



Public Health & Health Security

Global Health Security Agenda Update

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In February 2014, the United States joined more than thirty international partners to launch the Global Health Security Agenda (GHSA)[1] to address security threats to the U.S. homeland stemming from the spread of new microbes (natural, inadvertent, or intentional), the globalization of travel and food supply, and the rise of drug-resistant pathogens.[2] The launch was motivated by concerns over increased U.S. vulnerability to biological threats stemming from a lack of capacity in many of the 196 World Health Organization (WHO) member states to detect and manage dangerous pathogens.

GHSA Progress in 2014

The GHSA has made modest headway in laying the foundation for promoting global health security as an international security priority. The GHSA called upon WHO member nations to identify areas of the Agenda to which they could lend technical assistance and enhance global health security. The U.S. is not leading the global effort but it is responding to the call to action with coordinated interagency action that includes Health and Human Services, the State Department, the Department of Agriculture, and the Department of Defense and the Centers for Disease Control and Prevention (CDC).[3] Shortly after the rollout of the GHSA, the CDC began aligning more closely Agenda priorities by organizing and planning internally while also engaging with the interagency and international partners. GHSA stakeholders held an international follow-on meeting to begin setting standards that will ultimately yield stronger protection for public health around the globe, and this fall the White House will convene a meeting to highlight progress made and set a path for 2015.

In March 2014, the CDC hosted its first Global Health Security Conference. The event brought together staff from eighteen CDC field offices and various agency programs to formulate the way forward for GHSA planning and implementation. As a result of the conference, the CDC began shaping GHSA implementation in partner countries,[4] making recommendations, engaging with country teams, and aligning technical activities with the GHSA.[5]

In May 2014, senior leaders from more than thirty countries and four international organizations gathered in Helsinki to attend a GHSA Commitment Development meeting. Its purpose was to make progress on the GHSA by bringing together international leaders and global partner organizations to make commitments to accelerate global health security that are “measurable, substantive and support the WHO International Health Regulations” (IHR).[6] These commitments will be highlighted and reviewed at a high-level event hosted by the White House in the fall of 2014.[7]

Since February, the CDC has shared resources and expertise with the Defense Threat Reduction Agency to build on the successful 2013 GHSA demonstration projects in Uganda[8] and Vietnam[9] by expanding GHSA implementation into Ethiopia, Georgia, India, Jordan, Kazakhstan, Kenya, the Philippines, South Africa, Tanzania, and Thailand.[10] The CDC intends to replicate the demonstration projects and advance the GHSA in these countries by strengthening laboratory and surveillance systems and developing emergency operations centers. Looking beyond 2014, the CDC will work with domestic and foreign governments and GHSA stakeholders to develop country-specific five-year GHSA Strategic Plans and an implementation plan for fiscal year 2015.[11]

The GHSA is five months under way, and CDC efforts to align with the Agenda in 2014 have been somewhat challenged by budget constraints. Working in partnership with the Defense Department, the CDC committed \$40 million in *existing resources* to ten additional countries to further global health security.[12] The President's fiscal year 2015 budget requested \$45 million in new funding for CDC GHSA initiatives, but the request has yet to be approved by Congress.[13] Funding uncertainty could adversely affect the CDC's ability to work with GHSA stakeholders to develop short-term implementation plans and long-term strategic plans.

GHSA Approach in the Asia-Pacific

Several Asia-Pacific countries—among them Japan, Korea, China, India, and Indonesia—in February joined the United States in announcing the GHSA. Upper-income, Organization for Economic Co-operation and Development countries in the Asia-Pacific were tasked with improving their own systems to the point where they can provide development assistance or technical cooperation to countries in need. For middle-income countries in the region such as China, the approach focused on technical cooperation.[14] In lower-income countries, the focus continues to be on providing assistance that could strengthen laboratory networks, secure dangerous materials, and establish emergency operations centers. The Vietnam global health security demonstration project mentioned above is one such example where the CDC worked with Vietnam's Ministry of Health to modernize diagnostic testing for high-risk pathogens, develop real-time information systems for faster outbreak response, and improve emergency operations procedures.[15] The project led to improvements in all these areas, while providing a precedent for replicating the project in other low-income countries across the Asia-Pacific.

The success of the demonstration project has also led to enhanced CDC training of its Asia-Pacific counterparts here in the United States as part of a broader program designed to help build international public health emergency management capacity.

CDC's Approach in the Asia-Pacific

The CDC has a longstanding mission to collaborate with foreign nations to build capacity for public health programs; its Asia-Pacific efforts predate the GHSA and include establishing global disease detection centers in Thailand, China, India, and Bangladesh,[16] as well as Emergency Response and Recovery operations in seven Southeast Asian nations and numerous Pacific Islands in Melanesia, Micronesia, and Polynesia.[17] Given the ongoing capacity-building work in the region, it is no surprise that the CDC selected eight professionals from China, India, and Vietnam to serve as the 2014 cohort in its Public Health Emergency Management Fellowship Program.[18] The Program's original focus was building IHR capacity, but the GHSA rollout provided an opportunity for the CDC to formalize the Program and align its purpose with the GHSA call to action.

This six-month Fellowship Program (March-August) accepts fellows from around the world. It is designed to build public health emergency management (PHEM) capacity among members of the international public health community who work in preparedness and response within countries that have signed on to the IHR.[19] The CDC exposes participants to numerous program staff working in PHEM throughout the CDC as well as in regional, state, and local offices. Fellows also participate in meetings, observations, and site visits designed to improve their knowledge and skills in PHEM, and this knowledge is shared with colleagues when the fellows return home.[20] In short, the Program strengthens bilateral ties while helping foreign nations build their capacity to meet IHR benchmarks and in so doing improves U.S. homeland security.

The Program addresses the important nexus between public health and emergency management, which is critical to saving lives and making nations more secure. Helping foreign partners bolster their capacity to prepare for public health emergencies and respond using emergency management principles builds enduring capabilities that will enable countries to manage any emergency with a health threat regardless of its origin.[21] This all-hazards approach is emphasized in the U.S. National Response Framework, which guides domestic disaster response. Emergency management training underscores the importance of having a preparedness and response plan that is scalable, flexible, and adaptable to all hazards, including health threats.[22] Public health emergency management training supports the GHSA vision[23] of mitigating the impact of deadly pathogens by training international practitioners to collect, analyze, and disseminate critical health information and manage emergency operation centers.

In addition to the Fellowship Program, the CDC continues to work bilaterally with several countries in the Asia-Pacific. The China bilateral relationship has developed over the past several years to address threats such as infectious diseases—for example, influenza, tuberculosis, viral hepatitis.[24] The CDC has collaborated with the Thailand Ministry of Public Health for over thirty years to prevent and control HIV, influenza, tuberculosis, and emerging infectious diseases.[25] India and the CDC also share a bilateral relationship that predates the GHSA. It focuses on a wide range of infectious and non-communicable diseases, and strengthens India's health systems.[26] The CDC Emergency Response and Recovery Branch has also worked extensively with countries across Southeast Asia and the Pacific Islands.[27], [28]

Funding the GHSA

The GHSA is a call to action that seeks to augment and unify ongoing efforts to build IHR capacity around the world, but the CDC's ability to respond to the call may be hindered by budgetary constraints. In 2014, the CDC devoted existing resources to work with additional countries. Congress is expected to pass a continuing resolution to fund the government at FY14 levels until at least after the November elections and possibly until the new calendar year. Additional financial support could provide the CDC with the staff and bandwidth necessary for improving the capacity of WHO partner nations to identify and manage pandemics, which helps ensure the threats do not migrate to the United States. The U.S. government has invested hundreds of millions of dollars annually to build the capacity of partner countries to manage infectious

diseases locally. This capacity building abroad is essential, because modern travel and trade spread disease faster than ever before, and can cause death, economic losses, and instability – all impacting the U.S. security perspective.^[29] Funding global health security protects the U.S. homeland, and it is critical that Congress recognize this when considering the President’s budget request.

Eric Weiner is an Analyst at Banyan Analytics. The views expressed are solely the author’s.

Image from openflights.org.

[1] U.S. Department of Health and Human Services. The [Global Health Security Agenda](http://www.globalhealth.gov/global-health-topics/global-health-security/ghsagenda.html). www.globalhealth.gov/global-health-topics/global-health-security/ghsagenda.html.

[2] U.S. Commitment to the Global Health Security Agenda: Toward a World Safe & Secure from Infectious Disease Threats. Global Health Security Fact Sheet. www.cdc.gov/globalhealth/security/pdf/ghs_us_commitment.pdf.

[3] Ibid.

[4] In 2014 CDC and DTRA are combining resources and expertise and expanding the list of countries for GHS implementation to include in Ethiopia, Georgia, India, Jordan, Kazakhstan, Kenya, Philippines, South Africa, Tanzania, and Thailand. “Helsinki, Finland—The Next Step in Accelerating Global Health Security.” CDC “Our Global Voices” blog. May 4, 2014. <http://blogs.cdc.gov/global/2014/05/04/helsinki-finland—the-next-step-in-accelerating-global-health-security/>.

[5] Ibid

[6] Ibid.

[7] “Accelerating Progress on the Global Health Security (GHS) Agenda.” www.globalhealth.gov/global-health-topics/global-health-security/GHS%20and%20Post%20Launch.pdf.

[8] “Rapidly Building Global Health Security Capacity—Uganda Demonstration Project, 2013.” *Morbidity and Mortality Weekly Report*, January 31, 2014. www.cdc.gov/mmwr/preview/mmwrhtml/mm6304a2.htm.

[9] “Strengthening Global Health Security Capacity—Vietnam Demonstration Project, 2013.” *Morbidity and Mortality Weekly Report*, January 31, 2014. www.cdc.gov/mmwr/preview/mmwrhtml/mm6304a3.htm.

[10] “Helsinki, Finland—The Next Step in Accelerating Global Health Security.”

[11] Ibid.

[12] Eric Weiner, “The Global Health Security Agenda and What It Means for the Asia-Pacific,” Banyan Analytics Brief, February 19, 2014. www.anser.org/babrief_global-health-security-agenda-and-what-it-means.

[13] Ibid.

[14] Health and Human Services conference call on the launch of the GHSA. Laura Holgate, Senior Director for WMD, Terrorism and Threat Reduction, National Security Council; Dr. Tom Frieden, Director, CDC; and Andrew C. Weber, Assistant Secretary of Defense for Nuclear, Chemical, and Biological Defense Programs. February 12, 2014.

[15] “U.S. Safer When CDC Works with Other Countries to Fight Infectious Diseases: Projects in Asia and Africa Offer Model for Greater Health Security in Other Nations.” CDC press release. January 30, 2014. www.cdc.gov/media/releases/2014/p0130-us-safer.html.

[16] CDC. “Global Health—Health Protection.” “Global Disease Detection: Regional Centers.” www.cdc.gov/globalhealth/gdder/gdd/regionalcenters.htm.

[17] CDC. “ERRB [Emergency Response and Recovery Branch]—Southeast Asia.” June 30, 2014. www.cdc.gov/globalhealth/healthprotection/errb/countries/southeastasia.htm.

[18] CDC handout.

[19] In 2005, 196 WHO member states agreed to implement a set of legally binding IHR in response to emerging international disease threats such as SARS and the growth in international travel and trade. “International Health Regulations (2005),” second edition. World Health Organization. http://whqlibdoc.who.int/publications/2008/9789241580410_eng.pdf.

[20] CDC handout.

[21] A public health emergency can include the “threat of a communicable disease ... or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.” Connecticut Department of Public Health, Public Health Emergency Response Plan, Emergency Support Function #8, Public Health and Medical Services, 2005, 2. www.ct.gov/dph/lib/dph/state_health_planning/dphplans/pub_hlth_emerg_resp_plan_2005.pdf.

[22] National Response Framework, Department of Homeland Security, May 2013, i.

[23] U.S. Department of Health and Human Services. The [Global Health Security Agenda](#).

[24] CDC. "Global Health—China." "CDC in China." April 21, 2014.
www.cdc.gov/globalhealth/countries/china/.

[25] CDC. "Division of Global Migration and Quarantine (DGMQ)." "DGMQ's Asia Field Program in Thailand." June 14, 2013. www.cdc.gov/ncezid/dgmg/afp-fact-sheet.html.

[26] CDC. "Global Health—India." "CDC in India." October 17, 2013.
www.cdc.gov/globalhealth/countries/india/.

[27] CDC. "ERRB [Emergency Response and Recovery Branch]—Southeast Asia."

[28] CDC. "ERRB [Emergency Response and Recovery Branch]—Pacific Islands." June 30, 2014.
www.cdc.gov/globalhealth/healthprotection/errb/countries/australia.htm.

[29] Comments by Laura Holgate during a Health and Human Services conference call on the launch of the GHSA. Laura Holgate, Senior Director for WMD, Terrorism and Threat Reduction, National Security Council; Dr. Tom Frieden, Director, CDC; and Andrew C. Weber, Assistant Secretary of Defense for Nuclear, Chemical, and Biological Defense Programs. February 12, 2014.

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