The last GHSA Steering Group meeting in Indonesia chairmanship year under the theme of “Performance of GHSA in 2016 and the Way Forward” was organized on 14-15 December 2016 at Courtyard Bali Nusa Dua Resort, Bali, Indonesia. The meeting was attended by around 60 participants. Countries present were 5 Steering Group members (Finland, Indonesia, Kingdom of Saudi Arabia, Republic of Korea, and the United States of America). International organizations as the advisor of GHSA present included WHO, FAO, and the World Bank. The meeting was chaired by Dr. Maura Linda Sitanggang, the Director General for Pharmaceutical and Medical Devices of the Ministry of Health of Indonesia.

Opening

1. Minister of Health of the Republic of Indonesia, Professor Nila F. Moeloek, welcomed the participants of the GHSA Steering Group meeting and reiterated the vision of the GHSA to achieve a world safe and secure from the infectious disease threats. The world has recorded the pandemic of infectious diseases due to the inadequate capacity to deal with public health problems. However, since its establishment, the GHSA has made significant progress through the chairmanships of the United States, Finland and Indonesia. Minister of Health, therefore, would like to congratulate every stakeholder for their hard work and enduring commitment to meet the GHSA goals.

2. Among the notable achievements made are the implementation of JEE, growing collaboration with relevant partners and stakeholders, growing GHSA memberships, and enhanced coordination between Steering Group countries and Action Package activities. Minister of Health noted with optimism that the coming year will bring more success to GHSA, as Indonesia will end its chairmanship by the end of 2016.

Update from the Advisors of GHSA

3. WHO highlighted the current achievements in global health security and the way forward by emphasizing the significance of strategic partnerships and Joint External Evaluation (JEE) that have been carried out in a number of member countries. To
date, there have been 28 JEEs conducted in all six WHO regions, and 11 assessments have been scheduled to take place.

4. Strategic partnership for country planning remains the cornerstone for the efforts to meet health security goals, and the primary objective of this partnership is to help member countries develop their own country planning in dealing with the possible outbreak of infectious diseases. Workshops on strategic partnership for country planning have been conducted in two WHO regions, and as many as 13 workshops have been scheduled. WHO looks forward to working closely with member countries to develop their plans to meet their national health security goals, and close the gaps the need to be addressed further.

5. FAO extended its appreciation to Indonesia for its active leadership during 2016, and highlighted the advisory role of FAO in supporting the GHSA activities. FAO underscored the importance of One Health approach, which is coupled with multilateral and multisectoral coordination to strengthen the capacity of global health in dealing with public health threats. It is important for the GHSA to pursue multilateral and multisectoral approach by emphasizing human – food – animal – environmental interface. To achieve One Health approach, the role of agriculture should be properly reflected in various GHSA programs. In addition, in order to tackle challenges faced by GHSA in 2017, food and agriculture should be increasingly involved in the GHSA Action Package activities.

6. World Bank extended its appreciation to Indonesia for hosting the current meeting, and outlined a number of activities and facilities developed to finance various GHSA programs across the world. The regional task force meeting for development of health security financing assessment tool was organized by the World Bank in coincidence with the GHSA Steering Group meeting. The tool is developed to complement assessments like the JEE or other health security assessments to identify critical constraints and opportunities to building effective financing systems.

7. International Development Association (IDA) resources related to GHSA include IDA facility for mobilizing funds starting in July 2017, which reflected World Bank commitment to support countries in financing GHSA activities. Preparedness of pandemic plans is a prerequisite for the support of financing from World Bank. There have also been simulation exercises organized by World Bank with relevant government stakeholders and private sector which reflected the strong commitment of World Bank to GHSA activities across the world.

**Report on Action Package Progress**

8. The United States highlighted the progress of the GHSA made particularly through Action Package activities in recent years. There have been a number of successful examples, such as shown in various areas of concern in the Action Packages. The United States stressed the responsibility of Steering Group members in supporting and facilitating the progress in each of the Action Packages.
9. The United States also highlighted the importance of the platform for sharing Action Package information among the GHSA member countries through GHSAgenda.org, to enable member countries to keep track of the progress made in AP activities and share information and best practices with wide audiences across the world. This will immensely help accelerate the progress toward the GHSA goals and targets.

10. Indonesia highlighted the important role of military in public health emergency and emphasized that ICMM (International Committee on Military Medicine) should be more involved in GHSA.

**Networking of Action Package**

11. Indonesia presented a systemic network model for coordination of Action Packages at national and global level by emphasizing that building block of the GHSA is the ability to establish a robust network between stakeholders.

12. The system proposed consists of two primary components, namely vertical component and horizontal component, with an understanding that Action Packages are not a new organization, but rather as a way of organizing things, and the elements in the Action Packages cannot work in silo, but in an enhanced coordination with other Action Packages.

13. The Steering Group takes note the concept note of Systemic Network Model on Coordination of Action Packages as GHSA living document that can be enriched by the Steering Group in the future.

**Update on the Alliance for Country Assessment**

14. Finland presented an update on Alliance for Country Assessment by highlighting the progress made in JEE to date. There have been 27 JEEs completed in 2016, and 11 JEEs have been scheduled for 2017, and a number of countries expressing their interest in participating in this assessment.

15. In addition, the Alliance has been established as an informal platform for discussion that facilitates information exchange and access to funding, as well as promotes transparency in exchanging information on the results of the assessments. The membership of the Alliance has been steadily growing and the next step is to continue to focus on facilitating the process of health security capacity building and IHR implementation at the country level. Four thematic sub-groups under the Alliance will be set up focusing on: 1) Advocacy and funding of external evaluations; 2) Enhancing multi-setoral coordination; 3) Financing of national plans; and 4) Harnessing regional capacity. The next Alliance meeting is scheduled to take place on 22 January 2017 in Geneva.

16. FAO reminds the simplicity of the organization and clear role of each part.
**Partnership with Non-Government Stakeholders, Next-Generation, and other Development Organizations**

17. The United States presented the GHSA’s partnership with various Non-Government Stakeholders (NGS) with a focus on the role played by NGS in advancing the GHSA cause. NGS have come a long way in supporting various GHSA activities, and there has been a growing engagement of NGS, next generation, and universities with GHSA activities in many areas. The role of NGS is extremely important in accelerating the progress of GHSA considering that the government cannot achieve all GHSA goals alone, as well as the expertise, resources, and networks owned by NGS to support countries align with GHSA, especially for JEE. The United States also stressed the need to find ways to engage with NGS throughout the “life cycle” of GHSA.

**GHSA Outreach and Multilateral Commitment**

18. Indonesia provided an update on GHSA outreach and multilateral commitment by providing information on the organizations that have expressed their interest in becoming part of the GHSA. They include:
   a. IFRC (International Federation of Red Cross and Red Crescent Societies)
   b. Caribbean Public Health agency (CARPHA)
   c. Asia Europe Foundation (ASEF)
   d. BMJ (British Medical Journal)
   e. Hepatitis Foundation International (HFI)

19. Support was given by the floor to these organizations to join the GHSA, in particular the GHSA Consortium, but detailed arrangements should be discussed further in the next Steering Group meeting.

**Highlight of Indonesia Chairmanship in 2016**

20. Indonesia provided highlights of the achievements in global health security made during its chairmanship in 2016. There have been some significant milestones made during 2016 which includes, among others:
   - Supporting Joint External Evaluation (JEE);
   - Promoting global health security in various international fora;
   - Strengthening of Action Package coordination through a number of Action Package meetings;
   - Increasing membership of the GHSA which has reached 55 member countries around the globe, with 5 new member countries joining the GHSA during 2016;
   - As the result of some encouragements by Indonesia as the Chair of GHSA, 4th ASEAN Summit in Lao PDR, September 2016, welcomed the intention of ASEAN Member States to support JEE and welcomed the invitation to join as an institutional advisor of GHSA;
   - Organizing a number of Steering Group meetings both in country and overseas geared toward improving coordination and action plan of the GHSA.
21. However, there have also been some significant challenges faced during 2016, which includes among others:

- Lack of mechanisms to keep track of all commitments of the GHSA member countries and ensure that all those commitments are met in time;
- Ensuring an intensive, effective, and interactive way of communication among GHSA member countries;
- Non-Government Stakeholders involvement throughout “cycle life” of GHSA, including role of the next-gen into national policy;
- Funding mechanism to support GHSA activities;
- Improve and enhance GHSA events in all aspects of global health security agenda, not only limited to biological events.

In addressing some of those challenges, WHO suggested to make use of the Strategic Partnership Portal (SPP) as a platform to help tracking countries' achievements and identifying gaps.

22. Indonesia also shared its future commitments in continuing leadership in GHSA as member of Troika and Steering Group, as well as Co-Leaders of Action Packages. Indonesia is also committed to serve as the member of the advisory group of the Alliance for Country Assessment and take part in the development of the Health Security Financing Assessment Tool led by the World Bank. Moreover, Indonesia is expected to complete JEE in 2017 and will also be devoting to contribute Indonesia’s experts in JEE and has expressed its willingness to host the 5th GHSA Ministerial Meeting in 2018.

23. Participants of the meeting expressed their appreciation to the Government of Indonesia for its successful chairmanship in 2016.

**Work Plan for 2017**

24. The Republic of Korea presented a brief work plan for 2017 during which it will serve as the troika chair of the GHSA. The main goal of the 2017 action plan, which also serves as the catchphrase of the work plan, is ‘Take Action’. Details of the 2017 work plan are yet to be worked out and will be presented in Steering Group meeting in January 2017.

25. There are three main areas to be prioritized in 2017, namely “ACE” as Action Packages, Capacity building, and Evaluation. Republic of Korea looks to strengthen the coordination of Action Packages further. It will also put a strong focus on capacity building in which sustainable financing will play a crucial role, and evaluation to ensure that progress in global health security can be made as expected. Republic of Korea has also planned to conduct 5 Steering Group meetings in 2017.

26. In the meantime, Republic of Korea has established a multi-sectoral GHSA task force in preparation for the chairmanship in 2017, which reflected a multi-sectoral approach in dealing with health security issues.
The Way Forward for GHSA

27. The United States expressed its support of Korea’s work plan, and noted that the progress in global health security made should not leave us complacent. There is a need to follow up on commitments already made, and to keep up well-coordinated efforts among all the member countries and partners. The United States will remain committed to GHSA and look forward to working closely with all the member countries.

28. Indonesia suggested greater engagement of non-state actors in global health security issues, such as Member of Parliament and Inter Parliamentary Union (IPU), and youth through next generation. The youth’s role and participation can be cultivated by identifying youth groups at the national level.

29. Finland agreed that idea of engaging parliament in the GHSA should be supported, and added that the GHSA should work very closely with World Bank, particularly for financing global health security. There should also be an alignment of the GHSA with the agenda of G20, and there is a need to discuss on how to strategically place the global health security issues in the agenda of G20. In addition, the GHSA needs to work across different partners and ensure that One-Health approach can be implemented at the national and global level.

30. The World Bank shared the information on the JEE review meeting to be conducted in March 2017 and expressed their expectation to also consider the discussion of the financing tool. WHO further shared that they have started the process to reach out comments from countries on JEE experiences. It is expected that there will be more in depth questions for the technical areas.

Incoming Troika for 2017

31. The Steering Group members should continue the consultation to discuss further the candidate to serve as the chair for 2018. It was underlined that having a troika member based on idea of moving around the region is a good idea.

Closing

32. Secretary General of Ministry of Health of the Republic of Indonesia officially closed the meeting by extending appreciation to all participants and their contributions to the meeting. Secretary General congratulated the Republic of Korea for carrying forward the GHSA in 2017, and looked forward to working closely with all the member countries of the GHSA in 2017.

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