

Meeting Report

Global Health Security Agenda Commitment Meeting

Helsinki, Finland 5-6 May 2014

EXECUTIVE SUMMARY

Overview:

The Government of Finland hosted the first Global Health Security Agenda (GHSa) commitment meeting in Helsinki from 5-6 May 2014. 36 countries, one economic integration organization (EU), and four international organizations (WHO, FAO, OIE, WAHO) participated. This meeting is the first since the launch of the GHSa on 13 February 2014.

Agreement:

The assembled group agreed that concrete actions are needed to accelerate progress toward the GHSa vision of a world safe and secure from infectious disease threats. The group discussed twelve specific Action Packages toward concrete, measurable results. Several participants agreed to customize Action Packages and made initial commitments. The United States provided additional detail on the White House event, which will be hosted in Washington, DC on September 26 to highlight a first tranche of initial commitments to the GHSa. Going forward, the group agreed to conduct additional discussion on specific Action Packages, and several countries, including Indonesia, Thailand and the Netherlands announced the possibility of future meetings to discuss next steps toward concrete commitments over the coming months. Participants stressed the importance of avoiding duplication, and WHO stressed that the GHSa directly supports the WHO International Health Regulations and will accelerate progress toward achieving its goals by spurring additional political support at higher levels of government, more cross-sectoral involvement, and concrete new commitments. Countries will continue to discuss potential models for tracking progress beyond 2014, including the possibility of a small steering group or a chair/co-chair model. Countries were requested to provide feedback on these approaches.

Major Developments:

- There was wide agreement that global health security is an urgent need, as exemplified by the challenges of H7N9 influenza, Ebola, and the MERS coronavirus. More needs to be done at national, regional, and international levels to ensure a world safe and secure from the threat of infectious diseases. The participants affirmed the vision and objectives of the GHSa and agreed that it is critical to accelerate progress toward its aims.
- Many participants stressed the need to avoid unnecessary duplication or the undermining of existing frameworks, mechanisms, and understandings. The central role of the International Health Regulations was stressed as well as the leadership of WHO, FAO, and OIE. WHO, FAO, and OIE stressed strong support for the GHSa and agreed that it is an important effort to accelerate action.

- Many countries cited antimicrobial resistance as the leading threat to global health security and also stressed the importance of multisectoral approaches to preventing, detecting, and responding to infectious diseases. In particular, the role of the animal and veterinary health sector was noted and the importance of the “One Health” concept was stressed.
- Participants also highlighted the continuing importance of involving the security and foreign affairs sectors and stressed that the issue needs to be raised beyond the level of Ministries of Health, across other Ministries and up to the level of Heads of State.
- Countries were asked to consider new commitments under one or more of the twelve customizable Action Packages.
- Several countries made statements about ongoing commitment development or consideration of new commitments under the GHSA (the following is not an exhaustive list):
 - **Canada [Multiple Action Packages]:** expressed willingness to work with partners in several activities in Prevent, Detect, and Respond, including specifically expanding support for Biodiaspora. The statements of the Delegation expressed strong expertise and past commitments under several Action Packages across Prevent, Detect, and Respond.
 - **Denmark [Prevent-3]:** announced a \$1m commitment to the biosecurity aspect of GHSA and plans to collaborate on developing a sustainable and effective biosecurity system in Kenya at national and county levels.
 - **Ethiopia [Respond-1]:** announced interest to work with Japan in surveillance training as well as willingness to engage on the topic of emergency operations centers
 - **Georgia [Detect -1 and Detect-3]:** offered to make use of their national reference laboratory as a regional hub and work with other countries to develop models of biosurveillance networks. Georgia also expressed interest in emergency operations centers’ management.
 - **India [Prevent-1 and Detect 1]:** expressed interest in a concrete commitment to advance the AMR Action Package and building laboratory capacity through national networks.
 - **Japan [Prevent-1, Prevent-3 and Detect]:** announced plans to work with Vietnam and Ethiopia in biosafety and disease surveillance, respectively. Japan further expressed interest in working with other countries on AMR.
 - **Kenya [Prevent 2 and Prevent-3]:** announced commitment to work with Denmark on developing sustainable and effective biosecurity model systems. Kenya also spoke about expertise that could provide replicable models for zoonotic disease units in Africa or potentially other regions.
 - **Korea [Respond -1 and Respond -2] :** offered to share experiences from the Able Response initiative in coordinating across multiple sectors of Government to prevent, detect and respond to potential biological events.
 - **Netherlands [Prevent-1]:** expressed strong support for combatting AMR and invited participation in a ministerial level meeting in the Hague, June 25-26, to discuss further international collaboration in support of the WHO Global Action Plan.

- **Norway [Prevent, Detect, Respond]:** announced a commitment to work additional nations on GHS and IHR implementation, especially through developing national public health institution capacity.
- **South Africa [Prevent-3; Detect-1]:** announced willingness to work with regional partners in Southern Africa to enhance/strengthen laboratory networks for diagnosis of emerging infectious disease.
- **Spain [Prevent-3]:** expressed support for working with countries in South America in the domain of laboratory biosafety/biosecurity.
- **Sweden [Prevent-2]:** expressed interest in participating further in development of the zoonotic action package
- **Thailand [Detect-1]:** announced plans to work with Malaysia and 10 ASEAN member states in the next 5 years in developing laboratory capacity.
- **Turkey [Respond-1]:** reiterated support for WHO-EURO in creating a new center for rapid response.
- **United Kingdom [Prevent-3; Detect-1; Prevent-1]:** offered to work with South Africa to enhance biosafety/biosecurity in the context of laboratory system strengthening, and furthermore offered to share expertise in epidemiology, laboratory diagnostics, and management of public health emergencies. The UK also expressed strong support for addressing AMR and linking GHS to broader goals in development and social equity.
- **International Organizations:** WHO, FAO, and OIE reiterated their strong support of the GHS as a member-state driven initiative. WHO offered to provide and facilitate gap analyses for IHR implementation. OIE referenced pilot programs in joint implementation of IHR and PVS pathway training in Azerbaijan and Vietnam, and an upcoming GHS meeting in Paris in June 2015.

MEETING REPORT

Day One

Plenary: The meeting was opened by Ulla-Maija Rajakangas (State Secretary, Ministry of Health, Finland), who welcomed the participants and emphasized the necessity of making progress in global health security (GHS), noting the slow progress in implementing IHR(2005) and the need for close cooperation among all relevant sectors of the government as well as the international system (UN, WHO, OIE, FAO), and the particular relevance of the EU and ECDC for Finland. Peter Stenlund (Secretary of State, Ministry of Foreign Affairs, Finland), then followed by noting that GHS was part of comprehensive security and that efforts to improve GHS were central to the non-proliferation agenda, citing synergies with the work of the WHO in the developmental and humanitarian assistance space, the implementation of UN Security Council Resolution 1540, and the Biological and Toxin Weapons Convention (BTWC). Laura Holgate (Senior Director, National Security Council, USA) then urged the

assembled countries and international organizations to “concentrate on action” to improve GHS, noting that the GHS Agenda should be a national and international priority and that it should move forward in concert with other partnerships such as the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP). Finally, Tom Frieden (Director, US Centers for Disease Control and Prevention) provided an overview of GHS threats and opportunities. Threats include the emergence of new organisms, increasing antimicrobial resistance, and the possibility of intentional release; while opportunities include increased political commitment to make changes, new technologies permitting increases in capability, and models of successful interventions which can be made. He also underlined the centrality of IHR(2005), the importance of multisectoral engagement, and the overall organization of the work of the GHSA into the broad areas of “Prevent, Detect, and Respond”.

Keiji Fukuda (Assistant Director-General, Health Security and Environment, World Health Organization), summarized GHS risks from the WHO perspective, emphasizing the importance of preparedness and cross-sectoral actions as well as the need for long term vision, investing in durable capacities and the key role of IHR(2005). Bernard Vallat (Director-General, OIE) followed by linking GHS to the struggle for food security, and the fact that animal health, including the effect on food supplies, directly affected over one billion people world-wide. He stressed the importance of the “One Health” concept, remarking on the possibilities of synergy between IHR(2005) and the Performance of Veterinary Services (PVS) pathway of OIE, and the broader tripartite collaboration between WHO, FAO, and OIE. Dr Vallat also announced the intent to hold a meeting on One Health and Global Health Security in June 2015. John Ryan (Director, DG SANCO, European Commission) also highlighted the importance of IHR as an international treaty, which was easier to support from a budgetary perspective than other activities, an important consideration given the need to build capacity even when there was no acute threat. He also discussed EU cross border initiatives to combat emerging health threats and the need to avoid duplication with existing efforts and frameworks. Finally, Francis Kasolo (WHO-Africa Regional Office) gave an overview of the ongoing Ebola outbreak in West Africa and the need for investments in public health infrastructure and IHR core capacities to strengthen the ability to prevent, detect, and respond to such threats; he noted the challenges in many countries which lack national preparedness plans, cross-sectoral collaboration or adequate funding for activities. Carlos Brito (West African Health Organization) appeared via audio-recording, highlighting the gaps in preparedness for biological incidents and the role of tools such as the Integrated Disease Surveillance and Response (IDSR) program in responding collectively to the threat of emerging infectious diseases. He also discussed the efforts of the Economic Community of West African States (ECOWAS) to better coordinate surveillance for emerging diseases and share information.

Accelerating Progress: Prevent: Paul Huijts (Director-General for Public Health, Netherlands) began this session by noting the grave threat posed by antimicrobial resistance (AMR). While stating that it was premature, in advance of the World Health Assembly and the anticipated release of the Global Action Plan on AMR, to discuss in great detail what might be done under the GHSA, he reiterated that AMR was a global threat that required urgent coordinated international action. He noted that the Netherlands had had some success in reducing the overall use of antibiotics in animal husbandry as well as addressing the problem posed by hospital acquired infections, and concluded by announcing that the

Netherlands had decided to allocate 1/3 of its WHO annual voluntary contribution to AMR specifically, and that the Netherlands would host a ministerial meeting in the Hague, June 25-26, on AMR.

LS Chauhan (Director, National Centre for Disease Control, India) spoke next, addressing the risk of AMR in India and the steps India has taken in response, including developing a national strategy for AMR, establishing a system for AMR surveillance through 30 laboratories in India, and increasing awareness of the appropriate use of antibiotics. He also referenced the 2001 Jaipur declaration of SEARO health ministers, which established 18 campaign goals to reduce AMR in the SEARO region.

Nafsiah Mboi (Minister of Health, Indonesia) then appeared by video message. She reiterated Indonesia's support for the GHSA and particularly noted the threat posed by zoonotic diseases, and the importance of the "One Health" approach endorsed by WHO, FAO, and OIE. She reviewed briefly the challenges Indonesia faces in building health security as well as some of the successes (including a marked decline in avian influenza cases). She concluded by announcing that Indonesia was considering holding another GHSA commitment meeting within the next few months.

Nina Steenhard (Center for Biosafety and Biosecurity, Denmark) discussed the Danish model biosecurity system, which unites capacity building, monitoring progress and regulation in a single authority, and could be used as a useful model for other countries. She offered to partner with another country to see if this was transferable.

Frew Benson (Chief Director, Communicable Diseases, Department of Health, South Africa) noted the formidable challenge posed by emerging infectious diseases to low and middle income countries, as well as South Africa's commitment to strengthening IHR and its historic decision to eliminate its variola stocks. In terms of capacity, he noted that South Africa has the only BSL-4 lab on the continent, and is willing to work with partners to provide diagnostic capacity to help reduce the risk of emerging infectious diseases. He stressed the importance of avoiding duplication and the central role of the international organizations.

William Maina (Director, Preventive and Promotive Health Services, Kenya) discussed the efforts Kenya was making in biosafety and biosecurity, including the establishment of a dedicated unit within the Ministry of Health and the efforts to promote national legislation and the wider availability of training in biosafety/biosecurity. He invited international collaborators to work with Kenya in order to build greater capacity.

Finally, Ushio Mitsuhiro (Assistant Minister for Global Health, the Ministry of Health, Labour and Welfare, Japan) made a brief intervention, noting Japan's overall support for GHS and the work being carried out in the development sector, which was to be discussed later in the agenda. He expressed strong support for AMR as a chief GHS threat and concurred with earlier speakers about the centrality of IHR(2005) and the need to avoid duplication. He expressed interest in knowing more about the structure of the GHSA, including its governance mechanisms, how funding for different activities would be coordinated and allocated and whether or not a permanent secretariat was required.

Accelerate Progress: Detect: Zhiqiang Liu (Deputy Director, National Health and Family Planning Commission, China) described the development and structure of China's Public Health Surveillance System, which allows for temporal and spatial analyses over different time scales. The roles of regional hospitals and China CDC were described and H7N9 was used as an illustrative example.

Juhani Eskola (Director General, Ministry of Health, Finland) spoke on how Finland's public health systems and structures are multisectoral (including health, agriculture and defense) and part of day to day operations at all levels of government. The national communicable disease surveillance system integrates electronic reporting and personal identifiers in order to provide a situational overview that can be accessed by hospitals and municipal districts. Also, Finland plays an integral role in EU-wide health security and utilizes its domestic systems to promote regional cooperation.

David Sergeenko (Minister of Health, Georgia) spoke on the efforts in Georgia to develop an integrated real-time biosurveillance network for human and animal disease surveillance. Health security is established based on the IHR and one-health concept and a health management information system (HMIS) is under development. Georgia noted they could become a regional hub with further support and that their system can serve as guiding model for other countries that want to strengthen their biosurveillance capacity. Georgia also invited guests to the June 1-5 CSCM – World Congress on CBRNE Science and Consequence Management in Tbilisi.

Accelerate Progress: Respond:

Seçil Özkan (Head of Public Health Agency, Turkey) provided an overview of the organization, structure and capabilities of emergency preparedness and response in Turkey, with particular attention to how surveillance and early detection of emerging infectious diseases is integrated with broader preparedness planning, and highlighted Turkey's support to the international community, including its hosting of the new WHO European Regional office's technical office in Istanbul.

The last presentation of the morning was a brief video produced by WHO about the Ebola outbreak in West Africa and the role of WHO in coordinating an international response.

After lunch, Susanna Huovinen (Minister of Health and Social Services, Finland) re-convened the meeting, reiterating central themes of the meeting: the urgency of improving the prevention, detection, and response to emerging infectious diseases, the key role of IHR(2005), the leadership of international organizations such as WHO, FAO, and OIE, and the necessity of sharing information quickly and transparently.

Rainer Engelhardt (Chief Science Officer, Public Health Agency Canada) then summarized Canada's activities in "Prevent, Detect, and Respond", citing among other activities Canada's support for electronic data platforms such as GPHIN and Biodiaspora and its cooperation with the Caribbean Public Health Agency and Interpol in building laboratory capacity, biosafety, and biosecurity.

Tanarak Plipat (Director, Bureau of Epidemiology, Department of Disease Control, Thailand) spoke about Thailand's broad multisectoral engagement in disease prevention and control, including the successes of

the Field Epidemiology Training Program supported by WHO and CDC and the efforts to strengthen event-based surveillance, build public health emergency operations centers and stand up rapid response teams.

Tom Frieden then moderated a discussion about the targets of the GHSA, comparing selected targets with corresponding IHR core capacities and calling upon the delegations of Kenya, India, and Georgia, as well as the assembled delegates as a whole, for their opinion. Comments of particular interest included those of India, noting that targets must be customized to the needs of each country, and of Kenya, noting that gaps existed across many different sectors. Georgia commented that the limiting factor in developing an Emergency Operations Center is the ability to manage data efficiently. Kenya remarked on their difficulties with ensuring that all laboratories met biosafety/biosecurity standards as well as difficulties with ensuring adequate human resources in general. Likewise, India noted persistent challenges with developing surveillance as well as points of entry monitoring, under IHR(2005). In the open discussion period, Jordan noted challenges with MERS-CoV and polio and welcomed external collaboration; Canada suggested additional emphasis on laboratory capacity in “One Health”; the European Union noted the challenges of prioritizing activities within tight budgetary timelines and suggested the benefit of a gap analysis. Dr Frieden closed by again urging participants not to be overly constrained by slow political and budgetary processes from taking some concrete actions now.

Dennis Carroll then moderated a discussion among Norway, Japan, and the United Kingdom as to the role of developmental agencies in GHS. Frode Froland (Project Manager, Ministry of Health, Norway) noted Norway’s pre-existing interest in GHS, based on four principles: Responsibility, Proximity, Similarity, and Coordination. He suggested that public health problems should be tackled “horizontally” (across national, regional, and international levels) as well as multisectorally, and offered on behalf of Norway to continue to work with low and middle income countries to build IHR capacity. Shuhei Ueno (Deputy Director, Japan International Cooperation Agency) reviewed JICA’s work in health system strengthening and disease control, including biosafety projects in Vietnam and surveillance projects in Ethiopia. He noted that of JICA’s 11.75 billion USD yearly budget, 250-350 million USD every year goes to health. Finally, Felicity Harvey (Director General for Public Health, Department of Health, UK) commented on the strong link between and health security and overall societal stability. She remarked that the UK’s approach in global health is characterized by a cross-governmental approach, partnership with international institutions and organizations, evidenced-based policy decisions, promoting health equity between nations, and a “do no harm” approach overall within foreign policy as regards health. She went on to call to mind the health security risks posed by TB and HIV as well as AMR, as well as the need to encourage the development of new drugs and other health technologies.

Day Two:

The second day began with an overview of One Health issues. Jaana Husu-Kallio (Permanent Secretary, Ministry of Agriculture, Finland) began by noting that 60% of new human epidemics have an animal origin, and in addition that the spread of AMR is an urgent global threat. She offered the experience of Finland in eliminating or controlling many animal diseases and establishing cooperation between the human and animal health sectors. She was followed by Juan Lubroth (Chief Veterinary Officer, FAO),

who noted the centrality of animal health to food security and economic stability, and reminded the audience that it was “too late” to stop zoonotic diseases if human victims were the “sentinel population.” He stated that the only way to effectively prevent zoonoses was to prevent, detect, and respond at or before the crossover from the animal to the human populations.

Breakout groups:

The meeting delegates were asked to divide into 6 breakout groups (2 each for Prevent, Detect, and Respond) and examine the 12 candidate Action Packages, offering recommendations, suggestions, and ways forward. Conclusions and suggestions are summarized below:

Prevent (Groups A and B):

- AMR: World Health Assembly is in two weeks and the Global Action Plan will be released soon, so it is premature to discuss in great detail what might be done in the GHSA. It is likewise important not to duplicate work. It is worthwhile noting that the target for AMR is focused exclusively on laboratory development, but other aspects of preventing AMR (such as reducing antibiotic use in animal husbandry, reducing hospital infections, etc.) are also important.
- Immunizations: there is concern about the target of 90% of the population immunized with at least one measles vaccine dose: this needs to be harmonized with GAVI targets, and may be confusing. What should be done about regional variation and the reluctance of some populations to be vaccinated?
- Biosecurity: several countries expressed a desire for an international technical forum to standardize biosafety/biosecurity practices (currently none exists). Not all participants have a common understanding of the difference between biosafety and biosecurity. Also, there is a need to focus attention on the safety of samples during transport. Biosecurity is a multisectoral responsibility.
- Political will is in many cases lacking: it is suggested that high level technical meetings at country levels may be helpful to mobilize support across agencies.
- **Country interests:** both Japan and Kenya are interested in expanding their work in laboratory capacity development and in biosecurity. The Netherlands is willing to talk about its experience in reducing antibiotics use in animal husbandry. Spain is willing to work with South American countries in biosecurity. Sweden and South Africa are both willing to continue to engage in conversations on preventing zoonotic threats. Korea has experience with multisectoral bioterrorism exercises and is willing to share best practices and lessons learned.

Detect (Groups A and B):

- Concern was expressed re potential duplication of work with WHO. There are multiple existing models of training and platforms for accomplishing these goals. The joint IHR/PVS training programs of OIE are cited as an example. A gap analysis would be useful.
- Some participants were not sure how the target of 1 epidemiologist per 200,000 inhabitants was determined; this may be appropriate for some countries/settings, but not for others.

- There is a need to focus both on training and on accreditation of training (specifically with reference to biosecurity).
- It is unclear if each country should have a certain level of laboratory capability, or if it is possible to rely on an international network of laboratories. Ultimately each country will wish to have its own national resource.
- **Country interests:** Georgia is cooperating with USA and Denmark with Kenya in biosecurity. Thailand is cooperating with 10 Southeast Asian countries in laboratory capacity building, South Africa and UK are partnering to support the southern African region, and India agrees to share lessons learned with other countries. In addition, UK announced its interest in epidemiology and microbiology capacity development and the development of novel diagnostics; Yemen announced its interest in biosecurity issues; and Kenya announced its interest in capacity building in east Africa and in point of care diagnostics development.

Respond (Groups A and B):

- Emergency operations centers: both well trained staff and dedicated space are required. It is important to have well designed standard operating procedures and clear lines of communication. Should there be international minimal standards of operations and templates of functions and tasks (made available through WHO)?
- Attribution: many countries have multisectoral models and experience with trying to coordinate different sectors. In some countries, legal authorities may hinder sharing of information in a timely manner. Some suggested changing the language of “attribution” to “ensuring an optimal response”, and broadening the role of law enforcement to all aspects of responding to an event, not just identifying the etiology. Also, it was suggested to change “bioweapons attacks” to “intentional use of biological agents”.
- International standards for deployment of countermeasures and personnel: the language should be broadened to reflect the roles of animal health/veterinary services as well as the security sectors. WHO sees preparedness as inherently tied up in the response to an event. This action package (and all the action packages, in fact) should be understood in light of their being coordinated/harmonized with a country’s national plan for IHR implementation. The target of the action package should include an “international element” to reflect the gaps and needs in international preparedness to respond to a major event. Existing work in the humanitarian field should be recognized and incorporated (e.g. existing efforts to professionalize the role of foreign medical teams in natural disasters). Finally, codes of conduct (including the ethics of research, and the obligations of the accepting country) should be included in the development of any guidelines.
- **Country Interests:** UK offers to share its experience with managing EOCs.

Final comments:

The moderators invited final comments. WHO reiterated its support for the GHSA, noting that WHO’s mandate was to support implementation of IHR(2005) and that greater political support was needed for this. There is the potential for confusion if GHSA targets are not the same as country targets set in order

to meet IHR requirements. WHO supported GHSA as an example of a member state initiative to support IHR(2005). Andrew Weber (Assistant Secretary of Defense, USA) noted that a multisectoral effort was necessary, and that in particular greater participation by the security sector was required; he asked the assembled nations to return home and encourage their security counterparts to get involved. India suggested that the next step should be regional meetings, possibly with liaisons to WHO regional offices who could report back to WHO on how GHSA was supporting IHR(2005). Juan Lubroth and Sweden suggested that some sort of catalog of existing tools and platforms might be useful to identify what is being done and where efforts should be concentrated. Laura Holgate commended both Indonesia and Thailand for considering hosting future GHSA commitment events, organized to encourage more targeted discussions specifically tied to action packages. She also announced that the GHSA was beginning to engage foundations and non-governmental organizations. She underscored the expectation that at the September 26 event at the White House, participating countries will be expected to have determined what concrete commitment they will be able to make. She also urged countries to consider creating Action Packages specifically to build capacity in West Africa, in light of the ongoing Ebola crisis. Finally, Finland again thanked the assembled delegates and reminded them that the purpose of GHSA is to focus on multisectoral actions taken to implement IHR and other existing national and international frameworks and obligations, and wished them success in their continued endeavors.