

## Global Health Security

Pakistan is signatory to International Health Regulations (IHR) 2005 since June 2007 and is included among the phase-1 countries for Global Health Security Agenda (GHSA) implementation. Accordingly, health and non-health stakeholders are required to build essential core capacities for implementation of international commitments towards global health security. With the merger of IHR and GHSA under prevent, detect and respond themes, 19 technical areas including 8 essential core capacities of IHR have been identified for which countries are being evaluated towards the progress on the IHR and GHSA through Joint External Evaluation (JEE).<sup>1</sup> Pakistan is also one of the first countries globally to successfully develop a post-JEE costed National Action Plan for Health Security (NAPHS).

New framework for monitoring IHR and GHSA through a JEE tool developed in 2016 was used by team of international and national experts for scoring of pre-defined standard indicators. Literature, documents, assessment reports and available records were reviewed thoroughly by concerned parties. The stakeholders were identified and engaged through workshops and meetings. Focus group discussions were carried out with representatives of different sectors identified for IHR and GHSA implementation and others relevant one-health stakeholders.<sup>2</sup> The JEE findings were used for development of objectives and activities for NAPHS on the 3-5 key priority actions for each of the 19 technical areas which were assessed and described in the JEE report. The process for completion of NAPHS in a devolved health system, where provinces are autonomous from public health sector standpoint, using the WHO template was adopted in a step-wise process. Costing was done using excel based tool for all 19 technical areas through the input of all concerned stakeholders. Separate costing was done for national as well provincial action plans.

Based on the JEE findings, five cross cutting high priority areas emerged for Pakistan to strengthen the public health system for effectively responding to the health security threats.<sup>1</sup> These include need for multi-sectoral coordination between federal and provincial levels through a joint Public Health Commission;

development of mutually agreed and funded roadmap to develop relevant action plans for key priorities outlined by the mission; establishment of tiered surveillance and laboratory systems with a 'One Health' approach to include human and animal health sector; development of uniform regulatory standards in all areas of food security and comprehensive national cross-sectional approach towards Antimicrobial Resistance (AMR). After the completion of JEE process, NAPHS was developed based on the recommendations of JEE. The successful development of costed-NAPHS was driven by critical steps that included; orienting multi-sectoral stakeholders on JEE and its tools, One health concept, formation of national technical workgroup, systematic engagement, agreement and participation of multi-sectoral stakeholders at all levels.<sup>3</sup> The tentative cost is around 20 billion rupees excluding the existing share of the government and donor funds for different programs and public health systems.<sup>1-3</sup>

Despite varied progress in certain areas, an adequate legal framework and proper institutional mechanisms to prevent, detect and respond to health event are inadequate at all levels. There is urgent need to implement NAPHS developed by the government to strengthen the public health system capable of meeting challenges of health security threats. Investment in the public health system with a focus on IHR and GHSA by country's own resources is critical for sustainability. For a better and healthy future we have to play as a team to overcome the gaps and strengthen the system.

### References

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