



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 Washington to discuss emerging health security events of the last year, to explore collaborative actions to protect the health and safety of our populations, and to strengthen health security globally. Ministers of Health 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”.
2. In 2015, while continuing efforts in response to the Ebola Virus Disease (EVD) outbreak, the global health community was also faced with other threats including the international spread of the Zika virus, and a rise in the level of terrorist activity linked to ongoing political instability and violent conflicts. These events reinforced the need for our governments to remain vigilant and to strengthen international cooperation to build capacities to prevent, detect, prepare, respond and recover from health emergencies.
3. At today’s Ministerial Meeting, in reviewing our accomplishments, we reaffirm our support for the GHSI, and further commit to advancing current and emerging priorities in global health security.
4. The rise in terrorist related events over the past year has reinforced that our collaborative efforts in response to CBRN threats remain a high priority. We extend our sympathy to all countries faced with addressing the impact of terrorist events on their population. With regard to the attacks in Paris, we appreciate the timely and valuable information sharing by France with its international partners and we encourage the ongoing sharing of experiences and lessons learned.
5. As part of our discussions, we also exchanged information related to our experiences in supporting the refugee and humanitarian crisis in the Middle East and North Africa. We acknowledge that the migrant and refugee populations have not posed a risk to the health of our populations with respect to communicable diseases.

6. The recent clusters of microcephaly cases and other neurological disorders in some areas affected by the Zika virus disease outbreak has further reaffirmed gaps in global capacities to respond to Public Health Emergencies of International Concern (PHEIC). We commit to working with the international community to better understand these events, exchanging information related to adequate public health measures, and expediting the research and development of diagnostics, therapeutics and vaccines in an effort to prevent further spread of the virus.
7. We thank the Director General of the World Health Organization (WHO), Dr. Margaret Chan, for her address in support of strengthened global collaboration for health security. We commit to supporting the WHO as the authoritative body responsible for providing leadership, and coordinating international preparedness and response efforts to public health emergencies. We recognize the importance of working with WHO to quickly communicate information that is evidence based. We also acknowledge the valuable work of the International Health Regulations (IHR) Review Committee on the Role of the IHR in the Ebola Outbreak Response and the reform measures adopted by the 68th World Health Assembly in May 2015. These include the decision to establish a contingency emergency fund and a global health emergency workforce. Furthermore, we agree with the need to strengthen WHO to more effectively fulfill its core functions in health emergencies and we fully support the reform process underway leading to a more reliable, accountable, participatory and transparent governance.
8. We thank the Vice President for Human Development with the World Bank Group, Mr. Keith Hansen, for his address. We commit to raising awareness of the link between the consequences of public health emergencies and their impact on economic systems, and support the efforts of the World Bank and other relevant international organizations in this area. We recognize the importance of strengthening financial resources and mechanisms, both within the WHO and elsewhere, to ensure timely, effective and coordinated responses to disease outbreaks. Therefore, along with WHO's Contingency Fund, we support the initiative by the World Bank to develop a Pandemic Emergency Financing Facility with the appropriate governance.

### **Strengthening and Sustaining Global Health Security**

9. We continue to support all efforts undertaken to strengthen global response capacities to future outbreaks and other health emergencies, namely within the UN system under the leadership of the WHO and through other international initiatives aimed at improving the implementation of the IHR, such as the Global Health Security Agenda.
10. As part of our discussions today, we considered the benefits, but also the current complexities and challenges, of sharing biological materials and related information among countries during a potential or declared PHEIC. We reviewed the progress made by GHSA in the development of practical mechanisms to facilitate rapid sample sharing during an emergency so that we are collectively better prepared to respond to public health threats such as the current clusters of microcephaly cases and other neurological disorders associated with Zika virus transmission. We commit to sharing these mechanisms with the IHR (2005) and the Global Health Security Agenda membership as

well as other international fora in an effort to strengthen global public health capacity building for preparedness and response.

11. We also considered the potential impact that the implementation of the *Nagoya Protocol* could have on the sharing of both seasonal influenza and other pathogens including the effect on the research and development of diagnostic tests, vaccines and therapeutics that are needed for rapid global responses to public health emergencies. We commit to working collaboratively with other sectors in our governments to raise awareness of the *Nagoya Protocol* in these areas, and to help inform domestic policies and approaches accordingly. Finally, we fully support the effort underway by WHO to analyse how the *Nagoya Protocol* might affect the sharing of pathogens and we look forward to receiving the report detailing the results of this analysis for consideration at the 140th session of the WHO Executive Board in January 2017.

### **Strengthening Future Preparedness by Building on Experiences**

12. Since the onset of the EVD outbreak in 2014, GHSI rapidly shared information among its members and with the WHO and exchanged best practices to support and adapt preparedness and response efforts in our respective countries. Our joint preparedness efforts included the timely sharing of risk communications strategies, public health measures and surveillance information. Building on the bilateral relationships established through GHSI, members were able to facilitate the rapid development of clinical trials of vaccines and the deployment of other medical countermeasures for EVD.
13. To address areas in which GHSI collaboration could be improved in response to future outbreaks, we commit to the development of a *GHSI Event Framework* that will further enhance engagement and response coordination at the policy, regulatory, and technical levels among GHSI members and with the WHO.

### **Additional Activities and Future Priorities**

14. GHSI's collaborative efforts in 2015 focussed on both specific risks to public health security as well as on strengthening longer-term preparedness for CBRN threats and the spread of pandemic influenza and other emerging infectious diseases. Consistent with the GHSI Strategic Framework, collective efforts in 2016 will include:
15. *Strengthen prevention*: Properly governing the creation and application of dual-use materials, equipment and knowledge is critical in promoting science while reducing the likelihood of a CBRN terrorist attack. In 2016, our experts will further examine the dual-use dilemma and key governance mechanisms, and identify potential areas for GHSI engagement in an effort to reduce the threat to public health.
16. *Strengthen preparedness*: GHSI continues to collaborate effectively on the sharing of national approaches to preparedness and response for emerging global health threats including information sharing, surveillance, rapid risk assessment, stockpiling and deployment of countermeasures. Specifically in 2016, the Pandemic Influenza Working Group will continue this work through the exchange of research protocols that address issues of rapid assessment of safety, effectiveness and the impact of countermeasures.

17. *Rapidly detect threats and risks:* We have instructed our officials to further improve GHSI capabilities with respect to diagnostics of unknown pathogens. This will contribute to the development of enhanced responses to probable threats in an effort to avoid diagnostic gaps and challenges in laboratories during a possible outbreak.
18. *Respond effectively:* We have directed our experts to continue to support the development of risk communication strategies based upon lessons identified from the Ebola outbreak, including work focused on community-based communication, stigmatization, and the recovery phase of a crisis. GHSI will continue to collaborate with the WHO and other countries to develop a framework for the rapid international deployment of medical countermeasures during public health emergencies, which include legal, regulatory, logistical and communications considerations. Finally, we have advanced international collaboration to examine and strengthen laboratory capacity for dose assessment and medical management following a radiological event.
19. *Support recovery:* To support global preparedness for chemical and radiological/nuclear threats, our experts recently published guiding principles and research needs related to mass casualty decontamination. GHSI will continue focusing on early incident response to an event in an effort to optimise clinical and public health interventions and protect global public health.
20. We welcomed the proposal of the European Commission to host the next Ministerial Meeting in 2017.

This statement was endorsed by Ministers, Secretaries, and Commissioner for Health and Food Safety.

The Honourable Sylvia Mathews Burwell, Secretary of Health and Human Services, United States of America

The Honourable Jane Philpott, Minister of Health, Canada

The Honourable Hermann Gröhe, Federal Minister of Health, Germany

The Honourable Beatrice Lorenzin, Minister of Health, Italy

The Right Honourable Jeremy Hunt, Secretary of State for Health, United Kingdom

Mr. Martin Seychell, Deputy Director General for Health, on behalf of the Honourable Vytenis Andriuskaitis, Commissioner for Health and Food Safety, European Commission

Prof. Jean-François Delfraissy, Director of National Research Agency on AIDS and Hepatitis, on behalf of the Honourable Marisol Touraine, Minister of Social Affairs and Health, France

Dr. Naoko Yamamoto, Assistant Minister for Global Health, Ministry of Health, Labour and Welfare on behalf of the Honourable Yasuhisa Shiozaki, Minister of Health, Labour and Welfare, Japan

Dr. Pablo Kuri, Undersecretary for Prevention and Health Promotion, on behalf of the Honourable José Ramón Narro Robles, Secretary of Health, Mexico