



**NAPHS**  
NATIONAL ACTION PLAN FOR  
HEALTH SECURITY 2019-2023



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# Multi-sectoral Health Security Bulletin

**Special Edition**  
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# EDITORIAL

Dear esteemed readers,

Welcome to the first edition of the multi-sectorial health security bulletin. The bulletin is a quarterly documentation of key implementation progress and accomplishments, messages, news, events as well as success stories and best practices in National Health Security Plan (NAPHS) in Ethiopia.

The bulletin is prepared to provide updates and information about NAPHS and related national health security development to various government sectors that are engaged in the planning and implementation of NAPHS under the International Health Regulation (IHR) framework.

This kind of information outlet, along with serving as a documentation means, will also help stakeholders to share lessons learned amongst themselves, which in turn can inform improved implementation of health security activities. Furthermore, this bulletin will play a pivotal role in sharing and dissemination of information as well as in advancing advocacy and coordination mechanisms among stakeholders and partners. The bulletin also focuses on informing the readers on the preparedness efforts achieved so far in various public health areas as a result of the multi-sectorial collaboration efforts, strong community involvement, supportive international partnerships, and strong political commitment of the leadership.

The first edition of Ethiopia national health security bulletin covers message from IHR/NAPHS coordination leadership members. In addition, it covers background on IHR and NAPHS development in Ethiopia as well as One Health (OH) concept and its evolution in Ethiopia. The bulletin also encompasses progress update of NAPHS implementation, success stories and best practices in national health security as well as other related key news.

Finally, dear readers, we value your feedback to improve the quality and effectiveness of the bulletin towards achieving its intended purposes. Accordingly, please send us your comments, suggestions, or feedback through email address [healthbulletin@gmail.com](mailto:healthbulletin@gmail.com).

We hope you will find this edition useful and enjoy reading it.

# Message from the Ministry of Health (MOH)



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MINISTRY OF HEALTH - ETHIOPIA

የዜጎች ጤና ለሃገር ብልጽግና!  
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Ethiopia has made significant progress in enhancing its core capacities to prevent, detect, and respond to health emergencies during the first phase of the National Health Security Plan (NAPHS) implementation. We are also committed to sustaining the progress through strengthening the health system, ensuring coordination with relevant government institutions and enhancing partnership with all our partners. Building on the achievements made and lessons learned from the implementation of the NAPHS, the next phase of the implementation should see substantial progress by addressing key challenges including the institutional arrangements for coordination, monitoring and tracking NAPHS objectives and targets, and documenting and sharing lessons learned. The lessons from the first phase reveal critical gaps in overall coordination, monitoring, communication, and information sharing in the implementation of NAPHS. This entails lack of clarity or overlapping mandates can result in lack of ownership and accountability. Should include difference between Phase I and II in the background.

As demonstrated in the first phase, the Ministry of Health will continue to provide its full support and leadership in ensuring the successful implementation of the national health security plan. As part of this commitment, the Ministry will collaborate closely with its government counterparts and partners to establish and organize a national health security council to support the activities of the national plan's goals and make a significant contribution to ensuring the country's health security. We also strongly believe the need to forge and strengthen partnership with all relevant stakeholders to realize our collective vision of healthy, productive, and prosperous Ethiopians. The NAPHS's successful implementation will greatly contribute to the overall goal of increasing national, regional, and global health security. The Ministry of Health once again reaffirms its commitment to provide all types of support to all sectors and to collaborate closely so that all NAPHS initiatives are carried out to the best of their abilities.

**Fekadu Yadeta**

Chief of Staff

State Minister Office (Programs Wing)

Ministry of Health

# Message from the Ethiopian Public Health Institute (EPHI)



Ethiopia has developed a National Action Plan for Health Security (NAPHS) based on the findings and recommendations following the 2016 Joint External Evaluation (JEE) to accelerate the implementation of IHR core capacities: to prevent, detect, and respond to public health emergencies.

Even though the plan's execution has progressed in recent years, there is still a long way to go to meet the multisectoral plan's goal. The successful implementation of NAPHS relies on collaboration and mainstreaming. These can be done through putting a better coordination mechanism in place so that all stakeholders; including governmental and non-governmental institutions, as well as the private sector actively participate. The multisectoral platform should also be supported by a strong and solid monitoring system to ensure accountability and to harness the knowledge, expertise, and resources of different stakeholders who can genuinely make a significant contribution to the plan's success.

The current COVID-19 pandemic response has underscored the importance of cooperation and solidarity in creating a healthy and secure world. To this end, it is vital to maintain that all NAPHS stakeholders collaborate more effectively. As a result, the purpose of this quarterly bulletin is to provide a periodic progress update on the status of implementation of key activities; identify capacity gaps and resources needed to strengthen the efforts to build better health security. It also serves as a quick reminder or monitoring mechanism for units, departments, or sectors to improve the performance of the various thematic areas for which they are responsible. Let me also take this opportunity to express our commitment to work with all relevant actors to ensure the country's NAPHS implementation.

**Aschalew Abayneh**

Deputy Director General  
Ethiopian Public Health Institute

# Message from the IHR National Focal Person



As a signatory to the International Health Regulations IHR (2005), Ethiopia is expected to take the necessary steps to prepare and carry out implementation of National action plans in order to strengthen, develop, and maintain core public health capacities. Accordingly, the country prepared and launched a five-year (2019-2023) Multi-sectoral National Action Plan for health security (NAPHS).

We have witnessed that the effective implementation and monitoring of the IHR requires multisectoral and multidisciplinary approaches and partners support. This also paves ways to the mobilization and coordination of resources including finance resources, this in return will enable us to be more effective in the IHR/NAPHS implementation. The COVID-19 pandemic has created an opportunity in IHR capacity building. After 2016 JEE, we have registered some remarkable achievements for instance, in national emergency operating center and the national and regional human and animal laboratories capacities which have been enormously strengthened; surveillance as well as point-of-entry screening facilities were strengthened, and national multi-sectoral coordination like one health steering committee was established and has enhanced the multi-sectoral coordination at all levels.

Whatever we do, we will only be successful whenever we are working in a collaborative and organized way. As health is an agenda for all human beings, disciplines and sectors, I once again call upon all actors to give due attention to the implementation and monitoring of the NAPHS for better health security outcomes. After all, health is a priority agenda for all sectors.

**Dr. Feyesa Regassa**

IHR-National Focal Person  
National One Health Steering Committee (NOHSC) Chair Person  
Ethiopian Public Health Institute (EPHI)

# IHR and NAPHS

The International Health Regulations (IHR 2005) came into force in 2007, with the aim of strengthening core capacities to detect, prevent, and respond to Public Health Emergencies of International Concern (PHEIC). Member states of the World Health Organization adopted a strategy for assessment of core capacities for health security using the IHR Monitoring and Evaluation Framework which includes the Joint External Evaluation (JEE). Following the JEE, each member state is required to develop a National Action Plan for Health Security (NAPHS) based on the findings and recommendations of the JEE assessment.

*The IHR (2005) has as purpose and scope "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."*

Ethiopia conducted its first Joint External Evaluation (JEE) in 2016 to assess status of the core capacities required under the IHR 2005 and identify gaps and challenges in relation to health security at all levels. The JEE results highlighted some of the critical weaknesses or challenges which existed particularly in preparedness and response to health emergencies within the human, animal, and the environmental sectors, and provided an opportunity to bring key stakeholders and partners to target resources and develop and implement actions to enhance core capacities. In 2019, the Ministry of Health in collaboration with all relevant government sectors and with the support of partners developed a multi-sectoral plan, National Action Plan for Health Security (NAPHS), based on the findings and recommendations of JEE and current priorities. With the primary goal of achieving a secured capacity that ensures community resilience to public health threats and their impacts, the plan has set out three strategic pillars that will help the country achieve the capacities to prevent, detect, and respond to public health threats. The three strategic pillars of NAPHS are: Preparedness and Coordination; Detection Capacity and Communication; and Response Capacity.

The five-year plan (NAPHS) is composed of short-term plan (expected to be implemented in two years), 2019 - 2020; and long-term plan (expected to be implemented in the remaining 3-years period), 2021-2023. The short-term implementation period ended in the first half of 2021. In order to assess the status of implementation of NAPHS short-term objectives, targets and activities, EPHI in collaboration with all relevant sectors conducted a multi-sectoral NAPHS implementation progress review in June 2021 followed by a workshop to re-prioritize activities; and development of annual operational plan in October 2021.

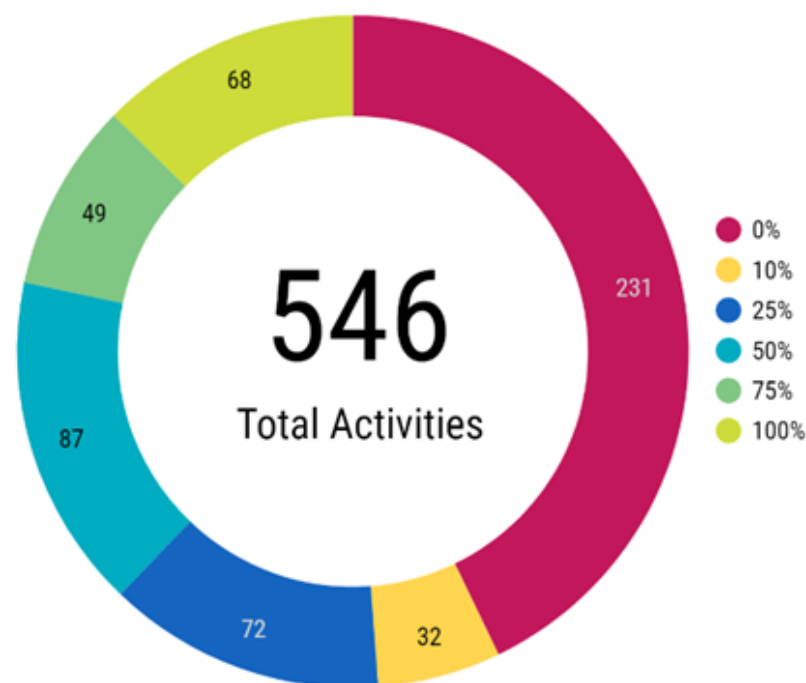
These workshops brought representatives from all relevant sectors and partners and provided an opportunity to review and document progress made towards enhancing core capacities, identify gaps or challenges across sectors that need to be addressed, and re-prioritize and align or integrate NAPHS objectives and activities with strategic and operational plans of relevant sectors for effective and efficient multi-sectoral NAPHS implementation.

# NAPHS Implementation Progress

Despite optimal national action plan for health security is developed by different sectors, the implementation was affected by various constraints including lack of effective monitoring system to track the implementation of the plan. Accordingly, EPHI with its implementing partners designed and launched an electronic monitoring system to track the implementation of NAPHS after presenting the tools and procedures for the multisectoral NAPHS implementers and partners and it is agreed to use for tracking of NAPHS implementation by sectors.

The NAPHS tracker is used to track NAPHS implementation performance, progress, and gaps so that progress is well known/followed and problems leading to low performance are addressed on time. This tracker and its accompanying dashboard are flexible, user friendly and online-based tools. These tools are aligned with WHO REMAP tool, including the standards used to measure progress. Implementation data and information gathered through the NAPHS tracker will be used to update the REMAP tool which provides a high-level overview, while resource mapping and tracking will be managed through the REMAP tool. The online NAPHS tracker and dashboard is therefore not replacement or duplication of the WHO monitoring system including REMAP and SPAR.

The NAPHS tracker helps the IHR implementation and also enables Multi-Sectoral Collaboration smoother as well as provides technical leads and implementers with real-time access to update assigned work. Aside from that, it will make accountability easier by assigning tasks to responsible persons and notifying them via email. Each sector's quarterly activities and progress are tracked, making it easier to stay up to speed on activity execution. In addition, the Dashboard will allow us to obtain information per technical area, which will simply provide a clue as to potential bottlenecks and areas for work, as well as indications and actions. The NAPHS Tracker is a free, open-source, no-code solution that allows implementers and decision-makers to track NAPHS implementation progress online and collectively, making any necessary support, governance, and accountability much easier.



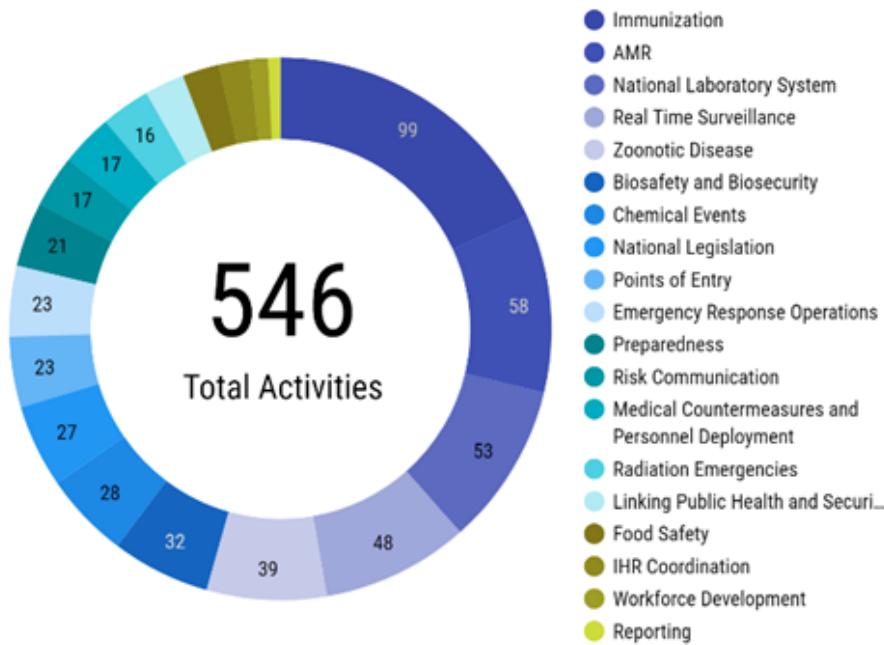
Among the total 546 NAPHS activities, the implementation of majority 231 (42.9%) of NAPHS activities are not started. In addition, 72 (13.4%) and 32 (5.9%) of NAPHS activities are implementation status of 25% (just started) and 10% (pending) completion. Also, only, 68 (12.6%) and 49 (9.1%) of NAPHS activities are completed 100% and 75% (advanced) respectively.

The data indicates the overall implementation of NAPHS is not satisfactory and efforts are required to accelerate the NAPHS implementation as soon as possible to improve the NAPHS implementation performance and achieve the intended objectives

| Key             |                    |                  |
|-----------------|--------------------|------------------|
| 0%- Not Started | 25% - Just started | 75% - Advanced   |
| 10% - Pending   | 50%- On going      | 100% - Completed |



# NAPHS Activities Reprioritization

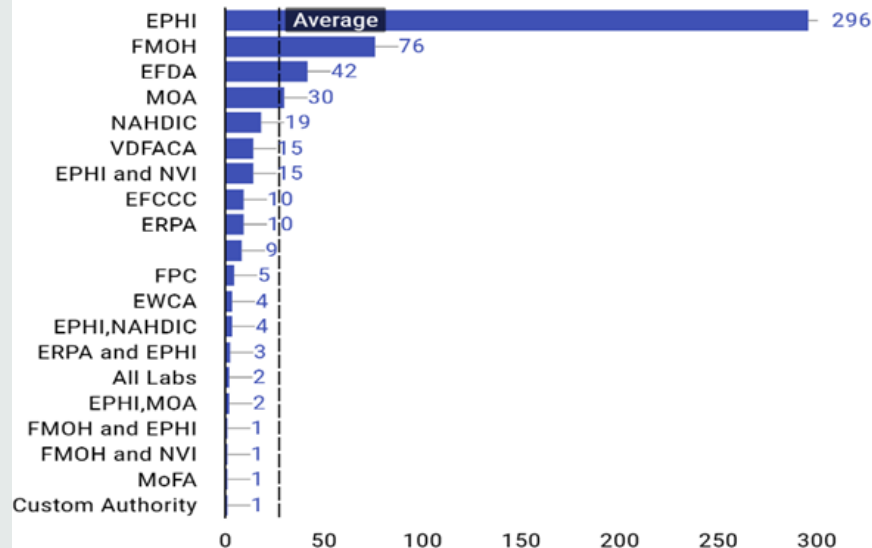


Overall, 546 activities are planned under NAPHS, and majority of activities (99) are grouped under Immunization technical area and followed by 58 activities under Anti-Microbial Resistance (AMR), 53 under National Laboratory System, 48 under Real Time Surveillance, 39 under Zoonotic Diseases, 32 under Biosafety and Biosecurity and each of the remaining technical areas has less than 30 activities.

The NAPHS tracker makes use of Air table, an online database service for tracking NAPHS implementation status, and Google Data Studio, a data analytics tool for analyzing and visualizing this data in real time. As a result, this new system will enable frequent monitoring of all sectors, i.e., all 546 activities achievements.

Given that the implementation of the NAPHS is already in its third year, it was found critical to reprioritize activities to ensure the highest priority activities are implemented. This allows addressing a backlog of activities.

Different sectors have reprioritized NAPHS activities for implementation. Accordingly, the majority of the reprioritized activities are distributed across EPHI, FMOH, EFDA, MOA, NAHDIC and VDFACA.



# One Health concept and its evolution in Ethiopia

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The term 'One Health' is defined as "the collaborative efforts of multiple disciplines working locally, nationally, and globally, to attain optimal health for people, animals, and our environment". Despite various efforts and initiative to promote and scale-up OH approach, achieving the end point of One Health is truly one of the critical challenges facing humankind today.

Ethiopia has a history of cross-sectoral collaboration in the management of infectious diseases and other public health threats. There are several registered ad-hoc initiatives spearheaded following the different health threat occurrences at national and global level in the last two decades. The most prominent multisectoral platforms in Ethiopia is the National One Health Steering Committee (NOHSC).

The NOHSC, established in 2016 and it is composed of members delegated by the four core sectors (Ministry of Health; Ministry of Agriculture; Environment, Forest, and Climate Change Commission; and Ethiopian Wildlife Conservation Authority), has made remarkable progress in the adoption and practice of One Health approach in Ethiopia. The NOHSC with the support of development partners, established sub-national (regional) one health platforms with clear terms of references customized to fit with the respective regional situations.

NOHSC developed and arranged the signing of MOU in 2018 by the four core institutions (MoA, MoH, EFCCC and EWCA).

This MOU formalizes the commitment between the parties to work together on joint disease surveillance, data sharing, preparedness and communication planning, outbreak investigation and response, and related activities. Moreover, the NOHSC also developed and adopted various strategic documents including: the National One Health Strategic Plan; multisectoral zoonotic diseases prevention and control/elimination strategies (Anthrax, Rabies and Brucellosis); pandemic/epidemic preparedness and response plans for HPAI and RVF; and NAPHS which was launched in the presence of H. E. DPM, Demeke Mekonnen. The NOHSC through its disease specific TWGs also coordinated various joint diseases surveillance and outbreak investigation missions.

Though the OH-approach is mandatory, and its benefit is obvious, it is entangled with various challenges including: limited awareness/recognition to OH concept among policy makers; none institutionalization of the national one health platform; lack of multi-sectorial collaboration mechanism supportive legal framework; lack of surveillance data sharing mechanism among relevant sectors; resource (human as well as financial) limitation; low level awareness on the concept and relevance of OH approach at all levels; and the consequence of COVID-19 emergency situation and its lockdowns.

Therefore renewed efforts is needed from all sectors to address these issues, including the realization of the institutionalization of the NOHSC.

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**In the News...**

# **World Rabies Day Celebrated Colorfully**

On October 1, 2021, the World Rabies Day was colorfully celebrated in Ethiopia's Southern Nations and Nationalities Region. The day was marked to raise awareness about the prevention and elimination of rabies and promote the goal of eliminating human deaths due to dog mediated to rabies by 2030.

Dr. Feyesa Regassa, IHR National Focal Point and Chairperson of the National One-Health-Strengthening Committee, underscored the need to ensure availability and accessibility of animal vaccines for mass domestic dog vaccination as well as anti-rabies vaccine for those exposed to dog bites as part of ensuring national health security. He also noted the need to expand the multi-sectorial one-health rabies elimination strategy, which was launched in October 2018 and would run through 2030, to eliminate dog-mediated human rabies from the country.

Ethiopia has one of the highest rabies death rate in the world, with an estimated 2,700 people dying per year. It is believed that this report is still under reported. But the figure shows the need to intensify efforts by different actors to prevent address this challenge. In response to the challenge, the Ministry of Agriculture continues to vaccinate household dogs in the country.



Overcoming the challenge, however, requires more efforts and coordination. The celebration of this year's World Rabies Day was also aimed at raising awareness of different actors on rabies and strengthening partnership to overcome this scourge.

The day also covered key thematic areas including countering misinformation as well as addressing vaccine hesitancy and misconceptions surrounding vaccination. The World Rabies Day 2021 was marked with a range of activities including a panel discussion, a field awareness campaign, and mass dog vaccination. The events were attended by senior governmental representatives from the Ministry of Agriculture, Ethiopian Public Health Institute, Arba Minch University, development partners, Arba Minch City and Zonal officials, as well as national and local media houses. The event was jointly organized by Ministry of Agriculture, Ethiopian Public Health Institute, and the National One Health Steering Committee.

## In the News...



## Multi-sectorial Workshop on NAPHS Implementation Review and Reprioritization is conducted from June 3-5, 2021, at Adama

The first workshop was held from June 3-5, 2021, at Robi Hotel, Adama, Ethiopia. 50 participants from implementing sectors, key partners and MOH/EPHI teams were participated on the workshop.

The workshop was conducted to review progress in implementation of NAPHS by all involved sectors. Accordingly, it was managed to review the implementation status of NAPHS for the first phase (March 2019 to February 2021). Also, the NAPHS remaining activities were re-prioritize to create ground for the NAPHS plan alignment with sectors EFY 2014 annual plan.

Moreover, the workshop was used to discuss key challenges/ obstacles for NAPHS implementation and set potential solutions with recommendations, the way forward and action plan.

The three-day workshop was facilitated by IHR/NAPHS support team from EPHI and high government officials from MOH (H.E. Dr. Dereje Deguma, State Minister, Ethiopia Ministry of Health as well as Mr. Aschalew Abayneh, Deputy Director General of the EPHI) and from MOA (H.E. Dr Fikru Regassa, State Minister, MoA representatives) were attended the workshop as a guest of honor and facilitated discussions.



*H.E. Dr. Dereje Deguma-State Minister of MOH and Mr. Aschalew Abayneh-Deputy Director General of the EPHI facilitating general discussion and delivering closing remarks*

# Multi-sectorial Workshop on NAPHS Alignment with Sectors' Annual plan was held from October 7-9,2021 at Adama

A multisectoral workshop on NAPHS alignment with sectors' annual plan was conducted from October 7-9,2021 at Eftah Hotel in Adama. The workshop was commenced to build on the previous workshop that was conducted in June 3021. Over 40 participants from NAPHS implementing sectors as well as key IHR/NAPHS and One Health partners were attended the workshop.

The workshop was led by EPHI, and it was honored by the participation of officials including Mr. Aschalew Abayneh, Deputy Director General of the EPHI, Mr. Fekadu Yadeta, Chief of Staff for State Minister, MOH as well as Dr Sisay Getachew, Director, Veterinary Public health Directorate, Ministry of Agriculture (MOA).

The workshop managed to align NAPHS reprioritized activities from the previous workshop in June 2021 with implementing sectors' annual plan for 2014 EFY.

It was managed to identify those reprioritized NAPHS activities that are aligned with sectors' annual plan as well as those activities that are not included in sectors plan – which need further consultation to get resource to implement by sectors in the fiscal year.

In addition, the workshop was used to introduce NAPHS implementation monitoring system and tools that which will be essential to track the implementation and inform decisions to improve performance. Moreover, the workshop was managed to discuss and agree on the establishment and TOR of IHR sectorial focal points group as well as the content and process for the preparation of multisectoral health security bulletin.



*Multi-sectorial NAPHS Review Workshop participants group photo (October 7, 2021, at Eftah Hotel, Adama)*

# Success Stories

## National Measles Vaccination Campaign in the Era of COVID-19 Pandemic

The world has witnessed how the COVID-19 pandemic and large-scale outbreaks such as Ebola or novel influenza have threatened even the most resilient public health systems and their impacts. In addition to mortality and morbidity caused by the pandemics or large scale outbreaks, the greatest risk comes from their impact on the health and other socioeconomic systems that result in reduction of essential health services and particularly vaccination and prevention of other communicable diseases. Vaccination is proven to be the most successful and cost-effective public health intervention particularly for prevention and control of communicable diseases and therefore reinforce global health security.

Measles has been documented as the most common vaccine preventable diseases that occur as an outbreak when vaccination programs are disrupted by emergencies. Therefore, it's critical to identify essential public health programs to be prioritized and maintained while dealing with the threats of emerging infectious disease by quickly assessing the risks and benefits, and effective strategies to protect those at risk from measles or other epidemic prone vaccine preventable diseases. In the early phase of the COVID-19 pandemic, Ethiopian health system has been able to maintain routine healthcare service in addition to managing a relatively limited COVID-19 case-load.

As demands on health system have surged and frontline health workers risk of COVID-19 infection and perceived psychosocial consequences of the pandemic increased, strategic adaptations to service delivery such as telemedicine and revision of approaches for essential maternal and child health service delivery to reduce the risk of illness and death from common preventable and treatable conditions were implemented.



*Measles vaccine being administered to a young girl*

Measles is a leading cause of child morbidity and mortality worldwide, killing 390 children every day and affecting six million every year.

Ethiopia has been implementing accelerated measles control programs since 1999 with the aim of reducing mortality and morbidity, and achieving the elimination targets by 2020. The ministry of health (MoH) was planning for the next round of supplementary immunization activity (SIA) in early 2020, when the COVID-19 pandemic started. The situation forced the MoH to make a difficult decision whether to continue with the plan to conduct national vaccination campaign that may pose risk of increased COVID-19 transmission or postpone the activity that may leave millions of children at risk of measles infection or death throughout the country. However, the ministry decided to go ahead with the plan to implement a national measles vaccination campaign in all regions.

**Continued on the next page...**

# Success Stories

## National Measles Vaccination...

In addition to a detailed risk-benefit analysis to reaffirm the need for the campaign, several critical actions on how to mitigate the risk of increased transmission of COVID-19 were taken. These included revision of the implementation guidelines, field tools and risk communication instructions, reviewing and updating of the micro-plan, mobilization of additional resources for infection prevention and control, and virtual approaches for training, coordination and monitoring. Those changes were made to ensure that at all steps, and every precaution was taken to mitigate the risk of COVID-19 for the community as well as health workers and to ensure the campaign did not escalate transmission of COVID-19. In the face of an extremely challenging situation, Ethiopia managed to vaccinate a total of 14.5M children age between 9 to 59 months during the campaign with a national administrative coverage of 97%.

The average administrative coverage ranged between 93% and 106% across regions while most regions achieving more than 95%.

Among those vaccinated, 212,978 (1.5%) children 9 to 11 months and 432,316 (3%) children 12 to 59 months of age were found to be zero-doses or never vaccinated before. In addition to village to village (VtV) move strategy to minimize overcrowding at vaccination sites, recommended infection prevention and control (IPC) or public health and social measures for prevention COVID-19 such as: hand washing ,facemask use, physical distancing and screening for fever, were successfully implemented during the August 2020 national measles SIA campaign.



*Clockwise from top left: Training for healthcare workers; virtual training of coordinators and supervisors; ongoing vaccination campaign; supervisory visit by MOH representatives*



# COVID-19 and Legal Preparedness in Ethiopia

The COVID-19 pandemic has exposed strengths and shortcomings in many legal frameworks. Unprepared countries across the globe scrambled to draft new systems of rules. After the COVID-19 is characterized as a pandemic by the WHO and cases have been detected in our country, various measures have been taken to prevent and reduce the spread of the disease.

During the first phase of the outbreak, the five-month long state of emergency declared on 8th April 2020 was intended to empower the government to adopt stringent response measures that would under normal circumstances been limited by the fundamental rights and freedoms. These exceptional and temporary measures aimed at preventing the spread of the disease in the country. Prolonging the state of emergency, however, has its own set of social and economic consequences giving the fact that the virus will last for a long time. For this reason, the government lifted the state of emergency and decided to prevent the outbreak through regular laws. The relevant laws to prevent the outbreak are the Food and Medicine Administration Proclamation No 1112/2019 and the Food, Drug and Health Care

Administration and Control Proclamation No. 661/2009 and the Ethiopian Public Health Institute (EPHI) has issued a directive No. 30/2013 to prevent and control the outbreak of COVID-19 per these laws.

The content of the directive emphasized duties of individuals and restricted, such as the use of masks, maintaining physical distance, the provision concerning point of entry, quarantine, and isolation, and other duties and restrictions. It is a directive that enforces obligations and restrictions. Given the current status of the spread of the disease and upon evaluation of the challenges encountered during enforcement of the directive, it is recently repealed and replaced by the revised Directive to provide for the prevention and control of the COVID-19 Pandemic No 803/2021. The new directive has been issued to address the problems encountered in the implementation process of the former directive and establish a National task force that oversee the implementation mainly by ensuring collaboration and coordination between the national and sub-national levels and across sectors.

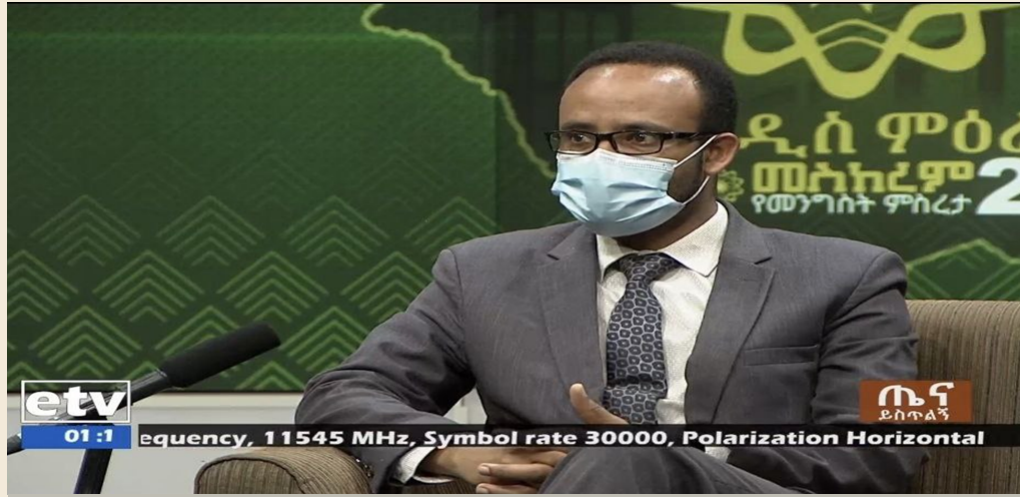


*COVID-19 and legal preparedness trainings*



# Media Engagement

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*Ato Aschalew Abayneh, Deputy Director General of the Ethiopia Public Health Institute, gives an explanation on the achievements of the National Action Plan for Health Security (NAPHS) during a live transmission interview with Ethiopia broadcast cooperation television (EBC)*



