



GLOBAL HEALTH SECURITY INITIATIVE
MINISTERIAL MEETING ROME



DECEMBER 13, 2013

1. We, Ministers/Secretaries/Commissioner from Canada, France, Germany, Italy, Japan, Mexico, the United Kingdom, the United States and the European Commission established this initiative in November 2001, with a call for “concerted global action to strengthen the public health response to the threat of international biological, chemical and radio-nuclear terrorism (CBRN)”. We recognize the current global health security challenges posed by CBRN issues and other emerging health threats. Therefore we remain committed to working collaboratively to prevent and address these threats through continued surveillance and information-sharing.
2. We gathered today in Rome to reflect on emerging health security events of the last year and to explore collaborative actions to protect the health and safety of our populations, and to strengthen health security globally. At today’s Ministerial Meeting, we discussed key priorities for our collective preparedness and response to CBRN threats, pandemic influenza and other emerging infectious diseases; demonstrated our support for the accomplishments we have achieved together through this initiative; and identified future activities to advance current and emerging priorities in global health security.

Strengthening Collective Preparedness for Public Health Events with Pandemic Potential

3. Over the past two years, we have been faced with the emergence of two viruses, avian influenza A (H7N9) virus and Middle East Respiratory Syndrome coronavirus (MERS-CoV), each of which has the potential to cause a global pandemic. We acknowledge the important progress made in the rapid sharing of avian influenza A (H7N9) virus samples and support open sharing, as endorsed through the World Health Organization (WHO) Pandemic Influenza Preparedness (PIP) Framework and the International Health Regulations (2005) (IHR). We also recognize the importance of pathogen sample sharing in strengthening our capabilities to respond to emerging public health threats of international concern. We therefore intend to adhere to the principles, goals and spirit of the IHR in encouraging the timely sharing of samples and clinical information among GHSI member country laboratories when responding to non-influenza pathogens with pandemic potential.
4. Based on lessons learned to date from the MERS-CoV outbreak, the network is concerned about the barriers that have delayed sharing of laboratory samples among countries and institutions as these samples are critical to expediting scientific research, epidemiological investigation, and the potential implementation of public health measures. Although we recognize that sample sharing in regard to non-influenza pathogens with pandemic potential is complex due to national and international regulations and laws and other factors such as intellectual property rights, we support open, transparent, and rapid sharing to facilitate a timely public health response. Thus, we have instructed our officials to develop mechanisms to facilitate sample sharing among GHSI countries so that we are collectively better prepared to respond to public health threats in the future. Ultimately, our work will be made available to the WHO in support of its continued global efforts to strengthen collective preparedness for public health threats with pandemic potential.

Antimicrobial Resistance

5. We thank Professor Dame Sally Davies for her address outlining the threat of antimicrobial resistance (AMR) to global public health security. AMR is a growing concern for GHSI member countries because of the impact it has on the health of global populations, food safety, the environment as well as the economy more broadly. The concern is shared internationally, with AMR being identified as a major health security challenge in the European Union and many international fora. We recognize that the prevention and control of risks to health from AMR is exceedingly complex and requires active multi-sectoral collaboration globally among human health care, public health, animal health, food safety, food production, and environmental protection sectors.
6. It is through collaborative efforts in key areas such as prevention, surveillance, research and development of new antimicrobials, as well as stewardship of existing antimicrobials, and knowledge transfer and exchange, that the emergence and spread of AMR can be mitigated and controlled. We are committed to working collaboratively with the WHO to help inform domestic policies and strategies on AMR and to raise awareness in an effort to reduce the potential impact to public health globally.

Tools and Principles for Effective Action on Global Health Security

7. Medical countermeasures are key components to preparedness and response to medical and public health emergencies caused by CBRN agents and pandemic influenza. Thus, access and availability of these medical countermeasures remains a key priority for our respective governments. In collaboration with the WHO, we have made significant progress towards building an operational framework for the international deployment of medical countermeasures which contemplates the legal, regulatory and logistical issues to be considered during such a deployment. We will continue our work in this area with the ultimate goal of building global capacity to rapidly deploy any medical countermeasures during public health emergencies.
8. Exposure to chemical or radiation hazards following an intentional or accidental release may result in both acute and chronic health effects. Limiting or preventing exposure through rapid decontamination is a central medical and public health countermeasure and developing evidence-based guidance remains a key priority for the network. We have directed our technical experts to develop principles to guide decontamination practices in mass exposure incidents and to identify gaps in current knowledge. These activities align with the Chemical and Radiological/Nuclear Core Capacities required within the IHRs (2005) and are to be supported by the development of a complementary risk communication strategy.

Strengthening Longer-Term Preparedness

9. GHSI's collaborative efforts in 2013 focussed on both specific risks to health security as well as on strengthening longer-term preparedness for CBRN threats and pandemic influenza that can be applicable to all-hazards. Consistent with our strategic approach, collective efforts in 2014 will emphasise the following:
10. To strengthen our public health emergency preparedness for radiological emergencies, we have directed the network to continue to support the WHO in their efforts to review and update guidelines for the prophylactic administration of iodine following a radiation release. We are pleased with the work accomplished to date comparing methods of sample handling, analysis, and dose assessment across laboratories for radiological or nuclear substances and look forward to the results of this work which will facilitate rapid cooperation during an emergency.

11. The network continues to collaborate effectively on the sharing of national plans that relate to H5N1, H1N1, H7N9 and MERS-CoV as well as seasonal influenza preparedness. We are pleased with the progress made in outlining the principles of pandemic influenza preparedness and response that will contribute to an all hazards approach. We have instructed our technical experts to continue collaborating with the WHO to pilot the use of the newly developed Pandemic Influenza Risk Management Guidance including the Severity Assessment approach during the 2013-2014 influenza season in the Northern Hemisphere.
12. We have directed our experts to continue to support the development of risk communication strategies in response to the newly developed Pandemic Influenza Risk Management Guidance; emerging challenges such as dual-use research of concern; and ongoing communication challenges related to the international deployment of medical countermeasures. In addition, we recognize the progress made in examining the increasing influence of social media in public health emergency communication.
13. We welcome the new European Union (EU) legislation on serious cross-border threats to health, which will contribute to strengthening the health security framework of the EU and support global preparedness for and response to serious cross-border threats to health.
14. We continue to support the WHO in strengthening the implementation of the IHR (2005) through the ongoing sharing and dissemination of GHSI capacity building tools and best practices with countries and organizations within and beyond the GHSI network. We recognize the significant progress made to enhance IHR compliance for chemical incidents through technical information sharing and promotion and the uptake and dissemination of training materials for the management of chemical incidents.
15. Our methodology for conducting common threat and risk assessments of biological agents is now fully operational and helps to inform our annual planning and priority setting processes. We have instructed our officials to continue improving this tool by refining criteria for assessment and by broadening the spectrum to include new or re-emerging agents.
16. The rapid and reliable detection of potential CBRN threats remains a foundational element of global health security. Through collaboration on a number of activities in the Laboratory Network, our experts have strengthened information exchange and cooperation in areas such as emerging and dangerous pathogens. We have instructed our officials to continue to address unknown pathogens in order to further improve GHSI capabilities during periods of uncertainty.
17. An all-hazards approach to preparedness activities enhances our capacity to plan and prepare for CBRN and pandemic influenza threats. To build on the mapping of our core capabilities, we have instructed our officials to identify remaining gaps in our capabilities. The results of the gap analysis will be used to help inform a priorities review by the network in 2014.
18. In 2012, we discussed the issue of dual-use life sciences research as a potential area for GHSI engagement and acknowledged that along with the benefits of rapidly evolving life science research and its technologies, there are also increased risks to public health security. We have directed our experts to continue to support the development of guiding principles, public communications strategies and training on biosafety, biosecurity, and the management of dual-use research of concern, in order to reduce the potential negative impact of this issue.

19. We welcomed the proposal of Japan to host the next Ministerial Meeting in 2014.

This statement was endorsed by Ministers, Secretaries, and Commissioner of Health.

The Honourable Beatrice Lorenzin, Minister of Health, Italy

The Honourable Rona Ambrose, Minister of Health, Canada

The Honourable Daniel Bahr, Minister of Health, Germany

The Honourable Mercedes Juan, Secretary of Health, Mexico

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

Mr. John F. Ryan, Acting Director for Public Health on behalf of the Honourable Tonio Borg,

Commissioner for Health and Consumer Policy, European Commission

Professor Benoit Vallet, Director General of Health, on behalf of the Honourable Marisol

Touraine, Minister of Social Affairs and Health, France

Dr. Mitsuhiro Ushio, Assistant Minister for Global Health on behalf of the Honourable Norihisa

Tamura, Minister of Health, Labour and Welfare, Japan

Mr. William Corr, Deputy Secretary of Health and Human Services, on behalf of the Honourable

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