



## **GLOBAL HEALTH SECURITY AGENDA MEETING OF THE STEERING GROUP 21 May 2016, WHO HEADQUARTERS, GENEVA**

The GHS Steering Group meeting was attended by around 70 participants. Countries present were Steering Group Members (Indonesia, United States of America, Finland, Republic of Korea, India, Kenya, Canada, Italy, Chile, Kingdom of Saudi Arabia) and Action Package leading countries (The Netherlands, Portugal, Peru, Malaysia, Denmark, France, Georgia, Germany). International organizations present included WHO, FAO, the World Bank, and the representative of GHS Private Sector Round Table (PSRT).

### **Opening Remarks and Update by Chair**

1. The meeting was chaired by Dra Maura Linda Sitanggang of Indonesia. Indonesia opened the meeting with a recognition of strong progress made since the inception of the Global Health Security Agenda (GHS), “Within 2 years (of this) incredible journey...now global health security is a topic of conversations of Heads of State...the most significant collaboration.” Indonesia started with a recap of the January 2016 Steering Group meeting and noted again key upcoming GHS meetings in Jakarta (23-24 August Action Package meeting) and Rotterdam (12-14 October High Level meeting).

### **Update from Permanent Advisors of GHS (WHO, FAO, OIE)**

2. Dr Bruce Aylward (Executive Director a.i. Outbreaks and Health Emergencies, WHO HQ) highlighted the January flare up of Ebola in Guinea, the ongoing outbreak of Zika, and the Yellow Fever outbreak in Angola all happening in a short timeframe and highlighting the importance of GHS – including the importance of even modest capacity. He also noted that 12 recommendations, which meshed very well with GHS objectives and the ideas that GHS champions, were being considered through the IHR Review Committee to be considered at the WHA. WHO has received extensive feedback from countries about the JEE process. The most important issue are next steps to follow the JEE assessments. Translating the results into a functioning action plan is currently the biggest hurdle. He also touched upon the reform process at WHO, noting there had been a big shift in the WHO business model, and with a greater emphasis on convening and leveraging partners.

3. Dr Guenaël Rodier (Director Global Capacities, Alert and Response) outlined current WHO activities that have built momentum created by the GHSA, including increased synergy between OIE and WHO, further integration of the JEE tool within the IHR, increase of interest and participation in JEE country missions, increased support for Action Package: Detect 4 (Reporting), and the preparation of WHO's 'Advancing Global Health Security' meeting in Bali in June. Dr Rodier also noted the need to review the JEE missions, especially for fieldwork. He also indicated the key challenge is to develop national action plans after the conclusion of the JEE missions.
4. FAO's short intervention emphasized leveraging existing systems and the need to focus on a One Health approach, addressing diseases at their source and connecting with ministries of agriculture and livestock. FAO's intervention ended with a repeat of their offer to host a GHSA meeting in Rome.
5. OIE was not present due to its equivalent major Assembly also taking place in the same week.

### **Action Packages Activities**

6. This Steering Group meeting was the first to include report outs from Action Package leaders, and 10 out of 11 Action Packages were able to provide updates (only Workforce Development had no update at the meeting).
  - a. The Netherlands presented on AMR, emphasizing the One Health approach taken. The need for Member States to develop multisectoral national AMR action plans was stressed.
  - b. Indonesia presented on the Zoonoses Action Package, noting their successful intersectoral One Health approach but emphasizing the need for increased communication with the Steering Group.
  - c. Portugal presented on the Biosafety and Biosecurity Action Package noting that the AP had assisted 50 countries this year.
  - d. Italy presented on the Immunization Action Package and noted its continued support of the JEE. Italy noted the need for better coordination and collaboration between countries and relevant agencies. Emerging challenges for this AP include: migration, wild polio virus circulation, and a polio vaccine booster for the elderly.
  - e. Thailand leads on the Laboratory Systems Action Package but US CDC presented on its behalf. The need for greater harmony between the results of the JEE was highlighted. It was suggested that a dashboard be developed with data from the JEE to monitor and provide greater alignment between the Action Packages and the IHR Monitoring Framework.
  - f. Georgia presented on the real-time Surveillance Action Package, noting strong support from the US Government. A highlight was real-time information between the healthcare and the veterinary sectors. Georgia noted that there needs to be

more coordination from the Steering Group.

- g. France presented on the Reporting Action Package, emphasizing the need to work closely with country NFPs about notification of events, and noting the need for the JEE to establish performance indicators about timeliness between an event and notification. France also noted problems need to be resolve on reporting between WHO HQ and WHO regional offices.
  - h. Malaysia presented on the EOC Network Action Package, reviewing progress and identifying the continued need to build capacity. The target is functioning EOCs with minimum common standards in rapid response teams, real-time bio-surveillance lab networks and information systems. Sustainable procedures and protocols must be developed.
  - i. The Republic of Korea presented on the Action Package Linking Public Health with Law and Multisectoral Rapid Response. The need for a stronger multisectoral approach and transparent communication was noted.
  - j. The United States presented on the Medical Countermeasures and Personnel Deployment Action Package, noting the continued need for information sharing with other nations. Challenges faced include the recurring issues with customs and immigration when their paperwork cannot keep pace with the deployment of officials. Among existing initiatives noted was Foreign Medical Teams; the next step is to build an Emergency Medical Team initiative with PAHO.
7. Overall, the Action Packages appeared to have accomplished quite a bit of work with some, such as AMR and Biosafety/Biosecurity much more active and sharing tools and best practices with outcomes planned for the October GHSA Ministerial. A number of the Action Packages asked for a stronger information-sharing link with the Steering Group and several flagged the need for assistance with setting up teleconferences to facilitate Action Package discussions.
  8. The Action Package presentations also stimulated discussions from participants about the need for better coordination among Action Packages to figure out how they could work better together. Saudi Arabia emphasized the need for more transparency with the Action Packages and the need to share more tools, guidelines, etc., as well as progress updates. U.S. interventions highlighted that Action Packages could provide technical experts to JEE teams and could also provide tools and other materials in support of implementation work. The U.S. also noted that there is still a lot of work to be done to share Action Package work products and information, that the U.S. will help with tracking progress, and that the Action Packages should all find ways to focus on supporting the JEE.
  9. All partners also affirmed the importance of linking Action Package work – notably to provide experts and tools – to the work of countries to develop and implement national plans to achieve each of the targets. The U.S. agreed to assist Indonesia with ideas for panel discussions to take this idea forward during their Action

Package meeting in August. Indonesia also noted a strong interest in simulation exercises.

10. The United States noting that there is a need to identify synergies between Action Packages to enable an expert to represent one or more Action Packages to cut down on the number of participants in JEE missions. This would also help avoid the silo approach.

### **Country Assessment**

11. WHO reminded the meeting that the IHR Committee had recommended the process move away from self-assessment to one that tested not just that capacities exist but also that they were operable and effective. The JEE process works with countries to identify gaps and the country's priorities in the region. Under JEE priority actions are recommended by international experts and linked to activities, which can be costed with short- and long-term goals. When a country volunteers for the JEE, the tool is sent to the country to be completed by different ministries. This multisectoral approach encourages different government actors to communicate and collaborate. WHO noted there is a need to standardize the mission and have a proper review system.
12. Finland recalled the common understanding of how and why the JEE were established. They are made in collaboration with partners, and made up of internal and external assessments. The JEE is not meant to be used to rank countries and their capacities. Finland emphasized that the JEE is not an end product but the beginning of capacity building and health systems strengthening to respond to all threats.
13. Finland then presented updates on progress made so far with JEE and the Alliance for Country Assessments. As part of Finland's progress report, Paivi Sillanaukee showed a list of countries either with completed assessments (11 countries), scheduled to undergo a JEE (13 countries), or interested in undergoing an assessment (20+ countries). This brings the total number of countries that have either undergone or are interested in undergoing an assessment to approximately 44 – a major success for GHSA. Finland stated her goal of seeing 50-60 JEE assessments completed by the 2017 WHA.

### **Upcoming GHSA Meetings**

14. During the session on upcoming GHSA meetings, WHO provided an updated on the Global Health Security meeting in Bali (27-29 June). The Bali meeting will be preceded by a World Bank meeting on 26 June to discuss financing with Vietnam and Indonesia. Indonesia provided an update on their Action Package meeting in

Jakarta (23-24 August), and the Netherlands provided an update on the GHSA High Level meeting in Rotterdam (12-14 October), which will include the possibility of participation from the Prime Minister, a scenario based discussion, and non-governmental stakeholder participation, including in aspects of the Ministerial itself.

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

15. The last session of the meeting was an update on work by non-governmental organizations: the non-governmental stakeholder GHSA Consortium, Next Generation GHSA leaders, and the Private Sector Roundtable (PSRT). Jeffery Sturchio, President and CEO of Rabin Martin, the PSRT's secretariat, emphasized the importance of linking GHSA work with civil society and the private sector, noting that private sector entities are already involved in global health security-related work. The PSRT, composed of 16 multinational corporations, has interests in the areas of surveillance, diagnostics, AMR, supply chain, and response, and are particularly interested in supporting Action Packages on AMR, Immunization, Laboratory, Surveillance, and Workforce Development. Sturchio offered to attend the Jakarta Action Package meeting, and the PSRT is in touch with the Netherlands about opportunities to engage in the Ministerial in October.

### **Questions and Answers**

16. India questioned what initiatives need to be conducted in order to achieve the results of the GHSA activities. They also questioned whether there has been any mapping of a resolution to AMR, with any potential for an action plan with a vision of the next steps to take in combatting this issue.

17. The Netherlands and the World Bank highlighted the need to implement a global action plan, as well as to strengthen and align at the country level. Serious consideration should be aimed at costing and financing the recommendations put forward by the JEE.

18. The United States indicated there are five steps to help move a country forward: cross-sectoral coordination, country and in-country partners, country allocation of resources, identification of gaps and needs, and the JEE repeated every 3-5 years to assess progress. The United States also noted that there needs to be a range of standard operating procedures for sudden events, in order to attain a holistic approach.

19. Finland was pleased with the progress of the JEE, yet noted that logistics still needs support.

20. The World Bank stated that there needs to be closer collaboration between international organizations to fight pandemics. The World Bank indicated that in the past there had been no clear connection between health and climate change. More extreme weather conditions might lead to epidemics like dengue. We need to work closely with the World Meteorological Organization (WMO) to help prepare for disasters.
21. Germany reflected on what heads of state would do if faced with an epidemic in their country. What procedures are in place? Are they prepared enough?
22. The United States observed the need for more experts in certain technical areas of the JEE, although there is an apparent overabundance in others.
23. Saudi Arabia mentioned there was a need for more transparency in the Action Packages including guidelines and planning in coordination with organizations such as WHO & OIE we need to share and contribute more.
24. The Republic of Korea supported the JEE tool and building IHR core capacities.

### **Closing**

25. The chair of the meeting thanked all the participants for the reports, inputs, and updates of activities given in addressing the global health security. Specifically for the Action Package, it was noted that this meeting agreed to continue and strengthen key areas with added emphasis on action package implementation to strengthen national capacities. The chair emphasized that synergies between two or more action packages is a good potential to be explored. The chair then pointed out that the strength of GHSA is our collective as well as independent capacities to independently carry on with work at global, regional and national levels to ensure the safety of our world and the health of the world's population. The chair strongly believes that it is achievable given the commitment we have up to now.