



## **Global Health Security Agenda**

### **Meeting Reports**

#### **GHSA Steering Group Meeting**

**WHO Headquarters, Geneva, 23 January 2016**

#### **Opening**

1. The GHSA Steering Group Meeting was held on 23 January 2016 at WHO Headquarters, Geneva, in the margins of the WHO Executive Board meeting. The meeting also marks the handover of the GHSA Chairmanship from Finland to Indonesia. All 10 countries of GHSA Steering Group attended the meeting, as well as 3 permanent advisors of GHSA (WHO, FAO, OIE), The World Bank, European Commission, and the Netherlands. The meeting was chaired by Dra. Maura Linda Sitanggang, the Director General for Pharmaceutical and Medical Devices of the Ministry of Health of Indonesia.

#### **Report of Finland's Chairmanship**

2. Dr Päivi Sillanaukee, Permanent Secretary, Ministry of Social Affairs and Health of Finland, reported to the Steering Group regarding Finland leadership as the Chair of GHSA in 2015, its achievements and their continued active involvement in GHSA activities in 2016 onwards. The past Chair of GHSA has highlighted the GHSA achievements in 2015 such as an increase of interest in global health security with new countries are joining GHSA; strong political and concrete commitments by the G7 countries to support IHR; also collective effort in raising the GHSA in various fora, for instance building the GHSA to the Ebola response, WHO reform, pandemic preparedness facility with the World Bank and the Sendai framework. The GHSA's outreach in 2015 is also expanding with more stakeholders participation outside the government sector such as NGOs, think-tanks, academia, philanthropic foundations and the establishment of the GHSA Next Generation.

#### **Handover of GHSA Chairmanship from Finland to Indonesia**

3. In marking the handover of Chairmanship, Dr Päivi Sillanaukee recalled the situation when GHSA was launched two years ago, when no one had idea of how serious outbreak of Ebola and MERS would be. Within two years of incredible journey, now health security is a topic for heads of state. The GHSA has become the most significant collaborative process to build national capacities and to bring high level political attention to health security. Dr Sillanaukee asserted that the richness of

idea and out of the box thinking can be a key to improving health security. In moving forward with the GHSA activities in 2016, Finland is committed to continue to play an active role in GHSA particularly in working closely with WHO, FAO, and OIE in moving the country assessment process as well as stand ready to support Indonesia as the new chair in moving their agenda forward.

4. The Minister of Health of Indonesia, Dr Nila Farid Moeloek, congratulated the past Chair regarding their excellence achievement in GHSA. Indonesia is committed to work closely with Finland as well as Republic of Korea as the next Chair in moving forward with the GHSA activities in 2016. The Minister of Health of Indonesia has reminded that the 2016 marks as the year of advancing and progressing GHSA. The need for close collaboration is required more than ever. Focus also need to be directed to strengthen human resources in the ports of entries, and to ensure the contribution of GHSA to the betterment of global population.
5. The DG WHO has given a video message with theme of collaboration with GSHA in 2016 onwards. The DG of WHO welcomes the continued support from GHSA member countries and to continue to promote political commitment towards the IHR. The DG has provided various global events that the world need to be very cautious, such as the hard lesson from Ebola, the new Zika virus and others. WHO and GHSA countries need to work together to ensure that GHSA can contribute to building a safer world. The DG congratulated both Indonesia, US, Finland and Republic of Korea in working closely together to promote the IHR, PVS and the AMR. WHO is committed to work with GHSA countries and look forward to working closely with the new Chair, Indonesia. After the remarks by the DG WHO, the official handover from GHSA past Chair to the current Chair took place, followed by a group photo for GHSA SG members.

### **Work Plan for 2016**

6. Indonesia as the new Chair of GHSA has taken a note on what the past Chair Finland has achieved in 2015. In turn, Indonesia has presented to the Steering Group, the GHSA events and meetings in 2016. The GHSA events in 2016 include; the IHR meeting hosted by France in Lyon in March 2016; the AMR research meeting in April in London, UK; the GHSA side event to be co-hosted by Indonesia and WHO at the upcoming WHA meetings in May, in Geneva; the FAO annual meeting in June 2016; the Bali meeting (a follow up meeting from Cape Town meeting Building health security) in June; the GHSA action package coordination meeting in Jakarta in September 2016; and finally the GHSA high level meeting in the Netherlands, in October 2016. The GHSA SG members have taken a note on the number of GHSA events in 2016 and committed to work along with the new Chair Indonesia to ensure a smooth coordination of both high level and technical meetings in 2016.

7. During the discussion on GHSA events in 2016, the Netherlands was invited to provide further details information regarding the plan for GHSA high level meeting in October 2016. The Netherlands government took the opportunity to brief GHSA SG members that the High Level meeting should be seen as part of the sequence of other meetings. Besides the formal programme for high level participants, the meeting provides opportunity for all Action Packages to have separate meetings to discuss progress. The Netherlands also proposed to GHSA SG to continue with the initiative to actively engage young professionals. Moreover, The Netherlands proposed to have an interactive discussion, guided by a desk top exercise, to identify opportunities and gaps at national and international level to effectively respond to future outbreaks.
  
8. Dr Bruce Aylward, the Executive Director of WHO of the newly established cluster Outbreak Health Emergency, welcomed the continued support from the GHSA SG. Thanking the US and Finland's past Chairmanship in 2014/2015, for "getting things done" in establishing working methods for GHSA, as well as a clear leading role of International Organizations such as WHO, FAO, OIE in moving this agenda forward. Dr Aylward has thanked the GHSA member countries in promoting political awareness for health security across all levels, particularly in garnering support to accelerate the IHR, strengthen health systems, and enhance global health security preparedness and promote collaboration with all actors to ensure on concrete actions for IHR and other GHSA action packages. The GHSA mantra on Prevent, Detect and Response is very clear and close to what WHO does. Dr Aylward has also shared several updates from WHO such as the JEE tool, financing the JEE assessment, and the national preparedness plans. Dr Aylward thanked the GHSA countries in supporting the IHR monitoring and evaluation framework. This alignment process and complimentary effort for a common tool is very crucial. In moving forward with GHSA activities in 2016, WHO is committed to work in close coordination with GHSA countries and to support the Chair in managing all the important upcoming events.
  
9. Dr Susan Corning, the OIE advisor has presented to the meeting on OIE program in facilitating national efforts to enhance health security measures and an update of the OIE PVS pathway. Dr Corning has reported that OIE has conducted PVS evaluation and provided some examples of success stories from PVS pathway such as improvement in veterinary education as well as expansion of veterinary activities in the country. There is an evidence of increase of about 70% of the budget for veterinary authority by the Secretary General of the Ministry of Livestock and Water who took part in the PVS gap analysis. There is an important program funded by donor was developed based on the needs identified in the PVS GAP analysis. Dr Corning has pointed out that country participation in PVS Pathway has provided opportunities to achieve GHSA objectives such as bridging WHO IHR monitoring framework and OIE PVS Pathway outcomes and ensuring the animal health security as an integral part of global health security.

## **GHSA Action Package Activities in 2016**

10. The US government has made a presentation regarding the GHSA progress on Action Package and its implementation as well as the reporting mechanism. Dr. Jose Fernandez, GHSA Team Lead from U.S. Department of Health and Human Services, went over the Action Package concept emphasizing coordinated action to achieve common targets by providing collaboration platforms so that capacities at the national, regional, and global levels can be built and strengthened. Dr. Fernandez reminded that the role of the AP leaders is to facilitate countries in the work of the Action Packages and lead the development of annual plans to outline, coordinate, and promote actions. AP leaders provide technical and other assistance to participating countries and represent the Action Package at Steering Group, Ministerial, and other meetings. Recruitment of additional countries to join the Action Package is desirable. Support is needed from the GHSA Steering Group in accelerating the action package process and encourage leading countries to further work within the action package that they are championing.
  
11. The Chair of GHSA also highlighted at this meeting regarding the upcoming activities for AMR action package. In particular, the Netherlands has shared some update on AMR in the context of the upcoming UN high level meeting in New York in September 2016. This marks an important aspect on how AMR can move the political agenda in New York, to ensure that all member states are very supportive and ensure the success of AMR activities in 2016. The Netherlands has reported that the UK, the country lead for AMR action package, has been working closely with WHO AMR group and further discussion will be held in the margin of WHO Executive Board meeting to move forward with the AMR.

## **Country Assessment**

12. During the Finnish chairmanship, the GHSA has worked intensely on the pilot assessments. Professor Mika Salminen from the National Institute for Health and Welfare in Finland, briefed the Steering Group on the progress and lessons learned so far from Country Assessment process of GHSA. The goal of the country assessments was to support other health security development processes by identifying capacity and capability gaps at the country level. The assessment was conducted also not to compete with the International Health Regulations (IHR) and other international standards, but to support and accelerate the implementation of these processes. One of the most important issue is that the GHSA tools is now combined with WHO IHR. As a result, the Joint External Evaluation Tool was established. In addition to this, Finland through Dr Simo Nakkari explained to the SG regarding GHSA country assessment process; from joining the GHSA, to voluntarily enrolled and agreed for assessment, to the implementation of country assessment, roster of experts and reporting the outcome of the country assessment. In the GHSA expert roster, Finland has reminded the GHSA SG that countries can nominate their experts for external assessment. The GHSA has produced GHSA country assessment

factsheet, host country guide, and the joint tools and has drafted the GHSA assessment guide for external and management teams.

13. WHO is invited to present the Joint External Evaluation Tool IHR (2005). In this connection, Dr Guenael Rodier, Director Global Capacities Alert and Response has presented the IHR monitoring and evaluation framework. In his presentation, Dr Rodier has shared the progress on the JEE tools, the multisectoral approach and reminded the SG that the current collaboration and partnership is a true reflection of IHR article on Assistance and Cooperation. The JEE is a representation of One Tool for all WHO member states (GHSA and non-GHSA member countries). It is developed jointly by WHO and GHSA experts. The tool has the ability to identify gaps in IHR core capacity requirements and it is a major instrument for the IHR monitoring and evaluation. As the next step, Dr Rodier has briefed the GHSA SG that the JEE is planning a March meeting to further develop the tool and most importantly to harmonize the JEE country missions with the active involvement of WHO Regional and Country Offices. The reporting of JEE outcomes will be rolled out to the WHA and appear at the WHO strategic partnership portal.
14. Another key progress of WHO is the establishment of WHO Strategic Partnership Portal (SPP) for Global Health Security. The WHO SPP objective is to spearhead the global commitment made by GHSA, aiming at establishing collective, coherent and synergistic approach among international and national stakeholders supporting JEE missions and to develop, implement and support global and national preparedness plans. The portal will enhance the information sharing, complementary actions, synergistic and coordinated global health security investment. Dr Rodier has encouraged GHSA SG to use the WHO strategic partnership portal (SPP).

#### **GHSA Partnership with Non-Government Stakeholders and Next Generation**

15. Ambassador Bonnie Jenkins of the US summarized the amount of activity on global health security among different stakeholders. It was suggested that development banks should be made better aware of the GHSA activities. Some proposals were made as how to involve the Next Generation young leaders for example in the country assessments and their follow up. Ambassador Bonnie Jenkins has reported a number of activities such as GHSA consortium and private sector roundtable as well as the future GHSA next generation in 2016. A conference of the NextGen GHSA network will be held in San Antonio, Texas in June 2016. The NextGen members are invited to join EpiCore, and this group will also develop a GHSA themed mobile app proposal with a focus on improved communication.

#### **GHSA Outreach and Multilateral Commitment**

16. Indonesia has proposed to invite regional organizations to support the GHSA activities in their respective region. In this regard, Indonesia will begin with communicating GHSA activities to the Association of South East Asia Nations

(ASEAN) Secretariat. A committed regional organization could serve as GHSA Advisor. Indonesia has also proposed to have all Action Package Leading Countries invited and reported to SG meeting in order to gain stronger involvement and acceleration in the GHSA Action Package implementation. SG meeting welcomed the proposal and support the immediate undertaking of such proposal.

17. The GHSA SG meeting shared the recently announced by the G7 regarding countries that the G7 will support in fulfilling their obligation for the IHR implementation. In order to prevent future outbreaks from becoming large-scale public health emergencies, the G7 has agreed to assist at least 60 countries over the next five years to implement the IHR. The initiative will be conducted in close cooperation and coordination with the WHO.

#### **Other matters**

18. On the other matters session, Indonesia brought up the issue of GHSA Side Event in the sideline of 2016 World Health Assembly in May. The Steering Group agreed to the theme: "The Role of GHSA in supporting countries' capacity to implement IHR".