FINAL

ASEAN STRATEGIC FRAMEWORK FOR PUBLIC HEALTH EMERGENCIES

As of 10 November 2020

I. INTRODUCTION

Since the turn of the millennium, the ASEAN region has been affected by epidemics and public health emergencies such as the Severe Acute Respiratory Syndrome (SARS) in 2003, the Avian Influenza AH5N1 and New Influenza AH1N1 pandemic in the 2000s, Middle East Respiratory Syndrome (MERS) in 2012, Zika Virus Disease in 2015-2016, and most recently, the 2019 Coronavirus Disease (COVID-19). The COVID-19 pandemic has resulted in an unprecedented disruption to economies, livelihoods, and strain to health systems.

The emergence and re-emergence of new and deadly diseases remain to be foreseeable possibilities, including those which can spread from animals to humans. The ASEAN region remains vulnerable to public health threats and all-hazards whether naturally occurring, accidental, or deliberate actions that pose serious risk to the safety of ASEAN Member States (AMS).

The ASEAN Leaders' Declaration of the 8th ASEAN Health Ministers' Meeting or "ASEAN Unity in Health Emergencies", highlighted regional cooperation in information sharing and assistance during times of crises. Commitments to strengthen existing capabilities, close cooperation, and leading national and regional responses in building capacity for disease control were renewed. To this end, and in order to ensure streamlined cooperation among various AMS, the formulation of an ASEAN Standard Operating Procedures for Public Health Emergencies (SOP-PHE) was agreed by ASEAN leaders during the Special ASEAN Summit on COVID-19 on 14 April 2020.

This was followed by the development of the non-paper on the key elements of the SOP-PHE by the ASEAN Coordinating Council (ACC) last 15 July 2020. Capitalizing on the need to involve the health sector in the drafting of the outcome document, the ACC formally endorsed the document to the Senior Officials Meeting on Health Development (SOMHD) on 17 July 2020. The ASEAN health sector formally accepted by consensus to initiate the drafting of the document during the special SOMHD on Revitalizing the COVID-19 Response last 22-23 July 2020.

During the process of the development of the document, an ad hoc working group, composed of the SOMHD Chair Indonesia, SOMHD Vice Chair Lao PDR and the ASEAN Health Cluster 2 Chair Philippines was formed. Subsequently, AHC2 Chair Philippines was tasked to develop the initial draft of the document. The initial document was presented during a special SOMHD meeting on 22 October 2020, where it was agreed that the AMS will review the document and set up a special meeting to discuss the recommendations by AMS. During this special meeting on 27 October 2020, the AMS noted already existing initiatives to draft a comprehensive SOP on Multi-Hazards Approach for AMS, and that the current SOP-PHE document can be used with further revisions, not as a step-by-step SOP but as a comprehensive framework to guide additional ASEAN guidelines. The SOP-PHE was renamed the ASEAN Strategic Framework on Public Health Emergencies.

The ASEAN Strategic Framework on Public Health Emergencies capitalizes on good practices of the ASEAN Committee on Disaster Management, and on existing

mechanisms under the ASEAN Health Sector, and other relevant sectors. It builds on the ASEAN Agreement for Disaster Management and Emergency Response (ADDMER). The Strategic Framework also supplements the work of the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre) by highlighting health sector participation in public health emergencies. while ensuring complementarity with the ASEAN Joint Disaster Response Plan and other SOPs of the ASEAN Health Sector.

II. OBJECTIVE AND SCOPE

The ASEAN Strategic Framework on PHE will be the core document that guide ASEAN initiatives for PHE, including the Generic SOPs for the Multi-Hazards Public Health Emergency Response Approach by AMS, Regional Reserve for Medical Supplies, COVID-19 Response Fund, and others. These documents will be annexed to this Strategic Framework to ensure complementarities and synergies.

This Strategic Framework is intended to enhance ASEAN's preparedness, detection, response and resilience to public health emergencies. It aims to strengthen ASEAN's cooperation in enhancing regional health security.

The Strategic Framework will identify financial and resource mechanisms to increase support and investments in public health emergency preparedness at all levels, and to effectively mobilize resources in scaling-up response as necessary. Another objective is to initiate the establishment of mechanisms to sustain laboratory and medical surge capacity in the event of public health emergencies and disasters.

This ASEAN Strategic Framework on PHE will explore synergies and complementarity with existing ASEAN agreements, mechanisms and tools such as the ASEAN SOP for Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP), and relevant international agreements including the International Health Regulations 2005 (IHR 2005), and the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III). It will be consistent with One Health Approach through its multi-sectoral approach to PHEs.

It will take into account mechanisms and tools developed through past initiatives, such as the Stockpiling of Antivirals and Personal Protective Equipment against Potential Influenza Pandemic, or the Joint Multi-Sectoral Outbreak Investigation and Response (JMOIR). It will consider ASEAN mechanisms and tools under development, such as the ASEAN SOP for the Coordination of Emergency Medical Teams (EMT SOP), ASEAN Public Health Emergency Coordination System (APHECS), ASEAN Coordinating Centre for Animal Health and Zoonoses (ACCAHZ), and the proposed ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED).

The assets and capacities that can be mobilized in the implementation of this Strategic Framework include existing relevant funds and stockpiles of ASEAN, which include those under the management of the AHA Centre, or new funds and stockpiles reserved specifically for public health emergencies (for example, the proposed COVID-19

ASEAN Response Fund and ASEAN Regional Reserve of Medical Supplies or RRMS).

This Framework will not deal with the coordination mechanisms outside of the ASEAN, which form part of individual or multiple AMS international commitment such as the IHR mechanism, which has its own defined set of guidelines.

III. GUIDING PRINCIPLES

The Strategic Framework on PHE will be based on mutual respect for independence and sovereignty of each ASEAN Member State by accommodating flexibility for the continued implementation of domestic laws and regulations, while ensuring effective regional cooperation. Regional cooperation will also be highlighted, in recognition that preparedness, response and resilience are shared responsibilities, which transcends the national level.

This Strategic Framework will uphold existing international laws and agreements which each ASEAN Member State (AMS) is a party or participant to, including the IHR 2005, and various treaties and international agreements. In its operationalization, it will also consider the role that ASEAN provides women and to special populations like migrants workers, indigenous people, people with disabilities, in nation- and region-building.

This document will also anchor its implementation and operationalization on the ASEAN Charter and its guiding principles.

IV. DEFINITION OF TERMS

Assets and Capacities- includes funds, food, water, medical supplies, human resources, and technology that could be used in preparing for and responding to regional public health emergencies.

Assisting Entity- a national, regional and international organization, and individual, including donors and experts, external to ASEAN, but are recognized by ASEAN as relevant to the implementation of programmes and plans of action of the health sector and other associated sectors.

International Health Regulations- International legal instrument that is binding on 194 countries, including all the Member States of WHO. The IHR's aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide (WHO definition).

IHR Focal Point- national centre, designated by each State Party, which will be accessible at all times for communications with WHO IHR Contact Points under the Regulations (WHO definition).

Outbreak- is the occurrence of disease cases in excess of normal expectancy

National Focal Point- a government agency appointed by an ASEAN Member State to be the focal point of contact and cooperation regarding public health emergencies.

Pandemic- is the worldwide spread of a new disease **(**WHO, 2010)

Preparedness- the knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current hazard events or conditions

Public Health Emergency- A public health emergency is defined as "an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response" (WHO IHR 2005).

Recovery- The restoration, and improvement where appropriate, of facilities, livelihoods and living conditions of disaster-affected communities, including efforts to reduce disaster risk factors, and may still be part of response.

Response- The provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.

Risk Assessment- systematic process for gathering, assessing and documenting information to assign a level of risk. It provides the basis for taking action to manage and reduce the negative consequences of acute public health risks (WHO, 2012)

Risk Communication- exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being.

Regional Coordination Mechanism- an ASEAN body within the ACPHEED and the Emergency Operations Centre (EOC) Network (for the health sector), and the ASEAN Coordinating Council Working Group on Public Health Emergencies (for agencies outside the health sector), which are responsible for coordination of AMS response.

Additional definitions can be found in **Annex 1**.

V. PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES

Health emergency response operations undergo continuous preparedness, planning, capacity building, and testing of mechanisms at national and regional levels to ensure efficient response. In order to mitigate the risks of every public health emergency, measures must be in place to ensure effective cooperation among national and regional stakeholders, which are inter-sectoral and inter-pillar in nature, capitalizing on response from all fronts to ensure success.

Preparedness activities must be initiated through the efforts of the individual AMS, in cooperation with the whole-of-ASEAN to safeguard the health of the peoples of the region and decrease the harmful effects of public health emergencies.

In order to strengthen regional preparedness, this strategic framework will be further developed through the creation of a strategic map through the effort of the ACPHEED and the ASEAN Health Sector. The strategic map will provide clear output, outcome indicators, and deliverables for the region. This will guide AMS in developing their health security programs in line with the IHR and regional frameworks on health security (WHO Disaster Risk Management Framework and APSED III), and to efficiently prepare for and mitigate public health emergency and biosafety risks.

In order to improve laboratory surge capacity, respective AMS's National laboratory network system will be developed to rapidly, accurately and safely detect and identify infectious and non-infectious agents using latest available technologies. This network will be composed of multi-skilled laboratory personnel and systems that are able to anticipate risks and act early in response to identified threats. Laboratory data from the network need to be routinely shared among laboratories in the network for surveillance and risk assessment, when required.

This strategic framework will also subsequently guide the development of the National Public Health Emergency plans, and the Health Emergency Management Plans for preparedness, response, and early recovery, which would include the epidemic/outbreak, pandemic preparedness and response (EOPPR) plans, as well as associated documents such as National Food Safety Emergency Response Plans.

A. Designation of a National Focal Point[1] for Regional Coordination

In order to prepare for public health emergencies, each AMS will have an NFP to be the primary contact point for coordinating regional health sector response. The choice of the NFP is the discretion of the government of each AMS, and will be an agency/office, and not an individual. The NFP may be from the same office as the IHR focal point, or it will be the mother agency/office or closely affiliated agency/office of the IHR Focal Point, to ensure the streamlined and complementary flow of information and updates at the regional level.

The list of NFP per AMS must be updated annually and shared to ACPHEED, ASEAN EOC Network, and other regional coordination mechanism. It may also be shared with other relevant stakeholders, as necessary.

B. The ASEAN Regional Coordination Mechanism

The ASEAN regional coordination mechanism for PHEs will be aligned with the IHR 2005, and with existing and upcoming ASEAN regional coordination systems. The operationalization of the regional coordination will be through ACPHEED, in cooperation with the ASEAN EOC Network for PHEs.

The ACPHEED in coordination with the ASEAN EOC Network on PHE will have the following roles in the regional coordination mechanism:

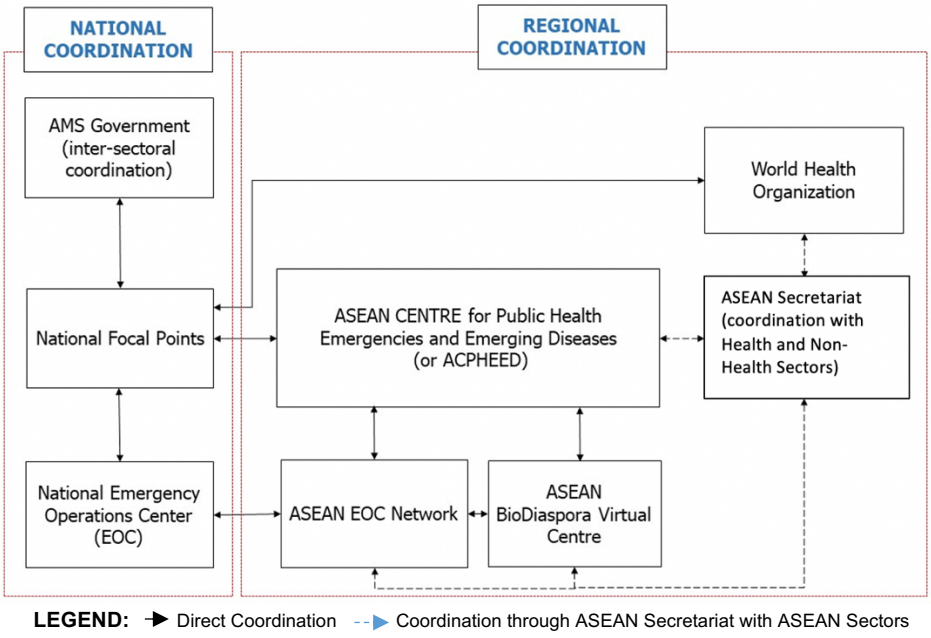
[1] Based on the Non-Paper on Key Elements of ASEAN SOP for PHE developed by ACCWG PHE, as of 15 July 2020.

(1) Facilitate, with support from concerned NFPs, the development of joint regional capacitation, regional resource mapping, and other initiatives. These include identifying and tracking resources to support the EOC operation process, including surge capacity, and oversight of the regional public laboratory response network.
(2) Receive initial report/information of any public health emergency from each AMS and provide reports to relevant authorities within the ASEAN through tools such as those used in the ASEAN BioDiaspora project.
(3) Connect, coordinate and communicate with the ASEAN Secretariat and/or relevant sectoral bodies to facilitate inter-sectoral coordination.
(4) Serve as the repository for all information and reports regarding management of public health emergencies of international concern.
(5) Prepare periodic reports and statistics, as necessary.
(6) Conduct other activities such as research and development to ensure further improvements in prevention, surveillance, and response initiatives.

The NFP of AMS will coordinate with the ACPHEED and ASEAN EOC Network on PHE, and as applicable, with other relevant Centres or entities involved with regional preparedness and response. This coordination may include formal information sharing and joint capacitation through exchange of situation reports, needs analysis, risk assessment, and other narrative reports, as necessary.

This coordination will not preclude the NFP from conducting special arrangements with other NFPs for the conduct of specialized simulation or table-top exercises or other capacity-building activities, as well to continue information sharing through established mechanisms such as the IHR.

A sample process flow for the regional coordination mechanism can be referred below:



Flowchart 1. Sample outline of the regional coordination mechanism.

C. Identification of Assisting Entities and Available Assets and Capabilities

Each AMS will be involved in setting up the logistical support arrangement, such as management policies, systems, protocols, guidelines, and procedures, as well as a monitoring system to ensure the availability of buffer stocks of commodities needed during the emergency response. The concerned AMS will also ensure the availability, accessibility, and rapid and timely distribution of all necessary logistics and resources required in the operations. The preparation of assets and logistics capability at country level is emphasized in this document to support regional response as well as identify potential national gaps that can be supported at the regional level.

In the case of services provided through the ASEAN regional mechanism, the process will be facilitated by the ACPHEED or any existing regional coordination mechanism, and will be consistent with terms of reference and operational guidelines under the ASEAN mechanism. Coordination with the ASEAN EOC Network for PHE and the ASEAN Secretariat may also be done, as applicable.

The ASEAN Secretariat, in coordination with the ACPHEED and the ACCWG-PHE, will keep a list of assisting entities to which the health sector can request for assistance, consistent with the Rules of Engagement with External Entities outside of ASEAN. The form of support by an assisting entity could be coursed through the ASEAN response fund, ASEAN development fund, RRMS, or through direct coordination with the ASEAN Secretariat. The ASEAN Secretariat will keep an essential list of commodities such as drugs including critical medicines, medical supplies and equipment.

Any assisting entity that cooperates with ASEAN will ensure that the assets and capacities provided to the affected AMS meet the standards for quality and validity requirements for consumption and utilization, and must undergo formal communication exchanges with the ACPHEED and the ASEAN Secretariat. The assisting entities will ensure that responding, capability building in joint response to public health emergencies, outbreak investigation, and other forms of support, are self-sufficient with their subsistence requirements so as not to further burden the requesting or receiving AMS in the course of operating within its territory.

The ACPHEED and associated entities in the regional coordinating mechanism may also tap support from non-health sectors.

D. Preparedness at Points of Entry

The NFP will coordinate with relevant offices or agencies from other AMS in the designation of entry points in case of public health emergencies, including airports, sea ports, border checkpoints, hospitals, and others. Cross border contact tracing and rapid outbreak investigation at ports and airports in each AMS may prove crucial in the prevention of cross-border spread, and will be maintained.

Preparedness at Points of Entry, however, will be dependent on established national mechanisms.

E. Capacity-Building

Strengthening the capabilities of the AMS on the appropriate response and surveillance to any public health emergencies will be ensured through risk assessments, training, development of skills, conduct of exercises, and sharing of experiences in prevention, detection, assessment, notification, and reporting of public health emergencies.

There will be a mechanism or system to ensure smooth, quick and organized deployment of additional staff required during the public health emergency.

Capacity building for public health emergencies at the regional level will be operationalized through the ACPHEED and/or other existing regional mechanism, and will focus on improving (1) health system capacity, (2) readiness of health service facilities, (3) health human resource training, among others.

Please see Annex 2 for the description of these capacity-building focus areas.

F. Testing of Preparedness Mechanisms

NFPs may also develop, through a multi-sectoral technical working group (TWG), the development and enhancement of a Drill and Exercise Program for all AMS specific for public health emergencies. This may be shared through the ACPHEED or the ASEAN EOC Network for PHE. The exercises will be developed, based on

existing ASEAN mechanisms, and as necessary through coordination with other entities such as the AHA Centre.

The drill and exercise program can be a tabletop exercise, a scenario-based drill or a field training simulation exercise. These exercises may be conducted virtually/online to allow inclusive participation of all AMS, in case of travel restrictions.

Simulation exercises that will be conducted may involve related ASEAN mechanisms, including the ASEAN EOC Network for PHE, ASEAN Plus Three FETN, ASEAN RRMS, ASEAN Risk Assessment and Communications Centre, and ASEAN BioDiaspora Virtual Centre (ABVC) and others. These will utilize, as necessary, ASEAN tools and procedures, such as the JMOIR and ASEAN EMT SOP, among others. Kindly refer to Annex 3 for additional information related to the conduct of simulation exercises.

There will be intra-action and after-action reviews that will be conducted to validate core capacities, and assess effectiveness of AMS national and subnational PHE response.

VI. NOTIFICATION, RISK ASSESSMENT, AND RISK COMMUNICATION

The NFP or the IHR focal point will utilize existing national structures and regional mechanisms to ensure linkages with both domestic, regional, and international bodies[2] in order to inform further actions, recognizing that rapid response and exchange of health information within the shortest possible time is at the heart of every AMS obligations under IHR 2005 and APSED III.

The NFP or the IHR Focal Points will be able to provide information in a form which can be disseminated, shared, and utilized for quick decision-making that follows by rational response interventions. Information management system in times of public health emergencies continue to cover the whole range of data collection, confirmation, collation, consolidation, and analysis to bring about robust information.

A. Overview of Data Sharing through the IHR Mechanism:

The National Surveillance System will be developed separately by AMS and will also be based on the principles of IHR 2005 and APSED III.

Based on the parameters outlined above, and in compliance with the IHR reporting system, the IHR national focal point will closely link with its IHR counterparts in monitoring any public health emergency and consequently support the creation of a national situation reporting system.

[2] World Health Organization, International Health Regulations (2005). Annex A. Core Capacity Requirements for Surveillance and Response

For this data sharing, the request for information on emerging and re-emerging acute public health threats within ASEAN State Parties will use the existing IHR mechanism of WHO. Communications may include verification and consultation of public health events for notification, including ASEAN State Party declaration of a State Party Public Health Emergency.[3]

Consistent with IHR 2005, coordination on information sharing will utilize multisectoral, multidisciplinary approaches for effective alert and response systems. All relevant sectors (e.g. health, agriculture, travel, trade, education, defence) will collaborate to provide the best available technical support and, where needed, mobilize the necessary resources for effective coordination on information or data sharing.

AMS may share best practices or anonymized information through the existing ASEAN channels, such as the ACPHEED or the +3 FETN. In times of escalated, prolonged, or protracted emergencies, the ASEAN health sector can also support in the health situation assessments updates.

B. Risk Assessment and Notification:

The NFP or the IHR Focal Points may conduct initial Rapid Health Assessment (RHA) the soonest possible time based on IHR 2005 after a report of the health-related incident has been received. It may also provide regular situation reports that include data and information regarding the new development of the incident, new hazards including CBRN threats, new risks or increasing risks to public health and health infrastructures, and the status of health services.

If there is a risk for the national outbreak or event to cross other AMS, the NFP or the IHR Focal Points will inform the counterparts from the other AMS through the existing ASEAN coordination/information sharing mechanism through the ACPHEED and ASEAN EOC Network on PHE, as applicable. Relevant tools for rapid risk assessment based on IHR and based on existing tools in ASEAN Health Sector such as the ASEAN BioDiaspora Virtual Centre may be used.

The NFP or IHR Focal Points, in consultation with WHO and other relevant national officials, may inform other AMS through their respective counterparts if they need assistance on risk assessment and notification matters.

Official request for assistance on risk assessment and notification can also be conveyed by the concerned NFP or IHR Focal Points through ACPHEED or other regional mechanism such as ASEAN EOC Network, ASEAN BioDiaspora Virtual Centre and others.

C. Declaration of PHE of International Concern, and National-level Declarations:

[3] IHR Criteria for Notification: https://www.who.int/ihr/publications/ihr_brief_no_2_en.pdf

The declaration whether a public health event constitutes a Public Health Emergency of International Concern (PHEIC) will be decision of WHO.

In the case of a public health emergency outside of the ASEAN Region (as declared by the WHO), the ACPHEED together with the ASEAN EOC Network and the ASEAN BioDiaspora Virtual Centre will coordinate to provide timely updates and situation analysis for the benefit of each AMS.

D. Risk Communication:

Each AMS will develop its own risk communication plan which can be part of a national disaster plan or any national strategic plan that incorporates other relevant Ministries/sectors/agencies. Hence, each AMS will proceed with its own risk communication strategies and mechanisms that embrace social, political and economic considerations.

The NFP or IHR Focal Points will share with their AMS counterparts their risk communication experiences before health crisis as well as during and after, in order to support recovery and enable AMS to enhance their emergency response performance. This can be done through ACPHEED, the ASEAN EOC Network for PHE, and the ASEAN Risk Assessment and Risk Communication Centre. The NFP or IHR Focal Points will be guided by Rapid Risk Assessment of Acute Public Health Events[4].

VII. REGIONAL COORDINATION MECHANISM FOR JOINT INVESTIGATION. RESPONSE, AND RECOVERY

Similar to any emergency or hazard, key elements are necessary to facilitate effective and organized response, which include: (1) effective chain of command, control, and coordination, which relies on good leadership, and which employs a whole-of-government and whole-of-society approach; (2) timely and accurate information sharing and risk communication; (3) evidence-based response; (4) availability of resources and package of health services; (5) presence of aligned and cooperative health sector partners[5]. While individual AMS will be responsible for the response at the national level including support to mental health, nutrition, and sanitation, the ACPHEED and the ASEAN EOC Network will also be instrumental in the coordination of the response at the regional level.

[4] WHO Rapid Risk Assessment of Acut Public Health Events. https://apps.who.int/iris/bitstream/handle/10665/70810/WHO_HSE_GAR_ARO_2012.1_eng.pdf;jsessionid=83A93613FF55268D523BC8271DBC3FAF?sequence=1

[5] Multi-Hazard Public Health Emergency Response for AMS by Cambodia (as of July 2019).

A. Regional Responses to the Public Health Emergency:

After the declaration of Public Health Emergency of International Concern (PHEIC) by WHO, the ASEAN Health Sector through the SOMHD, with the support of the ACPHEED and the ASEAN EOC Network, and with the possible participation of relevant stakeholders, may consider convening a meeting to share information and discuss regional responses to the public health emergency. This may include the conduct of regional contact tracing and joint outbreak investigation.

The outcome and recommendation of the meeting will be conveyed to the ACCWG-PHE, while the ASEAN Secretariat will document these meetings.

The NFP or IHR Focal Points of the AMS affected by the outbreak will, as the situation develops, regularly update WHO as defined by IHR 2005 and other AMS via ACPHEED and ASEAN EOC Network of any significant developments to the outbreak, also consistent with section VI.B.

Based on the reports provided by NFP or IHR Focal Points and WHO, ACPHEED with the assistance of the ABVC, will circulate timely and regular situational reports to supplement the WHO situation reports.

B. Joint Outbreak Investigations:

If deemed necessary, and after close consultation with the affected AMS, a response team from another AMS may assist another, in a mechanism consistent with the JMOIR. In the conduct of joint outbreak investigations, the assisting country will assist the affected AMS in conducting scientific investigation, and provide due recommendations and feedback (in collaboration with the national EOC) to the country receiving assistance. This may help identify additional technical assistance and supplies required for mobilization such as medical supplies, laboratory and logistical support, and others.

The response team(s) from the assisting country may report to the coordinator from its own country on progress/ update of the joint investigation (in consultation and upon agreement with the National Response Team). A debriefing report will be provided after the conduct of the investigation.

C. Partner Engagement:

The ASEAN Secretariat will coordinate with established and identified partner organizations of the ASEAN to ensure a calibrated and non-overlapping assistance to concerned AMS, consistent with Section V.C. Engagement with external entities at the regional level must be consistent with the relevant ASEAN Rules of Engagement. Partner organizations may include sectoral groups representing health workers, migrant workers, indigenous people, women, gender groups, and other vulnerable sectors may also offer assistance and support to ensure a multi-sectoral response.

D. Emergency Assistance during Public Health Emergencies

Should the NFP of the affected AMS need assistance, this will be relayed to the ACPHEED, in coordination with the ASEAN Secretariat, and the ACCWG-PHE.

The affected AMS, through its NFP or IHR Focal Points will specify the scope and type of assistance required and, where practicable, provide the information as may be necessary to determine the extent to which they will be able to meet the request. In the event that it is not practicable for the concerned AMS to specify the scope and type of assistance required, a joint consultation mechanism will assess and decide upon the scope and type of assistance required. The ACPHEED together with the EOC Network may mobilize a panel to facilitate the assessment. For the deployment of medical assistance or the ASEAN Emergency Medical Teams (EMTs), the arrangement for the EMTs deployment will be aligned with the ASEAN EMT SOP. The deployment of a public health specialist as needed will be coordinated by ACPHEED.

The mobilization of assistance will rely on the assessments conducted, with considerations to the nature and extent of the epidemic/outbreak, the emergency situation that has occurred or likely to arise from the epidemic/outbreak, the type of assistance required to mitigate and respond to the effects of the epidemic/outbreak, and the type of coordination required (i.e. operational, logistical etc.) to ensure that resources mobilized are effective in the epidemic/outbreak relief and emergency response operations.

In the case using an ASEAN response fund, or the Regional Reserve for Medical Supplies, the AMS will apply using the established ASEAN procedures and templates, and seek approval from the relevant authorities.

E. Recovery

The recovery process will be guided by a relevant comprehensive recovery plan or framework, which will be formulated within and outside of the ASEAN health sector. The recovery plan will be drafted with consideration to special interest groups and vulnerable populations to ensure a whole-of-ASEAN approach.

There will be avenues, and platforms in the ASEAN, for AMS to discuss, share and learn good practices from one another. These can be in the form of workshops, webinars and information sharing to distill lessons learned and come up with recommendations for strengthening individual AMS capacities.

VIII. MONITORING AND EVALUATION

To monitor and evaluate the Strategic Framework for PHE, a systematic and periodic review of response actions and the strategic map, with respect to timeline,

epidemiologic trends, gaps and challenges will be put in place through the ACPHEED, the EOC Network for PHE, and the ASEAN Secretariat.

A post-incident evaluation of the accomplishments will be done by ACPHEED. Objective review of these accomplishments will be done by an independent advisory group made up of multi-sector, multi-disciplinary experts from ASEAN and from existing multilateral organizations, in coordination with the ACCWG-PHE. This can be subsumed in regular operations meetings organized in coordination with the ASEAN Secretariat together with the ASEAN Health Sector on matters specific to the technical health concern, and through the ACCWG-PHE for cross-cutting concerns.

Consistent with the multi-hazards emergency response of the ASEAN, the post-incident evaluation will cover information aligned with the IHR 2005 and the needs of the ASEAN Health Sector. Refer to Annex 4 for more information.

IX. AMENDMENTS

The ASEAN Strategic Framework for PHE will be reviewed every two (2) years through the SOMHD or as needed, and will be amended by an ad hoc body composed of the ASEAN SOMHD Chair, SOMHD Vice Chair and ASEAN Health Cluster 2 chair and relevant consultants or external partners such as WHO.

The amendments will be presented during the subsequent SOMHD and ACCWG – PHE meetings in parallel, and subsequently elevated to the ASEAN Health Ministers and ACC for adoption.

Annex 1

Glossary of Terms related to the Terms Whole-of-government, whole-of-Society, health in all policies, and multisectoral[6]

Whole-of-government:
"Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, and social and economic development;" (Source: 2011 Political Declaration, (36))

"Recall that effective non-communicable disease prevention and control requires leadership and multisectoral approaches to health at the governmental level, including, as appropriate, health-in-all-policies and whole-of-government approaches across sectors beyond health, while protecting public health policies for the prevention and control of non-communicable diseases from undue influence by any form of real, perceived or potential conflict of interest;" (Source: 2014 Outcome Document on NCDs (29))

Commit to addressing non-communicable diseases as a matter of priority in national development plans, as appropriate within national contexts and the international development agenda, and to take the following measures with the engagement of all relevant sectors, including civil society and communities, as appropriate:

(a) Enhance governance:

(vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policymaking that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants; (Source: 2014 Outcome Document on NCDs (30))

"The "whole of government" approach is one in which public service agencies work across portfolio boundaries, formally and informally, to achieve a shared goal and an integrated government response to particular issues. It aims to achieve policy coherence in order to improve effectiveness and efficiency. This approach is a response to departmentalism that focuses not only on policies but also on programme and project management." (Source: WHA A68/17, footnote 2)

Whole-of-society:
"Acknowledge the contribution of and important role played by all relevant stakeholders, including individuals, families and communities, intergovernmental organizations and religious institutions,

[6] Based on World Health Organization Definition (https://www.who.int/global-coordination-mechanism/dialogues/glossary-whole-of-govt-multisectoral.pdf)

civil society, academia, the media, voluntary associations and, where and as appropriate, the private sector and industry, in support of national efforts for noncommunicable disease prevention and control, and recognize the need to further support the strengthening of coordination among these stakeholders in order to improve the effectiveness of these efforts;" (Source: 2011 Political Declaration, (37))

Health in all policies:
"Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergy and avoids harmful health impacts. It aims to improve population health and health equity. It also improves the accountability of policy-makers for health impacts at all levels of policy-making, and emphasizes the consequences of public policies on health systems, and on determinants of health and well-being." (Source: Health in All Policies: Framework for Country Action, 2015)

Multisectoral:
"National policies in sectors other than health have a major bearing on the risk factors for noncommunicable diseases, and that health gains can be achieved much more readily by influencing public policies in sectors like trade, taxation, education, agriculture, urban development, food and pharmaceutical production than by making changes in health policy alone. National authorities may wish, therefore, to adopt an approach to the prevention and control of these diseases that involves all government departments." (Source: WHO Global NCD Action Plan 2008-2013, p13)

- Involving different sectors, such as health, agriculture, education, finance, infrastructure, transport, trade, etc. (Source: WHO Country Cooperation Strategy)
- "The term "multisectoral action" refers to action between two or more sectors within the public sector and is generally interchangeable with "intersectoral action"." (Source: WHA A68/17, footnote 2)

Multisectoral collaboration:
"A recognized relationship between part of parts of different sectors of society, such as ministries (e.g. of health or education), agencies, NGOs, private for-profit sector and community representation) which have been formed to take action to achieve health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone." (Source: WHO Country Cooperation Strategy)
"Strategies for reducing risk factors for noncommunicable diseases aim at providing and encouraging healthy choices for all. They include multisectoral actions involving the elaboration of high-level policies and plans as well as programmes related to advocacy, community mobilization, environmental interventions, health-system organization and delivery, legislation and regulation. As the underlying determinants of noncommunicable diseases often lie outside the health sector, strategies need the involvement of both public and private actors in multiple sectors such as agriculture, finance, trade, transport, urban planning, education, and sport. Different settings may be considered for action, for example, schools, workplaces, households and local communities." (Source: WHO Global NCD Action Plan 2008-2013, p 19)

Annex 2
Capacity Building Focus Areas

(1) Health system capacity

- Primary care will be highlighted in regional capacitation programmes. Clinical management for emerging and re-emerging disease will be part of training for physicians, at all levels.
- Gatekeeping will be necessary in the adoption and implementation of proper triage procedures to prevent overloading of hospitals or secondary/tertiary care facilities. Health information systems/digital technology will be maximized, and a health care referral system set-up.
- The health system of the AMS will also be capacitated to monitor the status of health workers, with due consideration to the needs of women, people with disabilities, indigenous groups, and the elderly among these health workers.
- Systems will be in place to monitor the stocks of critical commodities in the regional, extending to national and sub-national levels.
- There will be in place mechanisms to support joint or multi-AMS capacitation in broad areas such as surveillance, laboratory management, and risk communications, among others as subsumed by ACPHEED.
- During emergencies, the health system in AMS will have the capacity to maintain the provision of essential health care services with a minimum standard of care, according to the Business Continuity Plan (BCP) principles.

(2) Readiness of health service facilities

- There will be a system in place to ensure that all AMS facilities are able to implement infection and control procedures.
- A specialized triage system will be developed, common to all AMS, which will form part of established practices in health facilities, from health centers to the apex hospitals. In this system, patients deemed to be infectious will be separated in another designated area.
- Health facilities will address the needs of children, the elderly, women, people with disabilities, and other special populations.

(3) Health human resource training

- Resource mapping will be done to explore any existing training materials from existing mechanisms such as the ASEAN EOC Network for PHE and ASEAN Plus Three Field Epidemiology Training Network (FETN) and reproduce such training materials on different emerging infectious diseases which are gender-sensitive, and sentient of the different cultures of the AMS. These materials will include capacitation on dealing with new public health emergencies. Training will be tailored for all personnel (public and private, health and non-health) who will be involved in responding to PHE at all levels.
- The capacitation will be based on a regional and national training needs assessment.
- As part of the ACPHEED scope of work, capacitation will include areas such as incident management, biosafety and biosecurity, analytics, and others.
- Capacitate AMS to conduct risk communication through a targeted approach, identifying key groups in the community, sensitive to cultural differences among AMS.

Annex 3
Summary Guide for Development and Conduct of Simulation Exercise to Test Pandemic Preparedness Plans[7]

In conducting a simulation exercise, it is important to select the type of exercise that is appropriate in a particular situation, and the type of exercise will depend on what is being tested and what resources are available. There are four basic types of simulation exercise, and these can be categorized as either discussion-based or operations-based exercises:

- Discussion-based exercises develop, refine or familiarize participants with current plans, policies, agreements and procedures. Tabletop exercises are the most common form of discussion-based exercises.
- Operations-based exercises are used to validate the functionality of plans, policies, agreements, procedures and systems; clarify roles and responsibilities; and identify resource gaps in operational environments. They include drills, functional exercises, and full-scale or field exercises.

Where necessary, hybrid exercises that integrate elements of different exercise type can also be developed, for example, a full-scale or field exercise can be developed that also incorporates elements from a functional exercise, or includes a series of drills.

The following details of the four types of simulation exercise can serve as a guide in selecting the type of exercise that will be used to test and assess the ASEAN Strategic Framework for PHE:

Exercise Type	Description	Uses
Table top *Discussion-based*	A tabletop exercise is a facilitated discussion of an emergency situation, generally in an informal, low-stress environment. It is designed to elicit constructive discussion between participants in order to identify and resolve problems and refine existing plans.	• Develop or review preparedness plans. • Familiarize participants with their roles and responsibilities. • Identify and solve problems through facilitated and open discussion.
Drill *Operations-based*	A drill is an exercise that is normally focused on testing or practising a specific function or process in a preparedness plan. Drills will be as realistic as possible, making use of actual facilities and equipment	• Train staff in new procedures, or in the use of tools or equipment.

[7] Taken from "A practical guide for developing and conducting simulation exercises to test and validate pandemic influenza preparedness plans. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO, and the WHO Simulation Exercise Manual. Geneva: World Health Organization; 2017. Licence: CC BY-NCSA 3.0 IGO

	necessary for the function being tested.	• Exercise or maintain current skills. • Test a specific operation (e.g. an emergency communication tree). • Develop new policies or procedures.
Functional *Operations-based*	A functional exercise is a fully interactive exercise that tests the capability of an organization to respond to a simulated event in a time-pressured environment. Functional exercises focus on the coordination, integration and interaction of an organization's policies, procedures, roles and responsibilities before, during, or after the simulated event.	• Test the operational systems, procedures and plans that are currently in place. • Identify strengths, gaps and opportunities for improvement. • Enhance the capacity of the operational system to respond to an emergency.
Full-scale or Field *Operations-based*	A full-scale exercise is designed to test the operational capability of emergency management systems in the most realistic manner possible. The exercise simulates actual response conditions in a highly stressful environment, and includes the mobilization and movement of emergency personnel, equipment and resources. Full-scale exercises typically involve multiple agencies and participants physically deployed in a field location. Ideally, the full-scale exercise will test and evaluate most functions of the emergency management plan or operational plan. A field exercise is a form of full-scale exercise that focuses on a specific capacity or function. It is less complex than a full-scale exercise,	• Test the operational emergency response capacity of teams and organizations. • Test the functions of the emergency management plan or operational plan. • Practise coordination, communication and collaboration between multiple entities and stakeholders. • Identify strengths, gaps and opportunities for improvement.

	but is developed and implemented in a similar fashion.	• Enhance the capacity of the emergency management system to respond to an emergency.

Lessons from these drills and exercises **will** serve as inputs for updating the necessary health emergency plans, including the EOPPR plan, and others.

Annex 4
Post Incident Evaluation

Consistent with the multi-hazards emergency response of the ASEAN, the post-incident evaluation will cover, but will not be limited to the following:

1. Command, control and coordination:
   - Alert, notification, and response actions
   - Timely activation and establishment of the national ICS, national and regional EOC and the national and regional response plan
   - ASEAN EOC coordination mechanisms and meetings
   - Tasking and implementation of tasks on the ground

2. Information management and risk communication:

   - Timely reporting and accuracy of reports
   - Proper and timely sharing of information through IHR and other mechanisms
   - Timely and effective risk communication.

3. Case management and management of casualties:

   - Triage, Testing, Contact Tracing, Treatment and Quarantine/Isolation process (contribution to service provision in health facilities or quarantine/isolation sites).
   - Mobilization of human resources and facilities
   - Administrative and engineering controls

4. Resource/Logistics Management

   - Timeliness, availability, and accessibility of logistics
   - Coordination for requesting national, regional, and international resources
   - Mobilization of communication and transport systems

5. Provision of early recovery services in order to prevent post-disaster illnesses and deaths.

Documentation of good practices and lessons learned through case studies and other relevant methods can be initiated to elucidate and contextualize innovative strategies that can be deployed by each AMS, and subsequently inform future versions of the SOP for PHE. Relevant publications or newsletters can feature milestones and focus areas.