



COMMUNIQUÉ

TENTH MINISTERIAL MEETING OF THE GLOBAL HEALTH SECURITY INITIATIVE (GHSI) London, United Kingdom – 4 December 2009

1. We Ministers/ Secretaries/Commissioner of Health from Canada, France, Germany, Italy, Japan, Mexico, the United States, the United Kingdom and the European Union gathered today in London to continue our collaboration in the interest of global health security.
2. Our initiative has progressed considerably since its establishment in 2001, and our common purpose remains the same: to enhance our respective capacities to prepare for and respond to health threats posed by chemical, biological and radiological and nuclear terrorism and pandemic influenza; and to undertake concerted action to strengthen health security globally. As we advance efforts toward this common goal, our work will continue to be guided by key principles, including:
 - collaboration in order to increase the effectiveness of our national and international efforts;
 - cooperation to support timely response to health threats;
 - alignment of approaches where possible to facilitate coordinated global action;
 - information-sharing to support a common evidence base for critical decision-making;
 - learning from past and current events to inform future decisions and collaborative efforts; and
 - support for the leadership of the WHO in promoting global health security and the International Health Regulations (2005).

Strengthening Collaborative Response to Pandemic (H1N1) 2009

3. Our discussions today, and our efforts since April, focussed on Pandemic (H1N1) 2009. In this regard, our efforts and our progress have been unprecedented. We have discussed and compared a range of response measures including vaccination strategies, the use of antiviral drugs and risk communications strategies and approaches. Our deliberations have led us in particular to the following conclusions:
 - a. The ongoing threat posed by Pandemic (H1N1) 2009 means we must continue to be vigilant with respect to the further development of the pandemic. We remain committed

to the strategies developed to date for dealing with the pandemic and recognize the need to remain flexible in our approach;

- b. Pandemic H1N1 vaccines remain the best protection against the health impact of the virus. We therefore emphasize the importance of timely public communications to encourage broad vaccination uptake. Noting in particular the increased risk which the virus poses for certain segments of our population, we will continue to take steps to target those most at-risk as part of our vaccination strategies;
- c. Sustainability and timeliness of vaccine supplies remain critical to the effective implementation of vaccination campaigns, which is especially valid for pandemic vaccines that cannot be stockpiled in advance. Information with respect to production and delivery schedules is critical for the planning and implementation of vaccination campaigns. To this end, our governments will continue to share information with one another and to work with manufacturers;
- d. International support is critical to improving access to H1N1 vaccines and other medical supplies that may be needed by all countries to mitigate the health impact of the pandemic. With this recognition, we reaffirm our commitment to work in close partnership with the WHO and other international partners to support developing countries and other countries in need of assistance in responding to the pandemic;
- e. We reaffirm our commitment to collaborate on post-market surveillance and to continue monitoring vaccine safety. Effective surveillance and reporting systems are essential for ensuring public confidence in the safety and effectiveness of pandemic vaccines;
- f. Beyond vaccination, effective public health and health care measures will continue to play a critical role in mitigating the health impact of the pandemic;
- g. Our experience to date is that even highly restrictive measures, such as general border closures, would be unlikely to prevent the spread of the virus and could aggravate the economic and social consequences of an influenza pandemic;
- h. We remain committed to sharing research, experience, best practices and lessons learned on these public health and health care strategies; and
- i. We will consider what further work is required to respond to this pandemic, including a lessons learned exercise. This exercise can inform preparedness and response efforts and approaches to strengthening global health security, regardless of the specific threat.

Strengthening Health Security in Other Areas

- 4. Looking beyond our pandemic response efforts, we recognize that a range of new and emerging trends have implications for the health security of our populations, as well as for our collaborative efforts. In considering these trends, we discussed the need to remain

adaptable to changing threats, and to forge partnerships across sectors to further strengthen our collective preparedness and response capacity. In particular, through our network, we are committed to encouraging flexible preparedness and response systems that can address a range of threats to health security.

5. We have noted the continuing contributions of the various technical working groups to strengthening all aspects of health security, including:
 - a. Sharing information on medical countermeasures in critical areas such as research and development, strategies for shelf-life extension, and regulatory approvals in particular with regard to influenza pandemic;
 - b. A project to develop an early alerting system and reporting platform to monitor and detect CBRN and pandemic influenza events;
 - c. Increasing our collaboration and capacity with respect to risks posed by chemical and radioactive substances; and
 - d. Efforts in partnership with the WHO to support the implementation of the International Health Regulations (2005) by identifying technical issues and implementation gaps.

Future Priorities and Ongoing Activities

6. Recognizing a new maturity of our work together and having received the report of the Chair of the Global Health Security Action Group setting out the significant achievements to date, we instructed the technical working groups to work together, particularly on the following cross-cutting themes:
 - a. Reviewing the regular assessment of threats and risks as the basis for setting priorities for our work.
 - b. With respect to our ongoing collaboration in the area of pandemic influenza preparedness and response, we will consider:
 - That pandemic threat is not limited to either the 2009 H1N1 or the H5N1 viruses;
 - Lessons learnt from our response to H1N1 to inform policy development and future response measures; and
 - The implications of the possibility that the H1N1 pandemic virus will become a dominant cause of seasonal influenza.
 - c. We stressed the importance of a sustainable global infrastructure for medical countermeasures and agreed to develop a strategic approach aiming at identifying issues of common concern.
 - d. We are committed to strengthening laboratory capacity and quality assurance, especially through the continued assessment of new and flexible diagnostic

approaches and technologies, and to work collaboratively to prepare for emerging and unknown pathogens.

- e. We will exchange information and best practices on the range of health sector preparedness measures required to prepare for gatherings of high international consequence, and the effective partnerships required with other key sectors.
- f. We will advance collaborative efforts toward identifying common challenges and approaches for the decontamination of people following critical incidents.
- g. We will contribute to a collective knowledge base on the factors affecting decision-making at the early stages of public health crises, where rapidly-changing information and a high-level of uncertainty can pose a challenge to the timely response of governments.
- h. We will develop strategies for risk communications with the public on global health security threats, which contribute significantly to effective emergency response efforts as well as to building resilient communities.

We welcomed the proposal of Mexico to host the Eleventh Ministerial Meeting in 2010.

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

The Honourable Gillian Merron, M.P., Minister of State for Public Health, United Kingdom

Ms. Androulla Vassiliou, Commissioner for Health, European Commission

The Honourable Roselyne Bachelot-Narquin, Minister of Health and Sports, France

The Honourable Ferruccio Fazio, Vice Minister of Labour, Health and Social Policy, Italy

The Honourable Dr. José Ángel Córdova Villalobos, Secretary of Health, Mexico

Dr. David Butler-Jones, Chief Public Health Officer of Canada, on behalf of the Honourable Leona Aglukkaq, M.P., Minister of Health, Canada

Ms. Karin Knufmann-Happe, Director-General, Prevention, Health Protection Disease Control and Biomedicine, on behalf of the Honourable Dr. Philipp Rösler, Minister of Health, Germany

Dr. Masato Mugitani, Assistant Minister for Global Health, on behalf of the

Honourable Akira Nagatsuma, Minister of Health, Labour and Welfare, Japan

Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response, on behalf of the Honourable Kathleen Sebelius, Secretary of Health and Human Services, United States of America