

13th Ministerial Meeting Global Health Security Initiative

December 6th to 7th 2012, Berlin



GLOBAL HEALTH SECURITY INITIATIVE (GHSI)

BERLIN, GERMANY – 7 December 2012

1. We, Ministers/Secretaries/Commissioner from Canada, France, Germany, Italy, Japan, Mexico, the United Kingdom, the United States and the European Commission, gathered today in Berlin to continue our work to strengthen global health security. In 2011, we celebrated the 10th anniversary of our partnership and reaffirmed our commitment to the GHSI. Today we have recognized again that international cooperation is essential for the improvement of the health security of our citizens. We remain vigilant about the need to keep a clear focus on this work in the face of evolving health security threats.

Human and Economic Cost of Health Emergencies

2. We thank Dr. Enis Baris of the World Bank Group for his address in support of strengthened global collaboration for health security. We recognize emergencies that affect the health of our populations can have a high human and economic cost and can create severe economic, trade, and travel disruptions. This impact was made evident in 2011 through both the accident at TEPCO's Fukushima nuclear power station in Japan and the significant outbreak of *Escherichia coli* in Germany. We acknowledge that these incidents have helped to inform our collective understanding of the human and economic costs associated with health emergencies. We are committed to raising awareness of the link between the consequences of public health emergencies and their impact on social and economic systems, and support the efforts of the World Bank and other relevant international organizations in this area. Finally, we recognize the importance of health systems strengthening in ensuring that threats to global public health are identified early, leading to a more effective and timely response.

Dual-use Research

3. During the Paris Ministerial in 2011, we discussed the issue of dual-use life sciences research as a potential area for GHSI engagement and identified the various international fora where the issue has been addressed. Dual-use life sciences research refers to knowledge and technologies generated by legitimate life sciences research that may be appropriated for illegitimate intentions and applications. We acknowledge that due to the

multi-sectorial nature of the issue and the potential implications to public health, a balanced approach between security and the fostering of life sciences research is needed. In this regard, we look forward to the international consultation organized by the World Health Organization (WHO) in 2013 as an opportunity to discuss the key scientific and public health issues of concern around dual-use life sciences research. We are committed to working collaboratively with WHO to help inform domestic policies on dual-use research in an effort to reduce the potential impact to public health globally.

Building Core Capacity: Health Security and the International Health Regulations

4. We continue to support WHO's efforts under the framework of the International Health Regulations (2005) to improve and strengthen public health core capacities around the world so that threats to global public health security can be identified and communicated early to ensure a more effective and timely response. We each continue to contribute to capacity building activities, in partnership with the WHO, to facilitate the implementation of the IHRs and strengthen health security globally.

Creating the Tools for Effective Action on Global Health Security

5. For the first time in an international, cross-sectoral setting, GHSI experts from the public health sector in collaboration with the security and intelligence sectors developed a systematic and evidence-based approach for the threat and risk assessment of biological agents. The methodology is unique in its ability to assess not only the threat of a deliberate release of a biological agent but also provides the basis for risk-based strengthening of public health preparedness and response for such agents. We appreciate and welcome the support provided by the security and intelligence communities within our countries and we encourage all sectors to continue their efforts to improve the methodology for the identification and prioritization of biological agents that pose a risk to our populations. The results of this analysis will help us to strengthen our preparedness for and response to deliberate releases of biological agents.
6. We acknowledge the work completed by the Chemical Events working group in developing the Chemical Risk Screening Tool. We expect the Screening Tool to make a valuable contribution to strengthening global public health preparedness for chemical threats and hazards. We anticipate that the Chemical Risk Screening Tool will be used by public health practitioners at all levels of jurisdiction and will be leveraged for developing training material in support of the International Training Centre, part of the WHO Collaborating Centre for the Public Health Management of Chemical Incidents.
7. The 2009 H1N1 pandemic reinforced the value and priority for our governments of compiling surveillance and reporting data that could offer early warning of emerging incidents. In this regard, we are pleased to note the important progress made in 2012 towards the implementation of a fully operational early alerting and reporting system for GHSI and the integration of early alerting with broader GHSI risk management efforts. Furthermore, we recognize the significance of collaborating with new stakeholders that could benefit from the information output of the system as well as contribute to the long-term sustainability of the platform.

8. Availability and access to the medical countermeasures required to respond to medical and public health emergencies caused by chemical, biological and radio-nuclear agents remains a key priority for our respective governments. To this end, we have worked with the WHO to build on the lessons learned from the international deployment of the 2009 H1N1 pandemic vaccine and continue to address the legal, regulatory and logistical barriers related to the sharing of medical countermeasures internationally during a public health emergency. We have made significant progress in developing mechanisms to rapidly deploy medical countermeasures to WHO and we discussed today some of the remaining challenges and the way forward. We will continue our work in this area with the ultimate goal of building global capacity to rapidly deploy medical countermeasures in response to emergencies.

Strengthening Longer-Term Preparedness

9. As guided by Senior Officials and through the engagement of technical working groups, the GHSI's collaborative efforts in 2012 focussed on both specific risks to health security as well as on strengthening longer-term preparedness generally for critical chemical, biological, radio-nuclear threats and pandemic influenza. Consistent with our strategic approach, collective efforts in 2013 will emphasise the following key elements.
10. The Pandemic Influenza Working Group continues to undertake comparisons of our countries' national pandemic plans that focus on seasonal influenza as an annual test-bed to inform our preparedness for pandemics. We have instructed the network to continue identifying important lessons from influenza that can contribute to preparedness for all-hazards planning.
11. Our developed methodologies for assessing threat and risks of biological and chemical agents have been finalized within GHSI and will now serve as the foundation for the assessment of high priority agents. We have instructed our officials to extend the spectrum of potential hazards to include radiological and nuclear threats, to identify critical knowledge gaps, to evaluate risk mitigation strategies, and to develop strategic risk communication guidance to strengthen global preparedness and response.
12. Analysis of the benefits and challenges related to social media as an emerging public health and risk management and communications tool remains a priority for our governments. After a review of social media use and practices, we have requested the network to focus further work on the use of social media applications in crisis communications and to identify future communications research needs in the area of social media.
13. We continue to learn from both the 2009 H1N1 pandemic and the 2011 accident at TEPCO's Fukushima nuclear power station in Japan and will apply these lessons to inform our future preparedness and response capacities and capabilities.

14. To strengthen our public health emergency preparedness generally, we have completed a mapping of the core capabilities of GHSI and have reviewed their applicability for an all-hazards approach. As a next step, we have instructed our officials to complete an analysis of GHSI capabilities in this context to inform our preparedness for any hazards of concern. We continue to support the WHO in this approach to emergency risk management.
15. We have directed the network to continue work towards identifying and implementing the best mass patient decontamination capabilities available for chemical, biological and radio-nuclear agents, guided by evidence-based, consensus principles formulated by the network's technical experts through a review of research and experiences in mass exposure incidents. We have asked that the review identify high priority knowledge gaps and recommend how the network can most efficiently address those gaps so that the guiding principles can be improved and refined.
16. Linkages have been made across our high-security biological laboratories, in order to strengthen network information exchange and cooperation in areas such as emerging and dangerous pathogens. Our experts will continue efforts to address unknown pathogens, improve diagnostic capacities and capabilities, initiate work to streamline laboratory response mechanisms, and enhance the implementation of the internationally agreed safety and security standards, including the training of all personnel.
17. A review of the operational and management practices of the network has been completed. We have instructed our officials to continue to work together to identify further opportunities to create efficiencies through national and international efforts to address health security and consider a process/mechanism that supports the sharing of GHSI outputs and assets.
18. We welcomed the proposal of Italy to host the next Ministerial Meeting in December 2013.

This statement was endorsed by the following Ministers, Secretaries and Commissioner of Health:

The Honourable Daniel Bahr, Minister of Health, Germany

The Honourable Leona Aglukkaq, Minister of Health, Canada

The Honourable Kathleen Sebelius, Secretary of Health and Human Services, United States of America

The Honourable Earl Howe, Parliamentary Under-Secretary of State for Health, United Kingdom

Mr. Martin Seychell, Deputy Director General for Health and Consumers, on behalf of Mr. Tonio Borg, Commissioner for Health and Consumer Policy, European Commission

Dr. Jean-Yves Grall, Director General for Health, on behalf of the Honourable Marisol Touraine, Minister of Social Affairs and Health, France

Dr. Fabrizio Oleari, Head of Department for Prevention and Innovation, on behalf of the Honourable Renato Balduzzi, Minister of Health, Italy

Dr. Masato Mugitani, Assistant Minister for Global Health, on behalf of the Honourable Wakio Mitsui, Minister of Health, Labour, and Welfare, Japan

Dr. Jesús Felipe González-Roldán, Director General of Epidemiology, on behalf of the Honourable Mercedes Juan-López, Secretary of Health, Mexico