



Meeting Reports
GHS Steering Group Meeting
Yogyakarta, 3-4 December 2015

Opening

1. GHS Steering Group Meeting in Yogyakarta was attended by 6 SG members (Canada, Finland, Indonesia, Republic of Korea, the Kingdom of Saudi Arabia, and the United States) and 3 permanent advisors (FAO, OIE, and WHO). Permanent Secretary of Ministry of Social Affairs and Health of Finland, Dr. Paivi Sillanaukee, and the Minister of Health of Indonesia, Prof. Nila F. Moeloek, gave remarks at the opening of the meeting.
2. In her remarks, Dr. Paivi Sillanaukee emphasized investment in Health Systems to Prevent, Detect and Respond to diseases outbreaks before they become epidemics. GHS is a voluntary process that is in no way in competition with the work of International Organizations. Country ownership is essential and GHS provides a vehicle to build political will and cooperation with partners. Focus on bio, but systems put into place will be applicable to all hazards. Intersectoral cooperation is key, by building links between relevant actors in normal times, we can ensure appropriate and timely action in emergencies. Country assessments support plans by identifying gaps and opportunities for engagement.
3. Prof. Nila Moeloek highlighted that Global Health problems are common challenges and we must all work together. It is essential to map out our priorities now and in the future under the principles of IHR. Moving forward under the GHS umbrella it will be : 1 – essential to strengthen partnership and collaborations with SG member countries; 2 - imperative to explore opportunities to encourage progress of implementation of IHR, PVS and other relevant Health Security frameworks; ensure AP progress.
4. The meeting was co-chaired by Dr. Paivi Sillanaukee and Dr. Maura Linda Sitanggang, Director General for Pharmaceutical and Medical Devices, Ministry of Health of Indonesia. The meeting started by adoption of the agenda.

2015 Priorities and Activities

5. At the first session, Finland and Korea presented Report on 2015 Priorities and Activities. Finland's Chairmanship focused on "Getting things done" through establishing working methods for GHS. Their priorities included: promoting political awareness for health security across all levels, garner support to strengthen health

systems and enhance Biosafety and Biosecurity, enhance intersectoral cooperation, engage International Organizations, develop and share methods of external assessments, promote collaboration with non-state actors, ensure and focus on concrete actions. Bangladesh, Columbia, Ghana, Tanzania, and Zimbabwe have joined the GHSA and existing members have expanded regional collaborations. Joining GHSA requires a political commitment on the part of the government as well as concrete commitment to an Action Package. Finland highlight the need to translate GHSA message into language understood by other Ministries, including Ministry of Finance. Information sharing is crucial for success, Finland and the U.S. have been working on the website, GHSaAgenda.org. Three major meetings took place in 2015 – January, June, and Seoul. There were also a number of side events, as well as a meeting to finalize the assessment tool in June. Finland will provide a written report at the Steering Group meeting in January.

6. Republic of Korea shared its experience in organizing GHSA Ministerial Meeting. The meeting provides a venue to engage high level officials to maintain Health Security as a top priority in a multisectoral way. Attended by 46 countries, 9 International Organizations and 318 delegations, the Seoul meeting focused on widening cooperation and expanding partnerships. Korea suggested that the next ministerial meeting should allow more time for action-focused discussions.

Global Situation

7. During session two, three permanent advisors to GHSA: WHO, FAO, and OIE shared the current global development on issues related to GHSA. WHO presented the Executive Summary of the Lyon Meeting and Beyond Ebola Process. Current IHR monitoring framework is based on self assessment and reporting, the IHR review committee has suggested moving away from exclusive self reporting to peer review/external assessments. During the Lyon meeting, working groups discussed different options for Joint External Evaluations (JEE) that integrate IHR, GHSA, and other tools. In order to make rapid progress regional bodies will begin pilots and present the results to the Executive Board and at the World Health Assembly.
8. FAO reiterated that AMR is a global threat to human and animal health, as well as the environment, and the whole of the food chain. FAO has highlighted its own action plan on AMR focused on awareness, evidence, governance, and practices. A synchronization between animal health and human health for combating AMR in the framework of one health is required.
9. OIE confirmed that they have conducted 43 PVS assessments since GHSA was launched and provided an overview of their approach. The reports of PVS analyses are a valuable contributor to the external assessment process. OIE noted an increase in developed countries' interest in PVS assessments.

Progress on Action Packages

10. United States reported the progress of Action Package Activities during Session 3 of the meeting. The US reminded that Action Packages are central to GHSA. The SG underscores the importance of efforts to track progress on AP implementation. Progress is variable and an updated approach that both supports Action Package leaders and monitors and reports on progress is needed. Over the course of 2015 “Mini Teams” were developed to support AP leaders and provide technical and administrative support. Sustainability of this approach requires broader engagement of the SG through two suggested methods: by engaging actively in APs they are members of and by serving as members of working level support teams. There has been a suggestion to invite action package leaders in the Steering Group Meeting to report the achievements.
11. Indonesia provided an overview of their Zoonotic Disease Action Package progress, which focused on policies and strategy, activities, efforts to strengthen coordination in multisectoral nature, lessons learned, and the way forward. Indonesia performed a self assessment using the GHSA assessment tool, which will be used to review and redevelop the existing Roadmap until 2019 as a National strategic Plan.

Progress on Country Assessment

12. During session 4 on Country Assessment, Finland highlighted that the GHSA was created in line with article 44 of the IHR, to help countries to improve their national capacity in implementing the IHR. Steering Group has been developing GHSA independent external assessment tool. Five countries, Georgia, Peru, Uganda, Portugal and UK have been assessed voluntarily for the pilot phase of assessment during the half of 2015. The first of the second phase assessments has been conducted in Ukraine in November. Currently there are 8 countries volunteering for the next assessment, namely Bangladesh, Ethiopia, Finland, Guinea, Italy, Tanzania, the United States, and Vietnam. Additionally three non-GHSA members, Botswana, Guatemala, and Mozambique, have asked for external GHSA assessments to assist their country plans.
13. The United States elaborated a collaboration with the Government of Kenya, emphasizing a process of assessment, identification of gaps, development of a National Action Plan to fill the gaps, followed by reassessment and refinement. Key elements of US-Kenya partnership included establishing a multi-sectoral Working Group, consulting with International Organizations, conducting baseline assessment and drafting a five year plan.
14. At the Discussion on Future Model, Finland reported that assessment process is ongoing at various levels which include overall process description, standard operating procedure for GHSA external assessments, implementation guide for host countries, implementation guide for assessment teams. WHO delegations suggested to create small technical group to make sure that the tool being used on the future model is working.

2016 Priorities and Activities

15. At the final session of day 1, Indonesia and the Netherlands highlighted the plan of GHSA Activities for 2016. Indonesia presented priorities for 2016, which focus on AP program activities, communication among countries including information sharing, lessons learned, and best practices. Planned activities included: SG meeting on the margins of the WHO EB meeting (on Jan. 23rd, 2016); a May-June SG meeting; a summer Action Package meeting; and a SG meeting on the margins the high level meeting in Netherlands (October 2016). Some other important events to be used are G7 Japanese Presidency (Tokyo); IHR Lyon Meeting in March; etc. The January EB Meeting can bring in together public-private sectors, discussing vaccine issue, and readiness of multi sectors approach.

16. The Netherlands is planning to hold the High-level meeting, tentatively on October 12-13, 2016. The agenda will be loosely based of the Seoul program. Items include: a half day NGO forum; a half day Ministerial meeting; high level speakers; an interactive program, perhaps as a scenario. There will be an emphasis on AMR, including offering working visits to the field. They hope to have first draft of program in January, and a more detailed one in May.

Partnership with Non-Government Stakeholders

17. The meeting resumed on day 2 with the topic on partnership with Non-Governmental Stakeholders, Next-Generation, and other Development Organizations. The US presented an overview of the NGO outreach efforts and strategies over the last two years. The NGS community has a vast network of resources which can support GHSA and many of their activities relate directly to GHSA Action Packages. In many cases the NGS has technical expertise and close ties to communities. Moving forward, the SG should consider ways to engage the NGS community in upcoming GHSA meetings and events.

The Republic of Korea gave an overview of the Next Generation activities at the Seoul Ministerial. The Next Generation group way forward under GHSA contains two priorities: 1) capacity building in the area of Health Security; and 2) enhancing awareness. One opportunity to engage the Next Generation group could be through their participation in the assessment process. The US noted that a Kenyan Next Generation leader participated in the development of Kenya's Roadmap.

OIE stated that it has and will continue to support GHSA, however the scope of activities will be commensurate with the alignment of the activities to their mandate, and their ability to support depends on financial resources from Member States and donors. OIE posed the following questions: have we done enough to achieve the goals and objectives; what can be done to sustainability given GHSA's ambitious time frame; how can the SG assist in country ownership; and how can engagement be rewarded and incentivized? OIE noted the need to look closely at what has been successful so far, and channel resources to these efforts. OIE raised the question of possible further consolidation of the agenda around a lesser number of deliverables in order to maintain momentum.

Information Sharing through Website

18. Finland and the US gave an overview of the [GHSagenda.org](https://www.ghsaagenda.org) website, which aims to facilitate information sharing and transparency. The website can serve as a resource for GHSA members, countries that are interested in joining, and the NGS. The website contains basic information about GHSA, the Action Packages, the assessment process, news and events, and can link to country Roadmaps, assessments and other resources. Content from GHSA SG members and participants will be crucial, and a drop box mechanism is being established for sending content. Ideally, information could come from the Chair, Action Package leaders, and country focal points for GHSA.

19. WHO gave an overview of the strategic partnership portal shared with all member states. The WHO portal will include a diversity of global, regional and development efforts, e.g. GHSA, the Global Partnership, the World Bank and the Lower Mekong Initiative. The goal of the portal is to facilitate all Member State donors and partners to collaborate, find synergy, serve a match making function, and avoid duplication. Portal is being populated in a phased approach, starting with Africa, then expanding to Asia. The current version is password protected, and the final version will likely have an open platform as well as a password protected platform.

Other Matters

20. On ASEAN Perspective session, no representative of ASEAN Secretariat was present. A paper was distributed instead, showing the mandate, strategic health direction, and regional programmes and priorities of ASEAN through ASEAN health sector relevant to the Global Health Security Agenda. Australia joined the 2nd day meeting and noted that their engagement in GHSA would largely be focused in the Indo-Pacific region. Although they are scaling down their overseas investments, they look forward to engaging in the diplomatic arena, through multilateral financing institutions facilitating multi-sectoral engagement through Research and Development and through mapping.

21. On the other matters session, Finland noted that Guinea Bissau formally requested to join GHSA and communicated commitments to 4 Action Packages, making them the newest member.

22. The Minister of Health of Indonesia gave concluding remarks, thanking the participants for a productive meeting, noted progress, emphasized the principles of IHR and cross-sectoral cooperation, and reiterated Indonesia's commitment to implementing the Action Packages.