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High level Conference on Global Health Security

Solutions for strengthening the States' capacities under IHR (2005)

Conference summary report Lyon, France, 22-23 March 2016

Background

Since the International Health Regulations (IHR, 2005) have entered into force in 2007, numerous emerging and ongoing events relevant for public health such as avian and pandemic flu, Cholera, MERS-Coronavirus, Ebola and lately the Zika virus epidemic have continued to challenge progress in implementing the core capacities needed to prevent, detect and respond adequately to health emergencies. The diversity and increasing frequency of severe events, may they be epidemics of infectious diseases, or caused by other hazards, for example of chemical, or of environmental origin, are stark reminders that the IHR, designed to ensure and improve the capacities of countries to prevent, detect, evaluate, alert and respond to public health threats, are the cornerstone of global health security.

The recent Ebola epidemic triggered various evaluations of the way health systems and the international community responded to the threat. The World Health Organisation (WHO) has launched a formal review process on the basis of a mandate the World Health Assembly entrusted to the IHR Review Committee in May 2015 in order put the effectiveness of the IHR under scrutiny.

Preliminary conclusions of the IHR Review Committee underline the key role of the IHR in building national core capacities to address health threats without stating any need for changes as regards content of the IHR. The conclusions, however, call for speeding up strengthened and coherent implementation, especially of reinforced national core capacities, where gaps remain major impediments to improved health security, unless they are addressed by national governments *and* the international community. The

Committee, furthermore advocates support, renewed commitment and integrated coordination at all levels and across sectors involving ministries, integrated health information systems and the use of new technologies.

In this context, the rationale remains to revise the emergency response mechanisms when an epidemic occurs, and to adopt a long-term approach with a focus on prevention and preparedness. In the aftermath of these health events that have gained worldwide attention, there is now generally acknowledged evidence that countries most vulnerable to health threats are those with poorly developed health systems and that, as a consequence, efficient IHR implementation will continue to rely on strengthened health systems.

In the light of this momentum the WHO State Parties have fully acknowledged the need to reinforce their core capacities under the IHR. International organizations such as the WHO as well as the European Union and its Member States together with the European Commission support partner countries in this regard: several international initiatives have emerged to promote rapidly improved implementation of the IHR core capacities.

In a world where countries are increasingly interconnected, monitoring and evaluation of the IHR should aim at providing for mutual accountability among Member States in the area of public health security. Transparent, accurate, and timely reporting will give all Member States information on existing capacities and will foster dialogue and trust.

Against this background, the French Government and the EC organized a high level Conference on Global Health Security, co-sponsored by the World Health Organization and the Dutch EU Presidency. The conference took place on 22 and 23 March 2016 at the Congress Center of Lyon, France with a view to strengthening IHR core capacity implementation.

Day 1 of the meeting was dedicated to '**Assessing and building countries' capacities and cooperation**' with a focus on the reinforcement of health systems, research for innovation, sharing of information and collective solidarity mechanisms. Day 2 dealt with '**Health systems strengthening and cross-sector commitment**'.

Scope

The Conference brought together stakeholders, high-level political leaders and key multilateral actors such as the WHO, the World Bank, the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO), and the European Centre for Disease Prevention and Control (ECDC). In addition, NGOs, foundations, institutes, and sectors such as human and animal health, agriculture, international cooperation participated.

This International Conference aimed to identify and promote innovative solutions and tools to address the challenges identified for IHR implementation. The Conference focused on ways to move towards a more efficient and concrete periodic evaluation and reinforcement of country capacities, in a process of continuous improvement.

Objectives

Based on the preliminary conclusions of the IHR Review Committee the main aim of this high-level Conference was to strengthen the IHR implementation by fostering an intersectoral commitment from key national and international actors.

The Conference aimed at contributing to accelerated IHR implementation, in particular in view of the 69th World Health Assembly in May 2016. It served to notably:

- encourage cross sector implementation;
- promote an integrated approach between IHR and health systems strengthening;
- promote a 'One Health' approach through programmes linking human and animal health;
- reinforce cooperation between organizations and initiatives;
- accelerate capacity building, in particular training health professionals and reinforcing competences of national focal points;
- improve reinforcement and evaluation of countries' capacities through innovative tools such as simulation exercises, peer reviews, multi-country activities, e-learning platforms, and virtual technologies;
- present and further develop the components of the IHR monitoring and evaluation framework, and especially WHO's Joint External Evaluation tool, inter-link with other organisations such as OIE, FAO, ECDC, and strengthen IHR governance and the role of regions and governments.

Conclusions

There are still gaps but now tools have been developed and tested to detect and resolve them. Self-declaration as foreseen under the IHR launched in 2005 is no longer considered sufficient. Evaluations should include external elements for better preparedness at national level within and across regions and across borders. Simulation exercises using modern tools such as e.g. virtual simulations, will be an important pillar of preparedness and response in the future. The acceptance of international interventions by local populations and communities remains a challenge. Communities are particularly important for the implementation of the IHR. Human and social sciences play a key role. The Global Health Security Initiative (GHSI) and the Global Health Security Agenda (GHSa) can help implement the IHR. The approach should be inclusive and transparent, with laboratory capacity as a key component. Gap analysis needs to be systematically promoted, along with identification of financial resources needed.¹

Day 1 – Tuesday 22 March 2016 – Assessing and building countries' capacities and cooperation

The opening session of the Conference was chaired by *Professor Benoît Vallet, Director General for Health, Ministry of Social Affairs and Health, France.*

Welcome speeches

Mr Gérard Collomb President of the Lyon Metropolis welcomed the participants and underlined the town's role in public health during the last century, for example as host to the development of medical countermeasures such as vaccines. The speaker

¹ The Chair summary reflects the conclusions drawn by Dr Vytenis Andriukaitis, European Commissioner for Health and Food Safety and Ms Marisol Touraine, the French Minister for Social Affairs and Health (Annex).

highlighted the active contribution of the Institut Pasteur and the Mérieux Institute in these developments.

As chair of the opening session *Prof Benoît Vallet, Director General for Health, Ministry of Social Affairs and Health, France*, welcomed the audience, noting that all geographical WHO regions were represented. While outlining the agenda, he thanked the local organisers for their work. The implementation of the IHR will be the key stone and pillar of the Conference which, on the basis of the agenda of the Conference tailored by the EC and the Dutch Presidency will also address the particular role of the Health Security Committee (HSC), the EC's high level consultation body for coordinating response serious cross-border health threats.

In the light of the dramatic attacks in Brussels on that very morning, *Mr Martin Seychell, Deputy Director General for Health and Food Safety, EC* expressed the Commission's solidarity with the people of Belgium. The speaker underlined the need to learn from events such as Ebola since they are strong wake-up calls for the world to invest more in better preparedness. The IHR framework already provides for improved preparedness and for the elements and structures needed to deal with various major health threats. He emphasized WHO's and IHR Review Committee's lead role on further improvements based on the Committee's recommendations and the need to further provide full support to WHO.

Dr Guénaél Rodier Director, Division of Communicable Diseases, Health Security and Environment, WHO underlined the organization's lead role as the major actor in the field in partnership with interested parties. He stressed the need to efficiently respond to health emergencies, in line with the recommendations of the IHR Review Committee.

Setting the scene

In his presentation on the **role of the IHR in the Ebola outbreak and response** *Prof Didier Houssin, Chair of the IHR Review Committee*, gave an account of the Committee's progressing work, while highlighting the weaknesses of the health systems in many countries which also limits the assistance offered to countries in need in the event of health emergencies. During Ebola for example, countries and organisations were understaffed, with inappropriate and disproportionate trade and transport measures being taken. The Recommendations that the Committee has made in 2011 were relevant, but have only been applied partially although implementation has slightly improved in consecutive years. He added that there was no need to revise or to amend the IHR but they should be made robust and be applied properly. Among the Committee's recommendations is developing a 10-year Global Strategic Plan to which States Parties and development partners should urgently commit by providing financial support at all levels. Raising awareness is crucial, and promoting self-assessment, complemented by *external assessment* of IHR core capacities, is the standard to monitor and support their implementation. WHO should establish a Standing Advisory Committee to regularly review WHO's risk assessment and risk communication. Importantly, an *intermediate level of alert* via a new category of risks that require a specific follow-up, called an International Public Health Risk Alert, is recommended as well as reinforcing existing approaches to IHR implementation.

Delivering on **National and global public health security – where do we stand?** *Dr Bruce Aylward, Executive Director ad interim, Outbreaks and Health Emergencies – Special Representative of the Directorate General for the Ebola Response, WHO* noted the failure of IHR when it was most needed in terms of international solidarity, in a very simple

scenario since data obtained by self-reporting suggest a significantly more advanced state of core capacities implementation than what was actually observed in reality. There is progress in implementing the Sustainable Development Goals. The speaker stressed the need to reinforce crisis centres and to offer help and support to the most vulnerable groups noting the contribution of the *Global Health Security Agenda (GHSa)*. Currently, the WHO is facing thorough and time consuming rebuilding which also takes into account the field experience of Regional Directors. Evaluation, inter-sectorial cooperation and sufficient capacities are key elements to be developed further during the Conference and to be conveyed as key messages for the implementation of the IHR at the highest political level.

Session 1 - Assessing countries' core capacities in the context of IHR (2005) and reporting back - Panel discussions and round table

The session involved **panel** and **round table discussions**.

Asked **about the plans for 2016 to contribute to strengthen core capacities**, *Dr Untung Suseno Sutrajo, Secretary General, Ministry of Health, Indonesia*, the current GHSa chair, explained that currently, 48 countries are members of the GHSa, including France, Canada, Chili, Finland, India, Indonesia, Italy, Kenya, Korea, the United Kingdom, and the United States are members of the GHSa Steering Committee. Main contributions are work on external country evaluation systems, capacity reinforcement, and financial support. There is a need to make the IHR and the GHSa more coherent and consistent. Antimicrobial resistance will be on the agenda of the upcoming UN General Assembly. In October 2016, a Ministerial meeting of GHSa will be organised.

In the context of **Finland's leading role country in GHSa** *Dr Päivi Sillanauke, Permanent Secretary, Ministry of Social Affairs and Health, Finland*, outlined **how the assessment performed under GHSa fits with the IHR requirements**. Consensus has to be found about the limits of self-assessment as there is a real need to combine these assessments with peer review external evaluations. WHO has finalised the *Joint External Evaluation* tool in January 2016, whereas GHSa has developed a comparable new country evaluation tool in 2015. Countries should now volunteer for evaluations and determine domains for prioritised investments while respecting country ownership. Attention should also be given to consider the *Performance of Veterinary Services* tool used by the World Organisation for Animal Health (OIE). Helping countries to reinforce their capacities remains priority rather than classifying them on the basis of their capacities. Results from evaluations should generally be available and may be considered as pre-requisites for receiving financial and additional support.

Dr Monique Eloit, Director General, World Organization for Animal Health (OIE), elaborated on the **assessment tools developed by the World Organisation for Animal Health (OIE), the lessons learnt and how they can be applied to international health crises**. The tool is used to evaluate the quality of the veterinary services and their governance. Once standards have been identified they need to be properly understood and applied. Country participation facilitates both the recognition and the definition of the quality criteria included in the OIE code and the evaluation itself. Evaluation needs to be based on appropriate legislation, education and information. Focal points are in charge of topics such as early detection or antimicrobial resistance. Evaluation of the services can help improve quality. The evaluation is conducted by trained auditors and experts that analyse strengths and weaknesses and help increase compliance. The programme was launched more than 10 years ago with

more than 300 missions performed in 135 countries. Reports of the missions are the ownership of the countries which are encouraged to make them public for better transparency.

Dr Andrea Ammon, Director ad interim, European Centre for Disease Prevention and Control (ECDC) explained **how the “EUCapLab” study findings can be applied to the international health security context.** Founded in 2005 the ECDC, within its mandate to support EU Member States and EEA countries, assesses and evaluates national generic and pandemic preparedness with a focus on surveillance and response systems performance. At global and local level holistic evaluation should focus on horizontal and vertical collaboration among sectors. Here, ECDC sees a role for the European Commission to lead and join on-site visits for verification of self-assessed data followed by technical reports and recommendations. The total process would bring together the EC, ECDC, international organisations such as WHO, UNICEF, US Centers of Disease Control (CDC) and national partners within an estimated reporting cycle of approximately four months.

The WHO Office in Lyon has developed several assessment tools. In this context *Dr Florence Fuchs, Coordinator “support for assessment, development and strengthening acquired capacities under IHN (2005)” – Global capacities, Alert and Action, WHO Office in Lyon* illustrated **how interaction with other assessment tools developed.** The monitoring and evaluation framework involves annual reporting, independent and external evaluation, after action review and simulation exercises. The *Joint External Evaluation* tool is now applied in the field together with standard practices and training. The idea is to assist prioritised countries in putting in place action plans on what and how to do that would in particular interlink the health sector with other key sectors, partners and organisations.

After the panel discussions, the Chair invited a set of experts to join a **round table.** Discussion with each expert was led on the basis of a question to be developed and further discussed with other panel experts and the audience.

Dr Felicity Harvey, Director General for Public and International Health, Ministry of Health, United Kingdom **examined shared experience in the UK with the recent GHSA assessment and its benefit to the UK.** UK has moved into external and independent evaluation, however, with limited new information but reinforced multi-sectorial and intergovernmental coordination.

Dr Richard James, Chief of surveillance, Division for Prevention and Disease control, Ministry of Health, Guinea – National coordinator for the Ebola response in Guinea spoke about the **severity of Ebola in Guinea and the benefits of risk assessments for the country in terms of strengthened capacities and improved response to future health crises.** There is a difference between the situation in Guinea *before and after the Ebola epidemic* when a national committee against Ebola directly reporting to the President was set up. The surveillance system was reinforced at community level with the support of partners; education and training have been developed at all levels of the sanitary pyramid. Currently, nine laboratories are operational adding to these marked improvements compared to the situation in terms of key capacities under the IHR which were put in place in 2008.

Dr Thanawat Thiensin, Senior Veterinary Officer, Department of Livestock Development, Ministry of Agriculture and Cooperatives Thailand, shared his views on the **importance of common assessments of countries' capacities for improving response to**

international health crises and the key issues at stake on the veterinary side. The speaker noted that confidence between the animal and human health sector is at times lacking while infectious diseases and zoonoses are well interlinked. The 'One Health' approach is yet to be encouraged.

Dr Jaouad Mahjour, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, deliberated on the **contribution of the WHO Eastern Mediterranean Office to strengthening national capacities.** Evaluation missions have been performed in the region in 20 different countries. In order to address weaknesses in reporting which may not always be correctly based on notifications and to avoid wrong evaluation and interpretation, external evaluations have been initiated. A first report is expected to be delivered in 2016 and further communicated at Ministerial level.

After the round table discussion, the Chair invited the audience for a discussion with the round table experts and the speakers of the panel.

Side event

During the **Lunch break**, the Directorate-General Health and Food Safety of the EC (DG SANTE), the Consumers, Health, Agriculture and Food Executive Agency and the WHO Office in Lyon presented a **Satellite Workshop on Actions under the International Health Regulations**, co-funded under the European Union Health Programmes 2008-2013 and 2014-2020. The Health Programme co-funds actions generate relevant data used to orient public health security policies, improve European Union Member States' capacities for the implementation of the IHR core capacities, and increase the health authorities' capacities to perform risk assessments, and support risk management and response to health threats.

The aim of this workshop was to exchange information on the preparedness and response tools, and demonstrate how the actions have contributed to foster global health security. Invited experts presented examples on how knowledge produced under the Health Programme actions has been used to develop and improve preparedness and response planning at national and EU level. A panel identified common challenges and opportunities for improving core capacities in the EU, in particular how to improve preparedness and response capacities of Points of Entry.

The meeting discussed results and deliverables such as reports, guides, tools, training programmes and networks developed to support risk assessment and response to biological and chemical threats at national and EU level as required under Decision 1082/2013/EU on serious cross-border threats to health, and in this way also supporting the implementation of IHR core capacities in the EU. Progress achieved in the area of preparedness and response has been analysed in a report under Article 4 of Decision 1082/2013/EU, adopted in December 2015.

Six actions under the Health Programme were selected based on their public health relevance, EU added value of the intervention and their direct contribution to the implementation of the IHR core capacities, in particular Points of Entry, risk assessment, preparedness planning, risk communication and management of other health threats such as chemicals.

Session 2 – Developing cooperation and assistance initiatives between countries – Panel discussions and round tables

Mr John Ryan, Acting Director for Public Health, Country Knowledge, Crisis Management, European Commission, chaired the **panel and round table discussions** dedicated to “**Initiatives for cooperation and support to outbreak response**” and summarised the conclusions of this session.

Dr Lars Schaade, Vice-President, Robert Koch Institute, Germany gave a talk on **lessons learned and the type of cooperation needed now** on the basis of a short overview of the German response during the Ebola epidemic including financial support of EUR 195 million. The speaker noted the importance of sustainable international assistance and of local and national capacity to deploy know-how and coordination as pillars of success. His Institute has performed missions in Côte d'Ivoire, Guinea, Liberia and Sierra Leone.

Dr Marc Ouellette, Scientific Director, Canadian Institutes of Health Research, Canadian vice chair of the Global Research Collaboration for Infectious Disease Preparedness (GLOPID-R) reported on the **cooperation of the GLOPID-R project with other research initiatives** acknowledging **research as a fundamental element to ensure evidence-based decisions in times of crises**. GLOPID-R was established during the Ebola epidemic and is committed to reinforcing availability of research plans and work on data sharing. The project continues to support decision makers during the Zika virus epidemic. The main task is to bring funders together to finance research and coordinate response to epidemics at global level.

Ambassador Jimmy Kolker, Assistant Secretary for Global Affairs, Department of Health and Human Services, USA gave an account of the **envisioned GHSA action following 2 years and 2 crisis (Ebola and Zika) after its launch**. The speaker questioned WHO's role during the Ebola crisis. Confirming the need for reform and a partner oriented approach, the speaker pointed at the IHR, and in particular Article 42 that calls for transparent and timely implemented health measures. The IHR remains the appropriate and agreed binding instrument to tackle health security issues that is now complemented by the *external assessment* tool. The GHSA objectives include multi-sectorial collaboration and a target driven approach. *Validation of self-assessment is key and the evaluation tool as prepared by WHO Finland will replace the GHSA tool*. There should be a consensus about the public availability of the results in the form of a database that will be useful in the future for further follow-up. At the moment, 14 countries have developed roadmaps to implement the GHSA package.

Dr Zabulon Yoti, Regional Adviser for Outbreaks and Emergency Response, WHO Regional Office for Africa, expanded on the **WHO Regional Office's role to support its countries and to evaluate action after Ebola**.

Dr Jean-Paul Moatti, Chairman and Chief Executive Director, Institute for Research and Development, France, talked about **specific cooperation models with French speaking countries and their contributions to strengthening countries' capacities**. A scientific conference will be held about the Zika virus in Paris on 25 and 26 April 2016. Attention should be paid to the social acceptability of humanitarian actions. The management of crises should not be separate from the other challenges of sustainable development. Governmental spending on health is not sufficient and access to essential medicines must become a commonly available good.

At the **first round table** dedicated to “**Cooperation initiatives for crisis prevention and preparedness**” *Dr Marianne Doncker, Director of Public Health and Deputy Director General for Health; Ministry of Health, Welfare and Sport; the Netherlands* representing **the Presidency of the European Union** spoke about the **role of the EU in supporting its members to address health threats** and in particular about a the separation between risk assessment (for which the mandate is with the ECDC), whereas the Commission is coordinating the risk management within the Health Security Committee (HSC), the high-level consultation body mandated under Decision 1082/2013/EU.

Dr Nicole Lurie, Deputy Assistant Secretary for Preparedness and Response, Department of Health and Human Services, USA, reported on the **lessons learnt under the Global Health Security Initiative (GHSI) and their relevance for IHR**. The GHSI, established in 2001, facilitates contact between decision-makers and exchange of information through the network. It focuses on specific targets such as chemical preparedness and decontamination policies, while aiming at being helpful to the entire international community.

In his talk *Dr Vjacheslav Smolensky, Deputy Director, Department for Scientific Analysis of Sanitation and Epidemiological Welfare of the Population and International Cooperation, the Federal Service for the Oversight of Consumer Protection and Welfare, the Russian Federation* informed on **national cooperation models to support the IHR implementation in order to mobilize all actors**. According to the speaker, the Russian Federation has ensured sustainable support to affected countries even after the peak of the Ebola crisis focusing on laboratory facilities and research capacities. 10 countries have received support in the Eastern Mediterranean regions. The BRICS (*Brazil, Russia, India, China, South Africa*) leaders gathered last year to reiterate their commitment to tackle pandemics. G7 commitments to implementation in 2015 have not changed as compared to 2006. The speaker stressed that multiplication of initiatives may create confusion and should, therefore, be avoided. The focus should now be on reinforcing the IHR and the WHO following the paradigm that decision making should be democratic, implementation, however, autocratic.

Dr Gilles Raguin, Director, Health Department, Expertise France, expanded on the **the role of Expertise France in supporting the IHR implementation and strengthened national capacities** reported that EUR 20 million were mobilized in technical assistance to countries, for example on mobile laboratories as part of a wider package to strengthen capacities. A lesson learned is that beneficiaries of international assistance are key for successful implementation. Mobilization of communities has to start from the beginning of an event.

Dr Zsuzsanna Jakab, Regional Director, WHO Regional Office for Europe, elaborated on **WHO action vis-à-vis global IHR governance and the interaction between WHO Head Quarters and the new Outbreak and Emergency Programme in the light of the support offered by the WHO Regional Offices on IHR implementation**. The speaker emphasized the need for a unified WHO response to health emergencies and for inter-sectorial action while pleading for a role of the WHO Lyon office in reinforcing capacities. Evaluations are ongoing in a number of volunteer States Parties.

During the **second round table on Strengthening diagnostic capacities**, *Dr Ni Daxin, Deputy Director, Department of Health Emergencies, Centre for Disease Control, China*, gave details **regarding the actions of the Chinese Centre for Disease Control to strengthen laboratory capacities** and an overview on measures to reinforce

laboratory capacities. Based on the system put in place for Influenza during 2009 pandemic H1N1 the network was extended throughout the country. Cooperation with neighboring countries is ongoing including training, mobile laboratories and dispatch of experts and maintenance of crisis management capacities after the crisis.

*Dr John Nkengasong, Associate Director of Global HIV Laboratories, Centre for Disease Control (CDC), Atlanta, USA, gave account of **the role of the CDC and the importance of deploying efficient laboratory and other capacities in the field.*** CDC contributions include are based on concrete objectives. 5 years ago there was no accredited laboratory in South-West Africa. Now there are plans for tuberculosis, malaria, HIV and for meeting global health security laboratory needs. Focal points in Ministries have been able to set up public health institutes. Other priority areas are development of human resources and infrastructure and renovation of facilities.

*Dr Christian Brechot, Director General, Pasteur Institute, France informed on the **strengths of the French laboratory network and how experience can be shared internationally in the light of an ECDC study (EULABCAP) aiming at assessing countries laboratories capacities.*** Diagnostics are key to IHR but awareness among decision makers is still to be raised. Local governments show trust and cooperation within the International Pasteur Institute Network. Institutes work well. There is need to switch from crisis to post-crisis mode and from an acute to a medium or long-term approach. Public institutions can play a facilitator role. Acceptability, trust, sustainability and the role of local authorities are key.

*Mr Alain Mérieux, Président of the Mérieux Institute and Mérieux Foundation, elaborated on the **foundation's support to countries on developing laboratory capacities** presenting an overview of the development of the Mérieux Foundation. In 2015, the 10th Anniversary of the "Laboratoires d'analyse médicale liés à la bactériologie" was celebrated in Bamako, Mali on the basis of a local partnership. Lack of diagnostics and equipment still constitute long term challenges. The foundation's network is based on dialogue, e.g. East/West with the USA and China. Diagnostics are part of a broader medical approach that includes health and well-being, water, education, nutrition. Exploring the issue from the angle of "industrial efficiency" is a key approach.*

Day 2 – Wednesday 23 March 2016 – Health systems strengthening and cross-sector commitment

Session 1 Strengthening health systems: Ensuring human resources' skills and training, a prerequisite for improving global health security

Session 1 and 2 were chaired by *B Aylward* who highlighted that a new European Medical Corps has been established early in 2016, and summarised the main messages from the first day of the conference and the conclusions at the end of the session. The session also included a speech from *Mr Gérard Collomb, President of Lyon Metropolis.*

At the **round table** *Dr Precious Matsoso, Director General for Health, Ministry of Health, South Africa* stressed that reinforced capacities are essential to improve reactivity and response capacity. Efforts should concentrate on front line Ebola health workers. Evaluation tools should take on board differences in the state of development of countries to be assessed.

Dr Edward Kelley, Director of the Service Delivery and Safety Department, WHO talked about the dual approach and challenge to respond to sanitary crises and to focus on current care needs since it is not possible to solve one issue before having solved the problem as a whole. Hence the need to have a comprehensive and coherent approach, based on detection, prevention, control and laboratory capacities. IHR implementation remains a key challenge and availability and accessibility should be the targets. The future of the health systems will depend on the domestic investments.

Ms Laurence Breton-Moyet, Director of Operations, French Agency for Development spoke in favour of maintaining a holistic approach towards strengthening the health systems in order to maximise impact. According to WHO data is a shortage of more than 10 million health workers in the world. IHR implementation should not be limited to education and training of health professionals. Management, maintenance and essential support functions of health systems are key. The regional dimension is important, too as it allows creating networks of people who share common language in support of optimised reaction capacities. Subregional norms should complement norms developed at national level. Governance is key and needs to be based on a coherent holistic vision which also included financial aspects considering that the annual investment of many countries in health is below 15 % of the Gross Domestic Product.

Mr Panu Saaristo, Red Cross, Red Crescent explained the organisation's work as a supporter of a network of volunteers. The speaker emphasised the role of communities and local workers who need to be involved in on-site health actions and in favour of reinforcing communities, in particular on surveillance, by means of appropriate education, training, knowledge and tools. International and regional actors involved in response at local level should be better connected. New communication opportunities are offered by tele-medicine, modern telephone systems, e-health, and other means.

Mr Pat Drury, Manager, Global Outbreak Alert and Response Network (GOARN) gave account of the history of GOARN's work which started in 2000, created by the WHO with 60 partners including Doctors Without Borders (DWB), the Institut Pasteur, the Institut de Veille Sanitaire (InVS), and others. Resources have been developed in line with prioritised needs for surveillance and epidemiology, laboratories, coordination, logistics, etc. Mobilization was maximal when the fight against Ebola reached its peak. GOARN and the Global Health Emergency Workforce share the same health security and humanitarian principles based on integration, operational research and evaluation, and strengthened capacities for national alert and response as well as for international deployment.

Mr David Evans, World Bank presented an overview of the Pandemic Emergency Financing facility which aims at rapidly offering countries financial means to better react fast and efficiently to health crises. Two options are available depending on the level of the risk to be taken by the countries and/or the donors. The Bank also provides facilities to evaluate financial costs and risks related to preparedness planning and the impact on the mobilization of domestic finances.

Session 2- Multi-sectoral action for effective IHR implementation

At the **round table** *Dr Fang Liu, Secretary General, International Civil Aviation Organisation (ICAO)* presented an overview of the programme for prevention and management of international health threats after the avian influenza crisis and the ongoing collaboration with the WHO. The speaker in particular noted that ICAO has established an Ebola Task-Force that deals with travel and aviation related issues.

Dr Monique Eloit, Director General, World Organisation for Animal Health (OIE) analysed the results of the evaluation of the PVS Pathway, a global program system OIE has set up to sustainably improve a country's Veterinary Services' compliance with OIE standards on the quality of Veterinary Services. In this context the speaker underlined the relevance of the programme for monitoring IHR implementation since it has been developed with the objective to assess options for a harmonized approach. The programme receives annual funds of around EUR 900. There is now need to build a structured partnership, with a balanced long-term perspective.

Dr Berthe Tekola, Director, Animal Production and Health Division, Food and Agriculture (FAO) spoke about the collaboration of FAO, WHO and OIE, under a tripartite partnership agreement, to promote the *One Health* perspective. FAO has established a strategic alliance with the United States Agency for International Development (USAID) to strengthen national and regional capacities in order to better forecast and respond to emerging pandemic threats including zoonoses. The alliance also addresses prophylactic measures such as vaccination. The adoption of the 2030 Sustainable Development Agenda has positioned the food and agriculture sector as a catalyst for inclusive growth and poverty reduction. Human and animal interdependence is particularly visible in developing countries and regions where domestic animals provide a multifaceted basis for their owners' subsistence and economic stability. The safety of the food supply depends on healthy animals and their products; human health depends on animal health. Zoonoses and non-zoonotic diseases directly affect public health. The IHR covers disease reporting in humans but if zoonotic diseases are controlled or prevented in animals in the first place, the IHR reporting of "zero" or "none" should be considered a success. Antimicrobial resistance is an issue of global and local concern and one of the greatest threats to public health worldwide; FAO and OIE are working together with WHO on the implementation of the Global Action Plan on Antimicrobial Resistance.

Ms Thani Thong, Embassy of Thailand, Geneva, Switzerland, enlightened the audience on the need to reduce disaster risks as one of the main targets of international health security calling for a better integrated approach to the health challenges as addressed under the IHR, and more international cooperation. The reduction of disaster risks is based on an "all hazards" approach which should become part of health education and training for health professionals. The speaker emphasised that the role of health actors, who are key actors in the event of crises, epidemics and disasters, needs to be reinforced.

Mr Arnaud Bernaert, Director for Health Systems and International Health, World Economic Forum, informed about the work of the World Economic Forum as an international organisation acting since 1945, however, without official recognition until 2015. The Forum is a non-profit initiative with a platform for public and private sector collaboration and cooperation. The private sector is ready to be involved and to mobilize capacities.

Mr Michel Reveyran-De Menthon, Adviser of the President Director General, in charge of International affairs, Orange, a French multinational telecommunications corporation covered the role of the economy and the opportunities offered by the new technologies for further application in a number of areas such as education and health. The speaker presented an overview of the partnerships between Orange S.A. and the international programmes, such as Orange-ONUSIDA. Orange was also involved in the Ebola crisis. Education has to be reinforced not only for professionals in the field but also within universities. New technologies are important for communication with communities and

analysis of the situation, in particular for patients and doctors relations and information campaigns.

Professor Jean-François Delfraissy, Director, ANRS and the Institute of Immunology, Inflammation, Infectious Diseases and Microbiology, France – French coordinator for national and international response to Ebola talked about health crises that have an immediate societal and political impact without, however, being part of the political agenda, which is, for example, also the case for biological threats. Crisis response should not conflict with a long-term vision, both should be mutually supportive each other while emergency response gives an overall impulse. A global reflection about research and development is clearly needed. The question remains how unforeseen events and situations can be prevented. Each country should have its own national strategic approach towards this objective. France, for example has developed REACTING, a platform which brings together research structures and Ministries. Human and social sciences should be central elements of the debate with researchers in political sciences focusing on animal health and multi-disciplinarity. The involvement of the private sector should be reinforced. Evidently currently the public sector is strongly involved. More partnerships should be developed between the public and private sectors.

Mr George Kronnisanyon Werner, Minister of Education, Liberia in his talk informed that after the Ebola crisis Liberia has worked to reinforce the IHR core competencies. The research world did not sufficiently take into account the question about bioterrorism, in particular with regard to biosecurity issues.

Virtual simulation of crisis management and side events

Before the lunch break, an interactive exercise was organised with the audience in the form of a virtual simulation of a situation of crisis management:

Outbreak of Avian Influenza in Sennenberg

The participants received on the first day a link to open, using their smartphones or equivalent electronic devices (tablet, etc.). A specific web site was created before the Conference, including a scenario of crisis management of an outbreak of Avian Influenza. Participants were invited to become actors in the scenario and to register in 4 different categories: WHO, Ministry of Health of Sennenberg (virtual country affected by the outbreak, other Ministries in Sennenberg, and neighbouring countries. Injects were available on the screen and specific questions with regard to each category of participants were asked to the audience. The answers to the questions had an impact on several indicators such as reactivity, relevance, interaction and economic impact.

Scenario (information flow available on the screen):



Session 3 – International health security governance: a key issue to improve IHR (2005) implementation

The session was introduced by Ms Marisol Touraine, Minister for Social Affairs and Health, France, and Dr Vytenis Andriukaitis, European Commissioner for Health and Food Safety and was followed by a Ministerial Discussion, moderated by Dr Marianne Doncker, on behalf of Ms Angelique Berg, Director General for Health; Ministry of Health, Welfare and Sport, the Netherlands.

Ms Touraine noted the importance of 'anticipation' by developing training programmes for health care professionals, dedicating sufficient funding for research, and by being better prepared to respond to crisis management. Communication should involve the population, and should be transparently exercised and respect collective responsibility. Robust international governance is needed with IHR as a common legal framework which is based on sound and independent evaluation and assessment of implementation in each country and supported by sufficient financing. WHO has an important role in all these areas. Minister Touraine also underlined the importance of the 69th World Health Assembly of 23-28 May 2016 for providing main orientations forward. Health security is vital for all people, but needs to be based on stable political situations coupled with international solidarity.

Commissioner Andriukaitis thanked the French organisers, in particular to the city of Lyon, for the organisation of the conference. Building a solid global framework for health security is an ambitious task and faces considerable human, organisational and financial challenges. There is a need to thoroughly implement the IHR and the institutional mandate of the IHR Review Committee needs to be fully respected. The Commissioner encouraged taking further the growing consensus on how to assess core capacities based on peer reviews that are now generally endorsed as the method of choice to support and supplement national self-assessments. He welcomed the agreement to use a single tool, such as the *Joint External Evaluation* tool as the point of reference, and stressed that WHO cannot undertake all the numerous tasks ahead and meet all

expectations without appropriate assistance of partners. It is evident that the organisation has to reform its ability to respond to health emergencies and to take on board the recommendations provided by the WHO Advisory Group on reform. Commissioner Andriukaitis referred to the positive experience of the assessments of national pandemic influenza preparedness in the EU that the European Commission jointly carried out with ECDC and WHO – EURO, the WHO Regional Office for Europe.

At the **Ministerial Discussion** *Ms Edith Schippers, Minister of Health, Welfare and Sport; the Netherlands* spoke of the work of the GHSA focusing on measures to prevent and respond to health events. Two thirds of the countries so far assessed have declared not to have in place the essential capacities as requested under the IHR which clearly shows the vulnerability of the system: self-assessment does not produce the expected results but evidently needs to be combined with an efficient tool. In this regard the *evaluation* tool developed by the GHSA and the WHO looks impressive but still needs to be put in place. The G7 commitment and leadership offered for 76 participating countries should be a basis for this with the aim to develop a 'One Health' approach which, however, cannot be achieved without WHO. The Ebola crisis has led WHO to develop *momentum* including the new *programme on outbreaks and emergencies*, which should work in parallel with the *programme on emergency funds*. The EU has established a medical corps with EUR 1 million dedicated to emergency funds. Minister Schippers concluded with contemplating a collective failure of the global community to respond adequately to Ebola, advocating adequate priority setting on global health security. Slogans and statements will not prepare for future crises, but commitments and financing will.

Dr Awa Marie Coll Seck, Minister of Health and Social Action, Senegal pointed at terrorism as a threat at global level with impact on human health. The WHO has to maintain leadership on health topics including international health security. In response to the Ebola crisis resources have not been adequate and not ready. There is still need to train people in the field and to provide appropriate equipment and material. Health must be a national priority based on communication and transparency, with mobilization of the communities. Financing, multi-disciplinarity, and research and development are key issues for the future.

Dr Naoko Yamamoto, Minister for Global Health, Ministry of Health, Japan confirmed the need to implement the IHR, without seeing any need to revise the existing IHR. Minister Yamamoto confirmed Japan's readiness to participate in the external evaluation based assessment of capacities and to help other countries and international organisations. Japan will hold the next Presidency of the G7 and supports the WHO reform.

Dr Abdourahmane Diallo, Minister of Health, Guinea saw no need to start with a new initiative for each new crisis situation. Instead, Minister Diallo warned of diluting limited resources to overlapping or redundant initiatives. For each country, one single health system that works properly should be sufficient to meet actual health challenges. National directives should be reinforced.

Ms Annette Widmann-Mauz, Parliamentary State Secretary, Federal Ministry of Health, Germany recalled the national lessons learned from Ebola, noting that the event has been challenging for the global health community with severe adverse effects in the affected region. The crisis has revealed shortcomings and failures. The latest recommendations of the IHR Review Committee should be taken seriously. Germany has defined key principles within a systematic approach and given a clear political signal to strengthen the key position of the WHO, also in view of Germany's holding the G7

Presidency and call for a clear commitment at this level. The speaker underlined Germany's readiness to play a central coordinating role.

In her **closing remarks**, *Ms Margaret Chan, Director-General, WHO*, highlighted that there was no time to waste. After the Ebola epidemic, outbreaks of Zika virus have emerged, and practical solutions and measures are needed to face new epidemics in the future. Ms Chan was happy to welcome new initiatives, such as the "Alliance" led by Finland, and others contributing to global health security. She in particular congratulated Senegal, Mali and Nigeria for having stopped Ebola from spreading to neighbouring countries. Ms Chan also called for developing solidarity mechanisms and collective response systems supported by high-level political commitment.

Mr François Hollande, Président de la République, stressed the lack of personnel in the medical and paramedical sector which will entail a high number of people not benefiting from enough health care facilities in the future. Access to medication was crucial for everyone. Président Hollande highlighted the need to maintain cohesion, inside countries but also globally and drew attention to the link between health and growth, since certain developments in health are linked to new technologies. Ebola and now Zika continue to constitute severe challenges to health security. The magnitude of the risk is growing, directly in relation with globalisation in the light of more than 100.000 flights a day, antimicrobial resistance and repetitive interactions between people, animals and the environment. Action must be taken to better understand, prevent, detect, respond and cure. France has to assume its responsibilities and the WHO Office in Lyon is a dedicated place for the evaluation of the countries' capacities to implement the IHR and to train leading personnel in health security.



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High level Conference on Global Health Security

Solutions for strengthening States' capacities under the IHR

22-23 March 2016

Lyon, France

Chair Summary

1. Dr Vytenis ANDRIUKAITIS, European Commissioner for Health and Food Safety, and Ms Marisol TOURAINE, French Minister for Social Affairs and Health, welcome the High Level Conference on Global Health Security organized in Lyon from 22 to 23 of March 2016 by France and the European Commission, and co-sponsored by the World Health Organization and the Dutch Presidency of the European Union. They draw the following main conclusions from the conference:
2. Participants are committed to strengthen global health security through the implementation of the International Health Regulations (IHR (2005)) by reaffirming the critical role of international organizations such as the World Health Organization (WHO), the World Organization for Animal Health (OIE) and the Food and Agriculture Organization (FAO).
3. The Ebola epidemic and the current Zika epidemic confirm the increasing globalization of health risks and interdependence of each country, government, international organization, economic sector, as well as each public, private and non-governmental actor.
4. Health security is a global public good that is the responsibility of all and requires strong and transparent global governance under the auspices of WHO.
5. The International Health Regulations (IHR (2005)) is the unique tool for global health security legally recognised by the 194 Member States of the World Health Organization. It is the intervention framework of reference and its implementation should be reinforced.
6. Filling the gaps in the implementation of the IHR (2005) and notably regarding the core capacities required to prepare, detect, assess, notify and respond is key to manage effectively outbreaks and emergencies with health and humanitarian consequences.
7. The development of the required core capacities relies on the reinforcement of human resources for health and the strengthening of health systems. Development and

cooperation policies should contribute to strengthening health systems, health human resources and core capacities to ensure a sustainable and stable impact on the social, economic and political development of countries.

8. It is important that all countries be equipped with the means to prevent, detect and assess the threats on public health, as well as communicate and respond, with the support of WHO and in a spirit of trust.
9. The mutual commitment of all actors, from all the sectors and levels in a “One Health” perspective, should contribute to a more efficient and concrete approach to periodic evaluations of core capacities required of states, in the framework of continuous process of improvement.
10. The development of WHO’s Joint External Evaluation tool (JEE) is an important step in this regard. It is essential that WHO leads its implementation, guaranteeing its sustainability while ensuring its independence.
11. Therefore, we would like to further support the work of WHO as regards the continuous improvement of the Joint External Evaluation tool, the implementation of the JEE missions in countries in collaboration with its partners, and the use of the data collected.
12. We support the establishment of WHO’s new Outbreak and Health Emergencies Programme that will, among other functions, coordinate global all-hazards preparedness and will support the effective implementation of the IHR (2005).
13. Within this new Outbreak and Health Emergencies Programme, the WHO Office in Lyon, which already builds country capacities for IHR implementation (preparedness, learning and training), would need to engage in gap analysis and evaluation processes to deliver tailor-made assistance to countries. It would rely on its qualified staff and would work in a multisectoral approach, in close collaboration with WHO regional offices and liaising with OIE and FAO.
14. In the framework of the Outbreak and Health Emergencies Programme , WHO will coordinate the implementation of the JEE by ensuring the training of experts and the transparency of the selection process; by guaranteeing the centralization and the analysis of data, and by promoting the independence of evaluations conducted in the framework of the JEE.
15. WHO’s new Outbreak and Health Emergencies Programme will allow putting into practice all commitments on the implementation of the IHR (2005) through a multisectoral approach. It will prepare the world for possible future crises, notably through the training of resource persons and the development of a biennial report on health security and associated good practices.



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