

FINAL TECHNICAL REPORT - JVC 2019-2020

# Division of Health Security and Emergencies / WHO Health Emergencies Programme

Implementation period: 1 April 2019–31 March 2020  
Implementation site: Western Pacific Region

Addressed to the Government of Japan

Issued from: World Health Organization, Regional Office for the Western Pacific  
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FINAL TECHNICAL REPORT

# Strengthening Regional Health Security in the Western Pacific

Implementation period: 1 April 2019–31 March 2020

Implementation site: Western Pacific Region

Addressed to the Government of Japan

WHO Award number: 68968

Award budget: USD 430 000

WHO Category: Category 12: Health Emergency Programme

## Contents

Final technical report: Overview .....	3
1. Background .....	4
2. Outcomes.....	5
3. Activities.....	6
4. Communications and visibility - see Annex .....	16
5. Conclusions .....	16
6. Annexes .....	17
- Highlights: photos	

## Final technical report: Overview

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From:	WHO Regional Office for the Western Pacific (WPRO), Health Emergencies Programme
To:	Government of Japan
Title of the project:	Strengthening Health Security in the Western Pacific
Implementation period:	1 April 2019—31 March 2020
Implementation site:	Western Pacific Region
Implementing partners:	US-CDC, Korea CDC, JICA
WHO Category:	Category 12: Health Emergency Programme
WHO Award number:	68968
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## 1. Background

In the Western Pacific Region health security threats are continuous and inevitable. The Region witnessed the emergence of severe acute respiratory syndrome (SARS) – the first major emerging infectious diseases of the 21st century – and has battled Middle East respiratory syndrome (MERS), avian influenza and now COVID-19 Pandemic. Outbreaks of vaccine-preventable diseases, vector-borne diseases, such Zika and dengue, food-borne diseases, and other illnesses continue to challenge countries across the Region, and seven of the 10 countries most exposed to natural disasters globally are located in the Western Pacific.

Outbreaks and emergencies can claim thousands of lives, disrupt societies and devastate economies. The World Bank has estimated, for example, that a pandemic on the scale of the 1918 flu pandemic could slash around US \$ 4 trillion from the global economy. However, careful preparedness, prompt detection and rapid response can prevent loss of life, societal disruption and economic losses. The new WHO Investment Case shows that \$1 invested in emergency preparedness returns more than eight times that amount.

Over the past decade, three generations of what is now known as the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) have provided a common framework for action, guiding the collective efforts of the World Health Organization (WHO), Member States and partners to advance implementation of the International Health Regulations (IHR) (2005) for health security.

Progress has also been made to strengthen disaster risk management for health in the Region through learning from the real-world disaster events. As guided by the Western Pacific Regional Framework for Action for Disaster Risk Management for Health (DRM-H Framework), a number of countries have identified and implemented their priority actions, including developing national actions plans, strengthening disaster preparedness and response coordination mechanisms, enhancing information systems, and strengthening national and/or international Emergency Medical Teams (EMT).

Moving forward, momentum has been generated to advance health security in the Region. The thirteenth General Programme of Work 2019-2023 (GPW13) set health emergency as one of the three strategic priorities, calling for “one billion more people better protected from health emergencies”. Furthermore, the new WHO Regional Director for the Western Pacific Region has identified health security as one of the three thematic priorities for WPRO’s work going forward, through consultation with Member States. Acknowledging rapidly changing nature in the Region, the new Regional Director emphasizes that a need for programmes to be ahead of curve, through operationalizing seven operational shifts.

All Member States still remain vulnerable to health emergencies, particularly to those causing severe health impact. The complexity and scale of these events are expected to increase. The next pandemic may strike at any time. As such, advance planning and preparedness are the key in mitigating the adverse impact of the emergencies. In the Western Pacific Region, APSED III and Western Pacific Regional Framework for Action for Disaster Risk Management for Health continue to serve as the cornerstone of WHO’s work in health security, driving collective action with Member States and partners.

With support from JVC, the WHO Health Emergencies Programme (WHE) has continued to work with countries to implement APSED III and keep the Region safe. In 2019, the WHE event-based surveillance and risk assessment system screened more than 79,000 media reports and more than 1,500 signals of potential emergency health threats in the Western Pacific Region. Following verification and assessment, 67 new health events were reported and monitored.

Launched in 2006, the WHO Western Pacific Region Field Epidemiology Fellowship Programme has invited FET/P fellows and graduates to spend a period of time embedded in the Regional Office. With support from JVC, this programme is: building capacity in surveillance and risk assessment; preparing fellows to contribute to public health emergencies as surge capacity; and establishing a network among fellows in the region for future collaboration. Between 2006 and March 2020, a total of 164 FET/P fellows and graduates participated in the programme from 17 countries.

In addition, the Western Pacific Regional Framework for Action for Disaster Risk Management for Health (DRM-H Framework) recognizes the essential role the health sector plays in managing health risks related to disasters. The Framework is in line with the Sendai Framework for Disaster Risk Reduction (2015-2030) which, with 35 explicit references to “health”, places a strong emphasis on the resilience of health systems and the integration of disaster risk management into health care provision at all levels. By capturing learning during real-world events, progress has been made in strengthening disaster risk management for health in the Region.

## 2. Outcomes

JVC-funded activities contributed in enhancing countries’ core capacities for health security. The JVC-funded activities supported achievement of following outcomes and outputs of the Programme Budget 2019-2020.

### **Country Health Emergency Preparedness and the International Health Regulations (2005)**

Outcome 12.2. All countries assess and address critical gaps in preparedness for health emergencies, including in core capacities under the International Health Regulations (2005) and in capacities for all-hazard health emergency risk management.

Output 12.2.2 Critical core capacities for health emergency preparedness, disaster risk management and the International Health Regulations (2005) strengthened in all countries

### **Health Emergency Information and Risk Assessment**

Outcome 12.3. Health events are detected and risks are assessed and communicated for appropriate action

Output 12.3.1. New events detected and public health risks assessed

### **Emergency Operations**

Outcome 12.4. Populations affected by health emergencies have access to essential life-saving health services and public health interventions

Output 12.4.1. Health operations effectively managed in support of national and local response

### 3. Activities

#### Output 12.2.2. Critical core capacities for health emergency preparedness, disaster risk management and the International Health Regulations (2005) strengthened in all countries

##### **Activity 1: Support conducting the annual meeting of Technical Advisory Group (TAG) of APSED III to collectively monitor regional progress, identify common issues and discuss the priority actions towards improved health security in the Region**

The regional Technical Advisory Group (TAG) meeting of the Asia Pacific Strategy for Emerging Diseases (APSED III) took place from 25 to 27 June 2019 in Manila, Philippines. This meeting serves as a regional platform to foster and coordinate partnership on health security and contributes to the monitoring and evaluation for APSED through reviewing progress and making recommendations for implementation. The meeting noted considerable progress made by Member States in strengthening health security systems and explored innovative ways to advance them further, in particular through using pandemic preparedness as a driving force. The meeting emphasized the importance of coordination among relevant programmes to enhance prevention and risk reduction efforts of epidemic- and pandemic-prone diseases, including influenza. The meeting developed specific recommendations on the implementation of national action plans for health security guided by APSED III focus areas. The meeting recognized the important role of WHO not only in supporting countries in strengthening their health security systems but also in further enhancing the regional systems for health security and providing normative guidance, training materials and technical assistance for priority actions identified by the meeting.

The followings summarize the conclusions of the meeting:

- Member States have made considerable progress in strengthening capacities to implement IHR (2005) as guided by APSED III. The progress was noted in all the focus areas of APSED III, such as strengthening the use of incident management system principles for emergency operation management, use of public health emergency operations centres (including at subnational levels), rapid response teams, risk assessment using multiple sources of information, monitoring and evaluation, and regional alert, preparedness and response functions. Member States are committed to continue further maintaining and improving their capacities through APSED III to advance IHR (2005).
- The Western Pacific Region continues to face health security threats. The nature and range of health security threats are increasingly complex, due to various factors such as rapid and increasing volume of movement of people and goods, growing urbanization, ageing populations and climate change.
- With the renewed recognition that the next pandemic is inevitable, the Member States agreed that pandemic preparedness serves as the driving force to continue strengthening health security systems, as guided by APSED III.
- Member States renewed understanding of how the response planning and systems readiness approach (two-tier approach) could function. Well-planned activities to stimulate the response planning cycle can catalyse identification of gaps in system readiness and prioritization of actions in line with the national action plans.
- The importance of strengthening financing mechanisms for preparedness and response is reiterated. Continued efforts are needed to mobilize sustainable technical and financial

resources from domestic and external sources, including development of new business models and investment cases.

- Participants reflected on the approach called epidemic analysis for response decision-making, which aims to systematically organize multiple sources of information to guide response decisions for public health emergencies.
- Participants noted the need to strengthen risk communication to better cope with the rapidly changing communications landscape in the digital age. It is necessary to effectively engage diverse communities to not just inform but persuade and influence behaviour to achieve better health outcomes. It is also important to adopt more data-driven communication to support risk assessment and response to pandemics and public health emergencies.
- Member States welcomed the direction of the WHO White Paper titled “For the Future”, including the four thematic priorities and seven operational shifts, which further generates momentum to enhance health security in the Western Pacific Region. Member States recognized this year’s TAG as the impetus to renew their commitment to work towards being the healthiest and safest region.
- Participants noted the need to continuously improve performance of core health security systems and to identify appropriate means to monitor performance.
- Influenza continues to be recognized as a priority infectious hazard in the Western Pacific Region, and efforts are needed to further strengthen preparedness for epidemic, zoonotic and pandemic influenza.

## **Activity 2 Facilitate information sharing through periodic publication of Western Pacific Surveillance and Response Journal (WPSAR)**

WHE/WPRO continues promoting sharing of information related to surveillance and response using WPSAR as the regional information-sharing platform. WHE/WPRO also organized scientific writing workshops to build national capacities in developing scientific manuscripts. This activity was co-funded with other funding sources.

During 2019, scientific writing workshops were organized in Singapore and Mongolia, and for Epidemic Intelligence Officers in WPRO. Between April 2019 – Feb 2020, 30 articles were published over five issues, including a special edition on influenza pandemics. A total of 42 participants attended WPSAR trainings during 2019. These contribute to facilitating WPSAR as platform for regional information sharing for action.

A coordinating editor was appointed in June 2019, and consultants were employed as a consulting editors, and for copyediting, proofreading and translation into Chinese, as per the routine publication process of the journal. Funds were also used to renew the subscription for eXtyle by Inera, a tool used for document clean-up, formatting and metadata generation.

### **Activity 3 Support priority countries to develop, update or implement the National Action Plan for Health Security, in line with strategic actions of the APSED III.**

WHE/WPRO supported priority countries, through country-tailored approach, to develop, or update, implement and improve the national action plan for health security, as guided by APSED III and incorporating review lessons from actual events and exercises. In terms of country-oriented approach, WHO supported implementation of selected priority activities, in line with the national action plan for health security of respective countries, to strengthen their capacities to implement IHR(2005). Countries supported included Mekong countries (Cambodia, Lao PDR, Viet Nam), Mongolia, Pacific Island countries, Papua New Guinea and Philippines. The prioritized country focused activities implemented by countries are as follows.

#### **Cambodia**

- **Annual review of implementation of the National Action Plan to advance IHR capacities:** WHO provided technical assistance to organize IHR annual review of National workplan for emerging diseases and public health emergencies to achieve IHR core capacities. Technical working group meetings were conducted in 14-21 October 2019, to prepare for the workshop. The workshop was conducted on 24-25 October 2019. The workshop was attended by over 100 participants from the government ministries, provincial health departments, technical area experts and partners. The review process provided an opportunity for sub-national representatives and partners to collectively review the progress made by Cambodia towards their preparedness for outbreaks of emerging infectious diseases and public health emergencies. Several gaps and challenges were identified that should be addressed on priority basis in 2020.

#### **Lao People's Democratic Republic**

- **Support capacity building for outbreak preparedness and response:** A joint field epidemiology training programme review was conducted between 9 and 13 Dec 2019 to identify key challenge and next step for improvement. Key findings and recommendations were presented to the Vice Minister. A long term strategic plan is being discussed between Ministry of Health, WHO and development partners. A full report has been drafted and is circulating to all reviewers and LAO CO for final comments.

#### **Viet Nam**

- **IHR core capacity building at designated point of entry:** From May to August 2019, public health emergency contingency plan at designated points of entry (POE) was developed. Ten public health emergency contingency plans of ten major POEs (including seven designated POEs) were developed. These plans have been used for responding to COVID-19 at the POE.
- **Self-assessment of the IHR (2005) capacities:** During 17-19 September 2019, a workshop was held to conduct self-assessment of the IHR (2005)'s capacities. The State Party Self-Assessment Annual Reporting Tool (SPAR) was used for the self-assessment. Through the IHR self-assessment, the country's current capacity level, successes and challenges, and the gaps of the implementing IHR capacities have been identified and informed the further update of National IHR Master Plan. The report of the self-assessment of the IHR (2005) capacities was submitted to IHR Secretariat on 31 October 2019.

## Philippines

- **Strengthening risk assessment for acute public health events.** WHO supported the Department of Health to conduct training workshop on risk assessment among over 30 Field Epidemiology Training Programme (FETP) graduates at a national event in Cagayan de Oro on 2-6 September 2019. Department of Health has taken ownership of the risk assessment tool by conducting regular risk assessments for all ongoing relevant health developments. Use of the tool is currently being promoted among regional and provincial level health offices through these types of training events attended by participants working throughout the Philippines, mainly in Epidemiological Surveillance Units at regional, provincial and other levels. The skills in risk assessment was applied in the subsequent events, such as dengue outbreaks and COVID-19 epidemic.
- WHO consultant conducted a 2-week review of the Philippine Integrated Disease Surveillance and Response (PIDSR) system, with a focus on improving its effectiveness. Feasible improvement options appropriate for the Philippines context were developed for short-term, medium-term and longer term.

## Mongolia

- **Strengthening coordination for public health emergencies.** WHO supported Mongolia to strengthen coordination mechanisms within health sector and beyond at national and local levels for preparedness and responses to public health emergencies and disaster risk management for health. Strengthening system readiness was continued to implement emergency plans, for both generic (all hazard) and hazard-specific components. Health sector led the development and consensus building for establishing operational coordination mechanism. Regulations on information exchange between sectors and rapid response during public health events and emergencies, approved by Deputy Prime Minister, enforced sectors to conduct rapid risk assessment and risk communication for all verified events and emergencies, and application of incident management system at all levels. In this process, WHO also supported conducting strategic risk assessment and public health resource mapping.

## Papua New Guinea

- **Development of a National Action Plan for Health Security.** In November 2019, WHO supported conducting a situational analysis to develop a national action plan for health security. As part of the situation analysis, interviews were conducted with the government departments in national and provincial coordination, zoonosis, and point of entry. There are coordination mechanisms established for the national department coordination, zoonosis and airport stakeholders with high interests and necessity for strengthening a health security system in the country. The Executive Manager (Public Health), DOH, welcomed the findings from the interviews with the various departments and their interest in the implementation of IHR (2005). The discussion concluded to take actions for DOH and WHO: (1) DOH is to advocate for the implementation of IHR (2005) with the branches in DOH; (2) DOH is to work on the budget for Surveillance and Health Emergency unit for the activities in 2020 during November and December 2019; and (3) WHO is to support finalizing the situational analysis in January 2020 and a high-level meeting in mid-February. The situational analysis includes interviews with the

potential stakeholders and partners: (i) the Department of Defense, the Department of Transport, Conservation and Environment Protection Agency (CEPA), Papua New Guinea Port Authority and the UN agencies and programme); (ii) DOH technical branches (Health Standards, Health Facilities, Rural Health Services, Medical Supplies and Health Promotion/ Multimedia section); and (iii) provincial health authorities to further identify capacities.

- **After Action Review of the Polio outbreak response** in 2018 in Papua New Guinea, with a focus on surveillance system functions. In September 2019, WHO supported an after action review for the surveillance systems, developed during the response to the Polio outbreak in 2018. The participants considered building a radio communication network was the first priority suggested during the workshop to improve communication and report from divisional hospitals and health facilities to provincial surveillance officers. To improve timely reporting and specimen collection and shipment, task shifting of reporting, specimen collection, storage and shipment were also proposed as priority actions, and trainings were prioritized for staff at all levels of health systems. However, consideration of available resources to streamline and optimize the surveillance system is recommended to ensure timeliness and consistency of reporting in the system for informing the decision making for outbreak responses. There were also recommendations to strengthen human resources through both recruitment of new staff in the surveillance system and involvement of health information officers for follow-up with the health facilities assigned for reporting. To communicate and coordinate better on the decisions made for outbreak response at the provincial level, strengthening coordination for actions and reviews with provincial leadership and external partners recommended from the participants.

#### **The Pacific island countries**

- Supported IHR core capacity implementation through providing technical support to Pacific Island countries and areas' (PICs) Ministries of Health (MOH), especially in the context of their emergency preparedness and response to measles.
- Supported the concept design and content creation (graphic and motion design) of a Pacific Outbreak Preparedness and Response Communication Toolkit, with a specific focus on measles.

### Output 12.3.1. New events detected and public health risks assessed

#### **Activity 4 Japan's National Institute of Infectious Diseases (NIID) secondment to contribute in strengthening the regional alert and response systems, and provide mentoring support for FET/P fellows**

- Dr Munehisa Fukusumi, the secondment officer from NIID, made important contributions to maintain and strengthen the regional preparedness, alert and response systems. He contributed to strengthening of regional event-based surveillance, including through leading a team of epidemic intelligence officers from around the Western Pacific Region. These epidemic intelligence officers work to detect, screen and verify signals, strengthen situational awareness of public health events, and conduct risk assessments to inform public health decision-making, and public health response. They also undertook the roles of the IHR duty officers at WPRO, and facilitated timely information-sharing of public health events including through the Event Management System (for WHO internal information-sharing) and the Event Information Site (for confidential information sharing among national IHR focal points).
- Dr Fukusumi supported Lao PDR to undertake Lao Field Epidemiology Training Programme (Lao FET) review. He coordinated international mission members, contributed mission plan, and conducted interviews to key stakeholders, including FET alumni and officials in central, provincial and district level.
- He is also contributing in planning the potential areas of cooperation towards the Olympic and Paralympic games in Tokyo 2020 between the Japanese government and WHO.

#### **Activity 5: Support Field Epidemiology Training Programme (FET/P) regional fellowship activities**

- During this reporting period, with support of JVC funds, a total of 15 fellows from 8 countries participated in the regional field epidemiology training (FETP) fellowship programme. This includes one from Japan, three from the Republic of Korea, one from China, one Cambodia, one from Mongolia, and one from Papua New Guinea. The fellows spent between eight and twelve weeks at WPRO and worked as epidemic intelligence officers. They contributed to the detection and screening of signals through regional event-based surveillance platforms, conducted risk assessment of public health events, and supported information-sharing internally within WHO and externally, through weekly or biweekly regional updates of priority diseases (e.g. influenza, dengue), under the guidance and supervision of WPRO staff members. These activities were aimed at strengthening capacities and networks among participating fellows to enhance Member State capacity to detect and assess public health threats. The NIID secondment officer also helped improve the operation of the fellowship programme through developing an orientation package (i.e. an orientation video and information repository).
- The 15 fellows successfully completed their participation in the WPRO FETP fellowship programme in 2019. The 15 fellows quickly adapted to WHE programme and completed the process with high performance. They fully understood and conducted the Regional event-based surveillance and risk assessment and have faithfully carried out the related tasks and roles given to them as a member of WPRO. Networks have been established with other FETP fellows and colleagues at regional office and country offices. It is estimated that each individual fellow achieved the final goal of the programme.

### Output 12.4.1. Health operations effectively managed in support of national and local response

#### Activity 6 Strengthen Disaster risk management for health in the Western Pacific

- All graded and ungraded emergencies in 2019 have been effectively managed through support from WHO Country Office and Regional Office. These include cVDPV outbreak in Papua New Guinea (PNG), flood event in Lao People's Democratic Republic, Taal volcano eruption and typhoon Mangkhut (Ompong) in the Philippines. In 2019 graded emergencies included the Pacific Island Countries (PICs) measles outbreak as a Grade 2 and a number of other ungraded events including dengue in a number of countries in the region. IMT system has been promoted and established at Country level for WHO country offices and National response operations. This has provided the emergency management system that lead to rapid, effective and predicable response activities in the region.
- WPRO staff from WHE and other WPRO Divisions were deployed to graded and non-graded events in the Region to support WCO and governments. Key technical areas for surge, including communication, immunisation programme and mental health programme, were identified immediately and the appropriate staff deployed to the affected area rapidly. To improve on the deployment process, tools, were developed at the WPRO including a surge roster, deployment checklist and deployment kits. Emergency Medical Teams (EMT), GOARN and the Global Health Cluster have been activated in emergencies in the Western Pacific Region, including the hiring of 2 STCs as EMT staff.
- WPRO RO WHE Team sent a 4-person team travelled to Seoul, Republic of Korea as the IT, administrative and epi support to the WPRO Incident Management Support Team (IMST) on the 2019 novel coronavirus. The select IMST members were relocated to the Asia Pacific Centre for Environment and Health in Seoul, Republic of Korea (ROK) as an alternate Emergency Operations Centre (EOC) from 17 January 2020 due to the threat of the Taal Volcano eruption (Alert level 4). To ensure business continuity in managing the ongoing response to the WHO graded 3 event (now PHEIC), it was proposed that select IMST members be located in an alternate EOC in the Asia Pacific Centre for Environment and Health office in Seoul, Republic of Korea. The finalization of the EOC set-up in ROK Country office was prioritized and functionality tested during several days. The functionality of a partial relocated IMST was tested and validated.
- A consultant was hired to develop a training program including simulation exercises to strengthen the national Emergency Medical Teams (EMT) in Vanuatu using the JVC funds. This consultant conducted an assessment of training needs, adapted the core WHO National EMT training programme to the context of Vanuatu, managed the course admin and logistics and prepared the trainers for the upcoming training scheduled for May 2019. The preparation has been successful and on target for the dates proposed. The consultant will also be present onsite to help facilitate the training, collect evaluation data and draft a summary report. The consultant provided a similar service for the Solomon Islands and conducted a review of the first Fiji EMT course curriculum. EMTs are groups of health professionals (doctors, nurses, paramedics etc.) that treat patients affected by an emergency or disaster. They come from governments National EMT), charities (NGOs), militaries and international organizations such as the International Red Cross/Red Crescent movement. They work to comply with the classification and minimum standards set by WHO and its partners, and come trained and self-sufficient so as not to burden the national system.

**Activity 7: Strengthen WHO country office readiness in responding to public health emergencies in line with WHO Emergency Response Framework**

- A training program and simulation exercise on Emergency Response Framework(ERF) and Incident Management System(IMS) was developed and conducted in Cambodia and Mongolia. The training has supported the WCO by preparing the emergency response system for the WR, WHE and all WCO staff. In Cambodia the WCO went on after to train the government in a similar manner strengthening national response systems.
- Three Regional Simulation exercises were conducted including WR/CLO simex on the leadership role under the IMS, Regional Committee meeting Simex on resilient health systems and a Technical Coordination Meeting simex on IMS. These simulated the WHO and MS thinking around their own preparedness and response systems and health system's resilience. From these SimEx actions have been taken at the WHO level to strengthen WHO emergency management systems and to support MS on health systems strengthening.
- Readiness of Emergency Medical Teams as part of priorities set in NAPHS in PHL through technical support in the development of clinical SOPs (workshop in Pampanga on 9-13 September 2019 and induction to 2 hospital EMTs in Pampanga on 30 September-4 October 2019) Presentations were delivered on Organizational Security, Activation-Deployment-Exit of EMTs, Contextual and Situational Awareness, and the logistic and operational preparedness of the two Type 1 Fixed teams was assessed, looking at completeness and functionality of supplies, equipment, medicines, including systems for maintenance, sustainability and replenishment. Day-to-day operational setup, systems and capacities were tested in a simulation exercise.
- Improving readiness on WASH in Emergencies in Mindanao as part of priorities set in NAPHS by providing technical support during Regional Consultative Workshop on WASH in Emergencies Policy and Technical Guidelines in Davao on 7-11 October 2019. The DOH, working with UNICEF and Oxfam, is drafting the national policy and technical guidelines on WASH in emergencies through a series of national and regional consultative workshops. Various national and local stakeholders were engaged to come up with practicable WASH coordination and implementation mechanisms, and appropriate and achievable key actions and indicators.

Activity implementation status		
Activities	Completed / Delayed / Cancelled	Changes and challenges
<b>Output 12.2.2. Critical core capacities for health emergency preparedness, disaster risk management and the International Health Regulations (2005) strengthened in all countries</b>		
<b>Activity 1</b> Support conducting the annual meeting of Technical Advisor Group (TAG) of the APSED III to collectively monitor regional progress, identify common issues and discuss the priority actions towards improved health security in the Region <b>Baseline:</b> 1 TAG meeting per year <b>Target:</b> 1 TAG meeting per year <b>Achievement:</b> 1 TAG meeting per year	Completed	The meeting was co-funded with the funds from US CDC.
<b>Activity 2</b> Facilitate information sharing through periodic publication of Western Pacific Surveillance and Response Journal (WPSAR) <b>Baseline:</b> 4 issues; 24 articles published <b>Target:</b> 4 issues; 24 articles published <b>Achievement:</b> 5 issues; 31 articles published	Completed	The meeting was co-funded with other fund source
<b>Activity 3</b> Support countries' capacity strengthening efforts to implement APSED III strategic actions: <b>Baseline:</b> Countries requiring support to develop, update or implement the National Action Plan for Health Security <b>Target:</b> Five priority countries provided technical and financial support to develop, update or implement the National Action Plan for Health Security <b>Achievement:</b> Six priority countries made progress in implementing the National Action Plan for Health Security to advance IHR capacities.	Completed	
<b>Output 12.3.1. New events detected and public health risks assessed</b>		
<b>Activity 4</b> Japan's National Institute of Infectious Diseases (NIID) secondment to contribute in strengthening the regional alert and response systems, and provide mentoring support for FET/P fellows (HR component) <b>Baseline:</b> 1 secondment officer <b>Target:</b> 1 secondment officer <b>Achievement:</b> 1 secondment officer	Completed	Dr Munehisa Fukusumi is contributed in HIM.
<b>Activity 5</b> Support Field Epidemiology Training Programme (FET/P) regional fellowship activities <b>Baseline:</b> 8 FET/P fellows <b>Target:</b> 8 FET/P fellows <b>Achievement:</b> 8 FET/P fellows	Completed	

<b>Output 12.4.1. Health operations effectively managed in support of national and local response</b>		
<p><b>Activity 6</b> Strengthen Disaster risk management for health in the Western Pacific</p> <p><b>Baseline:</b> Simulation exercise conducted to test national disaster risk management system - 0</p> <p><b>Target:</b> Simulation exercise conducted to test national disaster risk management system in 7 priority countries</p> <p><b>Achievements:</b> Simulation exercise conducted engaging various countries, and Emergency medical team training offered to two Pacific island countries:</p> <ul style="list-style-type: none"> <li>• Three Regional Simulation exercises were conducted including WR/CLO simex on the leadership role under the IMS,</li> <li>• Emergency medical team training – Vanuatu, Solomon Islands, Fiji and Philippines</li> </ul>	Completed	The meeting was co-funded with other fund sources
<p><b>Activity 7</b> Strengthen WHO country office readiness in responding to public health emergencies in line with WHO Emergency Response Framework</p> <p><b>Baseline:</b> 2 WHO country offices trained in WHO standardized country level readiness training</p> <p><b>Target:</b> 7 WHO country offices trained in WHO standardized country level readiness training</p> <p><b>Achievement:</b> 5 WHO country offices trained in WHO standard operational procedures for emergency response</p>	Completed	The meeting was co-funded with other fund sources

## 4. Communications and visibility - see Annex

Please see the Annex for the photographs of the activities.

## 5. Conclusions

The JVC 2019-20 funds made important contribution in making progress towards the goals of WHO Health Emergency programme at WPRO. First, the funds continued supporting advancement of IHR (2005) implementation for health security, through annual APSED TAG meeting as regional forum to monitor progress and identify priority actions, and WPSAR as information sharing platform for action. Support was provided to countries to strengthen their IHR capacities in line with strategic actions of APSED III, including strengthening of country capacities in surveillance, risk assessment, field epidemiology training, and laboratory systems. Second, the funds supported maintaining and strengthening regional event-based surveillance and risk assessment. JVC supported the secondment staff from Japan's NIID and epidemic intelligence officers from Member States through the field epidemiology fellowship programme. Third, disaster risk management for health and WHO country office readiness were enhanced through simulation exercises, training of emergency medical teams, and training of WHO country office team leaders in emergency standard operational procedures. Important lessons include identification of country-tailored approach in strengthening country capacities and systems. WHE at WPRO will continue working closely with the Member States to facilitate progress towards safer and secure Western Pacific Region.

## 6. Annexes

**Activity 1. Regional Meeting of the Technical Advisory Group (TAG) on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III): Advancing Implementation of the IHR (2005), Manila, Philippines, 25-27 June 2019**



**Activity 2: Facilitate information sharing through periodic publication of Western Pacific Surveillance and Response Journal (WPSAR)**

*Scientific writing workshop in Singapore*



**Activity 3: Support countries' capacity strengthening efforts to implement APSED III strategic actions**

***Support IHR core capacity strengthening at designated POE in Viet Nam***



**Activity 3 (continued): Support countries' capacity strengthening efforts to implement APSED III strategic actions**

***A joint field epidemiology training programme review in Lao PDR***

**FET review Lao PDR-presented key findings to Vice Minister**



**FET review Lao PDR Key informant interview - Champasak Provincial Health Director**



**FET review Lao PDR meeting with key counterparts of MOH**



**Activity 4: Japan's National Institute of Infectious Diseases (NIID) secondment to contribute in strengthening the regional alert and response systems, and provide mentoring support for FET/P fellows (HR component)**

***Dr Munehisa Fukusumi, serving as the duty officer in the IHR Exercise Crystal on Dec, 2019 in Manila***



**Activity 5: Support Field Epidemiology Training Programme (FET/P) regional fellowship activities**

***A fellow completing Field Epidemiology Training Programme (FET/P) fellowship programme, making his final presentation***



**Activity 7: Strengthen WHO country office readiness in responding to public health emergencies in line with WHO Emergency Response Framework**

***WPRO's incident management support team (IMST) works at its Emergency Operations Center to support responses in countries.***



***Emergency Medical Team in action during Taal volcano eruption in January 2020***





## FINAL TECHNICAL REPORT

# Strengthening food safety systems to manage food safety risks and respond to food safety incidents and emergencies

Implementation period: 1 April 2019–31 March 2020  
Implementation site: Western Pacific Region

Addressed to the Government of Japan

WHO Award number: 67820

Award budget: USD 170 000

WHO Category: 2.6 Food Safety

## Contents

Final technical report: Overview .....	25
1. Background .....	26
2. Outcomes.....	27
3. Activities.....	28
4. Communications and visibility - see Annex .....	31
5. Conclusions .....	31
6. Annexes .....	33
- Highlights: photos	

## Final technical report: Overview

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<b>From:</b>	WHO Regional Office for the Western Pacific (WPRO), Division of Health Security and Emergencies, Food Safety
<b>To:</b>	Government of Japan
<b>Title of the project:</b>	Strengthening food safety systems to manage food safety risks and respond to food safety incidents and emergencies
<b>Implementation period:</b>	1 April 2019—31 March 2020
<b>Implementation site:</b>	Western Pacific Region
<b>Implementing partners:</b>	Member States
<b>WHO Category:</b>	2.6 Food Safety
<b>WHO Award number:</b>	67820
<b>Award budget:</b>	USD 170 000

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## 1. Background

Since the recognition of the *Regional Framework for Action on Food Safety in the Western Pacific in 2017*, the region witnessed significant improvement in national food safety systems. However, the public health and economic impact of foodborne diseases is still significant with an estimation of 125 million people falling ill and over 50 000 deaths annually from unsafe food.

The *Regional Framework for Action on Food Safety in the Western Pacific* guides Member States in their efforts to enhance food safety. The framework acknowledges the changing context of food safety and revisits the approach to strengthen national food safety systems. The Framework provides guidance on strategic action and a stepwise approach to strengthen food safety systems to better manage risks and respond to food safety incidents and emergencies.

The proposal for these food safety technical support activities aimed to facilitate policy dialogue and provide technical assistance to improve risk management and response to food safety incidents and emergencies. In addition, it aimed to prepare countries to improve their national food safety systems and to implement the regional framework, there is also a need for monitoring progress and identify success factors and lessons learned for continuous improvements in food safety system strengthening.

To support implementation of the Regional Framework for Action, WHO Food Safety team worked directly strengthening national capacities and providing support on the draft of Food Safety Policies and legal frameworks through provision of training, practical guidance and simulation exercises. Risk based food inspection is progressively being implemented with technical support and capacity building with the step rise approach.

Food safety emergencies preparedness and response, as well as food safety risk management and communications, has improved through practical guidance and technical support. Food safety risk communication material has been developed and finalized with important guidance to reduce food safety risks in flooding areas, and in those areas susceptible to fires and power cuts covering households, food suppliers and vendors, and food inspectors. The first ever World Food Safety (June 7), was celebrated in 2019 and campaign material was produced to raise awareness in the region.

The capacity of Pacific island countries and areas to identify and access reference laboratories with the capacity to test priority foodborne hazards within and beyond the sub-region has enhanced through provision of practical guidance and mapping of existing analytical capacity in the sub-region and beyond.

Activities were implemented in close collaboration with partners working in the area of food safety including the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE), ASEAN Cluster 4: Ensuring food safety, the APEC Food Safety Cooperation Forum as well as WHO food safety collaborating centres in the region.

Although the overall plan was implemented, the last activity planned was a regional meeting to be held on March 2020, in Manila, Philippines, to assess the level of implementation of the regional Framework, to identify the challenges and barriers faced by the countries during the implementation process and a discussion on the common platform to be used to monitor the progress. The outputs of the meeting should be used to plan actions to support countries to overcome challenges and barriers identified to speed up the implementation of the framework. Although, due to the COVID-19 outbreak in the region, the meeting had to be postponed and the date is still pending to be confirmed. Meanwhile, alternative actions are being planned using web-based tools to address the topics with the countries in the following months.

## 2. Outcomes

This project supported the achievement of Programme Budget outcome 2.6 "All countries are adequately prepared to prevent and mitigate risks to food safety". The output that contributed to achievement of the outcome was: Output 2.6.1 Countries enabled to control the risk and reduce the burden of foodborne diseases. There were two main activities planned:

**Activity 1.1** To support priority countries to strengthen national food safety systems as guided by the Regional Framework for Action on Food Safety in the Western Pacific

**Activity 1.2** Strengthen regional mechanism and coordination review progress on strengthening food safety systems, identify issues and priority action to advance food safety in the Western Pacific

The Activity 1.1 was implemented accordingly, but the Activity 1.2 was not executed due to the COVID-19 outbreak that had impact on the participants travel plans in the region and also because food safety national staff are being involved in the outbreak activities as well. The meeting was postponed but it is not yet possible to determine the new date. Meanwhile, alternative measures are being planned to collect information available to monitor the progress of the implementation of the framework and to identify issues and priorities.

The support contributed to strengthen national food safety systems through strategic planning, food safety policy and legislation, risk-based food inspection, food safety emergency response and risk communication. Cooperation and coordination among countries, sectors and stakeholders has improved through enhanced partner coordination, engagement in cross-programme activities and strategic advice to Member States. It is expected that the regional meeting will further strengthen the collaboration and give clear directions to Member States on way to move forward. Details are provided in the next session.

Member States' capacity to collect, collate, analyse and disseminate food safety information underpinning evidence has improved through provision of guidance to access appropriate food testing capacity and to enhance AMR monitoring in the food chain.

The support benefited food safety regulators and risk managers by providing strategic guidance to strengthen national food safety systems. The support also benefited consumers by improving the safety of food available for consumption at domestic as well as export markets.

### 3. Activities

#### Output 2.6.1 Countries enabled to control the risk and reduce the burden of foodborne diseases

##### Activity 1.1 To support priority countries to strengthen national food safety systems as guided by the Regional Framework for Action on Food Safety in the Western Pacific.

###### 1.1.1 Support countries in national strategic planning on strengthening food safety systems

A technical meeting was held in Cambodia (8-12 April 2019) to advance the draft food safety policy for Cambodia, including consultation with the Food Safety Technical Working Group and partners, and to provide technical support to the implementation of the multisectoral action plan for the prevention of foodborne outbreaks associated with methanol poisoning. The food safety draft policy is finalized and will be translated to English to be reviewed by WHO before its publication and dissemination in the country. In the same country, food inspectors were trained on the principles of the risk-based food inspection (July).

The expert consultation on "Framework for Action on Food Safety in the WHO South-East Asia Region" was held on 13-14 May 2019 in the WHO Regional Office for South-East Asia (SEARO) in New Delhi, India. The purpose of the meeting was to review and provide comments to the draft Framework for Action on Food Safety in WHO South-East Asia Region. The draft framework is being developed to guide Member States in the WHO South-East Asia Region to prioritize actions in strengthening national food control systems and to support food safety advocacy for higher government level. At the regional level, the draft framework aims to support harmonization of endeavours in terms of prioritization in food safety regulatory frameworks. The draft framework is well aligned with the Regional Framework for Action on Food Safety in the Western Pacific and it supports collaboration on food safety across countries of the two regions.

In Malaysia, during a technical mission on October, it provides guidance to food safety officials on assessing their progress towards implementing the *Regional Framework for Action in the Western Pacific Region*. In order to provide this guidance, several meetings were held with senior food safety officials from the Malaysian Ministry of Health to provide advice on the information required to complete the assessment.

A multisectoral workshop to strengthen the national food safety system in Marshall Islands was conducted June, in Majuro. The workshop was attended by members of the newly established Food Safety Taskforce which included representatives from Ministry of Health and Human Services, Customs, Quarantine, Majuro Atoll Local Government, the Wellness Center, Majuro Hospital Kitchen and the Environmental Protection Agency (EPA) in Majuro and Ebeye Atolls. The workshop aimed to review current and emerging food safety issues in the country, provide training on risk-based food inspection and food safety incident and emergency response, and to identify key strategic and operational priorities for food safety in the country.

A training was organized to contribute to strengthening the food safety system in Federated States of Micronesia and the capacity of national and state level food inspectors to plan, implement and evaluate risk-based food inspection activities. The training also acted as the 13th National Biennial Food Safety and Health Recertification Training for Food Inspectors and was held on September.

WHO worked with FAO to support Mongolia in strengthening food safety management systems through application of risk-based preventive measures and enhanced food control, from February to December. In March 2019, activities were conducted to update the multisectoral food emergency preparedness and response plan and exercises were conducted in Mongolia.

The first ever World Food Safety (June 7), was celebrated in 2019 and campaign material was produced to raise awareness in the region. There was a website dedicated to the World Food Safety Day and communication material released to the countries.

The Second Global Meeting of INFOSAN was held from 9-11 December 2019 in Abu Dhabi, United Arab Emirates and attended by more than 250 participants from 130 countries. The purpose of this meeting was to bring members together to discuss recent network developments, to strengthen relationships, to exchange experiences and inspire actions to strengthen INFOSAN in the future. After the Global meeting, INFOSAN members from 15 countries of the WHO Region for Asia met to discuss the outcomes of Global meeting and their impact for the region. Participants also discussed the implementation of WHO regional food safety strategies and frameworks and learned about recent INFOSAN activities at the global and regional level, including some latest food safety emergencies in which Member States from Asia were involved.

### **1.1.2 Provide strategic guidance and technical support to countries to implement priority action.**

At regional level, a draft regional background paper (Strengthening National Food Safety Systems in the Western Pacific Region) was developed from February till December presenting options for strengthening national food safety systems in the Western Pacific region which can be used to stimulate policy dialogue and guide decision making on food safety in Member States of the Western Pacific Region. This document is planned to be validated in the regional meeting (Activity 1.2) and provides Members States with operational guidance on implementing the approach outlined in the framework at country level. The paper identifies innovative solutions and potential drivers for change that will facilitate policy dialogue and provide motivation for strengthening food safety systems within Member States. It is anticipated the paper will help policy and decision makers within Member States initiate policy dialogue and prioritize strategic actions which will strengthen food safety systems.

A draft guidance document to support Pacific island countries and areas' access to appropriate food analysis capacity tested was verified and finalized between May and December. The capacity of Pacific island countries and areas to identify and access reference laboratories with the capacity to test priority foodborne hazards within and beyond the sub-region has enhanced through provision of practical guidance and mapping of existing analytical capacity in the sub-region and beyond. This document aims to facilitate the use of referral labs for the analysis of foodborne hazards in the Pacific was presented to the Pacific Island countries and further discussed for updates and its validation.

A tool kit with guidance to facilitate the development of a food safety risk-based inspection system was prepared and presented in April. And a risk communication material on food safety risk management during emergency and disaster situations was also prepared.

An assessment of the national capacity of food analysis laboratories was held in Mongolia, on July, to provide an overall view of food safety system with particular focus on the role of food laboratories and to provide recommendations to enhance food safety risk management in line with the Regional Framework for Action on Food Safety in the Western Pacific. Later, on December, it was done an evaluation of the progress on the self-assessment results of the food control system (with a focus on risk-based inspection) in Mongolia and recommendations were provided on appropriate future actions.

In the Philippines, from January to December, support was given to the Philippines FDA on the development of a Food Safety Emergency Response Plan and to provide technical input into the "Philippine Food Safety Crisis Management Plan workshop".

Technical support was provided to Viet Nam to introduce the Regional Framework for Action on Food Safety in the Western Pacific to senior food safety managers and to discuss with food safety managers options for strengthening food safety systems in the country in line with the Regional Framework.

**Activity 1.2 Strengthen regional mechanism and coordination review progress on strengthening food safety systems, identify issues and priority action to advance food safety in the Western Pacific.**

**1.2.1 Organize a regional Food Safety Meeting on Strengthening National Food Safety Systems**

As mentioned before, this activity was not executed due to the COVID-19 outbreak that caused travel bans around the region and because food safety national staff usually are also being involved in the outbreak related activities. Due to the low number of confirmed countries (three) and the increasing cases of the COVID-19 in the region, it was decided that the meeting should be postponed to a date still pending confirmation. Alternative activities will be included in the next action plan to mitigate the impact and to establish an alternative solution to review the level of implementation of the framework with the countries using web-based tools. The validation of the “Strengthening National Food Safety Systems in the Western Pacific Region” document will be done later with the execution of the meeting.

Activity implementation status		
Activities for output 2.6.1: Countries enabled to control the risk and reduce the burden of foodborne diseases	Completed / Delayed / Cancelled	Changes and challenges
<p><b>Activity 1.1</b> To support priority countries to strengthen national food safety systems as guided by the <i>Regional Framework for Action on Food Safety in the Western Pacific</i>, including:</p> <p>1.1.1 Support countries in national strategic planning on strengthening food safety systems</p> <p>1.1.2 Provide strategic guidance and technical support to countries to implement priority action</p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> 3</li> <li>• <b>Target:</b> 6: Technical support was provided for seven countries: Cambodia, Malaysia, Marshal Islands, Micronesia, Mongolia, Philippines and Viet Nam. Two guidance documents were prepared and a tool kit to facilitate the development of a risk-based food inspection system was created. Food safety risk communication material has been developed. World Food Safety Day communication campaign.</li> </ul>	Completed	N.A.
<p><b>Activity 1.2</b> Strengthen regional mechanism and coordination review progress on strengthening food safety systems, identify issues and priority action to advance food safety in the Western Pacific</p> <p>1.2.1 Organize a regional Food Safety Meeting on Strengthening National Food Safety Systems</p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> 4</li> <li>• <b>Target:</b> 6</li> </ul>	Delayed	The assessment will be done during the next period, using web-based tool to collect the information from the countries. The meeting dates will be determined.

## 4. Communications and visibility - see Annex

- Food safety risk communication material developed with important guidance to reduce food safety risks in flooding areas, and in those areas susceptible to fires and power cuts covering households, food suppliers and vendors, and food inspectors.
- Multi-sectoral workshop to finalize the National Food Safety Policy, Cambodia, 10-11 April 2019.
- Expert consultation "Framework for Action on Food Safety in the WHO South-East Asia Region", India, 12-15 May 2019.
- Presentation of the *Regional Framework for Action on Food Safety in the Western Pacific* to senior food safety managers, Viet Nam, 13 May 2019.
- World Food Safety Day 2019.
- Risk-based food inspection training, Cambodia, 25-26 June 2019.
- Food Inspectors training on Risk-based food inspection, during the 13th National Biennial Food Safety and Health Recertification Training for Food Inspectors, Micronesia, 2-6 September 2019.
- Presentation of the *Regional Framework for Action on Food Safety in the Western Pacific* to senior food safety and health officials at the National Environmental Health Forum, Papua New Guinea, 25-27 November 2019.
- Regional Side Meeting for INFOSAN Members from Asia, United Arab Emirates, 12 December 2019.

## 5. Conclusions

The financial support received from the Government of Japan highly contributed to advance on the implementation of the *Regional Framework for Action on Food Safety in the Western Pacific* and to strengthen national food safety systems as comprehensive and unified entities. The framework is also improving awareness to food safety importance in the region. Many countries are updating their food safety policies and revising their inspection system to adopt a risk-based approach in the region.

The Expert consultation "Framework for Action on Food Safety in the WHO South-East Asia Region", held in India (12-15 May 2019) shows the importance of the *Framework for Action on Food Safety in the Western Pacific* being used as a reference for the South-East Asia to build a similar guideline and to benchmark the good practices and lessons learned in the first years of implementation in the Western Pacific.

Close collaboration across the three levels of the organization and across technical programmes of WHO contributed to making solid impacts at the country level including the response to food safety incidents and emergencies and enhanced participation in INFOSAN.

The last phase of the project was compromised by the COVID-19 outbreak. The regional meeting planned to March had to be postponed due to travel bans imposed by countries and because food safety national staff is also dealing with the COVID-19 emergency management in their countries. The decision to postpone the meeting pushed the team to find alternative measures to assess the implementation of the framework. The team agreed on the strategy to organize web-based meetings with the countries to receive the information regarding best practices, challenges and barriers found for the

implementation of the framework. The meeting will be realized in the next months and the results will be analysed to provide information enough to prioritize next actions and areas to be addressed.

Despite all the progress noted, for Member States to continue the implementation of priority actions in line with the Regional Framework for Action on Food Safety in the Western Pacific, strategic guidance, policy dialogue and technical assistance is needed. This will include support to strengthen strategic planning and priority setting in Member States, monitor progress and engage in regional cooperation to share experiences and best practices for continuous improvement of food safety systems. Upcoming activities to support implementation of the framework will be possible with the continued support and contribution from the Government of Japan.

## 6. Annexes - Communications and visibility

### 1. Food safety risk communication material to reduce food safety risks in flooding areas, and in those areas susceptible to fires and power cuts covering households, food suppliers and vendors, and food inspectors

 For Food Inspectors

#### Power Cuts: 4 Tips to Reduce Food Safety Risks

Natural disasters and emergencies frequently cause power cuts that can compromise the quality and safety of food and water sources. Food inspectors can reduce food safety risks by following these simple tips:

TIPS	GUIDELINES
<b>Inspect for signs of compromise and contamination</b>	<b>Inspect all stages of food supply for possible time/temperature abuse of food for human consumption.</b> Check temperature loggers and visible signs of thawing and exposure to temperatures in the danger zone between 5 and 60 degrees Celsius.  <b>Assess the type and extent of compromise and spoilage of food.</b> Pay special attention to signs of thawing, leaking liquids, and unhygienic handling of food. Ensure that the unsafe food and area is clearly labelled as unfit for human consumption till it is disposed of.
<b>Inform food suppliers and vendors on food safety</b>	<b>Advise on what may be used, sold, and discarded.</b> Food in cans and jars and dried food and bottled drinks are safe to consume. Safe food stored in a refrigerator remains safe if the power cut is less than four hours and if it is kept closed.  If food smells bad, changes colour or becomes slimy, it may not be safe for human consumption. This may include: <ul style="list-style-type: none"> <li>Meat, poultry, fish, and dairy products that have been exposed to temperatures above 5°C for over two hours;</li> <li>Items stored in refrigerator, including bottled beverages that have been contaminated by fluids or juices from raw meat;</li> </ul> Contamination may occur without visible signs. If in doubt, instruct to discard.  <b>Inform how to delay defrosting while maintaining good hygiene.</b> Organise frozen food in half full freezers into groups. Fill partly empty freezer with creased paper for added insulation. Cover freezers with blankets or cardboard.
<b>Instruct on measures to maintain food safety</b>	<b>Advise how to ensure that safe food is protected.</b> A full freezer will maintain its temperature for about 48 hours (24 hours if half-full). Foods with high water content stay frozen longer than food with low water content. Thawed food items must not be refrozen unless they clearly retain ice crystals.  <b>Instruct food suppliers and vendors to discard unsalvageable food.</b> Ensure that any food deemed unsafe for human consumption is labelled. If necessary – ensure that compromised and contaminated food is made inaccessible to the public. Ensure that the location of unsafe food is documented till it is disposed of and keep a record of the same.
<b>Inform the public about food safety risks and measures</b>	<b>Share key messages with local authorities and media to inform the public about the five keys to safer food:</b> (1) Keep clean; (2) Separate raw and cooked; (3) Cook thoroughly; (4) Keep food at safe temperatures; and (5) Use safe water and raw materials.

For more information, please visit *The Five Keys to Safer Food Programme* recommended by the World Health Organization: <https://www.who.int/foodsafety/consumer/5keys/en/>

 For Food Inspectors

#### Social Media Messaging for Food Inspectors after Power Cuts

**Message 1:**  
Power cuts can compromise the quality and safety of food. Look out for:

- Thawing food in cold storage
- Leaking liquids
- Inappropriate food preservation
- Damaged food and water facilities
- Unhygienic handling of food

Pay attention to signs of compromise when inspecting food businesses.

**Message 2:**  
Reduce food safety risks by:

- Inspecting thoroughly all stages of the food supply
- Informing and advising food suppliers and vendors about food safety
- Informing the public of food safety risks associated with time/temperature abuse

**Message 3:**  
Warn against potential unsafe food including:

- Perishable foods exposed to more than 5°Celsius for more than 2 hours
- Food, that has been in contact with fluids and juices from raw meat

When in doubt, throw it out.

**Message 4:**  
Promote how to delay defrosting and protect safe foods.

- Keep the door of the freezer closed
- Fill partly empty freezer with crumpled paper
- Cover the freezer with blankets or cardboard
- Food in a full freezer will stay frozen for 2 days; 1 day if half-full freezer

**Message 5:**  
After power cuts, food inspectors may:

- Make unsafe foods inaccessible to the public
- Document food disposal

**Message 6:**  
Promote the five keys to safer food:

- Keep hands and food contact surfaces clean
- Separate raw and cooked food
- Cook food thoroughly
- Keep food at safe temperatures
- Use safe water and raw materials

 For Food Suppliers and Vendors

#### Power Cuts: 4 Tips to Reduce Food Safety Risks

Natural disasters and emergencies frequently cause power cuts that can compromise the quality and safety of food. Food suppliers and vendors can reduce food safety risks by following these simple tips.

TIPS	GUIDELINES
<b>Assess food thoroughly and discard unsafe food</b>	<b>Assess the safety of food that has been exposed to time/temperature abuse caused by power cuts.</b> Food that do not require temperature control such as cans, jars, dried food and drinks is safe to consume. Foods stored in refrigerator should be safe if power is out for under 4 hours and if it is kept close. Sell or use thawed food items immediately. Do not refreeze and sell later.  If food smells bad or looks different (for example, slimy or mouldy), it is not safe for human consumption. This can include: <ul style="list-style-type: none"> <li>Perishable foods such as meat, poultry, fish and dairy that have been exposed to temperatures above 5 degree Celsius for over 2 hours;</li> <li>Items stored in refrigerators that have been in touch with liquids and juices from meat;</li> <li>Opened canned food and bottled beverages that may have been contaminated by thawing liquids seeping in under caps and lids.</li> </ul> Damage or contamination may occur without visible signs. When in doubt, discard.
<b>Keep products clean and safe</b>	<b>Discard unsafe foods.</b> Unsafe foods must be thrown away and destroyed. Ensure that unsafe food is made inaccessible to customers. Document the location of disposed food and keep record of it.  <b>Purchase and use only safe food from reliable and trusted sources.</b> Be alert for signs that the food has been exposed to time/temperature abuse or unhygienic handling.
<b>Inform staff and customers</b>	<b>Keep safe food protected.</b> All foods and drinks must be stored in dry and cool places, away from sources of contamination like high temperatures, moisture and direct sunlight.  <b>Inform staff and customers about the five keys to safer food.</b> (1) Keep clean; (2) Separate raw and cooked; (3) Cook thoroughly; (4) Keep food at safe temperatures; and (5) Use safe water and raw materials.
<b>Cooperate with food inspectors</b>	<b>Inform staff and customers about the five keys to safer food.</b> Clean salvagable foods carefully and label them accordingly.  <b>Liase with food inspectors and follow their guidance.</b> Only resume activities after the necessary conditions for safe food preparation are met.

For more information, please visit *The Five Keys to Safer Food Programme* recommended by the World Health Organization: <https://www.who.int/foodsafety/consumer/5keys/en/>

 For Food Suppliers and Vendors

#### Social Media Messages for Food Suppliers and Vendors After Power Cuts

**Message 1:**  
During power cuts, food can be compromised because:

- Temperature control stops
- Frozen food thaws
- Fluids from thawing products leak
- Unhygienic food handling

Food suppliers and vendors must assess and discard unsafe food.

**Message 2:**  
In the aftermath of power cuts:

- Assess and discard compromised and contaminated food
- Sanitize freezers, fridges and cooking facilities
- Stay informed and share information with staff and customers
- Clean up fluids leaking from thawed food
- Sell thawed food right away and do not refreeze
- Cooperate with food inspectors and follow their advice

**Message 3:**  
Keep food which does not require temperature control. This includes:

- Cans, jars, dried food and packaged drinks
- Foods stored in refrigerator if power is out under 4 hours

Sell thawed food right away and do not refreeze

**Message 4:**  
Discard compromised food:

- Perishable foods, exposed to higher than 5°C for more than 2 hours
- Food that has come in contact with leaking fluids from thawing raw meat

When in doubt, discard unsafe food.

**Message 5:**  
Adhere to the 5 keys to safer food:

- Keep hands and food contact surfaces clean
- Separate raw and cooked food
- Cook food thoroughly
- Keep food at safe temperatures
- Use safe water and raw materials

<https://www.who.int/westernpacific/emergencies/emergency-advice/food-safety>

### FOOD SAFETY TIPS FOR FLOODING

Flooding events can present a potential hazardous public health risk. Food in affected areas may become contaminated and consequently become unsafe for human consumption. To prevent foodborne disease, consumers should pay extra attention to the following issues.



**Keep hands, food preparation areas and utensils clean.**



**Separate raw and cooked food. Segregate produce affected by flood waters.**



**Cook thoroughly.**



**Keep food at safe temperatures.**



**Use safe water and safe raw materials.**

World Health Organization  
Western Pacific Region

### FOOD SAFETY TIPS FOR FLOODING

**Separate raw and cooked food. Segregate produce affected by flood waters.**



Separate raw meat, poultry, and seafood from ready-to-eat food.



Store raw (uncooked) and prepared foods separately.



Separate flood-affected produce (fruits and vegetables) from produce that have not been contaminated.



Wash and sanitize utensils and equipment used for raw food before using for other food items.

World Health Organization  
Western Pacific Region

### FOOD SAFETY TIPS FOR FLOODING

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World Health Organization  
Western Pacific Region

### FOOD SAFETY TIPS FOR FLOODING

**Cook thoroughly.**



Cook food thoroughly



Meat, poultry, eggs and seafood should be steaming hot throughout.



Soups and stews should be continuously boiled and stirred to make sure all parts of the food have reached at least 70°C.



If ready-to-eat food is reheated, make sure it is steaming hot throughout.

World Health Organization  
Western Pacific Region

### FOOD SAFETY TIPS FOR FLOODING

**Keep food at safe temperatures.**



When power shortages are likely, eat perishable foods first. Eat canned foods last.



Eat cooked food immediately. Keep cooked food steaming hot prior to serving.



Do not leave cooked food at room temperature longer than 2 hours.



If power refrigerator was off less than 24 hours, and were not opened during the power shortage, contents must be checked for signs of spoilage, but the food should be safe to eat. If power was off for more than 24 hours, readily perishable food should be discarded.



Throw out rotting or tainted food before it spoils other food.



If there is any evidence that food has completely thawed, or have thawed and then refrozen, DO NOT USE THE FOOD - throw it out, and don't feed it to your pets.



Partially thawed food in the freezer should be completely defrosted and used immediately.



Minimise food spoilage by opening the refrigerator or freezer only when you need to take food out.

World Health Organization  
Western Pacific Region

### FOOD SAFETY TIPS FOR FLOODING

**Infant feeding**  
There is no need to change feeding practices during an emergency.



For breastfeeding mothers, continue to exclusively breastfeed your infants at least up to the age of 6 months.



If you are experiencing problems with breastfeeding, consult your doctor.



For mothers already using powdered formula, take extra care when preparing the formula to avoid contamination.



Wash hands often, use safe water, wash and sanitise feeding bottles.

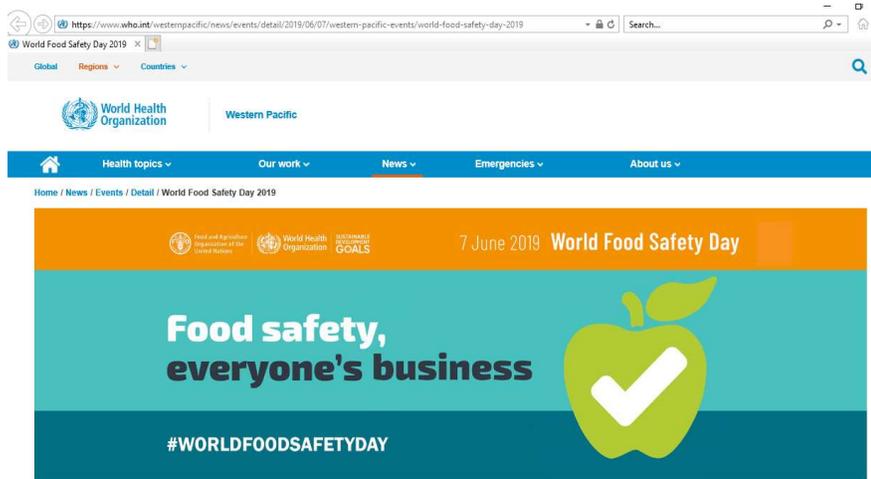


Ensure that the prepared formula is consumed within two hours.

World Health Organization  
Western Pacific Region

## 2. World Food Safety Day 2019

<https://www.who.int/westernpacific/news/events/detail/2019/06/07/western-pacific-events/world-food-safety-day-2019>



### World Food Safety Day 2019

7 June 2019

The first ever celebration of the United Nations World Food Safety Day, to be marked globally on 7 June, aims to strengthen joint efforts to make food safer.



Food safety risks cannot be eliminated, but when governments, businesses and consumers work together, these risks can be reduced significantly. World Food Safety Day 2019's theme is therefore that **food safety is everyone's business**. In this Region, this joint work is guided by the *Regional Framework for Action on Food Safety in the Western Pacific*. Consumers can play their part in making food safer by following the "Five Keys to Safer Food".



#### Related

- World Food Safety Day global page
- Making food safer fact sheet
- Regional Framework for Action on Food Safety in the Western Pacific

#### Health topic

Food safety in the Western Pacific

#### WHO's work in food safety

Strengthening food safety systems

#### Multimedia



#### Five keys to safer food poster



**3. Regional Side Meeting for INFOSAN Members from Asia, 12 December 2019, Abu Dhabi, United Arab Emirates**

