

Global Health Security Agenda 2nd Commitment Meeting

Jakarta, Indonesia - 21-23 August 2014

Meeting Summary

Key Objectives

1. Continue building support among international global health security stakeholders, across multiple sectors, to more fully engage them in the GHSa, specifically in anticipation of the White House Event, September 26, 2014
2. Engage and outreach to countries and stakeholders not previously involved in GHSa, to stress importance and spur interest and participation for the long term
3. Raise visibility of Indonesia leadership of GHSa and recognition of Indonesia's advances in work/programs related to Global Health Security

Overarching Summary

The GHSa Jakarta meeting was attended by over 35 countries, with multiple sectors represented, and included representation from multiple international organizations WHO, FAO, and OIE. The two day event provided the opportunity to have candid discussion about current global health security challenges and existing needs, such as the Ebola outbreak in West Africa and ongoing challenges related to continued emergence and spread of Antimicrobial Resistance. Emphasis was given on how the Global Health Security Agenda can serve as a conduit in bringing together international attention, political will and leadership, and resources necessary to truly impact the capacities necessary to "prevent, detect, and respond" to infectious disease threats. Action Package leaders were able to present the progress made thus far on specific Action Packages, discuss potential clear indicators of progress, and next steps for leaders and participants in potential areas of work they could take on as part of their GHSa commitment. Participants were also able to learn more about the upcoming High-level White House GHSa meeting taking place on 26 September 2014. Additionally, ideas on next steps for the Agenda post-September were presented and countries had the opportunity to weigh-in on an approach for a GHSa leadership and coordinating structure to best fit the needs of the group.

An additional half-day session was held on Friday, specifically for Action Package leaders. This meeting provided an opportunity to discuss next steps on how Action Package leaders should communicate and their role in GHS leadership; included a technical discussion on current and needed clear indicators for the Action Packages; and the need for *Measurement and evaluation of progress toward GHSa objectives*.

Plenary Sessions Day 1

The meeting was opened with remarks from GOI Minister Mboi (MOH) and Minister Suswono (MOA). Their remarks underscored that although we have made progress toward global health security as an international community, events such as the ongoing Ebola outbreak in West Africa highlight how far we still have to go in order to achieve the vision of the Global Health Security Agenda – a world safe and secure from infectious disease threats, regardless of origin. Minister Mboi emphasized the successes of multisectoral collaboration and cooperation in Indonesia, stating that it is absolutely necessary to address the challenge set before us in responding to the ever-changing landscape of infectious disease threats, specifically highlighting the OneHealth approach as key.

Video remarks by Margaret Chan, and words from representatives from FAO and OIE stressed the need to combat the threat from antibiotic resistant bacteria; the urgency of immediate threats, such as the Ebola outbreak in West Africa, but also the necessity of working to build sustainable, long-term capacities to adequately address future disease threats; the importance of collaboration across sectors to ensure early detection of the emergence and presence of such threats and drew attention to the underlying factors that increase susceptibility to infectious diseases, such as food insecurity, environmental stress, and poverty. WHO/OIE/FAO also spoke in the afternoon session stressing key messages describing linkages between the International Health Regulations (IHR, 2005) and the GHSA, including overlapping goals in the areas of surveillance, lab capacity, preparedness, response, zoonotic diseases, human resources; the need for higher political will to combat infectious disease threats, specifically strengthening the weakest link in the chain – the veterinary sector; the multiple threats posed by zoonotic diseases regardless of whether they are naturally occurring, accidentally released, or deliberately spread, due to their potential impacts on food security, economics, and human health stressing that countries needed to continue to enhance cross-linkages between the animal and human health sectors.

The United States (Holly Wong/Beth Cameron) provided an overview of the initial launch event and progress made to date; stressing the overarching goal of strengthening global collective capabilities to prevent, detect, and rapidly respond to infectious disease outbreaks, the U.S. commitment to the Agenda (CDC/DTRA activities); and details on the September 26th event. Permanent Secretary Paivi Sillanaukee (Finland) provided a summary report on the GHSA Meeting held in Helsinki and highlighted the continued commitment of Finland to the GHSA, including a pledge of \$1million toward the West Africa Ebola response efforts of the WHO and the Red Cross, as well as supporting training activities for veterinary and public health personnel from developing countries. Mr. Herbert Barnard (Netherlands) provided a summary of the Ministerial meeting on antimicrobial resistance held in The Hague in June 2014, describing specific steps needed toward combatting antimicrobial resistance: prevention of disease transmission through infection control practices; prudent use of antibiotics in both health care and agricultural sectors; and the need to quickly develop new antibiotics to replace those that have become essentially obsolete. Representatives from Uganda and Vietnam both described challenges and successes in preventing, detecting, and responding to zoonotic disease threats within their countries.

Finally, Dr. David Nabarro, UN Systems Special Coordinator for Ebola Outbreak Response, Special Representative on Food Security and Nutrition for the United Nations provided video remarks calling for joint actions across nations and sectors to address challenges in health security, the importance of biomedical, social, and managerial sciences in guiding the response to disease threats, and further emphasized that not only health concerns should be considered, but also the economic, humanitarian, security, and political dimensions.

Panel on the Indonesian Experience with Zoonotic Diseases and Scenario-Based Exercise

Professor Amin Subandri - Moderator

Professor Wiku Bawono Adisasmito, National Commission on Zoonoses Control

Professor Tjandra Yoga Aditama, Ministry of Health

Dr. Pudjiatmoko, Director of Animal Health, Ministry of Agriculture

The group's discussion highlighted the mobilization of a whole-of-government effort to combat H5N1 and other zoonotic diseases that impact Indonesia, emphasizing the requirement for both financial and human resources. They also described the need for coordination and information sharing between the animal and human health sectors and the importance of engaging local stakeholders, including governments, the community, and the media.

Meeting participants organized into multi-sectoral discussion groups to work through a series of presented scenarios in order to address specific questions. This exercise emphasized the need for a coordinating mechanism at the national level to assist and highlighted the importance of information-sharing between the human and animal health sectors.

Plenary Session Day 2

Day 2 began with WHO Ludy Suryantoro providing a status update and discussing current efforts/activities to combat the Ebola outbreak in West Africa. Their role has included multiple functionalities – epidemiology, communication, lab personnel, contact tracing alluding to the immenseness of the current response effort and the need for continued support from others at all levels of outbreak response. He also emphasized that such an outbreak of international concern demands international engagement and should drive towards international collaboration and solidarity. Current pressing needs were described including the ability for safe and accurate lab diagnosis, infection control, vehicles and telecommunications capabilities in order to accomplish goals on an unprecedented scale. A new strategy for Ebola forthcoming will be communicated t via WHO HQ.

Participants from Kenya described the role and activities of their country’s Zoonotic Disease Unit collaboration, directly supporting a OneHealth approach. In 2008 a zoonoses technical working group was established which led to an official MOU to support the unit (2011) and launch in 2012. The unit developed a priority disease list for zoonoses and a strategic plan for implementation. Activities thus far include guidelines development and risk mapping for RVF; future planned activities are to strengthen their current surveillance system, addressing interoperability, inclusion of zoonoses not in current guidelines and increasing capabilities for information sharing.

The Action Package Marketplace

Dr. Petri Ruutu and Dr. Beth Cameron provided an overview of the Action Package process to date, and the goals of the Action Package Marketplace session; emphasizing the need to develop targets that could be used to measure countries’ progress over the next five years. Participant then broke into groups and Action Package leaders led discussions on where they were in the development process, suggested activities for participating countries, and potential next steps; reaching out to other countries to join their Action Packages and learning potential additional areas where they could focus.

Conclusions from Action Package Discussions

Full readouts from each session can be found in *Annex 1*

GHSA Next Steps and Meeting Conclusions

The final session for the meeting was a discussion moderated by the U.S., Finland, and Indonesia on the structure of the GHSA moving forward and how to effectively track progress. A Steering Group structure was proposed with the purpose to provide leadership for the GHSA over the next five years by tracking progress, providing coordination and ensuring global leadership and commitment. Components and suggested structure/role:

- *Steering Group* – to provide high level oversight and political support; comprised of six countries with multi-sectrol representation from 2-3 Ministries; Chair rotates annually with two chairs; WHO, FAO, OIE advisers; Advisers from development banks and foundations
- *Action Package Leaders* – Develop and maintain Action Package frameworks and associated country commitments

- *Working level support team* – provides administrative technical support; rotates with the Steering Group Chain or one country takes on this role for several years

Activities to continue to support GHSA goals could include:

- Annual ministerial level meeting
- Quarterly meetings at AS level
- Quarterly meetings for AP leaders
- Working level support team tracks Action Package implementation and prepares quarterly progress updates

Measurement and evaluation mechanisms were also discussed with the need to provide accountability and drive progress. An independent, objective and transparent process was proposed for assessment against measurable GHSA Action Package targets. Countries were able to provide comments on the proposed structure and emphasized the following main points:

- Support for the steering group but concern over a heavy-handed structure, specifically if more than one high-level representative was included on the steering group. Countries noted the need to not duplicate existing structures or work streams and most importantly that prepping for meetings could detract from doing the actual critical GHS work.
- The idea was suggested of modifying to permanent secretariat but staffed by donated individuals by other countries
- Emphasized the need to be flexible in the way that we work and need to be creative about the way we incorporate meetings potentially utilizing existing mechanisms and fora.
- Annual technical exchange of information and function of the lead countries is important as well as an informal collaboration mechanism.

Friday Action Package Leaders Discussion

Friday's discussion focused on three main topics:

- Next steps for Action Package Leaders communication and GHSA leadership
- Technical Discussion of Action Package targets and indicators
- Measurement and evaluation of progress toward GHSA objectives

The first session focused on how Action Package Leaders can organize themselves and continue playing a leadership role; how individual action package leadership will be organized; and how communications will proceed going forward. Countries shared both ideas and experiences on how to incorporate contributing countries and how to maintain linkages with international organizations into action packages, noting that an informal coordination approach involving phone calls and email has worked well and could benefit from additional electronic communication tools, such as an Action Packages website.

The group also discussed the Steering Group from the Action Package Leaders point of view and their role in GHSA leadership moving forward. Attendees noted that thought needs to be given to how to elevate the whole of global health security—taking a systematic approach to political leadership while keeping a “light-touch” structure in order to obtain the resources and momentum necessary to achieve GHSA goals. The group discussed the importance of taking a bottom-up approach in looking for solutions and identifying gaps, and it was pointed out that the Steering Group can support the Action Package leaders in a way that is consistent with a bottom-up approach. The moderators invited comments and views from countries on how to shape the Steering Group over the coming weeks; the intent in plugging the AP leaders into the steering group was to generate the political will to drive progress.

The second session focused on the need to develop clear indicators for all 11 Action Packages in light of the fact that “what gets measured gets done.” The group reviewed examples of Action Packages with clear indicators and then focused attention on Action Packages that still needed a clear indicator. The group discussed the challenges and benefits of developing an indicator for each Action Package, which would be uniform across all countries, and how to shape them given the different stages of development across countries. Participants agreed to finalize Action Packages, including targets and indicators, by early September.

The third session focused on measurement and evaluation and was moderated by Dr. Rainer Engelhardt from Canada. Dr. Engelhardt began by describing the distinctions between measurement and evaluation, and pointed out that while measurement is integral to those conducting the work, evaluation could be conducted by an external entity. He stressed the value of measurement and evaluation in that it can demonstrate whether the results of activities designed to meet an objective, support the initial intent in practice. In the case of GHSA, an external, independent assessment could examine whether overarching GHSA goals were achieved.

The group discussed the necessity of measurement and evaluation for obtaining funding, both from government and non-governmental sources. Participants agreed that progress should be measured, but there is a question of whether all countries report against all Action Packages or just where they have made commitments. Some participants emphasized the value of a minimum package of reporting globally to provide a comprehensive view on progress. The importance of avoiding duplication of existing reporting systems was also stressed. The group discussed the importance of conducting measurement and evaluation during these next five years of the GHSA, to allow for course correction. Meeting participants agreed to external assessment of progress toward GHSA objectives, which would be conducted by an independent entity.

Public Affairs Summary

Summary can be found in *Annex 2*

Annex 1

Summary Readouts from Action Package Marketplace Discussions

Prevent 1: Antimicrobial Resistance

Leading countries: Netherlands, Sweden, United Kingdom

Contributing countries: Canada, Japan, Portugal, Thailand, Yemen

Key Points

- National action plans or strategies should be multi-sectoral (one-health) and multi-jurisdictional (e.g. states, etc.) with guidelines “embedded” in healthcare practice.
- Surveillance and prescribing data should be linked; non-human use of antibiotics should be reduced; and joint reports on use and resistance in human/vet sectors produced.
- Success is dependent upon political will and support and there are various challenges to implementation: raising awareness and improving prescribing practices; balancing individual need with public health need; surveillance capacity and integration issues; the impact on business and livelihoods; and the implementation of one-health at local levels.
- Realistic measures could include using a core data set from surveillance data; capacity to recognize and report new, emerging, spreading AMR; and country implementation of action package/national action plans.

Supporting Activities by Countries

1. Canada: they would like to co-lead on GHSA AMR action packages; with the UK, they would like to conduct a project in the Caribbean to strengthen surveillance capacity
2. United Kingdom: international review of economic case/models for renewal of investment in R&D (medicines, diagnostics, etc.)
3. FAO: can offer assessment/inventory of veterinary/animal health laboratory capacity, and support identification of investment needs & capacity development
4. Japan: working with other countries in the region to establish a regional AMR database

Prevent 2: Zoonotic Disease

Leading countries: Indonesia

Contributing countries: Georgia, Kenya, Yemen, Sweden, Vietnam, UK, and USA

Key Points

- Indonesia noted that the AP should function within the existing international frameworks (WHO, FAO, OIE), should utilize existing networks and systems, rather than creating, and should strengthen coordination within and among countries.
- There is need for clearer guidelines with smaller timeframes (i.e. annual targets), especially to aid countries which still require more assistance in mitigating zoonotic diseases.
- Behavior that heightens the risk of spreading zoonotic disease should be addressed.
- It is important to recognize the potential spread of zoonotic diseases from wildlife, given degradation of habitats.
- To further enhance cooperation, gaps in the capacity and condition of respective countries.
- Human and veterinary reporting/lab capacity for effective surveillance/early detection must be improved and developed.

Prevent 3: Biosafety and Biosecurity Action Package

Leading countries: Denmark, Kenya

Contributing countries: Canada, Yemen

Key Points

- Five Year National Target: Will define the meaning of especially dangerous pathogens and a definition of biosecurity and biosafety as defined by WHO
- Measurement: Add language on biosecurity and biosafety training and capacity building
- Desired National Impact: Include an example of “culture-free diagnostics” – molecular diagnostics such as PCR
- Five Year National Action Items: Consistency on biosecurity/biosafety terms and other clarifying language
- Country Commitments: Clarify the meaning of leading and contributing countries

Prevent-4: Immunizations

Leading Countries: Italy, Portugal

Contributing Countries: Yemen, Indonesia, USA, China

Key Points

- Need countries from different areas; could be catalysts that we need in different regions to drive accelerated progress on immunization
- Described the content for the package and discussion about the metrics
- Extend the indicator to 15 months (from 12 months)
- Italy is interested in Mediterranean basin and Portugal would like to work with Portuguese speaking countries
- The IHR doesn't specifically request immunization but asks for countries to develop practices to control infectious disease (so this is fully in agreement with IHR/WHO)
- Would like to highlight that availability of vaccines should be the focus not production (not all countries have this capability)

Detect-1 Timely Biosurveillance

Leading countries: Thailand, U.S.

Contributing countries: Canada, Finland, Georgia, Malaysia, UK, Yemen

Key Points

- Should focus on nationwide laboratory system
- Political commitment is very important in managing development of the country – the international role should focus on sharing of information (via meeting/seminar)
- Joining of information system between animal and human labs
- Still will find some mechanism for coordination because systems are fragmented needs to be more effective
- Indicators – IHR and PVS, use two sets of tools to develop laboratory capacity

Detect 2-3: GHSA Real-Time Surveillance Action Package

Leading countries: Georgia, Norway

Contributing countries: Finland, United Kingdom, Yemen

Key Points

- The target should improve multisectoral communication/collaboration (all levels) and improve the interoperability and connectedness of electronic reporting systems.
- It should also improve country/regional capacity to analyze/link data from strengthened, real-time surveillance systems with a “strengthened foundational indicator” and event-based surveillance systems.
- Everything should fulfill the core capacity requirements in accordance with IHR.

Desired National and Regional Impact

- A functioning public health surveillance system capable of identifying PHEICs;
- Country and regional capacity to analyze and link data from strengthened real-time surveillance systems;
- Interoperable, interconnected electronic surveillance systems capable of linking an integrating multi-sectoral surveillance data;
- Foundational capacity for both indicator-based (including syndromic) surveillance and event-based surveillance

Action Items

- Collaboration with FAO, OIE, and WHO and partner countries;
- Improvement and implementation of syndrome- and/or event-based surveillance systems;
- Establishment or improvement of communication with public health laboratories at the national and international levels;
- Strengthening or developing surveillance systems that reach across all sectors of government;
- Sustaining indicator-based surveillance, (including syndromic surveillance), and event-based surveillance through training workshops, development of guidelines, provision of expert trainers, materials etc.
- Supporting other countries in the establishment and/or strengthening of national public health surveillance systems.

Detect 4: Reporting

Leading country: France

Contributing countries:

Key Points

- Five Year National Target: Timely and accurate disease reporting according to WHO requirements and consistent coordination with OIE/FAO.
- Indicator is to be determined through WHO consultations (possibly training, or exercises to be conducted with WHO HQ and regional offices)
- Desired National Impact: Countries and their National IHR Focal Points will have access to a toolkit of best practices, model procedures, reporting templates, and training materials to facilitate rapid (within 24 hours) notification of events that may constitute a PHEIC to WHO and will be able to rapidly (within 24/48 hours) respond to communications from these organizations.
- Stressing the role/importance of the National Focal Point
- France currently has links with OIE to explore synergies with existing work on animal health reporting tools. To develop guidance, toolkits and training in support of State parties in collaboration with the WHO work process.
- Focus on addressing all barriers impacting the timeliness, accuracy, and transparency of reporting on PHEICs.

Detect-5 Workforce Development

Leading Countries: Thailand, Jordan

Contributing Countries: U.S., Yemen, Finland, *Indonesia, Argentina*

Key Points

- Sharing experiences between countries
- FETP training program as one mechanism
- Coordination across sectors – ask scientists to join this program together
- Metric 1:200,000 FETP – really challenging metric to achieve in specific countries
- Experiences with disease outbreaks
- Next steps – discuss linkages with ASEAN network (existing platform) and expand training capabilities of the FETP program

Respond-1 Emergency Operations Centers

Leading Countries: Turkey, Malaysia

Participating Countries: Kenya, *Singapore, Canada, EU Commission (attended)*

Key Points

- EOC capacity is crucial for public health management
- The targets of the package – closely linked to targets of the other packages
- Need for flexibility – response capability is very crucial
- Roles and functions needs to be able to be defined
- Scientific support for decision making is critical as is integration of human and animal health information systems
- International and regional orgs in place to help support
- Needs assessment on what functions/capabilities necessary to make progress
- Targets: ambitious (EOC activation within 2 hours) may need modification

Respond 2: Multisectoral Response; Linking public health with law

Leading countries: Republic of Korea

Contributing countries: Australia, Canada, Portugal, Yemen (pre-Jakarta) UK, Indonesia, INTERPOL

Key Points

- ROK presented a revised action package that removed mention of linkages from the title and added inclusion of general public health crisis to the five-year target. This was thought to make the Action Package more focused on public health events.
- Several representatives expressed concerns about the removal of much of the security-related language
- Additional suggestions for joint training on biological event response to ensure that all parties understand how to work together to include the five-year targets for both versions of the action packages, so that countries can further comment on the language and refine five-year target as desired.
- As measured by target will include providing evidence of a multisectoral response to an actual event OR holding an exercise to evaluate multisectoral response to a simulated event.

Annex 2

Public Affairs Summary

Approximately 100 “real-time” Twitter messages were sent during the meeting, in English, increasing the visibility of the event and circulating ideas about the important elements and need for GHSA. Multiple international organizations, USG sister agencies, and individuals retweeted these messages signifying agreement and expanding their circulation. USG Tweets promoted the 1st-day presentations posted on the GoI GHSA 2014 Jakarta site. Facebook photo essays highlighting the meeting and FLICKR were posted on the US CDC site and promoted through Twitter. See <https://www.flickr.com/photos/cdcglobal/sets/72157646325074579/>. A “Storify” feature on the meeting has been created pulling together the tweets, photos, and other social media materials to summarize the meeting in a compelling visual way. (<https://storify.com/CDCGlobal/jakarta-summit-on-global-health-security-august-20>. The USG Interagency GHSA site was updated, and a feature the Jakarta meeting was added (<http://www.globalhealth.gov/global-health-topics/global-health-security/jakartameeting.html>).

A joint press release, from the Indonesian Ministries of Health and Agriculture, was distributed 8/20/14 to media outlets as part of the press conference (including CNN and 2 other international outlets). An amended version of the press release, a Joint statement/summary of the meeting (from MoH/ MOA Indonesia, Ministry of Social Affairs/Health Finland, and USG) was developed and is expected to be posted in both BAHASA and English on the USAID Web site on Tuesday August 26. U.S. Embassy, CDC, and USG Interagency GHSA Websites plan to link to it.

Indonesia MoH held 2 successful press conferences related to the meeting:

- August 15, 2014. Ten outlets from local and national press attended, including KOMPAS (largest news outlet in Indonesia) and 9 other local, national outlets: TV-SCTV, iputan, ANTARA, [Detik.Com](http://www.detik.com), Okezone, Bisnis Indonesia, Poultry Magazine, Trubus, Berita, Bahasa, and InfoVet.
- August 20, 2014. Spokespersons included Minister of Health Mboi, Minister of Agriculture Suswono, U.S. Ambassador Blake, and dignitaries from FAO, OIE, and Netherlands. Approximately 20 national, international, and regional journalists participated, resulting in a substantial amount of national and local press stories.