tools used by WHO to assess member states capacities in focus areas, reporting to donors which was largely based on inputs rather than outcomes, lack of transparency around resource allocation and absence of indicators to measure the contribution to APSED (2005)

AusAID, alongside other donors, advocated strongly for improvements in the monitoring and evaluation of APSED (2005). AusAID particularly played a key role in encouraging WHO to undertake an independent evaluation of APSED (2005), including assisting with the terms of reference, sourcing an evaluation team leader and participating in part of the evaluation.

As a result, monitoring and evaluation is now included as a separate focus area in APSED (2010), and a more streamlined approach to monitoring and evaluation which addresses previous gaps is being developed by WHO. National level workplans will continue to allow countries to assess their own progress and make adjustments to the implementation of APSED as required.

At the program level, the proposed M&E system will include data on:

- the IHR Core Capacity Monitoring Framework[6]: this checklist and indicators was developed by WHO Headquarters to assist member states in monitoring progress towards IHR core capacity requirements. State Parties and WHO are required to report annually to the World Health Assembly on progress achieved in implementation of the IHRs;

- a minimum set of supplementary 'component" indicators to capture aspects of APSED (2010) not covered by the IHR checklist, particular in the focus areas of public health emergency preparedness, regional preparedness and monitoring and evaluation; and

- supplementary "performance" indicators to measure how well the APSED approach is working and any adjustments required to improve effectiveness, incorporating both qualitative and quantitative information.

It is proposed that in 2010-11 at least, AusAID continue to make an in – kind contribution of a percentage of the Asia Quality Advisor's time (approximately 10 days) to APSED, to continue to assist WHO with refining the APSED (2010) monitoring and evaluation system to establish a monitoring and evaluation framework which matches the IHR questions, the supplementary indicators and the APSED objectives. Also important to establish and promote are:

- the methods for gathering the IHR information;
- multi-sectoral analysis, discussions and forums;
- indicators which are both qualitative and qualitative in nature where appropriate; and
- the need for the TAG agenda to embrace more than health technical issues.

AusAID support will include participating in working groups and the annual TAG meeting, commenting on documents and other ad hoc assistance as required. Providing the expertise of an AusAID quality adviser not only assists WHO to develop a robust monitoring and evaluation system but also helps ensure AusAID receives adequate information to assess APSED implementation and justify continued funding. The involvement of the Asia Quality Advisor beyond June 2011 can be evaluated closer to that time.

It is also anticipated that WHO will continue to report to AusAID and other donors on activities and outcomes achieved in the past year using a common report.

E. RISKS AND RISK MANAGEMENT STRATEGIES

Risks to the effectiveness of APSED (2010) implementation and proposed actions are set out in Table 1:

Table 1

Risk	Likelihood	Consequence	Rating	Proposed Actions
1. WHO WPRO and SEARO are unable to raise the funds required for full implementation of APSED (2010): the scope of APSED (2010) is significantly broader than APSED (2005) and fundraising for pandemics and EIDs activities more difficult	3	4	7	As extra funds become available through scale up of the aid program, consider allocating additional resources to ASPED, with possible earmarking to the Pacific and Mekong. Advocate through TAG and

[6] WHO (2011) *IHR Core Capacity Monitoring Framework: Checklist and Indicators for Monitoring Progress in the Development of IHR Core Capacities in States Parties* WHO/HSE/IHR/2010.1 Rev.1

Risk	Likelihood	Consequence	Rating	Proposed Actions
than was the case four years ago, in the wake of SARS and H5N1. WHO has acknowledged the importance of resource mobilisation, and is continuing to make efforts – including the development of better advocacy materials – in this regard.				bilateral discussions for WHO to develop criteria for prioritisation of available resources, and have these criteria endorsed by all partners.
2. *SEARO performance lags behind WPRO*: APSED is a bi-regional strategy but APSED implementation has been most strongly driven by WPRO, which has already commenced the development of detailed workplans and budgets for APSED (2010).	3	3	6	Monitor on at least an annual basis, through review of progress reports and financial statements, participation in the TAGs and bilateral discussions. Consider earmarking a greater proportion of APSED funding to WPRO, if it becomes clear over time that this is where implementation capacity and progress is greatest.
3.Variable progress across the different focus areas: APSED (2005) made greatest progress in surveillance and response, and relatively less progress in the other four focus areas. This is problematic given the interrelationship of different focus areas e.g. a surveillance system is only valuable if there are laboratories which can confirm diagnoses, and health care settings which practice infection control to prevent further spread of disease.	3	3	6	Support WHO to develop an improved monitoring and evaluation system will help gauge over time the relative progress of each focus area and the changes required to increase effectiveness. Encourage WHO to achieve synergies between APSED and other initiatives by WHO and others in e.g., laboratories, health systems and communicable disease control.
4. *Country level progress is uneven*: differing levels of progress by countries under APSED (2005) is due to a number of factors, including country capacity and the quality of the WHO country office, with stronger offices (e.g. Lao PDR) better able to source funds for APSED and drive implementation.	4	3	7	Encourage WHO to: • develop and implement a resource mobilisation strategy; and • use the annual planning process to identify countries which are not making as much progress as others, and provide additional support from e.g. the regional level as appropriate Reinforce the need for strong WHO country offices as part of broader dialogue with WHO under the AusAID – WHO Partnership Framework.

Assessment matrix

Scale of likelihood

	Numerical:	Historical:
Likelihood	>1 in 10	Is expected to occur in most circumstances
	1 in 10 - 100	Will probably occur
	1 in 100 – 1,000	Might occur at some time in the future
	1 in 1,000 – 10,000	Could occur but doubtful
	1 in 10,000 – 100,000	May occur but only in exceptional circumstances

		Consequence of risk				
		Insignificant	**Minor**	**Moderate**	**Major**	**Catastrophic**
		1	**2**	**3**	**4**	**5**
Almost Certain	**5**	**6**	**7**	**8**	**9**	**10**
Likely	**4**	**5**	**6**	**7**	**8**	**9**
Possible	**3**	**4**	**5**	**6**	**7**	**8**
Unlikely	**2**	**3**	**4**	**5**	**6**	**7**
Rare	**1**	**2**	**3**	**4**	**5**	**6**