Meeting Report
GHSA Action Package Coordination Meeting
“Strengthening Cooperation to Enhance Capacities in Addressing Global Public Health Threats”
Jakarta, 23-25 August 2016

Opening

1. GHSA Action Package Coordination Meeting was convened in Jakarta from 23 – 25 August 2016 and was attended by around 200 participants from host country, Indonesia, and 16 other GHSA participating countries (Australia, Canada, Côte d’Ivoire, Finland, India, Japan, Kenya, the Netherlands, Republic of Korea, Saudi Arabia, Sweden, Switzerland, Thailand, United Kingdom, United States, and Vietnam), permanent advisors (WHO, FAO, OIE) and ASEAN Secretariat.

2. The Meeting was officially opened by H.E Prof. Dr. Nila F Moeloek, Minister of Health of the Republic of Indonesia. The Minister highlighted the importance of cooperation within the context of Global Health Security Agenda through Action Package implementation. It is therefore important to strengthen capacities of all GHSA participating countries in detecting, preventing, and responding to all global health security threats. It is also important that implementation of each of the Action Package be supported by all concerned stakeholders.

Introductory Session: Updates on GHSA Related Matters

3. Dr. Untung Suseno Sutarjo, Secretary General of the Ministry of Health of the Republic of Indonesia, highlighted the GHSA progress from 2014 to 2016. Since its launch in 2014, GHSA has made significant progress, and the key milestones of achievements include the adoption of WHO Joint External Evaluation (JEE) tool as a result of collaboration between WHO, GHSA team and other experts; a High Level GHSA Meeting held in Korea to reaffirm the effort to achieve GHSA; the growing interest of the countries in participating in the JEE activities; expanding GHSA membership; and increased collaboration with non-governmental stakeholders (NGS), including the private sector.

4. Dr. Rosa Peran Sala from the Netherlands reported the preparations of the upcoming High-Level Meeting of GHSA to be held on October 12-14, 2016 in Rotterdam, the Netherlands, which are currently underway. This high level meeting will put a strong focus on linking up with non-health sector, such as defense, transport, security, and economic affairs, as part of the collaborative efforts to meet the GHSA goals, and participation from non-governmental actors (NGA), including the private sector and the NGO.
5. Mr. Jacob Eckles from the United States presented a general overview of the Action Packages. There are 3 proposed indicators to measure the Action Package progress: 1) the development of annual plans; 2) communication among members; and 3) sharing tools and expertise with others. The overall Action Package status was also presented. However, this status needs to be filled with detailed levels of progress to provide more accurate information on the progress in each AP. The next steps for Action Package implementation are to focus on work and to emphasis on concrete deliverables. The US also highlighted that each Action Package has been given space for public sharing of documents, resources, and materials through GHSA website (ghsagenda.org).

Updates from GHSA advisor

6. Mr. Ludy Suryantorso from WHO presented an update of the progress related to JEE and SPP (Strategic Partnership Portal) tools, particularly in relation to the national action plan of the GHSA participating countries. He affirmed that JEE tool can be used for either internal self-assessment or external evaluation and that the JEE outcome is to determine the baseline capacity for the development of implementation plans or roadmaps. As a tool, JEE was also developed to measure progress on work implemented across IHR core capacities. Meanwhile, as a tool, SPP may highlight gaps and needs for the current and prospective donors and partners to contribute to the country's gaps and needs.

7. Dr. James McGrane from FAO underscored that agriculture sector needs to be more actively involved in GHSA activities and that there should be a greater involvement of non-human sector in GHSA to reflect One Health approach. FAO has contributed significantly to the GHSA at national and global levels. It has also participated in a number of JEE missions, and look forward to enhancing its contribution to JEE in the future.

8. Dr. Ronello Abilla from OIE presented an overview on the role of OIE in GHSA, by highlighting the pandemic crisis in Asia and the organization's efforts to bring the pandemic under control. He stated that OIE PVS pathway is a continuous process to sustainably improve the compliance of veterinary services with international standards, through external independent process conducted by trained Experts registered in the roster, followed by gap analysis (PVS costing tool) to develop treatment and country plan. PVS started in 2008, and since then OIE has engaged actively in the evaluation, training and analysis activities to address gaps and needs in many countries of the world as part of the broad objectives to achieve GHSA and IHR-related goals.
Panel Session on Progress of Action Package
Panel 1: Antimicrobial Resistance and Immunization

9. Helen Mary Shirley-Quirk of Department of Health of the United Kingdom presented an overview of Antimicrobial Resistance (AMR) Action Package. This AP has four action oriented subgroups, namely Research and Development; One Health; Surveillance; and Stewardship. She noted that there has been growing recognition for the AMR AP, indicated, among others, by the expanding members of leading and contributing countries. There has been significant progress in the effort to tackle AMR through Action Packages, and one of the noteworthy milestones is the support for a high level meeting of AMR to be held during the United Nations General Assembly in September 2016. She also highlighted the need for better coordination with other action packages, such as zoonotic disease, surveillance, laboratories, and workforce development.

10. Dr. Jane Soepardi from Indonesia focused her presentation on the implementation of Immunization AP in Indonesia. She presented Indonesia’s immunization capacities based on JEE indicators. Vaccine coverage is 92.3% indicating a “Demonstrated Capacity” (Score 4). As for the national vaccine access and delivery indicator, Indonesia has a “Sustainable Capacity” (Score5). She also shared Indonesia’s roadmap on immunization for 5 years. She highlighted some of the problems typically encountered in the data collection as there are some different sources of the data that should be taken into account in planning interventions to achieve the goals of the immunization.

11. In this session, US CDC gave the intervention from the floor and stressed the importance of regular communication between countries in each action package, as well as collaboration between countries within action package members and with other action packages.

Panel 2: Zoonotic Diseases and Biosafety Biosecurity

12. Prof. Amin Soebandrio of the National Commission on Zoonoses Control of Indonesia presented an update on the status of Zoonotic Disease AP as demonstrated by the efforts and achievements made to date in zoonotic diseases in Indonesia, along with the examples of the activities and programs designed to meet the targets set for zoonotic disease AP. He encouraged all GHSA participating countries to strengthen their use of PVS in harmony with WHOJEE and other tools.

13. Mrs. Anastasia Rogaeva of Public Health Agency of Canada highlighted the progress made so far in the area of biosafety and biosecurity as related to the Action Package. There has been significant progress in biosafety and biosecurity initiatives as indicated, among others, by 50 partnerships currently underway, which involve a number of leading and contributing countries of biosafety and biosecurity AP, and continued support for approximately 50
countries to meet their biosafety and biosecurity AP in the fields of policy, legislation, capacity building, training, education, infrastructure, management, analysis information sharing and outreach.

14. Dr. Vu Ngoc Long of Ministry of Health of Vietnam provided an overview on the activities to address the gaps between the zoonotic disease AP and biosafety and biosecurity AP by highlighting the experiences of Vietnam in dealing with emerging infectious diseases (EID), such as avian influenza, MERS, plague, etc., and the issues of biosafety and biosecurity. There have been some achievements made in these two areas of APs, such as the enforcement of national legislation, law on communicable diseases, and national veterinary law. However, Vietnam also faces significant challenges in the limitation of resources, increased interconnection between human and animal, increased risk of diseases in disadvantaged areas, and limitation of capacity at local level. Vietnam suggested that activities involve future planning at the national, regional, and international levels to close the gaps after both internal and external evaluation have been carried out.

15. In this session, a representative from Indonesia expressed its willingness to contribute to biosafety and biosecurity action package. Moreover, Thailand shared their success story in biosafety biosecurity implementation through law enforcement.

Panel 3 : National Laboratory System and Real Time Surveillance

16. Dr. Phichet Banyati from Ministry of Health of Thailand focused much of his presentation on the AP membership and governance, key milestones and activities for 2016, and partnerships and outreach for 2016. Thailand has actively engaged in maintaining communication among leading countries of National Laboratory System AP on a regular basis through video conferences, and one of the key milestones is the workshop held in July 2016 in Bangkok to enhance regional partnerships toward strengthening laboratory system in accelerating the GHSA implementation of Detect 1, which brought together a number of important leading and contributing countries and key development partners.

17. Dr. Benjamin A Dahl from US CDC presented an overview of surveillance and stressed the need for linking various APs together, by indicating that surveillance is a crosscutting issue, rather than a vertical one. There is a virtuous circle of surveillance that should be taken into account in putting together a reliable surveillance system, starting from collection, analysis, interpretation and dissemination.

18. Mr. Hendrik Jan Ormel from FAO highlighted the need for an enhanced coordination among the participating countries and partners, as reflected in the theme of the meeting. GHSA should reflect a greater participation of non-health sector, such as agriculture, because of its important role in ensuring the successful implementation of GHSA.
Panel 4 : Reporting and Workforce Development

19. Reporting Action Package was not represented at this meeting by the leading or contributing countries.

20. Dr. Khanchit Limpakarnjanarat from Thailand provided an overview of the Workforce Development AP, and highlighted the achievements that Thailand has made from 2015 to 2016, which include a number of GHSA related meetings in which Thailand has played a pivotal role. In addition, there have been a number of courses and training devoted to accelerating the progress toward an enhanced workforce development AP. Next key milestones and activities include, among others, work plan for 3 years that will be developed, regular communication by quarterly video teleconference, and the draft GHSA roadmap for all APs. He underlined the fact that workforce development is a crosscutting issue, therefore, a joint collaboration between Detect 1 and Detect 5 to establish 4-way linking is an exciting opportunity.

Panel 5 : Emergency Operations Center; Linking Public Health with Law and Multisector Rapid Response; Medical Counter Measure and Personnel Deployment

21. Emergency Operations Center Action Package was not represented at this meeting by the leading or contributing countries.

22. Dr. Chaeshin Chu from the Republic of Korea presented an overview of key elements of Linking PH with Law and Multisector Rapid Response AP for 2106 and best practices which include international exercise with multi-sectoral support against bio-threats, and multi-sectoral coordination which features 24-hour duty officers monitoring any infectious diseases with support of division of risk assessment. Much emphasis was put on the intense information sharing, which pivots on two regular reports on infectious disease trends and risk assessment and evaluation on a daily and weekly basis. Lessons learnt from aggressive information sharing demonstrate that information with a risk assessment really works, with the information being widely used for public information need, basic for research and jurisdiction, and to initiate a “suitable level” warning decision making by coordinating agency. Furthermore, Korean experience shows that actual coordination and collaboration among GHSA APs is essential, and that risk communication really matters.

23. Mr. Jacob Eckles from the United States highlighted medical counter measure and personnel deployment AP. In the context of emergencies, large-scare personnel deployment is essential. Some of the initiatives entail the government agreements, particularly in response to the epidemics and cross-border deployment, and access to real-time information, as well as technical operations to support international and cross-border personnel deployment. In addition, linking up governmental sector with private sector and civil society is critical in
dealing with emergencies in order to come up with an effective personnel deployment. However, some challenges persist, particularly those related to legal issues, liabilities, medical supplies, and even logistical issues, which need to be resolved in order to achieve efficient medical counter measures and personal deployment.

Discussion on Future Action Package Coordination

24. Dr Siswanto from Indonesia presented a general overview on the coordination of future AP activities through a systemic integrated network model: a model for coordinating multiple components in Global Health Security. This model attempts to frame all the action packages through a model approach aimed at enhancing coordination and partnerships among all relevant stakeholders, to ensure that the detect-prevent-respond framework of the GHSA can work at the expected level. The model draws upon the interaction of the human body components to achieve the set goal, and it could be implemented at local, national and global levels to meet the GHSA goals.

25. Dr. Kumara Rai from Indonesia then presented a general overview of the logic model based on the logic model provided by the United States, and proposed to link the roadmap with JEE tool. The logic model provides an easy tracking of the progress made in specific areas of activities, arranged in color gradation that reflects the scores achieved in specific fields, and scattered across the short-term outcome, medium-term outcome and long-term outcome.

26. The meeting agreed that the network model needs to be discussed further and recommended the development of a ToR (Terms of Reference) for coordination, which includes the role of AP leading and contributing countries, collaboration with international organization and mechanism for information sharing.

27. The Jakarta Call for Action on the GHSA Action Package Implementation was presented and the participants of the meeting commented and suggested some changes in the document. The Jakarta Call for Action was then agreed.

Video and Discussion : Influenza Pandemic Preparedness Simulation in Urban and Rural Areas of Indonesia

28. As an example of emergency preparedness efforts, Indonesia presented a video on simulation exercise for rapid containment of an epicenter of pandemic influenza in two provinces. The simulation exercise demonstrated sequential steps of essential public health measures in responding to emergency preparedness, including surveillance for early detection and contact tracking, case referral to hospital, case management in health centers and hospitals, household and area quarantine, delivering mass prophylaxis, risk communication, and securing perimeter areas.
Closing

29. The meeting was officially closed by the Head of National Health Institute for Research and Development of Indonesia emphasizing the need to work together across sectors and actors in implementing the GHSA Action Packages.

Site Visit

30. The site visit was conducted on 25 August 2016 in three designated places in which participants had the opportunity to directly observe the implementation of some GHSA related activities in Indonesia.

31. Site visit to Soekarno Hatta airport aimed to observe the role and coordination of various units in prevention and control activities, particularly in handling PHEIC. Participants were invited to visit the airport authority office (Ministry of Transportation’s unit), Installation of Agricultural Quarantine (Ministry of Agriculture’s unit), as well as Terminal 2D and Terminal 3 Ultimate in which participants had the opportunity to observe a small-scale simulation conducted when dealing with PHEIC.

32. Site visit to Persahabatan Hospital aimed to observe the prevention and control program of antimicrobial resistance in the hospital. Participants were invited to visit the TB MDR outpatient clinic, the laboratory of microbiology clinic, and the TB MDR & Avian Influenza inpatient ward.

33. Site visit to Center for Veterinary Research aimed to observe the capacity and role of the Center for Veterinary Research in controlling zoonotic diseases in Indonesia. Participants had the opportunity to get the first-hand knowledge of the implementation of bio-risk management in Indonesia as well as some highlights of research results based on One Health approach. Participants were also invited to visit the BSL3 and Virology Laboratory.

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