

Chairs summery
Ministerial Conference Global Health Security Agenda
“Practice to be ready”
12-13 October 2016, Rotterdam, The Netherlands

At this 3rd Ministerial Conference dedicated to the Global Health Security Agenda, we have had a truly global turn out with delegations from the private sector, NGOs, foundations and governments from all over the world.

The GHSA has made good progress, in particularly with promoting Joint External Evaluations and country coordination.

The GHSA Steering Group discussed that several Action Packages made substantial progress as well, for example AMR, biosecurity, zoonotic disease, and workforce development. But other work packages need to increase efforts. This is important to meet our 5-year goals, and therefore to implement the International Health Regulations.

Implementation of the IHR brings out questions about risks, interests and responsibilities. These issues were discussed at the second day of the meeting

Rapid notification to WHO of an emerging threat was acknowledged as an important starting point for swift action and communication.

It was broadly acknowledged that a multisectoral approach is always needed, in order to find the right balance between public health, economic interests and social inclusion.

Although we recognize that such collaboration is not easy, all participants were inspired to increase engagement with other partners within all levels of government and with nongovernmental organizations and the private sector.

The One Health approach moved from a theoretical concept to effective practice. Many countries shared experiences with HIV, the 2009 Swine flu, SARS, MERS and ebola; they learnt a multisectoral approach is key and advocate for prevention and preparedness.

We learnt that we not all have the same perception of the concept of biosecurity, we so need to discuss together how to reach a common approach – within countries and between countries.

Good practices have shown that the Joint External Evaluation has led to critical multisectoral follow-up activities for example country planning, donor coordination, implementation and mapping of resources.

We also learned that communities are unique and active collaborators, that deserve special recognition and inclusion into communication plans.

WHO and other multilateral organizations were recognized as the backbone for IHR implementation. Nevertheless, Global Health Security relies on the national capacity in each individual country.

There are plenty of opportunities to engage non-governmental partners, including the private sector, in preparedness, detection and response. This, however, takes leadership, and requires transparency from all stakeholders on their individual interests.

Statements raised during the interactive discussion

Prevention is important. But the crisis that does *not* happen, is the crisis that does not provide votes. But then again: The crisis that does happen, will cost you votes.

Lessons are not “learned” until you can show that you have changed