

**GHSA STEERING GROUP MEETING MINUTES**  
**Namsan 3, Grand Hyatt Seoul, Republic of Korea, 28 July 2017**

**□ Summary**

The 3<sup>rd</sup> GHSA Steering Group Meeting in 2017 was chaired by Dr. Ganglip Kim from the Ministry of Health and Welfare of the Republic of Korea. After the opening and the adoption of the Agenda, Dr. Deokcheol Kwon, Vice Minister of Health and Welfare of the Republic of Korea gave welcome remarks on promising to move on to the next step for GHSA. Dr. Chaeshin Chu from the Republic of Korea highlighted and summarized the last GHSA Steering Group Meeting which was held in May 2017. Some of the announcements were that Republic of Korea will be taking JEE during August 28<sup>th</sup> till September 1<sup>st</sup> and also announced latter meetings of the 3<sup>rd</sup> GHSA High-Level in Kampala, Uganda and the 4<sup>th</sup> Steering Group Meeting in Rome, Italy. For the 4<sup>th</sup> Steering Group Meeting, the date and the venue will be announced through the GHSA's official website and by the official GHSA Steering Group email.

We also had our Permanent Advisors from FAO, OIE, WHO and World Bank to update their works and an additional advisor, IVI (International Vaccine Institute), has shown their interests to join the GHSA group. Since our potential NGS partners could not make to the meeting, as the Chair country of the GHSA Steering Group, we tried to connect our partners through an online platform, but due to a technical issue and time differences, we could only connect with Professor Rebecca Katz, who gave presentation on Tracking Commitments.

Steering Group Members have unanimously agreed to extend GHSA for 5 years during the closed session on Post-2018.

**□ Participants**

**Chair:** Republic of Korea

**Members:** Canada, Indonesia, Finland and the United States

**Advisors:** FAO, IVI, OIE, WHO, World Bank

**NGS:** -

## □ **GHSA Steering Group Meeting Minutes<sup>1</sup>**

### **1. Summary and updates since the 2<sup>nd</sup> Steering Group Meeting in May**

To begin with, Dr. Chaeshin Chu has addressed the concept of “ACE for GHSA”. Briefly, A stands for Action Package and he introduced Republic of Korea’s National Immunization Program as an Action Package Model. C is for Capacity Building and Republic of Korea introduced the concept of “Track Progress on Commitments” with the support from KOICA (Korea International Cooperation Agency) where the projects are country-specific and it aims to enhance the health system of developing countries. KOICA is planning to expand their partnerships with USAID, USCDC, WHO and UNICEF to implement the project more effectively. Lastly, E is for Evaluation and Republic of Korea will work closely with the progress of JEE and encourage all GHSA countries and other partners in cooperating with JEE. Also, expects to connect JEE’s outcome with national planning. Some informed that JEE is very important but what is more important is the “Post-JEE”. Hence, it will be a good idea to upload every JEE documents on internet and at some point, as a recommendation, GHSA members should discuss on Post-JEE Plan/Framework.

### **2. Update from the Advisors of GHSA**

GHSA’s Permanent Advisors (FAO, IVI, OIE, WHO, World Bank) covered issues on their updates regarding GHSA related projects, surveillance, evaluation tool, individual action plans and ways to cooperate with potential partners. In addition, a new advisor (International Vaccine Institute) for GHSA has shown interests to join the GHSA.

Dr. Ahmed El Idrissi (FAO) mentioned that they will fully support with GHSA activities in order to strengthen GHSA Action Packages’ outcomes and at the same

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<sup>1</sup>The Minutes is written chronologically according to the Agenda. Please refer to Final GHSA Steering Group Meeting Agenda.

time FAO and its partners have already given high-level commitments. Continuing from what was left off from the 2<sup>nd</sup> GHSA Steering Group Meeting, he has introduced FAO's projects within the Emerging Pandemic Threats-2 program, which covers Avian influenza, zoonotic diseases, MERS-CoV, ASL2050, AMR, emergency stockpile and other emerging viral diseases. On top of that, FAO is running a surveillance evaluation tool to standardize and set up a comprehensive assessment of capacity and performance of the entire animal surveillance system. FAO will also lead to identify feasible actions and develop a realistic work plan. FAO also plans to assess national animal health capacity level with conjunction to GHSA Action Plan and JEE. Currently, FAO has done 28 GEMPs (Good Emergency Management Practice) in 59 countries with over 700 participants. FAO has established AMR Action Plan for Cambodia, Ghana, Kenya, Zimbabwe, 35 Asian countries and sub-Saharan African Countries. This action plan includes ATLASS (Assessment Tool for Laboratory and AMR Surveillance System) to assess individual laboratories' capacity of pathogen isolation and identification. It will focus on 6 major categories which are technical capacities, data and biological material management activities, quality assessment and governance.

Dr. Susan Corning (OIE) expressed that this year OIE is planning to expand their pledge to protect global security through 4 key activities through OIE's PVS, AMR, World Animal Health Information System and Biothreat reduction. Currently OIE has adopted Resolution 38 of "Global Action to alleviate the threat of antimicrobial resistance: progress and opportunities for future activities under the One Health initiative" where it states that OIE will continue its AMR strategy work in close collaboration with its Tripartite (WHO, FAO and others) partners and to promote inter-sectoral coordination and cooperation at regional, sub-regional and national level. In addition, OIE will keep work with OIE's activities on reviewing OIE standards, guidelines, PVS pathway, legislation mission, veterinary education, OIE National Focal Point Systems, reference centers and by improving the quality of veterinary products. OIE also has adopted AMR Global Action Plan (GAP) to

implement policies aimed at preventing, combating and monitoring AMR. OIE has hosted a meeting called Alternative to Antibiotics Symposium in December 2016 and they promised to continue development of an OIE database on member countries' use of antimicrobial agents in food-producing animals, with the aim of creating an OIE global database.

Dr. Netsanet Workie (World Bank) gave presentation on Response and Preparedness Overview. They have strongly emphasized the importance of pandemic emergency financing system. This system is very important in order to sustain health security. World Bank is developing instruments such as IDA 18, IDA Crisis Response Window and Catastrophe Deferred Drawdown Option. In addition, there are ongoing Pandemic Preparedness Operations going on such as East Africa Public Health Laboratory Networking Project, Regional Disease Surveillance Systems Enhancement, Ebola Crisis Response and Recover, Zika Response and Global Financing Facility, coalition for epidemics Preparedness Innovations and Health Security Financing Assessment Tool and other working projects with GAVI. In bottom line, World Bank strongly expressed that in order to achieve GHSA goals it is time to tackle issues regarding financial part.

Dr. Julia Lynch (IVI), who is a new advisor for GHSA, gave a brief introduction on IVI. IVI is a global vaccine research institute established in 1997 based in Seoul and it is currently running field programs in 29 countries. Their mission is to discover, develop and deliver safe, effective and affordable vaccines for global public health and accelerate the R&D for vaccines critical to global health from Korea. IVI would like to dedicate their works with GHSA's objectives on Preventing, Detecting and Responding to infectious disease threats. IVI clearly visions their tool as a preventive measure. Through the generous support of the government and philanthropic funders, IVI is leading the development of an affordable Typhoid vaccine. IVI has considerable capability to work with government institution to plan and conduct vaccine delivery activities, such as the OCV campaigns. Theses campaigns help to deliver vaccine to those at risk and also developing evidence to

inform policy on the most cost-effective and efficient ways to bring vaccine to those in need.

#### **4. Update on JEE Review**

Dr. Stella Chungong (WHO) presented one of the 2017 Strategic Priorities that could inter-related with GHSA, which is establishing comprehensive national preparedness action plans. This will include strengthening IHR core capacity, building robust surveillance, early detecting systems, conducting JEEs to assess health system and developing platforms to accelerate tools. WHO will continue to support and analyze the results of the JEE reports and annual reporting questionnaires. Also, use an additional assessment, in particular in the area of One Health, and support member states to develop national action plans for health security. WHO is planning to continue to support developing the Strategic Partnership Portal as a one-stop, web based interactive portal for multi-sectoral donors and partners.

As of July 21, 52 countries have completed JEE and 23 countries are in pipeline for taking the JEE. Regarding JEE, 27 reports have been published, 2 reports are in clearance, 23 reports under development and 3 executive summaries are uploaded online. Countries who have completed JEE mission between June and July are Belgium, Lesotho, Madagascar, Mali, Nigeria, Slovenia, Sri Lanka, Thailand and Uganda. With the given background, National Planning Workshops have been done in 6 countries, initiated in 16 countries and 5 countries area in pipeline.

She also has highlighted activities by region. Some of the WHO's next step categories are national planning, costing and financing, IHR monitoring and evaluating framework.

#### **5. Update on the Alliance for Country Assessment**

Dr. Paivi Sillanaukee (Finland) addressed that JEE Alliance is continuing with building health security by supporting the JEE, country planning, investing and

implementing capacity building on technical assistance and proving results. She has also updated on the sub-groups of the JEE Alliance who plays important role for JEE Alliance. For example, the United States and Finland is in charge of advocacy and funding for external evaluation and development of national plans, Georgia and Senegal is responsible for enhancing multi-sectoral collaboration, Saudi Arabia is for financing of national plans and lastly Indonesia and Pakistan's roles are to harnessing regional capacities. Next JEE Alliance meetings will be in October in Kampala, Uganda and in November 2017 Cape Town, RSA.

## **6. Success and Looking to the Future**

Dr. Mohamad Subuh (Indonesia) expressed that some Action Plans are going fine but, in the other hand, some are not even being progressed. Hence, there is a need of consensus to implement Action Plans by cooperating with other member countries via a leading country and has suggested Steering Group to be the Model Country. Indonesia has introduced ZDAP and there are 3 leading counties (Indonesia, Vietnam and Senegal) and 16 other countries who are contributing. Some of the major actions for coordination and collaborations are finalizing the draft of ZDAP and its coordination mechanism, encourage other GHSA participating countries to join and involve with ZDAP, promote ZDAP countries to share best practices and lessons learned in contribution to the GHSA website, organize and host annual ZDAP and GHSA annual meeting, conduct cross border meetings to address trans-boundary zoonotic diseases, enhance network activities between ZDAP countries and international organizations including academia, follow up on and adapt & adopt JEE and other recommendations into national strategic action plans and identify ZDAP Focal Point of each country to facilitate the communication.

ZDAP involves developing an annual plan and a five-year-plan. It also involves multi-sectoral cooperation from various organizations. Training of Trainer (TOT) of animal and wildlife officers which could escalate the One Health approach by jointly investigate, table top exercise, field simulation, joint field training program and

integrated information sharing.

Next step for Indonesia is to establish better and simple method of assessment Action Package progress, needs and challenges, share update on Logic Model of AP with USCDC and facilitate countries to share best practices (national, regional and global) of AP implementation and its impact through GHSA website.

## **7. Multi-sectoral Approach: Defense Side**

Dr. Chris Daniel (the United States) addressed that biothreat cannot be overcome without military's engagement or law enforcement. It is also important to cooperate with different sectors on responding public health emergency. He highlighted that they have been working closely with Indonesia and they are hoping to cooperate with Republic of Korea in order to strengthen the defense side capacity for global health security. Military sector can provide public health sector know-how on standardization and communication, which are their organization's strong characteristics. He expressed that these criteria are especially important because during the public health emergency where a rapid response is critical.

As a respond, Republic of Korea's defense side has shared their experiences during the 2015 MERS-CoV outbreak on how they have assisted the public health sector with preparedness and response. Also, commented that they will be looking forward to work closely with the United States and Indonesia.

## **8. Taking Action, Tracking Commitments for Global Health Security**

The concept of tracking commitments for global health security was highlighted during the 2<sup>nd</sup> GHSA Steering Group Meeting in Geneva. Hence, the Steering Group has invited Professor Rebecca Katz from Georgetown University to give a detailed presentation on the topic.

Professor Rebecca Katz (Georgetown University) gave her presentation on "publicizing funding for mutual accountability and coordination of efforts." She expressed that the idea is to build an online, user friendly dashboard to visually

depict commitments, expenditure and other aid. It is provisioning to start with GHSA countries then start to expand to all other nations. It will also include international organizations such as like WHO and create a tool that will help countries to tell success stories of GHSA, at the same time, identify gaps and to establish a mutual understanding and accountability of where the commitments are heading. The concept of mutual accountability relies on trust and partnership around shared agendas, rather than on 'hard' sanctions for non-compliance. It is also supported by evidence that is collected and shared among all partners. By publicizing the allocation of funds, it will identify overall global health security capacity and the gaps where the funds are not functioning as it was intended. It was always an issue where commitments to national programs have been made but the amount or actual programmatic changes have not been identified. Therefore, multiple investors have not been always coordinated with each other which caused a duplication of fund investment. In bottom-line, its ultimate goal is to visualize and provide access to information, e.g. highlight success, articulate gaps, find the needs in region-specific funding and provide a basis for collaboration and coordination of funding efforts, about all GHS funding.

Although the concept is very similar to WHO's Strategic Partnership Portal, Professor Rebecca Katz is not intending to duplicate the work but to collaborate and enhance both platforms so that GHSA's goal could be achieved more effectively.

(Dr. Youngmee Jee from Republic of Korea, who is in charge of overall JEE assessment in Republic of Korea, has chaired the meeting for this session temporally.)

## **8. Post-2018**

This session was closed for only Steering Group Members and was modulated by Hilary Carter from the United States.

Hilary Carter (the United States) expressed, GHSA aims to build a world safe and secure from infectious disease threats by achieving 80% of WHO member

countries to join the GHSA. It would include those countries at highest risk, develop multi-sectoral health security capacities needed to prevent, detect and respond to outbreaks. As a result, countries will be able to promptly detect and confirm outbreaks, rapidly mobilize response teams and prevent the transformation of infectious disease event into epidemics and pandemics, thereby saving lives, strengthening security and reducing economic losses.

Before closing the meeting, Steering Group Members have unanimously agreed to extend GHSA for 5 more years during the closed session on Post-2018 and then the meeting was dismissed.

**□ Agendas to be discussed**

1. Next GHSA Steering Group Meeting: Next GHSA Steering Group Meeting will be held during the 3<sup>rd</sup> GHSA High-Level Meeting in Kampala, Uganda on October 25<sup>th</sup> till 27<sup>th</sup>. Draft Agenda and Concept Note will be announced later and shared.
2. Establishing Working Groups for “Post 2018 work plan”.

[Upcoming GHSA related Meetings]

Date	Venue
October 25 <sup>th</sup> -27 <sup>th</sup>	<b>3<sup>rd</sup> GHSA High-Level Meeting in Kampala, Uganda</b>
December 2017	<b>4<sup>th</sup> GHSA Steering Group Meeting</b> During the FAO Meeting in Rome (Exact venue will be announced)