

DEVELOPING STRATEGIC GOALS TO MEET IHR REQUIREMENTS

WPRO GROUP

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Introduction

After the challenging experience of the severe acute respiratory syndrome (SARS) in 2003, Republic of China (Taiwan) amended the Communicable Disease Control Act and further capacitated the infectious disease control platform/network. Owing to the confident stride thereof, the Cabinet designated Taiwan Centers for Disease Control (TCDC) as the National IHR Focal Point (NFP) through a national authorized process in 2006. The designation process and thereupon the linking intended to function within or using the operational structures of the authorized body made TCDC legitimate and empowered to carry out the full scale presentation of the mandatory and optional functions, which included the surveillance arm, the decision-making platform, and the response arm. Moreover, TCDC serves as the coordination center for points of entry (PoE).

To implement the International Health Regulations (2005) (IHR(2005)), four legislative frameworks have been further aligned with the Regulations thereafter. The four legislations concerned are the Communicable Disease Control Act as mentioned above, the Food Sanitation Governing Act, the Disaster Prevention and Protection Act, and the Nuclear Emergency Response Act. The legal and governmental mandates and instruments have thereafter been updated.

Part I: Strategic Planning Methodology

Who should participate?

- As the IHR (2005) are all-hazard-approach, all the relevant authorities shall participate in the strategic plan development of the IHR(2005) implementation. The hazards concerned shall include those of the biological/infectious nature, the chemical nature, the nuclear nature, the zoonotic nature, and the food-safety nature, taking the nature of unknown into consideration.
- Accordingly, the four platforms/networks described below serve as the instruments to identify and engage the relevant authorities and stakeholders to participate in the strategic plan development.
- For the events related to biological/infectious nature, the Communicable Disease Control Act defines the Central Epidemic Command Center as the grand platform. For the events of chemical nature, the Disaster Prevention and Protection Act defines the Central Disaster Prevention and Protection Council as the grand platform. For the events of the nuclear nature, the Nuclear Emergency Response Act defines the National Nuclear Emergency Response Center as the grand platform. And, for the events of the food-safety nature, the Food Sanitation Governing Act defined the National Health Command Center as the grand platform. Thereof, the competent authority of each respectively, namely Ministry of Health, Environmental Protection Administration, Atomic Energy Council, and again Ministry of Health, shall be the core task force for the strategic plan development. However, the collaborating authorities and stakeholders listed below will definitely never play less important roles. The persons sit on the grand platforms are the Ministers or the designated equivalents, and the platforms are chaired by the Premier or a designated equivalent.
- Under the four legislations mentioned in the preceding paragraph, the authorities relevant to IHR(2005) implementation at the national level further include Council of Agriculture, Ministry of Transportation and Communications, Coast Guard Administration, Ministry of the Interior, Ministry of Economic Affairs, Fair Trade Commission, Council for Economic Planning and Development, Ministry of Justice, Government Information Office, National Communications Commission, Ministry of Education, Central Personnel Administration, Council of Labor Affairs,

Veterans Affairs Commission, Ministry of National Defense, Mainland Affairs Council, Ministry of Foreign Affairs, Ministry of Finance, Directorate-General of Budget, Accounting and Statistics, and Financial Supervisory Commission.

- The authorities listed above have local counterparts, which are subordinate to or coordinated at the local government level (intermediate level). Specific core capacities are thus practiced at the community level and primary public health response level, the intermediate level, and the national level for surveillance and response. The levels of involvement are defined in the four legislations mentioned above and relevant legal, administrative, or other governmental instruments, which includes legally-binding ones, legally non-binding ones, and other instruments that applicable in all relevant sectors and at all levels.
- As to the non-governmental stakeholders, right ones are invited or recruited, and updated according to the legislations and as required. The profiles include health care systems, professional societies, community leaders, industrious sectors, and non-governmental organizations, etc. Policy orientation and alliance building are important instruments.
- To ensure successful completion of the strategic plan of IHR(2005) implementation, the legal, administrative, and other governmental instruments shall be updated and aligned with the objectives of the plan. An agreed prioritized plan of action with gaps identified should be addressed specifically, in terms of potential public health emergency of international concerns (PHEICs) which include infectious, chemical, nuclear, food-safety, and zoonotic events, to improve/strengthen/maintain the performance of the surveillance, early warning, and response systems.
- TCDC, serving as the National IHR Focal Point, naturally is responsible as a main figure for the strategic planning process. However, from the viewpoint of all-hazard-approach, the strategic planning process should emphasize recruiting competent authorities and helping relevant stakeholders to further define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby enhancing the capacity to cope with an unfolding public health emergency.

- After the SARS in 2003, events of the biological/infectious nature are deemed as part of the national security to Republic of China (Taiwan). Furthermore, as a responsible member of the international society, Republic of China (Taiwan) always advocates the stand of securing global (health) security. Highly appreciating the importance of international collaboration of surveillance on and response to potential public health emergency of international concern, Republic of China (Taiwan) has adopted developing/strengthening/maintaining the core capacities of the IHR(2005) as an essential national policy.

What approaches to take?

- The IHR(2005) definitely provides a global framework for securing global (health) security and enhancing national security. The strategic planning therefore provides the opportunity of orienting policies and recruiting resources to meet global/national health security, reinforce global/national human right protection, and promote global/national socio-economic prosperity.
- Republic of China (Taiwan) survived the 921 Grand Earthquake in 1999, the SARS threat in 2003, and the Global Depression in 2008. The domestic environment, in terms of political situation and economic development, did not affect the commitment to global health security. It is our commitment to the international society as a responsibility to contribute to global health security. However, fluctuations of the international support to the endeavors of Republic of China (Taiwan) do constitute, at least implicitly, a roadblock on the way to the IHR(2005) implementation, esp. with reference to information sharing and technical collaboration regarding surveillance on and response to potential public health emergency of international concern.
- The practical/successful experience of SARS/pandemic H1N1 influenza A does not guarantee but will be helpful to the successful implementation of IHR(2005) in the future. The commitment to global health security and national security definitely serves as the essential success factor for the implementation. Furthermore, the legislations are followed and updated as required, the platforms/networks are working accordingly, the

coordination is practiced at all levels, the contingency plans are exercised in a variety of settings and will be in even more, and the opportunity to further enhance the core capacities are always appreciated. Of course, the quality of the staff in the competent and collaborating stakeholders at all levels definitely constitutes the basic key success factor of the IHR(2005) implementation.

- Nevertheless, though properly appropriated from the budgets of the four platforms/networks, the funding of the IHR(2005) implementation has not yet been identified as an independent entity. Furthermore, In terms of the all-hazard-approach of the IHR(2005) implementation, the resources appropriated/allocated so far, including funding and human resources, will not be commensurate with the need in the future.
- Further recruiting and updating instruments, including legislations in the broad sense, integration/collaboration of the four platforms/networks, recruitment of the zoonotic authority as another competent authority, and orienting the National IHR Focal Point to cope with the scope of all-hazard-approach of IHR(2005) implementation, are thus under consideration.
- In terms of the eight core capacities of the IHR(2005) implementation, namely national legislation and policy, coordination, surveillance capacity, response, preparedness, risk communication, laboratory, and human resource for surveillance and response, we are facing a similar situation as WHO. Starting from the events of the infectious disease hazards, as the all-hazard-approach becomes the prospective paradigm, we shall highly appreciated the experiences of the platforms/networks of zoonotic events, food-safety events, chemical events, and radiological and nuclear events. The short, medium, and long term goals of the strategic planning shall be in line with the all-hazard-approach which actually opens the problem window facing the threats to global health security.
- However, as the policy and political windows favor further advance in the all-hazard-approach, the core capacity enhancement and collaboration at points of entry (PoE) provides a good platform to recruit and integrate competent and collaborating authorities. After the planning process, the implementation process has been ongoing and will meet the goal to

develop the IHR(2005) core capacities requirements by 2012.

- The most realistic strategic goal for our situation is therefore to reorganize the PoE platform/network with the experience/benefits applied to the all-hazard-approach.
- Though limited in the resources available to support the planning process, the planning has been cleverly exploiting the framework of the Cabinet to recruit brains into the strategic planning. More funding, probably independent, is expected in the near future.
- The strategic planning adopts the milestone approach with terms of goal as the phasing reference. Gantt chart is constructed with indicators at the national, intermediate, and community levels listed and the core capacities requirements, namely structures, processes, and outcomes, explicitly addressed.
- Prime Minister will be the one that review and approve the final version of the plan. Research, Development and Evaluation Commission at the national level will serve as an external authority to follow up and monitor the implementation of the plan according to the Gantt chart, documents, and field visits on a basis as defined. The measurements of performance adopted are adapted to follow the IHR Monitoring Framework: Checklist and Indicators for Monitoring Progress in the Development of IHR Core Capacities in States Parties.

Current situation analysis

- The competent and collaborating authorities and relevant stakeholders mentioned above shall participate the strategic planning.
- Since the Cabinet designated TCDC as the National IHR Focal Point through a national authorized process in 2006, TCDC has been serving all the mandatory and optional functions as defined. To further meet the requirements of the all-hazard-approach in the future, the composition of the National IHR Focal Point, nevertheless, deserves a broader consideration.
- Ministry of Health, Environmental Protection Administration, Atomic Energy Council should be the core task force in the strategic planning efforts. However, the collaborating authorities and stakeholders

mentioned above will definitely never play less important roles. Moreover, Council of Agriculture shall be mobilized as another competent authority.

SWOT analysis

- **S** The commitments to national security and to global health security are the essential national policies. The legal, administrative, and other governmental instruments have been aligned and updated as required with the IHR(2005) implementation. The four platforms/networks, each respectively addressing infectious disease hazards, chemical events, radiological and nuclear events, and food-safety events, are well established with real functions and simulating exercises being practiced. TCDC, serving as the National IHR Focal Point, accumulates a wealth of experiences through the daily routines and the PHEIC practices. The quality of the staff and the technical proficiency in the competent and collaborating stakeholders at all levels definitely constitutes the basic strength to take advantage of the opportunities. And, the resilience of the people was witnessed by the 921 Grand Earthquake in 1999, the SARS threat in 2003, and the Global Depression in 2008. On the other hand, the domestic environment, in terms of political situation and economic development, is fairly promising as compared with the global situation.
- **W** Though properly appropriated from the budgets of the four platforms/networks, the funding of the IHR(2005) implementation has not yet been identified as an independent entity. Furthermore, In terms of the all-hazard-approach of the IHR(2005) implementation, the resources appropriated/allocated so far, including funding and human resources, will not be commensurate with the need in the future. The process of recruiting the zoonotic authority as another competent authority deserves more communications. And, risk communication will always be appreciated as a high priority to cope with the changing public and the unfolding public health emergencies. Last but not least, fluctuations of the international support poses the problems of information sharing and technical collaboration regarding surveillance on and response to potential public health emergency of international concern.
- **O** Capacity development for public health event becomes visible in the

recent years. The collaboration between different platforms/networks has been calling for efforts for years. Paradigm shifting is expected and resource mobilization will go along with. It is not only a good opportunity to scrutinize the development of the core capacities to meet the IHR(2005) implementation, but also an elegant timing of recruiting required resources to cope with the all-hazard-approach in the future. Knowing the contribution of the core capacities to the national competence and the national power, we shall exploit the opportunity made available to cook the key success factors of long term socio-economic prosperity.

- **O** An agreed prioritized plan of action with gaps identified can be developed through recruiting competent authorities and helping relevant stakeholders to further define risks, identify hazards, assess vulnerabilities and promote community resilience. The all-hazard-approach provides a heuristic opportunity to tackle the challenges of unfolding public health emergencies and to facilitate the intersectoral resource coordination and mobilization. Surveillance arms, decision platforms, and response arms could be more closely integrated horizontally or even reoriented vertically. Opportunities could also come up with an even higher profile legislation with funding well specified and human resources well recruited. Common interfaces and commutable instruments could follow to support information sharing, decision making, and response deployment with transparency and efficiency.
- **T** If we didn't develop the core capacities, we would be less prepared to face the threats coming to challenge us in an emergency and be short of the instruments of surveillance, decision making, and response. The experiences of pandemic influenza in 1918 and SARS in 2003 provide insightful examples to us, with the recent H1N1 pandemic influenza serving as a counter-example.

Where are we?

- The core capacity development has been performed before the adoption of the IHR(2005). However, the IHR(2005) does provide us the opportunity to further enhance some of the core capacities originally not well developed or appreciated. The competent authority of each

platform/network has been responsible for the coordination thereof since the beginning.

- The assessment of the IHR(2005) implementation has been performed on an annual basis, independently on each platform/network. TCDC, the NFP, assumes a facilitating body for the IHR(2005) core capacity development. Besides, TCDC serves all the mandatory and optional functions of an NFP stated in the IHR(2005). The focal point person is the Director of Epidemic Information Center which belongs to TCDC, and serves as the coordinator to run the NFP as required. Competent authorities and collaborating stakeholders interact rationally and sensibly. Conflicts are inevitable and can be resolved with at least some agreement reached. The resources available are appropriated from the four platforms/networks.
- According to the IHR Monitoring Framework: Checklist and Indicators for Monitoring Progress in the Development of IHR Core Capacities in States Parties, national legislation and policy achieved capability level 2, coordination capability level 2, surveillance capability level 2, response capability level 2, preparedness capability level 2, risk communication capability level 2, and laboratory capability level 2, and human resource for surveillance and response capability level 2.

Part II: Formulation of Vision and Goals

- As a member of the global community and in line with the national essential policy, we envision the public health security beyond the border of our country. To cope with any unfolding public health emergency in the future, the all-hazard-approach shall be envisioned as the prospective paradigm.
- It is important to recruit competent authorities and relevant stakeholders in the process of vision formulation and goal setting. In a closely interdependent world, partnerships are essential to the successful implementation of the IHR(2005).
- Partnerships are essential to building coherent alert and response systems which cover all public health threats, and, at the time of events, the ability to rapidly mobilize the required resources in a flexible and

responsive way. Partnerships between different sectors are required to share technical skills and resources, to support capacity strengthening at all levels, to support each other in times of crisis and promote transparency.

- To achieve the goals been set, principles of SMART, namely specific, measurable, attainable, realistic, and timely, are applied and priorities actions are identified.
- To ensure that the core capacities required by the IHR(2005) will be in place and functioning throughout the territories by 2012, the surveillance arm, the decision-making platform, and the response arm established shall be maintained and further developed accordingly. The strategic goals that support the notion of national core capacity requirements ultimately address PHEICs at national and international levels consistent with the IHR(2005) standards.
- Given the strategic goals, a set of programmatic goals are developed to help drive the core capacity implementation program. The programmatic goals have been reviewed and recognized as achievable and compatible with one another. Further efforts are addressed not only on the establishment of the effective surveillance and response to public health events at PoE to minimize the risk of international spread of disease through transportation, travel, and trade but also the all-hazard-approach of IHR(2005) implementation.
- Short term: To meet the goal of developing the PoE core capacity as required by 2012, we are on the way of implementing the Core Capacity Enhancement and Collaboration at Points of Entry Program.
- Medium term: With regard to the eight core capacities, besides sharing our experience with the global community and participating in the international collaboration, international accreditation will be sought so that we can further move the eight core capacities to capability level 3 by 2015.
- Long term: To further capacitate the IHR(2005) implementation, an integrated multi-sectoral and multidisciplinary body addressing IHR requirements on surveillance and response for public health emergencies of national and international concern, rather than the ones on the four

platforms/networks, shall be in place. To meet the need of resources required for the all-hazard-approach in the future, specified funding and human resources shall be legally bounded within 5 to 10 years from 2010.