



Asia Pacific Health Security Action Framework

Joint Emergency Risk Management Action Plan (JERMAP)

Knowledge Product

01

Key Messages

- 1. A coordination gap exists.** No single mechanism currently coordinates health emergency response across the full Asia-Pacific or South-East Asia Regions. JERMAP is designed to fill this gap.
- 2. Build on existing mechanisms.** JERMAP does not replace existing mechanisms. It connects different mechanisms.
- 3. Scenarios drive design.** JERMAP uses scenario-based planning to stress-test coordination across realistic, high-consequence events.
- 4. Speed matters.** JERMAP aims to enable coordinated regional support reliably and quickly.
- 5. Relationships before crises.** Effective coordination is built between emergencies. JERMAP will invest in joint planning, regular exercises, and sustained partner engagement.
- 6. Member States remain at the centre.** JERMAP is grounded in national sovereignty. Countries drive decision-making and response coordination.

02

Background

Across 48 countries and areas spanning the Western Pacific and South-East Asia Regions, health systems must respond to a recurring cycle of infectious disease outbreaks, natural disasters, and compound emergencies, often simultaneously and across borders. Coordination mechanisms exist: national emergency platforms. Each brings value. Yet they often focus on specific geographies or hazard types, with limited interoperability when emergencies cross borders and include multiple countries

The JERMAP concept was endorsed by Member States at the November 2025 APHSAF Stakeholders Meeting. A Technical Working Group (TWG) was established to lead its development, with a mandate to present initial outputs at the Asia Pacific Health Security Action Framework (APHSAF) Stakeholders Meeting in Kuala Lumpur in June 2026.

03

Outcomes

JERMAP is being developed under APHSAF to provide a dependable, inclusive, and practical approach to regional health emergency readiness and response.

- Reliable, coherent regional coordination systems, roles, responsibilities
- Stakeholders coordinate to achieve: qualified, interoperable, connected surge workforce; available supplies and resources; connected leaders
- Robust monitoring, evaluation, accountability support learning and improving

04

Desk Review

The JERMAP desk review examined health security mechanisms across four domains, drawing on published literature, WHO guidance, partner materials, treaty instruments, and bilateral consultations conducted with Member States and partners.

4.1 What the Review Found

Domain	Key Findings
Framework	The International Health Regulations (2005), WHO Pandemic Agreement (2025), Interagency Standing Committee, the Sendai Framework on Disaster Risk Reduction provide a strong normative and operational foundation — but implementation is uneven.
Pacific Coordination	The Pacific Joint Incident Management Team, the Pacific Humanitarian Team are effective, well-exercised mechanisms. The JIMT covers the Pacific only.
ASEAN / Southeast Asia	The Agreement on Disaster Management and Emergency Response and ASEAN Public Health Emergency Coordination System provide political and procedural frameworks but operational health capacity is untested.
Comparator Regions	Africa's Joint Emergency Action Plan and the South-East Asia Regional Health Emergency Fund offer the most operationally relevant models: pre-positioned financing, clear response time targets, and named accountabilities.

4.2 Implication for JERMAP Design

- JERMAP is scenario-based planning for complex or multi-country events.
- JERMAP links but does not duplicate existing mechanisms.
- JERMAP invests in relationships between events because established relationships and joint exercises are the foundation of rapid coordination.
- JERMAP aims to be operational, not aspirational employing priority actions, roles and responsibilities.
- JERMAP's scenario-based design aligns with established practice across regional and national programmes.
- JERMAP builds in learning through structured after-action reviews and live documents to be updates when context changes.

4.3 Member State Consultations

Bilateral consultations with Member States reinforced five cross-cutting themes:

- Pre-event relationships and regular exercises are essential for rapid coordination.
- Funding for smaller emergencies is slower and less certain than for large-scale events.
- A regional compendium of country capabilities, specialist expertise, and resources would improve coordination.
- WHO's convening power and technical authority are valued.
- Countries in the Western Pacific and South-East Asian Region are well positioned to lead responses with external support as need.

05

JERMAP Scenarios

JERMAP uses scenario-based planning to stress-test bi-regional coordination across realistic, high-consequence events. The TWG has developed priority scenarios. This section provides details on two scenarios presented at the APHSAF Stakeholders Meeting: a multi-country novel arbovirus outbreak and a cross-border industrial chemical event.

Scenario 1: Multi-Country Novel Arbovirus Outbreak

A novel arbovirus emerges across multiple countries. Initial detection occurs in one country, with laboratory confirmation depending on a regional reference lab in another. Transmission escalates rapidly — from an initial cluster to sustained spread — testing coordination across countries and regions.

Coordination challenges tested:

- Cross-border outbreak notification and information sharing
- Laboratory referral pathways and system interoperability
- Surge capacity deployment across multiple countries simultaneously
- Alignment of national response systems with regional and global support under time pressure
- Bi-regional activation: when and how partners jointly coordinate

Key gaps exposed:

- No clear trigger or protocol for bi-regional joint coordination
- Delayed laboratory referral pathways and sample sharing agreements
- Uneven surge capacity across countries in the affected zone

Scenario 2: Multi-Country Chemical Event

An industrial explosion at a petrochemical complex triggers a toxic release, environmental contamination, and cross-border health impacts affecting neighbouring countries. Response is led by non-health authorities (disaster management), requiring health actors to operate within a broader multi-sector coordination structure.

Coordination challenges tested:

- Cross-border coordination under non-health leadership
- Integration of health response within a disaster management framework
- Activation of specialised networks: CHEMNET, GOARN toxicology expertise
- Environmental health and acute respiratory disease surge management
- Multi-agency, time-critical, cross-border incident management

Key gaps exposed:

- Regional toxicology capacity among health partners is limited
- Health-disaster management interfaces are undefined in many countries
- No standing regional protocol for chemical health emergencies

06

Technical Working Group

In line with the 2025 APHSAF Stakeholders Meeting, a JERMAP TWG was established in early 2026. The group is comprised of stakeholders who indicated interest at the 2025 meeting followed by a process of snowballing and targeted outreach to agencies known to work in health emergencies. Currently, the TWG is a focused group of 10–12 members providing bi-regional representation across Member States, regional organizations, UN agencies, and civil-military actors. The TWG leads the technical development of JERMAP and presents outputs to the APHSAF Stakeholders Meeting.

Category	Members
Secretariat	WHO WPR and WHO SEAR Health Emergencies Programme
Member States	China, Tonga
Regional Networks	ASEAN, Japan Institute for Health Security, UKHSA
Red Cross	IFRC Asia Pacific Regional Office
Civil-Military	Australian Defence Force
Academic	Hiroshima University, Monash University
Partner	TEMASEK Foundation

Personnel

Expertise and Contribution

Dr Rick Brennan

Former Regional Emergency Director, WHO Eastern Mediterranean Regional Office; former Director of Emergency Operations, WHO Headquarters. Global WHO emergency architecture and senior stakeholder engagement.

Ms Mereoni Ketewai

Former United Nations Office for the Coordination of Humanitarian Affairs Humanitarian Affairs Officer (Suva); the Pacific Community and Pacific deployment experience. Operational coordination across Pacific subregional mechanisms.

07

Progress

The TWG's outputs constitute the first phase of JERMAP development.

Output

Description

Status

Desk Review

Mapping of health emergency coordination mechanisms regions, identifying best practices, key lessons, and gaps. As described in section 4.1, the desk review will be updated over time.

Live draft

Scenarios

Scenario-based contingency frameworks stress-testing bi-regional coordination: novel arbovirus outbreak, cross-border chemical event. Next steps include further development of response triggers, and draft action cards.

In progress

08

Proposed Next Steps

The APHSAF Stakeholders Meeting is invited to review the TWG outputs and provide direction on the next phase of JERMAP development. The following next steps are proposed for endorsement:

8.1 Endorse Continuation of JERMAP Development

APHSAF stakeholders are asked to endorse the continuation of JERMAP development through the second half of 2026, with the TWG maintaining its mandate through 2026. This includes:

- Incorporating stakeholder feedback from the June 2026 meeting into the JERMAP process.
- Expanding the two scenarios with consultations beyond the TWG during Q3–4 2026. Consider additional scenarios.
- Continuing the landscape analysis of capacities and gaps.

8.2 Develop the JERMAP Compendium

The JERMAP Compendium is an operational guide, bringing together the landscape analysis, scenario frameworks, identified coordination protocols, information-sharing arrangements, and surge mechanisms. Stakeholders are asked to support a structured consultation process to develop it into a full operational guide. This includes:

- Further developing each JERMAP scenario, specifying response triggers, coordination steps, resource mobilisation pathways, and accountability lines.
- A regional coordination compendium.
- Civil-military coordination protocols for health emergencies, building on IPSAH work.

8.3 Conduct JERMAP Simulation Exercises

The TWG recommends that JERMAP coordination arrangements be tested through structured simulation exercises before the operational guide is finalised. Conduct at least 1 exercise with stakeholders by the end of 2025.

Options	Focus	Format	Timeline
Table-top Exercise 1	Multi-country arbovirus outbreak — bi-regional coordination	Virtual, half-day	Q3 2026
Table-top Exercise 2	Cross-border chemical event, multi-sector coordination	Virtual, half-day	Q3 2026
Full Simulation Exercise	Combined scenario testing full JERMAP activation protocol across regional mechanisms	In-person, 1 day	Q4 2026

Each exercise will include an after-action review. Findings will be integrated into the JERMAP compendium and contribute to the published literature on regional health emergency coordination.

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