

**SIXTH MINISTERIAL MEETING ON
THE GLOBAL HEALTH SECURITY INITIATIVE**

ROME, ITALY, NOVEMBER 18, 2005

1. As Ministers/Secretaries/Commissioner of Health we are committed to protecting the health and safety of our populations, and to strengthen health security globally through international collaboration. We recognize the importance of advancing work on pandemic influenza preparedness, but also to move forward to better prepare against chemical, biological and radio-nuclear threats.

2. Today we discussed present contributions and future steps to improve global pandemic influenza preparedness in conjunction with the World Health Organization (WHO) and other international initiatives. We were pleased to note the important work accomplished over the past year. In June 2005, the United Kingdom led a pandemic influenza preparedness exercise to compare our pandemic plans. Mexico hosted a subsequent meeting in Mexico City to further compare these plans. This allowed us to learn and share valuable lessons about our pandemic preparedness related to vaccines and antivirals, public health measures, communications and surveillance. The United Kingdom also hosted a pandemic influenza modeling workshop, that provided important information for potential response strategies. We agreed that the results from this modeling workshop should be shared widely, and we are pleased to announce that a publication of the results will be released shortly.

We also welcomed the collaboration with the WHO that resulted in a successful information session on strengthening pandemic influenza preparedness and response at the May 2005 World Health Assembly. This session helped to inform and engage other countries on this pressing issue.

3. We recognized that there are important challenges facing global preparedness and response on pandemic influenza. We have agreed on certain steps to help address some of these challenges:
 - We will continue to compare our national pandemic plans in order to better understand variations across these plans.

 - We endorsed the consensus agreed to at recent international meetings on avian flu and pandemic influenza that the best strategy for preventing a human pandemic influenza is to contain the virus at its source in animals.

 - We noted that the WHO has established a rapid response stockpile of three million treatment courses of antivirals for early containment purposes. We commended the WHO for this initial stockpile. We agreed to work with the WHO to develop and test protocols for early containment across a full range of

public health interventions, including medical counter-measures and equipment.

-Building on previous work on the Risk Incident Scale, we will continue to work on risk communication which will aid our approaches to informing decision-makers and health professionals with respect to their managing a pandemic, and our populations with respect to the actual nature of the pandemic situation.

-We recognized the need for improving production capacity and access to vaccines. In order to help meet this need, we agreed to develop, in collaboration with the WHO, approaches for improving such capacity.

-We will work together to prepare for the Beijing donor conference.

-Germany will host a workshop by June 2006 for information sharing on comparative approaches to developing vaccines.

4. We thanked France, Germany and the WHO for holding a workshop in Berlin on building capacity in epidemic alert and response in developing countries. Recognizing that the International Health Regulations (IHRs) provide the framework for the global response to public health emergencies of international concern, irrespective of their origin or type, we agreed to support the current initiatives of the WHO, in particular those begun through its Lyon Office, including a plan to conduct a feasibility study of training methods to prepare human resources for compliance with the IHRs. In order to assist developing countries to meet the IHRs timelines, we intend to support WHO in the process of capacity building in developing countries through training opportunities, and urged the WHO to accelerate its efforts to support these countries. We also committed to broader utilization of laboratory capacity in our respective countries to expand training opportunities to other pathogens posing a risk to global health security, and exploring ways to open training to developing countries. We agreed to submit a resolution to the WHO Executive Board at its next session on the need for an annual report to the World Health Assembly on progress made to assist countries in complying with the IHRs.

We welcomed the initiative by Italy to support WHO in the process of capacity building in developing countries by offering training opportunities, possibly in collaboration with other countries, on the most urgent components of the IHRs.

5. We recognized the significant progress made by the Global Health Security Laboratory Network, led by Canada. Building on successful workshops in the areas of smallpox and anthrax, the Laboratory Network recently completed comprehensive work in the areas of electron microscopy (led by Germany), plague (led by the United Kingdom and Germany), tularaemia (led by the United States) and environmental sampling (led by Canada). In 2006, Canada will host workshops on deployable laboratory capacity and environmental sampling, and Germany will host a second workshop on electron microscopy. In addition, the Laboratory Network is strengthening its collaborative efforts with the WHO and, having harmonized their diagnostic approaches, will make the

results available to countries outside GHSAG.

Following last year's successful transportation workshop in collaboration with the UN Subcommittee of Experts on the Transportation of Dangerous Goods, the Global Health Security Laboratory Network, in concert with the WHO, is ensuring ongoing engagement by our health ministries in providing public health expertise and guidance to international transport regulators and organizations. In addition, Canada and the UK will coordinate an exercise to test the international transportation system in 2006.

6. We noted the good progress made by the Emergency Contact Network, and we endorsed the continued and expanded testing of this Network during 2006. The recently established videoconferencing capability among all members of the Global Health Security Initiative (GHSI) further enhances our ability to communicate rapidly during emergencies.

We took note of the activities of many members to test their emergency plans through health-led exercises. To improve sharing of lessons to be learned, we welcomed the offer by Canada to create a calendar of major exercises involving the health sector and the agreement to invite observers from other GHSI countries.

We expressed our gratitude to the United Kingdom, the United States and Mexico for sharing some of the preliminary lessons identified during the recent London bombings and hurricanes Katrina, Rita, Stan and Wilma, and will continue to share lessons learned. We welcomed the offer from the United Kingdom and the United States to hold a workshop to systematically examine the factors that lead to best practices for the clinical management of injuries associated with explosive devices and public health responses to major emergencies.

We welcomed reports by the WHO on progress made in developing an operational plan for responding to the unlikely reintroduction of smallpox anywhere in the world. The Risk Management and Coordination Working Group agreed to assist the WHO, as required, to finalize this plan.

We encouraged the feasibility study by the United Kingdom, Canada and the European Commission into the production of periodic early warning reports of public health events and situations of global interest. These will be based on data collected from existing early warning systems, the analysis of the data, and assessment of the information.

We will pursue work on risk communication, and welcomed the offer from Germany to host a workshop to examine proactive risk communication principles, and in particular to understand different approaches and to achieve harmonization of communication messages wherever possible.

7. We commended Japan for its leadership and the progress made on health preparedness and response to chemical events. As a result of two technical workshops in Germany and Japan, and three meetings of the Working Group on Chemical Events, we have improved our information exchange on chemical threats and the public health response. The

creation and validation of a risk prioritization tool (Risk Matrix) is a major achievement for our ability to better understand, prepare for and collaborate on the public health threats posed by the accidental and deliberate release of hazardous chemicals. We accepted the plan of the Working Group on Chemical Events for 2006 which includes developing workshops on chemical threats identified by the Risk Matrix, and a simulation exercise of chemical events in early 2006 to test our international communications and public health preparedness.

8. We recognized that the public health implications of radiological incidents and their international significance are not as well understood as those of biological incidents. In a major accidental or deliberate radiological incident, however, the health sector will be on the front lines to treat and care for victims. In order to enhance our health sectors' management of and response to the health consequences of a radiological incident, we agreed to a workshop and simulation exercise, led by France, by June 2006 to share information and compare our national approaches on health preparedness and response. The results will provide lessons learned and best practices to guide future work in this area.
9. Following recommendations of the First Workshop on Best Practices and Coordination in Field Epidemiology and Outbreak Investigation, Mexico hosted a second workshop in September 2005. Important issues of international coordination during public health emergencies of global concern, and international collaboration of field response to outbreaks were discussed. We welcomed Mexico's continued leadership on this important issue and, in particular, to develop a database of resources and support networks among member countries that will enhance our ability to collaborate when responding to disease outbreaks of international concern. Work also will be undertaken to define the ideal expertise of field response teams, incorporating information and support from Field Epidemiology Training Programs of member countries.
10. We thanked the European Commission for its work on research collaboration. In order to improve global health preparedness and response to chemical, biological and radio-nuclear threats, it was agreed that a symposium will be organized that will focus on the exchange of information on health security research programs. This symposium will take place in 2006.
11. We noted with particular satisfaction the World Health Assembly's adoption of the International Health Regulations (IHRs) in May of 2005. We emphasized that the implementation of the IHRs must reflect the real threats to international public health in the 21st century, including a possible influenza-related pandemic. We are pleased that all State Parties to the revised IHRs will be obligated to notify events that could have the potential to cause Public Health Emergencies Of International Concern, and that the WHO Director-General may declare Public Health Emergencies Of International Concern regardless of their type or origin. We will apply the revised IHRs with the understanding that the regulations apply to all such health threats - chemical, biological, and radiological - and all causes and modes of events - regardless of whether they are naturally occurring, accidental, or deliberate. Although the official implementation of the

IHRs will not commence until June of 2007, we agreed to immediate voluntary compliance with applicable articles, and we urge other Nations to do the same.

12. We are pleased to announce the launch, in the coming weeks, of the public web site for the Global Health Security Initiative. This new web site will facilitate the sharing of appropriately designated information and outcomes from the Initiative.
13. We welcomed the invitation from Japan to host the next Ministerial Meeting in late 2006.

This statement was endorsed by:

- The Honourable Ujjal Dosanjh, Minister of Health, Canada, represented by Mr. Ian Shugart, Senior Assistant Deputy Minister
- Mr. Markos Kyprianou, Commissioner of Health and Consumer Protection, European Commission
- L'honorable Xavier Bertrand, Ministre de la Santé et des Solidarités, France
- Dr. Klaus Theo Schroeder, State Secretary, for the Honourable Ulla Schmidt, Federal Minister for Health and Social Security, Germany
- The Honourable Francesco Storace, Minister of Health, Italy
- Ms. Kyoko Nishikawa, Parliamentary Secretary for Health, Labour and Welfare, Japan
- The Honourable Julio Frenk, Minister of Health, Mexico
- The Honourable Rosie Winterton, Minister of State for Health Services, United Kingdom
- The Honourable Alex Michael Azar II, Deputy Secretary, for the Honourable Michael O. Leavitt, Secretary of Health and Human Services, United States