APSED TAG 2021

Recommendations from 2020 APSED TAG Meeting

To	Recommendation
Member States	**Further improve response capacities.** The APSED TAG identified several areas that are critical for the COVID-19 response and require further efforts: investing in laboratory systems, including information management, so that laboratories can rapidly scale up testing as required; strengthening multisource surveillance for risk assessment and decision-making using the Epidemic Analysis for Response Decision-making (ERD) process; scaling up contact tracing and quarantine systems; strengthening infection prevention and control beyond health-care settings; and advocating and supporting effective risk communication and community engagement strategies, particularly for vulnerable populations.
Member States	**Plan for a long-term response.** As the virus continues to circulate, Member States must be prepared to deal with multiple, recurrent surges through early detection and targeted response, minimizing the impacts on the economy and social life. To achieve this, countries need strong public health infrastructure, including robust contact tracing systems, as well as strong protections for the most vulnerable, including measures to address their specific needs. Equally important is to embed healthy behaviours (such as handwashing, mask-wearing and physical distancing) in communities to minimize the risk of transmission. Risk communication and community engagement will need to be strengthened to support these behaviour changes. Strategic use of an approved COVID-19 vaccine, should one become available, will also be critical.
Member States	**Learn and improve.** Consistent with this long-standing principle of APSED, Member States should continue to share information, with support from WHO in facilitating research and development. As new information becomes available, Member States are encouraged to regularly update and strengthen their response capacities.
Member States	**Strengthen the health response beyond the health sector.** To enable countries to sustain an effective response to COVID-19 – and stimulate investments for future emergencies – whole-of-government and whole-of-society support is necessary at the national, subnational and local levels. COVID-19 has shown the critical need for support beyond the health sector in many ways, including: the adoption and effective application of non-pharmaceutical interventions; partnerships that can reach wider community networks, including the business sector and local governments; and the optimization of the role of health workers and also volunteers and community leaders to scale up the capacity to respond to outbreaks and implement public health measures. Countries should also improve collaboration and communication across the health, animal and food sectors, using a One Health approach.

Member States	**Continue to make long-term investments in developing resilient health systems.** COVID- 19 has revealed inefficiencies and weaknesses in some health systems. Member States should continue their efforts to develop sustainable and resilient health systems, addressing weaknesses revealed by the pandemic. Member States should work over the long term: to strengthen public health systems and service delivery for emergencies as part of universal health coverage; to increase capacities at the national and subnational levels; to consider investing in supply chains that can deliver critical resources; and to minimize interruptions of essential goods during emergencies. Investing in subnational systems is critical in preparing for large-scale community transmission, as well as for the implementation of response strategies at a national scale.
Member States	**Further strengthen regional cooperation and solidarity.** The Asia Pacific Region can only be as strong as its weakest link, making regional cooperation and solidarity crucial in fighting COVID-19 and future outbreaks. The region should continue to cooperate to support countries to strengthen capacity, augment resources where needed, share critical information, lend expertise and maintain interconnectedness. Member States also should work together to ensure equitable access to vaccines for COVID-19 for all countries and areas, and to support less-resourced countries and areas to strengthen systems for the regulation, deployment and safety monitoring of these vaccines.
Member States	**Use COVID-19 to build a "new normal", as the basis for a new future.** COVID-19 has placed a spotlight on health and the links between health and economic security. Member States should use this momentum not only to improve health systems, but also to engage individuals, businesses and communities in the hard work of building a "new normal", in which communities that are resilient against infectious diseases provide the foundation for more sustainable societies and economies overall.
WHO	Continue to use APSED TAG recommendations to strengthen multisectoral communication, collaboration and coordination for COVID-19, and other new or emerging public health threats.
WHO	Apply the lessons and experience from the COVID-19 pandemic to strengthen health systems and mitigate the effects of the pandemic.
WHO	Create a mechanism that facilitates the rapid collation, dissemination and sharing of lessons identified by Member States.
WHO	Mobilize organizations and partners through different mechanisms, such as the Global Outbreak Alert and Response Network, or GOARN, and Emergency Medical Teams, to provide surge capacity in response to a resurgence of cases.
WHO	Work with partners to provide guidance and support to Member States that still face significant challenges in COVID-19 preparedness and response, such as in relation to laboratory reagents and COVID-19 vaccination training.
WHO	Support national preparedness activities for seasonal and pandemic influenza, including influenza vaccination deployment plans, drawing on lessons learnt from the COVID-19 response.

WHO	Assure sustained support to counteract misinformation, and strengthen and embed risk communication capacities in the overall preparedness and response infrastructure.
WHO	Strengthen national and local networks, building the capacity of these networks to engage communities in health assessment, planning and interventions as well as in documentation of good practices and lessons learnt.
WHO	Advocate, guide and support Member States to plan for the prioritization and distribution of COVID-19 vaccines, through development of national vaccination and vaccine deployment plans, and facilitate equitable access to COVID-19 vaccines, including through the COVAX facility.
WHO	Work with Member States and partners to maintain and strengthen essential healt h services and public health programmes at national and subnational levels for those with non-COVID-19 health needs.
WHO	Implement jointly agreed priority actions including those recommended for Member States above, for each focus area. This includes providing robust assistance as follows: a. Working towards laboratory systems, including information management, that can rapidly scale up testing as required. b. Strengthening multisource surveillance for risk assessment and decision-making using the Epidemic Analysis for Response Decision-making (ERD) process. c. Strengthening and advancing contact tracing and quarantine systems. d. Strengthening infection prevention and control in health care and public health systems. e. Advocating and supporting effective risk communication and community engagement strategies, particularly for vulnerable populations.
Partners	Continue to support and invest in strengthening national and regional response to COVID-19 and health security as a way to advance health security systems, taking into consideration lessons and experiences from COVID-19.
Partners	Work with Member States and WHO to identify and enhance financing opportunities and establish regional and national emergency funding mechanisms in order to obtain resources promptly for the future, including advocating and supporting equitable access to COVID-19 vaccines through the COVAX facility initiative where it will have the greatest health and economic impact.
Partners	Work with Member States and WHO to develop and implement concrete plans to strengthen areas, such as laboratories, intensive care and infection prevention control which are at the interface between health systems and health security systems.
Partners	Continue to support and participate in the APSED TAG Partners Forum, including identifying and encouraging the participation of new partners.

List of potential technical areas for a new health security action framework

Identified areas	Additional areas
Health laboratories 1. Biosafety & biosecurity 2. Laboratory networks 3. Quality	4. Evidence-based use of laboratory services 5. Laboratory governance and coordination 6. Laboratory surveillance 7. New technology 8. Whole genomic sequencing
Health service delivery 9. Health care / clinical management 10. Health care facility preparedness 11. Health systems 12. Immunisation 13. Infection prevention and control (IPC)	14. Clinical event-based surveillance 15. Critical consumables (e.g. PPE) 16. Emergency medical teams (EMT) 17. Health care associated infection (HCAI) surveillance 18. Health care infrastructure and ventilation 19. Health information systems 20. Maintenance of essential health services during emergencies 21. Occupational health and safety 22. Safe patient referral pathways 23. Universal health coverage
Monitoring, evaluation & learning 24. After action reviews (AAR) and simulation exercises (SimEx) 25. Monitoring and evaluation (M&E) 26. New M&E tools	27. Intra-action reviews (IAR) 28. Moving from evaluation to sustainable system improvement
One Health 29. Advocacy communication / engagement 30. Antimicrobial resistance 31. Food safety 32. Risk reduction 33. Surveillance, laboratory & risk assessment 34. Zoonoses	35. Multisectoral national plan for animal-human interface (planning)
Public health emergency preparedness 36. Digital adoption (e.g. vaccine passports, contact tracing) 37. Essential services 38. Financing 39. Incident management 40. Information management 41. Information sharing 42. Legislation 43. Multisectoral coordination 44. National IHR Focal Points (NFP) 45. Public health emergency preparedness 46. Planning 47. Points of Entry (POE)	55. Contingency / business continuity planning 56. Cross-border collaboration 57. Cruise ships / conveyances 58. Decision-making 59. Disaster risk management for health (DRMH) 60. Emergency use of new therapeutics and vaccines 61. International surge deployment (e.g. GOARN, EMTs) 62. Mass vaccination / drug administration 63. Mitigation planning (long term interventions for known risks) 64. National coordinating agency

48. Political leadership 49. Public health measures 50. Regional preparedness 51. Response logistics 52. Supply chain 53. Surge capacity (sub-national and national) 54. Travel and border measures	65. Preparedness plan review and update 66. Quarantine and isolation facilities 67. Risk mapping and assessment
Risk Communication and Community Engagement 68. Community engagement 69. Health promotion / risk reduction / protective behaviours 70. Multi-source social listening systems 71. Risk communication systems 72. Rumours, misinformation and "infodemics" management	73. Communication and community engagement for vulnerable and marginalized populations 74. Partner coordination mechanisms 75. Risk and crisis communications in protracted emergencies 76. Social and behavioural science-based interventions for behavioural change
Surveillance, risk assessment and response 77. Alert / early warning systems 78. Information systems, data management & sharing 79. Rapid response 80. Risk assessment 81. Surveillance	82. Contact tracing 83. Multi-source surveillance for decision-making 84. Rapid response teams 85. Technology adaption, bioinformatics and visualisation
Special contexts and issues 86. Chemical, biological, radioactive, nuclear (CBRN) 87. Climate change 88. Emerging infectious diseases (EID) 89. Equity 90. Gender and social issues 91. Mass gatherings 92. Other frameworks (e.g. Sendai, UNFCCC, SDGs, UHC, GHSA) 93. Pacific island countries and areas	94. High security contexts 95. Integrating public health with disaster management (e.g. national Disaster Management Offices) 96. Protection of vulnerable populations in emergency settings 97. Social support
Cross-cutting themes 98. Collaboration / coordination / networks 99. Human resources / national planning and pipeline 100. Legislation / Policy 101. New technologies 102. Research and development 103. Systems	104. Multisectoral / partnerships beyond health sector 105. Sub-national capacity strengthening
Small island states 106. Pacific island countries and areas (PICs) and small island developing states (SIDS)	