World Health Organization

Western Pacific Region

Key facts

The impact of public health emergencies goes far beyond health. The COVID-19 pandemic demonstrates the **interconnectedness of health, economies and society** – and the ability for public health crises to trigger further emergencies in other areas.

Health security is everyone's business. Public health emergencies do not stop at international borders. Addressing them requires solidarity between countries and multisectoral engagement from governments, the private sector, academia, civil society and more.

Health security is underpinned by strong health systems that are able to deliver core public health services that are accessible to all. Efforts to strengthen health security therefore also contribute to **strengthened health systems** and progress towards **universal health coverage** and the **Sustainable Development Goals.**

The Western Pacific Region **continuously faces the risk of public health emergencies caused by a wide range of hazards.** These include emerging infectious diseases, antimicrobial resistance, contaminated food, extreme weather events, earthquakes, and chemical and radio-nuclear incidents. In many cases, the **risk and complexity of these threats is heightened** by modern dynamics such as population growth, urbanization, environmental degradation and climate change.

Public health emergencies can also **widen existing inequities** by disproportionately affecting individuals and communities that have less access to the health services and social and economic resources needed to cope. **Public health emergencies can also lead to negative social and economic consequences,** including disruption to schooling, social isolation, food insecurity, lost income, and impacts on business and trade. For example, the severe acute respiratory syndrome (SARS) outbreak in 2003 cost an estimated US$ 40 billion globally due to economic shocks. In 2020 alone, the COVID-19 pandemic resulted in global gross domestic product falling an estimated 3.4% or more than US$ 2 trillion. Restrictions on travel and trade during major emergencies also adversely affect countries due to disruptions to tourism, transport routes and supply chains – particularly for smaller and less diversified economies.

Countries and areas of the Western Pacific Region have **invested strategically in health security systems** since the SARS outbreak. Twenty years later, the value of these investments has been demonstrated by the Region's strong response during the COVID-19 pandemic. However, the pandemic's widespread impact on health systems, societies and economies highlights the increasingly complex nature of public health threats and the need for more **comprehensive, integrated and forward-looking approaches to health security** that go beyond the health sector.

WHO response

The draft *Asia Pacific Health Security Action Framework* is designed to engage health and non-health sectors to support prevention, preparedness, readiness and response towards multi-hazard public health emergencies, and to strengthen the resilience of health security systems. It will provide a framework to view and plan comprehensive health security systems that encompass the core capacities of the International Health Regulations (2005) or IHR, as well as multisectoral health security capacities needed to strengthen resilience to the public health threats of the future.

Putting people and countries at the centre, WHO provides ongoing support to build capacities taking a strategic, step-by-step approach that recognizes the different starting points and need for tailored approaches for individual health security systems. WHO is supporting countries and areas to apply **coordinated One Health, multi-hazard and multisectoral systems approaches to health security,** recognizing the intersection of human, animal and environmental health and the need for whole-of-government and whole-of-society engagement.

WHO also plays a central role in **coordinating and deploying health security resources** to support emergency preparedness and response in the Region. These include regional multi-source surveillance, risk assessment and alerts, strategic stockpiles, emergency response deployments, the National IHR Focal Point communications system, as well as monitoring and evaluation of IHR capacities.

WPR/2023/RDO/004