



SEOUL DECLARATION

GLOBAL HEALTH SECURITY AGENDA

2015 HIGH-LEVEL MEETING IN SEOUL

We, the ministers gathered on September 9, 2015, at the Global Health Security Agenda (GHS) High-Level Meeting in Seoul, commit ourselves to work toward strengthening health security and to reaffirm the shared goals from the 2014 GHS White House Event, to make a world safe and secure from infectious disease threats whether naturally occurring, deliberate or accidental, and to promote global health security as a national and international priority.

Recent global outbreaks have enlightened the world that infectious diseases are not solely a public health problem of developing countries. Rather, public health crises can have serious social, economic, and political implications on a national, regional and international scale. Therefore, global health security should be understood as a shared, multisectoral responsibility that no single country, organization or sector can achieve alone in every area of our lives. Recognizing that the success of global health security depends upon collaboration among the multiple actors and sectors, we, along with international organizations, all GHS participating countries now shared this vision of the Global Health Security Agenda.

We hereby present eleven global health security action packages and their specific targets to guide implementation of the Global Health Security Agenda in attaining our goals and securing a global network to prevent, detect and respond to infectious disease threats. At this Seoul Meeting, we, recognizing the important commitments of those countries which will contribute to the overall improvement of health security capabilities in countries most at risk, commit to make every possible effort to make further progress in achieving the Action Package targets in the following areas: Antimicrobial Resistance, Zoonotic Disease, Biosafety and Biosecurity, Immunization, National Laboratory System, Real-Time Surveillance, Reporting, Workforce Development, Emergency Operations Centers, Linking Public Health Law and Multi-sectoral Rapid Response, and Medical Countermeasures and Personnel Deployment (Annex I).

We call on the GHSA participating countries and all countries to make an effort to strengthen their existing national health systems and to fully and rapidly comply with health security responsibilities required by the World Health Organization's International Health Regulations and other global health security frameworks, such as the World Organization for Animal Health's Performance of Veterinary Services Pathway. We encourage countries to support and participate in the GHSA external assessments, while fully taking into account the ongoing revision of the WHO IHR monitoring and evaluation process, to promote better understanding of gaps and needs within the context of these frameworks and to promote outreach activities with international organizations and non-governmental sector.

We pursue the Global Health Security Agenda to be a collaborative platform to achieve our goals by promoting regional and international cooperation for support and commitment for each other, which is also in alignment with the Sustainable Development Goals.

We will, at the national, regional, and global level, continue to make active and substantive efforts toward strengthening global health security and implementing commitments to achieve the targets of our Action Packages. We welcome information on the progress made in the field of health security since the 2014 GHSA White House Event provided by the participants at this 2015 GHSA High-Level Meeting in Seoul. We recognize that the Seoul Meeting is a crucial step to reaffirm our vision and goals. The next GHSA High-Level Meeting will be held in the Netherlands in 2016.

Annex I. 11 GHSA Action Package Targets

Antimicrobial Resistance

Support work being coordinated by WHO, FAO, and OIE to develop an integrated and global package of activities to combat antimicrobial resistance, spanning human, animal, agricultural, food and environmental aspects (i.e. a one-health approach), including: a) Each country has its own national comprehensive plan to combat antimicrobial resistance; b) Strengthen surveillance and laboratory capacity at the national and international level following agreed international standards developed in the framework of the Global Action plan, considering existing standards and; c) Improved conservation of existing treatments and collaboration to support the sustainable development of new antibiotics, alternative treatments, preventive measures and rapid, point-of-care diagnostics, including systems to preserve new antibiotics.

As Measured by: (1) Number of comprehensive plans to combat antimicrobial resistance agreed and implemented at a national level, and yearly reporting against progress towards implementation at the international level. (2) Number of countries actively participating in a twinning framework, with countries agreeing to assist other countries in developing and implementing comprehensive activities to combat antimicrobial resistance, including use of support provided by international bodies to improve the monitoring of antimicrobial usage and resistance in humans and animals.

Zoonotic Disease

Adopted measured behaviors, policies and/or practices that minimize the spillover of zoonotic diseases from lower animals into human populations.

As Measured by: Identify the five zoonotic diseases/pathogens of greatest public health concern and strengthen existing surveillance systems for prioritized zoonosis.

Biosafety and Biosecurity

A whole-of-government national biosafety and biosecurity system is in place, ensuring that especially dangerous pathogens are identified, held, secured and monitored in a minimal number of facilities according to best practices; biological risk management training and educational outreach are conducted to promote a shared culture of responsibility, reduce dual use risks, mitigate biological proliferation and deliberate use threats, and ensure safe transfer of biological agents; and country-specific biosafety and biosecurity legislation, laboratory licensing, and pathogen control measures are in place as appropriate.

As Measured by: Number of countries who have completed/Completion of a national framework and comprehensive oversight system for pathogen biosafety and biosecurity, strain collections, containment laboratories and monitoring systems that includes identification and storage of national strain collections in a minimal number of facilities.

Immunization

A functioning national vaccine delivery system—with nationwide reach, effective distributions, access for marginalized populations, adequate cold chain, and ongoing quality control—that is able to respond to new disease threats.

As Measured by: At least 95% coverage of the country's fifteen-month-old population with at least one dose of measles-containing vaccine as demonstrated by coverage surveys or administrative data.

National Laboratory System

Real-time biosurveillance with a national laboratory system and effective modern point-of-care and laboratory-based diagnostics.

As Measured by: A nationwide laboratory system able to reliably conduct at least five of the 10 core tests on appropriately identified and collected outbreak specimens transported safely and securely to accredited laboratories from at least 80 percent of districts in the country.

Real-Time Surveillance

Strengthened foundational indicator- and event-based surveillance systems that are able to detect events of significance for public health, animal health and health security; improved communication and collaboration across sectors and between sub-national, national and international levels of authority regarding surveillance of events of public health significance; improved country and regional capacity to analyze and link data from and between strengthened, real-time surveillance systems, including interoperable, interconnected electronic reporting systems. This can include epidemiologic, clinical, laboratory, environmental testing, product safety and quality, and bioinformatics data; and advancement in fulfilling the core capacity requirements for surveillance in accordance with the IHR and the OIE standards.

As Measured by: Surveillance for at least three core syndromes indicative of potential public health emergencies conducted according to international standards.

Reporting

Timely and accurate disease reporting according to WHO requirements and consistent coordination with FAO and OIE.

As Measured by: Number of countries trained for reporting of potential public health events of international concern to WHO and to other official reporting systems such as OIE-WAHIS. (and/or) Number of National IHR Focal Points connected to the learning package on reporting to WHO.

Workforce Development

A workforce including physicians, veterinarians, biostatisticians, laboratory scientists, farming/livestock professionals, and at least 1 trained field epidemiologist per 200,000 population, who can systematically cooperate to meet relevant IHR and PVS core competencies.

As Measured by: One trained field epidemiologist per 200,000 population, and one trained veterinarian per 400,000 animal units (or per 500,000 population), who can systematically cooperate to meet relevant IHR and PVS core competencies.

Emergency Operations Centers

Every country will have a public health Emergency Operations Center (EOC) functioning according to minimum common standards; maintaining trained, functioning, multi-sectoral rapid response teams (RRTs) and “real-time” biosurveillance laboratory networks and information systems and trained EOC staff capable of activating a coordinated emergency response within 120 minutes of the identification of a public health emergency.

As Measured by: Documentation that a public health EOC meeting the above criteria is functioning.

Linking Public Health Law and Multi-sectoral Rapid Response

In the event of a biological event of suspected or confirmed deliberate origin, a country will be able to conduct a rapid, multi-sectoral response, including the capacity to link public health and law enforcement, and to provide and/or request effective and timely international assistance, including to investigate alleged use events.

As Measured by: Evidence of at least 1 response within the previous year that effectively links public health and law enforcement, OR a formal exercise or simulation involving leadership from the country’s public health and law enforcement communities.

Medical Countermeasures and Personnel Deployment

A national framework for transferring (sending and receiving) medical countermeasures and public health and medical personnel among international partners during public health emergencies.

As Measured by: Evidence of at least 1 response to a public health emergency within the previous year that demonstrates that the country sent or received medical countermeasures and personnel according to written national or international protocols, OR a formal exercise or simulation that demonstrates these things.

The key spirit of GHSA is about shared values, aspirations, and responsibilities. The Seoul Declaration is a reflection of the inspiration of GHSA countries in moving forward with its concrete actions. The declaration is our collective effort rather than a legally binding document.